

Apple Health "Medicaid" Preferred Drug List

Effective June 1, 2020

The Apple Health Preferred Drug List (PDL) has products listed in groups by drug class. Unless otherwise indicated, authorization criteria is that the client must have tried and failed, or is intolerant to, a designated number of preferred drugs within the drug class unless contraindicated or not clinically appropriate. The number that must be tried is listed in the Number of Preferred column. Drugs may also have additional clinical criteria that is required for approval, these drugs are indicated with PA Required in the PA status column. Drugs with and X in the Preferred Status column are covered through the medical benefit only. Drugs with Second Opinion Network (SON) limits may be subject to review by an agency-designated mental health specialist from the Second Opinion Network. Drugs marked as MCO carve out are managed by the Fee For Service program and are excluded from managed care responsibility. Products can be designated as non-covered for the following reasons; COLD = Cough and Cold product, COSM = Cosmetic product, DESI = Ineffective as determined by the FDA, FERT = Fertility product, NFDA = Not approved by the FDA, OTCS = Over the counter product, SDYS = Sexual dysfunction product, VITA = Vitamin product.

APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
ADHD / ANTI-NARCOLEPSY : DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	SOLRIAMFETOL HCL	SUNOSI	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ADHD / ANTI-NARCOLEPSY : HISTAMINE H3-RECEPTOR ANTAGONIST / INVERSE AGONIST	PITOLISANT HCL	WAKIX	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	YES
ADHD / ANTI-NARCOLEPSY : NON-STIMULANTS	ATOMOXETINE HCL	ATOMOXETINE	CAPS	OR	-	-		PREFERRED	-	-	YES
		STRATTERA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	CLONIDINE HCL (ADHD)	CLONIDINE HCL ER	TB12	OR	-	-		PREFERRED	-	-	YES
		KAPVAY	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	GUANFACINE HCL (ADHD)	GUANFACINE ER	TB24	OR	-	-		PREFERRED	-	-	YES
INTUNIV		TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
ADHD / ANTI-NARCOLEPSY : STIMULANTS - LONG ACTING	AMPHETAMINE	ADZENYS ER	SUER	OR	-	-		NON-PREFERRED	2	-	YES
		ADZENYS XR-ODT	TBED	OR	-	-		NON-PREFERRED	2	-	YES
		AMPHETAMINE ER	SUER	OR	-	-		NON-PREFERRED	2	-	YES
		DYANAVEL XR	SUER	OR	-	-		NON-PREFERRED	2	-	YES
	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL XR	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		AMPHETAMINE/DEXTROAMPHETAMINE	CP24	OR	-	-		PREFERRED	-	-	YES
		MYDAYIS	CP24	OR	-	-		NON-PREFERRED	2	-	YES
	DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL ER	CP24	OR	-	-		PREFERRED	-	-	YES
		FOCALIN XR	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	DEXTROAMPHETAMINE SULFATE	DEXEDRINE	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		DEXTROAMPHETAMINE SULFATE ER	CP24	OR	-	-		PREFERRED	-	-	YES
	LISDEXAMFETAMINE DIMESYLATE	VYVANSE	CAPS	OR	-	-		PREFERRED	-	-	YES
		VYVANSE	CHEW	OR	-	-		PREFERRED	-	-	YES
	METHYLPHENIDATE	COTEMPLA XR-ODT	TBED	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		DAYTRANA	PTCH	TD	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	METHYLPHENIDATE HCL	ADHANSIA XR	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		APTENSIO XR	CP24	OR	-	-		PREFERRED	-	-	YES
		CONCERTA	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		JORNAY PM	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		METADATE ER	TBCR	OR	-	-		PREFERRED	-	-	YES
		METHYLPHENIDATE HCL CD	CPCR	OR	-	-		PREFERRED	-	-	YES
		METHYLPHENIDATE HCL ER	CP24	OR	-	-		PREFERRED	-	-	YES
		METHYLPHENIDATE HCL ER	TB24	OR	-	-		PREFERRED	-	-	YES
METHYLPHENIDATE HCL ER		TBCR	OR	-	-		NON-PREFERRED	2	-	YES	
METHYLPHENIDATE HCL ER 72MG	TBCR	OR	-	-		PREFERRED	-	-	YES		

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		METHYLPHENIDATE HCL ER (LA)	CP24	OR	-	-		PREFERRED	-	-	YES
		QUILLICHEW ER	CHER	OR	-	-		PREFERRED	-	-	YES
ADHD / ANTI-NARCOLEPSY : STIMULANTS - LONG ACTING CONT.		QUILLIVANT XR	SUSR	OR	-	-		PREFERRED	-	-	YES
		RELEXXII	TBCR	OR	-	-		NON-PREFERRED	2	-	YES
		RITALIN LA	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ADHD / ANTI-NARCOLEPSY : STIMULANTS - MISC	ARMODAFINIL	ARMODAFINIL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	YES
		NUVIGIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	METHAMPHETAMINE HCL	DESOXYN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		METHAMPHETAMINE HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	MODAFINIL	MODAFINIL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	YES
		PROVIGIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ADHD / ANTI-NARCOLEPSY : STIMULANTS - SHORT ACTING	AMPHETAMINE SULFATE	AMPHETAMINE SULFATE	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		EVEKEO	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		EVEKEO ODT	TBDP	OR	-	-		NON-PREFERRED	2	-	YES
	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		AMPHETAMINE/DEXTROAMPHETAMINE	TABS	OR	-	-		PREFERRED	-	-	YES
	DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		FOCALIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	SOLN	OR	-	-		NON-PREFERRED	2	-	YES
		DEXTROAMPHETAMINE SULFATE	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		PROCENTRA	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		ZENZEDI	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	METHYLPHENIDATE HCL	METHYLIN	SOLN	OR	-	-		PREFERRED	-	-	YES
		METHYLPHENIDATE HCL	CHEW	OR	-	-		PREFERRED	-	-	YES
		METHYLPHENIDATE HCL	SOLN	OR	-	-		PREFERRED	-	-	YES
		METHYLPHENIDATE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		RITALIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ALLERGY : ALLERGENIC EXTRACTS / BIOLOGICALS - ORAL	DUST MITE MIXED ALLERGEN EXTRACT	ODACTRA	SUBL	SL	-	-		PREFERRED	-	PA REQUIRED	-
	GRASS MIXED POLLENS ALLERGEN EXTRACT	ORALAIR	SUBL	SL	-	-		PREFERRED	-	PA REQUIRED	-
		ORALAIR ADULT SAMPLE KIT	SUBL	SL	-	-		PREFERRED	-	PA REQUIRED	-
		ORALAIR ADULT STARTER PACK	SUBL	SL	-	-		PREFERRED	-	PA REQUIRED	-
		ORALAIR CHILDREN/ADOLESCENTS SAMPLE KIT	THPK	SL	-	-		PREFERRED	-	PA REQUIRED	-
		ORALAIR CHILDREN/ADOLESCENTS STARTER PACK	SUBL	SL	-	-		PREFERRED	-	PA REQUIRED	-

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	PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP	PALFORZIA INITIAL DOSE ESCALATION	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 1	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 10	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 11 (MAINTENANCE)	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 11 (TITRATION)	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 2	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 3	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
ALLERGY : ALLERGENIC EXTRACTS / BIOLOGICALS - ORAL CONT.		PALFORZIA LEVEL 4	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 5	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 6	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 7	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 8	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PALFORZIA LEVEL 9	CSPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		SHORT RAGWEED POLLEN ALLERGEN EXTRACT	RAGWITEK	SUBL	SL	-	-		PREFERRED	-	PA REQUIRED
TIMOTHY GRASS POLLEN ALLERGEN EXTRACT	GRASTEK	SUBL	SL	-	-		PREFERRED	-	PA REQUIRED	-	
ALLERGY : ANAPHYLAXIS - VASOPRESSOR SELF-INJECTABLES	EPINEPHRINE (ANAPHYLAXIS)	ADRENALIN	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ADYPHREN AMP II KIT	KIT	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ADYPHREN AMP KIT	KIT	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ADYPHREN II	KIT	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ADYPHREN KIT	KIT	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AUVI-Q	SOAJ	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPINEPHRINE	SOAJ	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPINEPHRINE (MYLAN)	SOAJ	IJ	-	-		PREFERRED	-	-	-
		EPINEPHRINE	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPINEPHRINE PROFESSIONAL	KIT	IJ	-	-		PREFERRED	-	-	-
		EPINEPHRINESNAP-EMS	KIT	IJ	-	-		PREFERRED	-	-	-
		EPINEPHRINESNAP-V	KIT	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPIPEN 2-PAK	SOAJ	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPIPEN-JR 2-PAK	SOAJ	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPISNAP	KIT	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SYMJEPI	SOSY	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS	ACRIVASTINE & PSEUDOEPHEDRINE	SEMPREX-D	CAPS	OR	-	-		NON-PREFERRED	2
BROMPHENIRAMINE & PHENYLEPH	BROHIST D			TABS	OR	-	NON-COVERED	OTCS	-	-	-
	COLD & ALLERGY CHILDRENS CVS COLD & ALLERGY CHILDRENS			ELIX	OR	-	NON-COVERED	OTCS	-	-	-
	COLD & ALLERGY CHILDRENS CVS COLD & ALLERGY CHILDRENS			ELIX	OR	-	NON-COVERED	OTCS	-	-	-
	COLD & ALLERGY CHILDRENS CVS COLD & ALLERGY CHILDRENS			LIQD	OR	-	NON-COVERED	OTCS	-	-	-

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		DIMAPHEN CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIMETAPP COLD & ALLERGY	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		GLENMAX PEB	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD & ALLERGY CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		HM COLD & ALLERGY CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX DIBROMM COLD/ALLERGY CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CHILDRENS COLD & ALLERGY	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		RU-HIST D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RYNEX PE	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COLD & ALLERGY CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COLD & ALLERGY CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC COLD & ALLERGY	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-TAP COLD/ALLERGY	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	BROMPHENIRAMINE & PSEUDOEPH	BPM PSEUDO	TB12	OR	-	-		NON-PREFERRED	2	-	-
		EQ COLD/ALLERGY CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		LODRANE D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RYNEX PSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COLD & ALLERGY CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-TAP COLD & ALLERGY	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
	CETIRIZINE-PSEUDOEPHEDRINE	12 HOUR ALLERGY-D	TB12	OR	-	-		PREFERRED	-	-	-
		ALL DAY ALLERGY D	TB12	OR	-	-		PREFERRED	-	-	-
		ALLERGY RELIEF NASAL DECONGESTANT	TB12	OR	-	-		PREFERRED	-	-	-
		ALLERGY RELIEF-D	TB12	OR	-	-		PREFERRED	-	-	-
		CETIRIZINE HCL/PSEUDOEPHEDRINE HCL	TB12	OR	-	-		PREFERRED	-	-	-
		CVS ALLERGY RELIEF-D	TB12	OR	-	-		PREFERRED	-	-	-
		EQL ALL DAY ALLERGY-D	TB12	OR	-	-		PREFERRED	-	-	-

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		GNP ALL DAY ALLERGY-D	TB12	OR	-	-		PREFERRED	-	-	-
		HM ALLERGY COMPLETE-D	TB12	OR	-	-		PREFERRED	-	-	-
		KLS ALLER-TEC D	TB12	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY RELIEF D	TB12	OR	-	-		PREFERRED	-	-	-
		RA CETIRI-D	TB12	OR	-	-		PREFERRED	-	-	-
		SHOPKO ALLERGY RELIEF-D	TB12	OR	-	-		PREFERRED	-	-	-
		SM ALL DAY ALLERGY-D	TB12	OR	-	-		PREFERRED	-	-	-
		SW ALLERGY RELIEF-D	TB12	OR	-	-		PREFERRED	-	-	-
		TGT ALLERGY+ CONGESTION RELIEF-D	TB12	OR	-	-		PREFERRED	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		WAL-ZYR D	TB12	OR	-	-		PREFERRED	-	-	-
		ZYRTEC-D ALLERGY/CONGESTION	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORCYCLIZINE & PSEUDOEPHEDRINE	STAHIST AD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		STAHIST AD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE & PHENYLEPHRINE	AMBI 10PEH/4CPM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SINUS & ALLERGY MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOMETUSS-DA/CHILDREN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED A-HIST	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED A-HIST	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED CHLORPED D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL SINUS & ALLERGY PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS ALLERGY & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD & ALLERGY MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NOHIST-LQ	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHENAGIL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ACTA-TABS PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SUPHEDRINE PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ALLERFED COLD & ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB SINUS & ALLERGY MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SM COLD & ALLERGY PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED PE SINUS/ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE & PSEUDOEPH	AMBI 60PSE/4CPM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LOHIST-D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SUPHEDRINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		SM SINUS & ALLERGY MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDOGEST SINUS & ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FINATE-D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED SINUS/ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	ALLERGY MULTI-SYMP TOM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COMTrex FLU THERAPY MAXIMUM STRENGTH DAY/NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		COMTrex SEVERE COLD & SINUS MAXIMUM STRENGTH DAY/NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		CONTAC COLD/FLU DAY & NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		CONTAC COLD/FLU DAY/NIGHT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORICIDIN D COLD/FLU/SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SINUS CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SINUS PAIN & CONGESTION NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOMETUSS-NR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DRISTAN COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ALLERGY RELIEF MULTI-SYMP TOM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ALLERGY RELIEF MULTI-SYMP TOM/ADULTS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD RELIEF PLUS	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GNP SINUS + HEADACHE DAY/NIGHT FOR ADULTS	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP SINUS RELIEF CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP SINUS RELIEF CONGESTION & PAIN NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ALLERGY MULTI-SYMPTOM ADULT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE SINUS CONGESTION & PAIN	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE SINUS/HEADACHE DAYTIME/NIGHTTIME ADULT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDICIDIN-D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		MULTI-SYMPTOM ALLERGY RELIEF NIGHTTIME SINUS CONGESTION & PAIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NOREL AD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ALLERGY SINUS PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC ALLERGY RELIEF MULTI-SYMPTOM DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ALLERGY MULTI-SYMPTOM RA SINUS CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ALLERGY MULTI-SYMPTOM SB SINUS CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB SINUS CONGESTION & PAIN NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT SINUS CONGESTION/PAIN/DAY-TIME/NIGHT-TIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		VALIHIST	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE-PHENYLEPHRINE-ASA	ALKA-SELTZER PLUS COLD	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD RELIEF PLUS	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-

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		EFFERVESCENT COLD RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL EFFERVESCENT COLD RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE EFFERVESCENT COLD RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE-PHENYLEPHRINE-IBUPROFEN	ADVIL ALLERGY & CONGESTION	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE-PSEUDOEPHEDRINE-ACETAMINOPHEN	SM PAIN RELIEVER ALLERGY SINUS MULTI-SYMP TOM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE-PSEUDOEPHEDRINE-IBUPROFEN	ADVIL ALLERGY SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DESLORATADINE-PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	TB12	OR	-	-	-	NON-PREFERRED	2	-	-
	DEXBROMPHENIRAMINE & PSEUDOEPHEDRINE	ACTICON	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACTICON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CONEX COLD/ALLERGY	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		CONEX COLD/ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DRIXORAL COLD/ALLERGY	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXBROMPHENIRAMINE-PHENYLEPHRINE	ALA-HIST PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEXBROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		G-HIST PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXBROMPHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	SINADRIN PE COMPLETE SINUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXCHLORPHENIRAMINE & PSEUDOEPHEDRINE	DELTUSS DP	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RESCON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXCHLORPHENIRAMINE-PHENYLEPHRINE	RYMED	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STAHIST	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	DIPHENHYDRAMINE-PHENYLEPHRINE	BENADRYL ALLERGY PLUS CONGESTION CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		BENADRYL-D ALLERGY & SINUS CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CVS ALLERGY/CONGESTION CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COLD & COUGH NIGHTTIME CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIMETAPP NIGHTTIME COLD & CONGESTION	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TRIACTING NIGHT TIME COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ALLERGY PLUS SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED PE DAY & NIGHT SUDAFED PE SINUS CONGESTION DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIACTING NIGHTTIME COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC NIGHT TIME COLD & COUGH	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-DRYL PE ALLERGY/SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	ALLERGY MULTI-SYMP TOM NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		COLD & FLU RELIEF MULTI-SYMP TOM NIGHTTIME/MAXIMUM STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD CONTROL PE INTENSE COLD & FLU MEDICINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS FLU & SEVERE COLD NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SEVERE ALLERGY & SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SEVERE COLD & FLU NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SEVERE COUGH & COLD NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIMETAPP MULTI-SYMP TOM COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ SEVERE ALLERGY & SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-

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		FLU RELIEF THERAPY NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ALLERGY & SINUS HEADACHE DOUBLE STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ALLERGY PLUS SEVERE SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ALLERGY RELIEF PLUS SINUS HEADACHE MAXIMUM STRENGT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		HERBIOMED ALLERGY COLD & SINUS NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM SEVERE COLD COUGH & FLU NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX NIGHT TIME COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX MULTI-SYMP TOM COLD NIGHT TIME CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX SINUS-MAX NIGHT TIME CONGESTION & COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIGHTTIME COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		QC ALLERGY/SINUS HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC SEVERE ALLERGY RELIEF PLUS SINUS HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC SEVERE COLD & COUGH NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ALLERGY MULTI-SYMP TOM NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SEVERE ALLERGY PLUS SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SEVERE COLD/SINUS RELIEF PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		ROBITUSSIN SEVERE MULTI-SYMP TOM COUGH/COLD + FLU NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ALLERGY & COLD PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB SEVERE COLD PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SEVERE COLD & COUGH NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU POWERPODS NIGHTTIME SEVERE COLD	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU SEVERE COLD MULTI SYMPTOM NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU WARMING RELIEF SINUS & COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-DRYL ALLERGY/SINUS HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FLU SEVERE COLD & COUGH NIGHTTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FLU WARMING COMFORT SEVERE COLD NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED PE SEVERE COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DIPHENHYDRAMINE-PSEUDOEPHEDRINE-ACETAMINOPHEN	EQ ALLERGY/SINUS HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		RA NIGHT TIME ACETAMINOPHEN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ALLERGY/SINUS HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DOXYLAMINE-PHENYLEPHRINE	DOXYLAMINE SUCCINATE/PHENYLEPHRINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		G HIST FORTE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		POLY HIST FORTE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DOXYLAMINE-PHENYLEPHRINE-ACETAMINOPHEN	SB NIGHTTIME SINUS MULTI-SYMPTOM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SINUS & CONGESTION DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS NYQUIL SINUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS SINEX DAYQUIL/NYQUIL DAYTIME/NIGHTTIME SINUS RELIEF	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	DOXYLAMINE-PSEUDOEPHEDRINE	LORTUSS LQ	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	FEXOFENADINE-PSEUDOEPHEDRINE	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
		ANTIHISTAMINE/NASAL DECONGESTANT	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ALLERGY RELIEF D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		FEXOFENADINE HCL/PSEUDOEPHEDRINE HCL ER	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
		FEXOFENADINE/PSEUDOEPHEDRINE	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ALLERGY-D 12 HOUR ALLERGY & CONGESTION	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP FEXOFENADINE HCL/PSEUDOEPHEDRINE HCL	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ALLERGY & CONGESTION	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT ALLERGY+ CONGESTION RELIEF-D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FEX D 12 HOUR ALLERGY& CONGESTION	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FEX D 24 HOUR ALLERGY& CONGESTION	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
	LORATADINE & PSEUDOEPHEDRINE	ALAVERT ALLERGY/SINUS ALLERGY & CONGESTION RELIEF	TB12	OR	-	-	-	PREFERRED	-	-	-
		ALLERGY RELIEF-D	TB12	OR	-	-	-	PREFERRED	-	-	-
		ALLERGY RELIEF-D	TB24	OR	-	-	-	PREFERRED	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		CLARITIN-D 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CLARITIN-D 24 HOUR	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR-ATADINE D	TB24	OR	-	-		PREFERRED	-	-	-
		CVS ALLERGY RELIEF-D	TB24	OR	-	-		PREFERRED	-	-	-
		CVS ALLERGY RELIEF-D12	TB12	OR	-	-		PREFERRED	-	-	-
		EQ ALLERGY & CONGESTION RELIEF	TB12	OR	-	-		PREFERRED	-	-	-
		EQ ALLERGY RELIEF D 24 HOUR	TB24	OR	-	-		PREFERRED	-	-	-
		EQL ALLERGY/CONGESTION RELIEF	TB24	OR	-	-		PREFERRED	-	-	-
		GNP ALLERGY & CONGESTION RELIEF	TB24	OR	-	-		PREFERRED	-	-	-
		GNP LORATADINE-D 12HR	TB12	OR	-	-		PREFERRED	-	-	-
		HM ALLERGY & CONGESTION	TB12	OR	-	-		PREFERRED	-	-	-
		HM ALLERGY RELIEF & NASALDECONGESTANT	TB24	OR	-	-		PREFERRED	-	-	-
		KLS ALLERCLEAR D-12HR	TB12	OR	-	-		PREFERRED	-	-	-
		KLS ALLERCLEAR D-24HR	TB24	OR	-	-		PREFERRED	-	-	-
		LORATADINE-D 12HR	TB12	OR	-	-		PREFERRED	-	-	-
		LORATADINE-D 24HR	TB24	OR	-	-		PREFERRED	-	-	-
		MEIJER ALLERGY RELIEF-D	TB12	OR	-	-		PREFERRED	-	-	-
		MM LORATADINE-D 24 HOUR	TB24	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY RELIEF D	TB12	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY RELIEF D	TB24	OR	-	-		PREFERRED	-	-	-
		QC LORATADINE-D	TB24	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY/CONGESTION RELIEF	TB12	OR	-	-		PREFERRED	-	-	-
		RA LORATA-D	TB24	OR	-	-		PREFERRED	-	-	-
		SB ALLERGY RELIEF/NASAL DECONGESTANT	TB24	OR	-	-		PREFERRED	-	-	-
		SHOPKO ALLERGY RELIEF-D	TB12	OR	-	-		PREFERRED	-	-	-
		SM LORATA-DINE D	TB24	OR	-	-		PREFERRED	-	-	-
		SM LORATADINE D 12HR	TB12	OR	-	-		PREFERRED	-	-	-
		TGT ALLERGY & CONGESTION RELIEF	TB24	OR	-	-		PREFERRED	-	-	-
		WAL-ITIN D	TB12	OR	-	-		PREFERRED	-	-	-
		WAL-ITIN D 24 HOUR	TB24	OR	-	-		PREFERRED	-	-	-
	PHENIRAMINE MALEATE-PHENYLEPHRINE HCL	ALAHIST D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	THERAFLU FLU & SORE THROAT	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FLU COLD & SORE THROAT	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PYRILAMINE-PHENYLEPHRINE	GLEN PE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		PHENYLEPHRINE HCL/PYRILAMINE MALEATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	THONZYLAMINE-PHENYLEPHRINE	NASOPEN PE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.	TRIPROLIDINE & PSEUDOEPHEDRINE	ACTANOL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		APRODINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED A-HIST PSE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIPROLIDINE/PSEUDOEPHEDRINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-ACT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	TRIPROLIDINE-PHENYLEPHRINE	DOCTOR MANZANILLA PE SYRUP ANTIHISTAMINE/DECONGESTANT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HISTEX-PE	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINES	BROMPHENIRAMINE MALEATE	BPM	TB12	OR	-	-	-	NON-PREFERRED	2	-	-
	BROMPHENIRAMINE TANNATE	BROMPHENIRAMINE TANNATE	CHEW	OR	-	-	-	NON-PREFERRED	2	-	-
	CARBINOXAMINE MALEATE	CARBINOXAMINE MALEATE	SOLN	OR	-	-	-	NON-PREFERRED	2	-	-
		CARBINOXAMINE MALEATE	TABS	OR	-	-	-	NON-PREFERRED	2	-	-
		KARBINAL ER	SUER	OR	-	-	-	NON-PREFERRED	2	-	-
		RYVENT	TABS	OR	-	-	-	NON-PREFERRED	2	-	-
	CETIRIZINE HCL	ALL DAY ALLERGY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALL DAY ALLERGY	TABS	OR	-	-	-	PREFERRED	-	-	-
		ALL DAY ALLERGY CHILDRENS	SOLN	OR	-	-	-	PREFERRED	-	-	-
		ALLERGY 24HOUR INDOOR/OUTDOOR	TABS	OR	-	-	-	PREFERRED	-	-	-
		ALLERGY RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALLERGY RELIEF	TABS	OR	-	-	-	PREFERRED	-	-	-
		ALLERGY RELIEF CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALLERGY RELIEF CHILDRENS	SOLN	OR	-	-	-	PREFERRED	-	-	-
		CETIRIZINE HCL	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CETIRIZINE HCL	TABS	OR	-	-	-	PREFERRED	-	-	-
		CETIRIZINE HCL ALLERGY CHILDRENS	SOLN	OR	-	-	-	PREFERRED	-	-	-
	CETIRIZINE HCL CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CETIRIZINE HCL CHILDRENS	SOLN	OR	-	-	-	PREFERRED	-	-	-	

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		CETIRIZINE HCL	SOLN	OR	-	-		PREFERRED	-	-	-
		CETIRIZINE HCL CHILDRENS ALLERGY	SOLN	OR	-	-		PREFERRED	-	-	-
		CVS ALLERGY RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		CVS ALLERGY RELIEF CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		CVS INDOOR/OUTDOOR ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		EQ ALLERGY RELIEF	SOLN	OR	-	-		PREFERRED	-	-	-
		EQ ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		EQ ALLERGY RELIEF CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		EQ CETIRIZINE HCL CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL ALL DAY ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		EQL ALL DAY ALLERGY CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		GNP ALL DAY ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		GNP ALL DAY ALLERGY CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ALL DAY ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ALL DAY ALLERGYCHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		HM ALL DAY ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		HM ALL DAY ALLERGY CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		HM CETIRIZINE HCL CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		HM CETIRIZINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		KLS ALLER-TEC	TABS	OR	-	-		PREFERRED	-	-	-
		KLS ALLER-TEC CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		KP CETIRIZINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		MM CETIRIZINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		PX CHILDRENS ALLERGY	SOLN	OR	-	-		PREFERRED	-	-	-
		QC ALL DAY ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		QC ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		QC ALLERGY RELIEF CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		QC CHILDRENS ALLERGY	SOLN	OR	-	-		PREFERRED	-	-	-
		QUZYTIR	SOLN	IV	-	-		X	-	-	-
		RA ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-

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		RA CETIRIZINE	TABS	OR	-	-		PREFERRED	-	-	-
		RA CETIRIZINE CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CETIRIZINE HCL CHILDRENS ALLERGY	SOLN	OR	-	-		PREFERRED	-	-	-
		SB ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		SB CETIRIZINE HCL CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		SM ALL DAY ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		SM ALL DAY ALLERGY CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		TGT ALL DAY ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		TGT ALL DAY ALLERGY RELIEF CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		WAL-ZYR	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-ZYR	SOLN	OR	-	-		PREFERRED	-	-	-
		WAL-ZYR	TABS	OR	-	-		PREFERRED	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		WAL-ZYR ALL DAY ALLERGY CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		WAL-ZYR CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-ZYR CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		ZYRTEC ALLERGY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZYRTEC ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZYRTEC ALLERGY CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZYRTEC CHILDRENS ALLERGY	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZYRTEC CHILDRENS ALLERGY	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORCYCLIZINE HCL	AHIST	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE MALEATE	ALLER-CHLOR	TABS	OR	-	-		PREFERRED	-	-	-
		ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		ALLERGY	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALLERGY 4 HOUR	TABS	OR	-	-		PREFERRED	-	-	-
		ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		ALLERGY-TIME	TABS	OR	-	-		PREFERRED	-	-	-
		CHLORHIST	TABS	OR	-	-		PREFERRED	-	-	-
		CHLORPHEN SR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHLORPHENIRAMINE MALEATE	TABS	OR	-	-		PREFERRED	-	-	-

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		CHLORPHENIRAMINE MALEATE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHLOR-TRIMETON	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHLOR-TRIMETON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHLOR-TRIMETON ALLERGY	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		CVS ALLERGY RELIEF	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIABETIC TUSSIN ALLERGY	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED CHLORPED JR	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ CHLORTABS	TABS	OR	-	-		PREFERRED	-	-	-
		EQL ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		GNP ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		HM ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		PHARBECHLOR	TABS	OR	-	-		PREFERRED	-	-	-
		QC ALLERGY RELIEF 4-HOUR	TABS	OR	-	-		PREFERRED	-	-	-
		QC CHLOR-PHENIRAMINE	TABS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		RA CHLORPHENIRAMINE MALEATE	TABS	OR	-	-		PREFERRED	-	-	-
		SB CHLORPHENIRAMINE	TABS	OR	-	-		PREFERRED	-	-	-
		SM ALLERGY 4 HOUR	TABS	OR	-	-		PREFERRED	-	-	-
		WAL-FINATE	TABS	OR	-	-		PREFERRED	-	-	-
	CHLORPHENIRAMINE-ACETAMINOPHEN	CORICIDIN HBP COLD & FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD & FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COLD & FLU HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CLEMASTINE FUMARATE	CLEMASTINE FUMARATE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		CLEMASTINE FUMARATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DAYHIST ALLERGY 12 HOUR RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ DAYHIST ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP DAYHIST ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX DAYHIST ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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	CYPROHEPTADINE HCL	CYPROHEPTADINE HCL	SYRP	OR	-	-		PREFERRED	-	-	-
		CYPROHEPTADINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
	DESLORATADINE	CLARINEX	SYRP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLARINEX	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DESLORATADINE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		DESLORATADINE ODT	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DEXBROMPHENIRAMINE MALEATE	ALA-HIST IR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIAVENT	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIAVENT	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXBROMPHENIRAMINE-ACETAMINOPHEN	ACTIDOGESIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOLOGEN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOLOGESIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOLOGESIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ALLERGY : ANTIHISTAMINES CONT.		G-DOLOGEN	TABS	OR	-	NON-COVERED	OTCS	-	-	-
DEXCHLORPHENIRAMINE MALEATE		DEXCHLORPHENIRAMINE MALEATE	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		RYCLORA	SOLN	OR	-	-		NON-PREFERRED	2	-	-
DIPHENHYDRAMINE HCL		ALER-CAP	CAPS	OR	-	-		PREFERRED	-	-	-
		ALER-DRYL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALERTAB	TABS	OR	-	-		PREFERRED	-	-	-
		ALKA-SELTZER PLUS ALLERGY FAST RELIEF FORMULA	TABS	OR	-	-		PREFERRED	-	-	-
		ALLERGY	CAPS	OR	-	-		PREFERRED	-	-	-
		ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		ALLERGY CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		ALLERGY RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		ALLERGY RELIEF CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		ANTI-HIST ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		AURODRYL ALLERGY CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		BANOPHEN	CAPS	OR	-	-		PREFERRED	-	-	-
		BANOPHEN	LIQD	OR	-	-		PREFERRED	-	-	-
		BANOPHEN	TABS	OR	-	-		PREFERRED	-	-	-
		BENADRYL ALLERGY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		BENADRYL ALLERGY CHILDRENS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		BENADRYL ALLERGY CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		BENADRYL ALLERGY CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		COMPLETE ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-	
		COMPLETE ALLERGY	CAPS	OR	-	-		PREFERRED	-	-	-	
		COMPLETE ALLERGY MEDICINE	CAPS	OR	-	-		PREFERRED	-	-	-	
		COMPLETE ALLERGY MEDICINE	TABS	OR	-	-		PREFERRED	-	-	-	
		COMPLETE ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY	CAPS	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY RELIEF	LIQD	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY RELIEF ADULT MAXIMUM STRENGTH	LIQD	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-	
		CVS ALLERGY RELIEF CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DICOPANOL FUSEPAQ	SUSR	OR	-	-		NON-PREFERRED	2	-	-	
		DICOPANOL RAPIDPAQ	SUSR	OR	-	-		NON-PREFERRED	2	-	-	
	ALLERGY : ANTIHISTAMINES CONT.		DIPHEN	ELIX	OR	-	-		PREFERRED	-	-	-
			DIPHEN	TABS	OR	-	-		PREFERRED	-	-	-
			DIPHENHIST	CAPS	OR	-	-		PREFERRED	-	-	-
			DIPHENHYDRAMINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
			DIPHENHYDRAMINE HCL	ELIX	OR	-	-		PREFERRED	-	-	-
		DIPHENHYDRAMINE HCL	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		DIPHENHYDRAMINE HCL	LIQD	OR	-	-		PREFERRED	-	-	-	
		DIPHENHYDRAMINE HCL 6.25 MG/ML	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DIPHENHYDRAMINE HCL	TABS	OR	-	-		PREFERRED	-	-	-	
		DIPHENHYDRAMINE HCL CHILDRENS DYE FREE	LIQD	OR	-	-		PREFERRED	-	-	-	
		DYE-FREE ALLERGY RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-	
		EQ ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-	
		EQ ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-	
		EQ ALLERGY RELIEF CHILDRENS	ELIX	OR	-	-		PREFERRED	-	-	-	
		EQ ALLERGY RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-	
		EQ ALLERGY RELIEF CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	

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		EQL ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		EQL ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		EQL ALLERGY RELIEF CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CHILDRENS ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-
		GENAHIST	CAPS	OR	-	-		PREFERRED	-	-	-
		GERI-DRYL	CAPS	OR	-	-		PREFERRED	-	-	-
		GERI-DRYL	LIQD	OR	-	-		PREFERRED	-	-	-
		GERI-DRYL ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		GNP ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		GNP ALLERGY RELIEF	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		GNP CHILDRENS ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-
		HM ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		HM ALLERGY RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		HM ALLERGY MULTI SYMPTOM	CAPS	OR	-	-		PREFERRED	-	-	-
		KLS ALLERGY MEDICINE	TABS	OR	-	-		PREFERRED	-	-	-
		KP DIPHENHYDRAMINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
		M-DRYL	LIQD	OR	-	-		PREFERRED	-	-	-
		MEDI-PHEDRYL	CAPS	OR	-	-		PREFERRED	-	-	-
		MEIJER ANTIHISTAMINE ALLERGY	CAPS	OR	-	-		PREFERRED	-	-	-
		NARAMIN	LIQD	OR	-	-		PREFERRED	-	-	-
		PEDIACARE CHILDRENS ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-
		PEDIACLEAR COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHARBEDRYL	CAPS	OR	-	-		PREFERRED	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		PX ALLERGY	CAPS	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		QC ALLERGY CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		QC ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		QC COMPLETE ALLERGY MEDICINE	TABS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY MEDICATION	CAPS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY MEDICATION	TABS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COMPLETE ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		RA DIPHEDRYL ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-
		SB ALLERGY	CAPS	OR	-	-		PREFERRED	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		SB ALLERGY MEDICINE	LIQD	OR	-	-		PREFERRED	-	-	-
		SB ALLERGY MEDICINE	TABS	OR	-	-		PREFERRED	-	-	-
		SILADRYL ALLERGY	LIQD	OR	-	-		PREFERRED	-	-	-
		SM ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		SM ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		SM ALLERGY RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		TGT ALLERGY MELTS CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT ALLERGY RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		TGT ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		TGT ALLERGY RELIEF CHILDRENS DYE FREE	LIQD	OR	-	-		PREFERRED	-	-	-
		TOTAL ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		TOTAL ALLERGY MEDICINE	LIQD	OR	-	-		PREFERRED	-	-	-
		VANAMINE PD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-DRYL ALLERGY	CAPS	OR	-	-		PREFERRED	-	-	-
		WAL-DRYL ALLERGY	TABS	OR	-	-		PREFERRED	-	-	-
		WAL-DRYL ALLERGY DYE-FREECHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		WAL-DRYL ALLERGY RELIEF CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIPHENHYDRAMINE-ACETAMINOPHEN	PERCOGESIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			PERCOGESIC EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			QC COLD RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-
		QC SEVERE ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		TYLENOL SEVERE ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
ALLERGY : ANTIHISTAMINES CONT.	FEXOFENADINE HCL	24HR ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		ALLEGRA ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		ALLEGRA ALLERGY CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	
		ALLEGRA ALLERGY CHILDRENS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	
		ALLER-EASE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		ALLERGY RELIEF 24HR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		CVS ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	

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		CVS ALLERGY RELIEF CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL ALLER-EASE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FEXOFENADINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ALLER-EASE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM FEXOFENADINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KLS ALLER-FEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP FEXOFENADINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MM FEXOFENADINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC FEXOFENADINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ALLERGY RELIEF 24 HOUR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM FEXOFENADINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		TGT ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FEX 24 HOUR ALLERGY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FEX ALLERGY 12 HOUR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	LEVOCETIRIZINE DIHCL	ALLERGY RELIEF 24HR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LEVOCETIRIZINE DIHCL	SOLN	OR	-	-	NON-PREFERRED	-	2	-	-
		LEVOCETIRIZINE DIHCL	TABS	OR	-	-	NON-PREFERRED	-	2	-	-
		LEVOCETIRIZINE DIHCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		XYZAL ALLERGY 24HR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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	LORATADINE	XYZAL ALLERGY 24HR CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-		
		ALAVERT	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-		
		ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-	-	
		ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		ALLERGY RELIEF CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-	-	
		ALLERGY RELIEF LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-	-	
		CHILDRENS LORATADINE	SOLN	OR	-	-		PREFERRED	-	-	-	-	
		CHILDRENS LORATADINE	SYRP	OR	-	-		PREFERRED	-	-	-	-	
		CLARITIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		CLARITIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		CLARITIN ALLERGY CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-	-	
		CLARITIN ALLERGY CHILDRENS	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		CLARITIN CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		CLARITIN REDITABS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		CVS ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-	-	
		CVS ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		CVS ALLERGY RELIEF CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
		CVS ALLERGY RELIEF CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-	-	
		EQ ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-	-	
		EQ ALLERGY RELIEF CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-	-	
		EQ CHILDRENS LORATADINE	SYRP	OR	-	-		PREFERRED	-	-	-	-	
		EQ LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-	-	
		ALLERGY : ANTIHISTAMINES CONT.	EQ LORATADINE	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	-
			EQ LORATADINE CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	-
EQL ALLERGY RELIEF	TABS		OR	-	-		PREFERRED	-	-	-	-		
GNP ALLERGY RELIEF FOR KIDS	TBDP		OR	-	NON-COVERED	OTCS	-	-	-	-	-		
GNP LORATADINE	SYRP		OR	-	-		PREFERRED	-	-	-	-		
GNP LORATADINE	TABS		OR	-	-		PREFERRED	-	-	-	-		
GNP LORATADINE	TBDP		OR	-	NON-COVERED	OTCS	-	-	-	-	-		

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		GNP LORATADINE CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP LORATADINE CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ALLERGY RELIEF 24 HOUR	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-
		HM LORATADINE CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		KLS ALLERCLEAR	TABS	OR	-	-		PREFERRED	-	-	-
		KP LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-
		LORADAMED	TABS	OR	-	-		PREFERRED	-	-	-
		LORATADINE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-
		LORATADINE CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		LORATADINE CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		LORATADINE CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		MEIJER ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		MEIJER ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEIJER LORATADINE	SYRP	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		PX ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC ALLERGY RELIEF CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		QC LORATADINE ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ALLERGY RELIEF 24 HOUR	TABS	OR	-	-		PREFERRED	-	-	-
		RA ALLERGY RELIEF CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		RA LORATADINE	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA LORATADINE CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		SB ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB LORATADINE	SYRP	OR	-	-		PREFERRED	-	-	-
		SB LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-

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		SM ALLERGY CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		SM ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CHILDRENS LORATADINE	SYRP	OR	-	-		PREFERRED	-	-	-
		SM LORATADINE	TABS	OR	-	-		PREFERRED	-	-	-
		SM LORATADINE ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT ALLERGY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		TGT ALLERGY RELIEF	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT LORATADINE CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		TRIAMINIC ALLERCHEWS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-ITIN	SYRP	OR	-	-		PREFERRED	-	-	-
		WAL-ITIN	TABS	OR	-	-		PREFERRED	-	-	-
		WAL-ITIN ALLERGY RELIEF REDITABS	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-ITIN CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		WAL-VERT	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PYRILAMINE MALEATE	PEDIACLEAR 8 CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	TRIPROLIDINE HCL	DOCTOR MANZANILLA ANTIHISTAMINE INFANT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOCTOR MANZANILLA ANTIHISTAMINE PEDIATRIC	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HISTEX	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		HISTEX	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HISTEX PD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HISTEX PDX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		M-HIST PD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIACLEAR ALLERGY CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIACLEAR PD CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		TRIPROLIDINE HCL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANACLEAR PD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANAHIST PD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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ALLERGY : MISC	ALLANTOIN-CAMPHOR-MENTHOL	NOSE BETTER	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
	ALOE-SODIUM CHLORIDE	AYR SALINE NASAL GEL	SWAB	NA	-	NON-COVERED	OTCS	-	-	-	-	
	GLYCERIN-SODIUM CHLORIDE	NOSE BETTER	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-	
	HYPERTONIC NASAL WASH	ENTSOL NASAL SPRAY		SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASADOCK PLUS		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAFLO NETI POT NASAL WASH SYSTEM		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAFLO PORCELAIN NASAL RINSE		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		SALTAIRE		SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		SINUS RINSE KIT		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		SINUS RINSE KIT PEDIATRIC		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		SINUS RINSE REFILL		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		SINUS RINSE REFILL PEDIATRIC		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		HYPROMELLOSE (NASAL)	ALZAIR ALLERGY BLOCKER NASAL SPRAY		POWD	NA	-	-		NON-PREFERRED	-	PA REQUIRED
	MISC NATURAL PRODUCT NASAL	GELONASAL		SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAL CLEANSE RINSE MIX		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASALCARE FOR KIDS		PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		PONARIS		SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAL MOISTURIZER COMBINATION	4-WAY SALINE		SOLN	NA	-	NON-COVERED	OTCS	-	-	-
	LITTLE NOSES MOISTURIZINGNASAL GEL			GEL	NA	-	NON-COVERED	OTCS	-	-	-	-
	LITTLE REMEDIES FOR NOSES			SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
OCEAN COMPLETE SINUS RINSE			AERS	NA	-	NON-COVERED	OTCS	-	-	-	-	
ALLERGY : MISC CONT.	OCEAN NASAL MOISTURIZER		GEL	NA	-	NON-COVERED	OTCS	-	-	-	-	
	OCEAN ULTRA SALINE NASAL MIST		SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-	
	RHINASE		GEL	NA	-	NON-COVERED	OTCS	-	-	-	-	

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		RHINASE	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
	NASAL WASH	ALKALOL	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
	PROPYLENE GLYCOL-HYDROXYETHYLCELLULOSE	NASAL MOIST GEL	GEL	NA	-	NON-COVERED	OTCS	-	-	-	-
	SALINE	AFRIN SALINE NASAL MIST	SOLN	NA	-	-		PREFERRED	-	-	-
		ALTAMIST	SOLN	NA	-	-		PREFERRED	-	-	-
		AYR	SOLN	NA	-	-		PREFERRED	-	-	-
		AYR NASAL DROPS	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		AYR NASAL MIST ALLERGY & SINUS HYPERTONIC SALINE	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		AYR SALINE NASAL	GEL	NA	-	NON-COVERED	OTCS	-	-	-	-
		BABY AYR SALINE	SOLN	NA	-	-		PREFERRED	-	-	-
		CVS NASAL MIST	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-
		CVS SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		DEEP SEA NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		EQ SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		EQL SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		GNP NASAL MOISTURIZING	SOLN	NA	-	-		PREFERRED	-	-	-
		HM SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		LITTLE NOSES SALINE	SOLN	NA	-	-		PREFERRED	-	-	-
		LITTLE NOSES STERILE SALINE NASAL MIST	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-
		LITTLE NOSES STUFFY NOSE KIT	SOLN	NA	-	-		PREFERRED	-	-	-
		LITTLE REMEDIES BABY STERILE SALINE MIST FOR NOSES	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-
		MEIJER SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		NASADROPS SALINE ON THE GO	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAL MOIST	SOLN	NA	-	-		PREFERRED	-	-	-
		NASAL MOISTURIZING SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		NASOGEL	GEL	NA	-	NON-COVERED	OTCS	-	-	-	-
		OCEAN FOR KIDS	SOLN	NA	-	-		PREFERRED	-	-	-
		OCEAN NASAL SPRAY	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		PX SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		QC SALINE NASAL RELIEF	SOLN	NA	-	-		PREFERRED	-	-	-
ALLERGY : MISC CONT.		RA SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-

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		RA STERILE SALINE NASAL MIST	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		RHINARIS	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		SALINE NASAL GEL	GEL	NA	-	NON-COVERED	OTCS	-	-	-	-
		SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
		SALINE NASAL SPRAY INFANTS/CHILDRENS	SOLN	NA	-	-		PREFERRED	-	-	-
		SB SALINE NOSE	SOLN	NA	-	-		PREFERRED	-	-	-
		SIMPLY SALINE	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-
		SINUS WASH SALT	CRYS	NA	-	NON-COVERED	OTCS	-	-	-	-
		SM NASAL SPRAY SALINE	SOLN	NA	-	-		PREFERRED	-	-	-
		SODIUM CHLORIDE	SOLN	NA	-	-		PREFERRED	-	-	-
		TGT SALINE NASAL SPRAY	SOLN	NA	-	-		PREFERRED	-	-	-
	SODIUM CHLORIDE-SODIUM BICARBONATE	AYR SALINE NASAL NETI RINSE KIT	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		CLASSIC NETI POT SINUS WASH	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-
		CVS NASAL WASH SINUS WASH SYSTEM	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-
		CVS SINUS WASH SALINE REFILL	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		GNP SINUS WASH NETI POT	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-
		GNP SINUS WASH REFILL	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		KETTLE NETI POT SINUS WASH	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAMIST ALL-IN-ONE	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAMIST HYPERTONIC	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAMIST ISOTONIC	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-
		NETI POT KIT SINUS WASH/CLEAR VIEW KETTLE	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-
		RA MICOR-FILTERED SINUS WASH SYSTEM/SALINE PACKETS	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-
		RA SINUS WASH NETI POT	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		SALINE PACKETS	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-
		SINUCLEANSE NETI POT	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-

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ALLERGY : MISC CONT.		SINUCLEANSE REFILL	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SINUFLO READYRINSE	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SINUGATOR NASAL WASH	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SINUS WASH NETI POT	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SINUS WASH SQUEEZE BOTTLE	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SM SINUS WASH	PACK	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SM SINUS WASH NETI POT	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SQUEEZE BOTTLE KIT SINUS WASH	KIT	NA	-	NON-COVERED	OTCS	-	-	-	-	
		SODIUM CHLORIDE-XYLITOL	XLEAR SINUS CARE SPRAY	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
		SODIUM CHLORIDE-YERBA SANTA-GLYCERIN	PRETZ	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
			PRETZ IRRIGATION	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
			PRETZ NATURAL MOISTURIZING NASAL SPRAY/YERBA SANTA/SEA SALT	SOLN	NA	-	NON-COVERED	OTCS	-	-	-	-
ALLERGY : NASAL ANTICHOLINERGICS	CROMOLYN SODIUM (NASAL)	CROMOLYN SODIUM	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-	
		NASALCROM	AERS	NA	-	NON-COVERED	OTCS	-	-	-	-	
	IPRATROPIUM BROMIDE (NASAL)	IPRATROPIUM BROMIDE	SOLN	NA	-	-		PREFERRED	-	-	-	
ALLERGY : NASAL ANTIHISTAMINES	AZELASTINE HCL	AZELASTINE HCL	SOLN	NA	-	-		PREFERRED	-	-	-	
	AZELASTINE HCL-FLUTICASONE PROPIONATE	AZELASTINE HCL/FLUTICASONE PROPIONATE	SUSP	NA	-	-		NON-PREFERRED	1	-	-	
		DERMACINRX AZENASE PAK	THPK	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		DYMISTA	SUSP	NA	-	-		NON-PREFERRED	1	-	-	
		AZELASTINE HCL-FLUTICASONE PROPIONATE-SODIUM CHLORIDE	TICALAST	KIT	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OLOPATADINE HCL (NASAL)	OLOPATADINE HCL	SOLN	NA	-	-		NON-PREFERRED	1	-	-
			PATANASE	SOLN	NA	-	-		NON-PREFERRED	1	PA REQUIRED	-
ALLERGY : NASAL STEROIDS	BECLOMETHASONE DIPROP MONOHD	BECONASE AQ	SUSP	NA	-	-		NON-PREFERRED	3	-	-	
	BECLOMETHASONE DIPROPIONATE (NASAL)	QNASL	AERS	NA	-	-		NON-PREFERRED	3	-	-	
	BUDESONIDE (NASAL)	BUDESONIDE NASAL SPRAY	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	

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		CVS BUDESONIDE NASAL SPRAY	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	
		EQ BUDESONIDE NASAL SPRAY	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	
ALLERGY : NASAL STEROIDS CONT.		GNP BUDESONIDE NASAL SPRAY	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	
		RA BUDESONIDE NASAL SPRAY	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	
		RHINOCORT ALLERGY	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	
	CICLESONIDE (NASAL)	OMNARIS	SUSP	NA	-	-	-	NON-PREFERRED	3	-	-	
		ZETONNA	AERS	NA	-	-	-	NON-PREFERRED	3	-	-	
	FLUNISOLIDE (NASAL)	FLUNISOLIDE	SOLN	NA	-	-	-	NON-PREFERRED	3	-	-	
	FLUTICASONE FUROATE	FLONASE SENSIMIST	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	
	FLUTICASONE PROPIONATE (NASAL)	ALLERGY NASAL SPRAY 24 HOUR	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		ALLERGY RELIEF	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		CLARISPRAY	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		CVS FLUTICASONE PROPRIONATE NASAL SPRAY	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		EQ ALLERGY RELIEF	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		EQL FLUTICASONE PROPIONATE	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		FLONASE ALLERGY RELIEF	SUSP	NA	-	NON-COVERED	OTCS	-	-	-	-	
		FLUTICASONE PROPIONATE	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		GNP FLUTICASONE PROPIONATE	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		HM ALLERGY RELIEF NASAL SPRAY 24HR	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		KLS ALLER-FLO	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		QC ALLERGY RELIEF	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		QC FLUTICASONE PROPIONATE	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		SM ALLERGY RELIEF NASAL SPRAY	SUSP	NA	-	-	-	-	PREFERRED	-	-	-
		XHANCE	EXHU	NA	-	-	-	-	NON-PREFERRED	3	-	-
	FLUTICASONE PROPIONATE-SODIUM CHLORIDE	DERMACINRX TIKANASE PAK	THPK	NA	-	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		TICASPRAY	THPK	NA	-	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
	MOMETASONE FUROATE (NASAL)	MOMETASONE FUROATE	SUSP	NA	-	-	-	-	NON-PREFERRED	3	-	-
		NASONEX	SUSP	NA	-	-	-	-	NON-PREFERRED	3	PA REQUIRED	-
	TRIAMCINOLONE ACETONIDE (NASAL)	ALLERGY NASAL SPRAY 24 HOUR	AERO	NA	-	-	-	-	PREFERRED	-	-	-
CVS NASAL ALLERGY SPRAY		AERO	NA	-	-	-	-	PREFERRED	-	-	-	
EQ NASAL ALLERGY SPRAY		AERO	NA	-	-	-	-	PREFERRED	-	-	-	

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		GNP 24 HOUR NASAL ALLERGY SPRAY	AERO	NA	-	-		PREFERRED	-	-	-
		GOODSENSE NASAL ALLERGY SPRAY	AERO	NA	-	-		PREFERRED	-	-	-
		KLS ALLER-CORT	AERO	NA	-	-		PREFERRED	-	-	-
		NASACORT ALLERGY 24HR	AERO	NA	-	NON-COVERED	OTCS	-	-	-	-
		NASAL ALLERGY 24 HOUR	AERO	NA	-	-		PREFERRED	-	-	-
		RA NASAL ALLERGY SPRAY	AERO	NA	-	-		PREFERRED	-	-	-
		TRIAMCINOLONE ACETONIDE	AERO	NA	-	-		PREFERRED	-	-	-
ANALGESICS - ANTIINFLAMMATORY : ANTI-RHEUMATIC AGENTS	AURANOFIN	RIDAURA	CAPS	OR	-	-		PREFERRED	-	-	-
	LEFLUNOMIDE	ARAVA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LEFLUNOMIDE	TABS	OR	-	-		PREFERRED	-	-	-
	METHOTREXATE	XATMEP	SOLN	OR	-	-		PREFERRED	-	-	-
	METHOTREXATE (ANTI-RHEUMATIC)	OTREXUP	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RASUVO	SOAJ	SC	-	-		PREFERRED	-	PA REQUIRED	-
	METHOTREXATE SODIUM	METHOTREXATE	SOLN	IJ	-	-		PREFERRED	-	-	-
		METHOTREXATE	TABS	OR	-	-		PREFERRED	-	-	-
ANALGESICS - ANTIINFLAMMATORY : ANTI-RHEUMATIC AGENTS CONT.		METHOTREXATE SODIUM	SOLR	IJ	-	-		PREFERRED	-	-	-
		TREXALL	TABS	OR	-	-		PREFERRED	-	-	-
ANALGESICS : MISC - TOPICAL	ALLANTOIN-LIDOCAINE-PETROLATUM	PREMIUM SCAR PATCH	PTCH	EX	-	NON-COVERED	COSM	-	-	-	-
	AMANTADINE-AMITRIPTYLINE-GABAPENTIN-CYCLOBENZAPRINE	A.A.G.C. KIT IN TERODERM	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	BACLOFEN (TOPICAL)	BACLOFEN	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ENOVARX-BACLOFEN	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	BENZOCAINE (TOPICAL)	AFTERTEST TOPICAL PAIN RELIEF	STCK	EX	-	NON-COVERED	OTCS	-	-	-	-
		AMERICAINE	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		ANACAINE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		BOIL EASE MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		BOIL PAIN RELIEF	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS BOIL RELIEF	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		OUTGRO PAIN RELIEF	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	BENZOCAINE-BENZETHONIUM	DERMOPLAST FIRST AID	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		LANACANE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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		LANACANE ANTI-BACTERIAL FIRST AID MAXIMUM STRENGTH	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LANACANE ANTI-ITCH 2-IN-1	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LANACANE FIRST AID 2-IN1	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LANACANE MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
	BENZOCAINE-CHLOROXYLENOL	FOILLE	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
	BENZOCAINE-ISOPROPYL ALCOHOL	ALCOHOL SWABS WITH BENZOCAINE	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-	
ANALGESICS : MISC - TOPICAL CONT.		GNP PAIN RELIEF WITH BENZOCAINE	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-	
		SM ALCOHOL PREP PADS/BENZOCAINE	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BENZOCAINE-LIDOCAINE-TETRACAINE	BENZOCAINE/LIDOCAINE/TETRACAINE	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BENZOCAINE-MENTHOL	DERMOPLAST	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		BENZOCAINE-SULFUR	CHIGG AWAY	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		BENZOCAINE-TRICLOSAN	COOLING BURN RELIEF	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
			CVS INSTANT MEDICATED FIRST AID SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
			FIRST AID ANTISEPTIC SPRAY MEDICATED	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
			GNP MEDICATED FIRST AID SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
			MEDICATED FIRST AID SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
			RA MEDICATED FIRST AID SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		BUTAMBEN-TETRACAINE-BENZOCAINE	CETACAINE	AERO	EX	-	NON-COVERED	DESI	-	-	-	-
			CETACAINE	LIQD	EX	-	NON-COVERED	DESI	-	-	-	-
		CAMPHOR-MENTHOL-METHYL SALICYLATE	QC RELIEF PATCH	PTCH	TD	-	NON-COVERED	OTCS	-	-	-	-
		CAPSAICIN	ARTHRITIS PAIN RELIEVING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
			ASPERCREME WARMING PAIN RELIEF PATCH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
			CAPREX	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
			CAPREX +	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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		CAPSAICIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CAPSAICIN	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CAPSAICIN HOT PATCH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CAPSAICIN HP	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CAPZASIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CAPZASIN-HP	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		CAPZASIN-P	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CAPZIX	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CASTIVA WARMING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS CAPSAICIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS CAPSAICIN HP	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS MEDICATED HEAT PATCH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ CAPSAICIN PAIN RELIEVING PATCH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP CAPSAICIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP CAPSAICIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE CAPSAICIN ARTHRITIS PAIN RELIEF	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GUADALUPANO PAIN RELIEVING PLASTER	SHEE	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA CAPSICUM HOT PATCH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		SURE RESULT SR RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZOSTRIX HIGH POTENCY	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZOSTRIX NATURAL PAIN RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZOSTRIX-HP	STCK	EX	-	NON-COVERED	OTCS	-	-	-	-
	CAPSAICIN & CLEANSING GEL	QUTENZA	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	CAPSAICIN IN LIDOCAINE VEHICLE	AXSAIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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	CAPSAICIN-MENTHOL	ALIVIO PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ALLEVESS	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CAPSIDERM	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CAPZASIN QUICK RELIEF	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CMX PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		FLEXIN	PTCH	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
ANALGESICS : MISC - TOPICAL CONT.		ICY HOT PM	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LEVATIO PATCH	PTCH	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
		MENCAPS PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		MENTHOZEN HYDROGEL PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RELIEVER	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RENOVO	PTCH	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
		CAPSAICIN-METHYL NICOTINATE	ARTH ARREST	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DIBUCAINE	CVS HEMORRHOIDAL & TOPICAL ANALGESIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
			DIBUCAINE	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
			NUPERCAINAL	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		DICLOFENAC EPOLAMINE	DICLOFENAC EPOLAMINE	PTCH	TD	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			FLECTOR	PTCH	TD	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		DICLOFENAC SODIUM & ADHESIVE SHEETS	DICLO GEL/XRYLIX SHEETS	THPK	TD	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			LEXIXRYL	THPK	TD	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			XRYLIX	THPK	TD	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		DICLOFENAC SODIUM & LIDOCAINE HCL & ADHESIVE SHEETS	TRIXYLITRAL	THPK	CO	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		DICLOFENAC SODIUM & MENTHOL	BIIFENAC 1000	THPK	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			BIIFENAC 500	THPK	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			DICLOSTREAM	THPK	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			DIMENTHO	THPK	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			DITHOL	THPK	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		DICLOFENAC SODIUM & MENTHOL-METHYL SALICYLATE	DICLOPR	KIT	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
			VAROPHEN	KIT	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		DICLOFENAC SODIUM & OCCLUSIVE DRESSING	DICLOZOR	THPK	TD	-	-	-	NON-PREFERRED	2	PA REQUIRED	-

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	DICLOFENAC SODIUM (TOPICAL)	DICLOFENAC SODIUM	GEL	TD	-	-		PREFERRED	-	-	-	
		DICLOFENAC SODIUM	SOLN	TD	-	-		PREFERRED	-	-	-	
		DICLOFONO	GEL	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		ENOVARX-DICLOFENAC SODIUM	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		PENNSAID	SOLN	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		REXAPHENAC	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		VOLTAREN	GEL	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	DICLOFENAC SODIUM-CAMPBOR-LIDOCAINE-METHYL SALICYLATE	DICLOVIX	KIT	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	DICLOFENAC SODIUM-CAMPBOR-MENTHOL-METHYL SALICYLATE	INFLAMMA-K KIT	KIT	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	DICLOFENAC SODIUM-CANNABINOIDS	DYNABAC 5.0	THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	ANALGESICS : MISC - TOPICAL CONT.	DICLOFENAC SODIUM-CAPSAICIN (TOPICAL)	CAPSFENAC PAK	THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
			CAPSINAC	THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
			DERMACINRX LEXITRAL PHARMAPAK	THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
DICLOFEX DC			THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
DICLOPAK			THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
DICLOSAICIN			THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
NUDICLO SOLUPAK			THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
SURE RESULT DSS PREMIUM PACK			THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
DICLOFENAC SODIUM-METHYL SALICYLATE-MENTHOL-CAPSAICIN		DFS/MS/MENTH/CAP PAK	KIT	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-	
DYCLONINE HCL-BENZETHONIUM CL		GNP LIQUID BANDAGE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA LIQUID BANDAGE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-	
ETHYL CHLORIDE		ETHYL CHLORIDE	AERO	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		ETHYL CHLORIDE/FINE PINPOINT	AERO	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		ETHYL CHLORIDE/MEDIUM STREAM	AERO	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
FLURBIPROFEN-BACLOFEN-CYCLOBENZAPRINE-LIDOCAINE		AIF #3 DRUG PREPARATION KIT	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
FLURBIPROFEN-BACLOFEN-LIDOCAINE HCL		FBL KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
FLURBIPROFEN-CYCLOBENZAPRINE		ACTIVE-PREP KIT I	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		DUAL COMPLEX FORMULA 1 KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	VP FC KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-		
FLURBIPROFEN-GABAPENTIN-CYCLOBENZAPRINE-LIDO-DEXAMETHASONE	AIF #2 DRUG PREPARATION KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-		

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ANALGESICS : MISC - TOPICAL CONT.	GABAPENTIN (TOPICAL)	NEURAPTINE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	IBUPROFEN (TOPICAL)	ENOVARX-IBUPROFEN	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	KETOPROFEN (TOPICAL)	ACTIVE-KETOPROFEN KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FROTEK	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		KETOPHENE RAPIDPAQ	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	KETOPROFEN-BACLOFEN-GABAPENTIN	ACTIVE-PREP KIT II	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	KETOPROFEN-BACLOFEN-GABAPENTIN-LIDOCAINE	K.B.G.L. IN TERODERM CREAM	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	KETOPROFEN-KETAMINE-LIDOCAINE	LIDOPROFEN	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VOPAC KT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	KETOPROFEN-LIDOCAINE HCL-GABAPENTIN	ACTIVE-PREP KIT III	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VOPAC GB	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VP GKL KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	KETOPROFEN-LIDOCAINE-GABAPENTIN	TRIPLE COMPLEX FORMULA 3 KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	KETOROLAC TROMETHAMINE (TOPICAL)	KETOROLAC 2% GEL	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE	ALOE VERA BURN RELIEF	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
	ANALGESICS : MISC - TOPICAL CONT.	ANECREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
ASPERCREME LIDOCAINE MAX STRENGTH		PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
ASPERCREME MAX STRENGTH		AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
CVS AFTERSUN ALOE VERA COOLING GEL/LIDOCAINE		GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
CVS INSTANT BURN RELIEF/ALOE EXTRA		AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
CVS PAIN RELIEF MAXIMUM STRENGTH		PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
EHA LOTION 4%		LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
EQ LIDOCAINE PAIN RELIEVING MAXIMUM STRENGTH		PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
FIRST CARE PAIN RELIEF GEL PATCH		PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
GEN7T		LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
GEN7T		PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
GNP BURN RELIEF		AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
GNP LIDOCAINE PAIN RELIEF		PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
GOODSENSE PAIN RELIEF MAXIMUM STRENGTH		PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	

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		HM LIDOCAINE PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDO KING	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOCAINE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOCAINE	OINT	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE	PTCH	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDODERM	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIPOCAINE 5	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LMX 4	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		PAIN RELIEVING LIDOCAINE PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		PREMIUM LIDOCAINE	OINT	EX	-	-		PREFERRED	-	-	-
		QC LIDOCAINE PAIN RELIEF	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA BURN RELIEF ALOE EXTRA	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		RA LIDOCAINE PAIN RELIEVING PATCHES MAXIMUM STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		RE-LIEVED MAXIMUM STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		SOLARCAINE COOL ALOE THERACARE PAIN RELIEF MAXIMUM STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZTLIDO	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE HCL 7T LIDO GEL	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		AFTERBURN	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ALOCANE EMERGENCY BURN MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ALOE GEL/LIDOCAINE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ANASTIA	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ASPERCREME LIDOCAINE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ASPERCREME W/LIDOCAINE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ASTERO	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		BENGAY LIDOCAINE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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		COOLING	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS LIDOCAINE MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DOLOGESIC PAIN RELIEF ROLL-ON	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ENOVARX-LIDOCAINE HCL	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		EQ LIDOCAINE PAIN RELIEVING/MAX STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GLYDO	PRSY	EX	-	-		PREFERRED	-	-	-
		GOLD BOND MULTI-SYMPTOM/ITCH & PAIN RELIEF/MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LDO PLUS	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE	CREA	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOCAINE HCL	LOTN	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE HCL	PRSY	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE HCL	SOLN	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE HCL JELLY	GEL	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE HCL JELLY	PRSY	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE HCL 4.12%	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE HCL	CREA	EX	-	-		PREFERRED	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		LIDOCAINE HCL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOCAINE PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDODOSE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDO-K	LOTN	EX	-	-		PREFERRED	-	-	-
		LIDOPIN 3.25%	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOPIN	CREA	EX	-	-		PREFERRED	-	-	-
		LIDORX	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDO-SORB	LOTN	EX	-	-		PREFERRED	-	-	-
		LIDOTRAL	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOZION	LOTN	EX	-	-		PREFERRED	-	-	-
		LIDTOPIC MAX	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NEUROMED7	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NUMBONEX	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PAIN RELIEF ROLL-ON LIQUID	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		PAIN RELIEVING MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		PREDATOR	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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		RA ALOE VERA/LIDOCAINE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA PAIN RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		REGENECARE HA	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		REGENECARE HA	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM FIRST AID ANTISEPTIC	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		XOLIDO	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		XOLIDO XP	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZIONODIL	LOTN	EX	-	-		PREFERRED	-	-	-
	LIDOCAINE HCL-BLOOD COLLECTION	VEINPUNCTURE PX1 PHLEBOTOMY SYSTEM	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE HCL-EPINEPHRINE-TETRACAINE HCL	L.E.T.	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE HCL/EPINEPHRINE/TETRACAINE HCL	SOLN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE HCL-POST OPERATIVE SYSTEM	SX1 MEDICATED POST-OPERATIVE SYSTEM	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-ADHESIVE SHEETS	LIDOPURE PATCH	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANALGESICS : MISC - TOPICAL CONT.		XRYLIDERM	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ZEYOCAINE	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-ALOE VERA	BURN RELIEF/LIDOCAINE/ALOE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP ALOE VERA/LIDOCAINE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
	LIDOCAINE-BENZALKONIUM	A+D CRACKED SKIN RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ALOCANE PLUS	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		BACTINE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		BAND-AID ANTISEPTIC WASH HURT-FREE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		FIRST AID ANTISEPTIC	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP MERCUROCLEAR	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		LEVIGOSP	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-FIRST/LIDOCAINE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM FIRST AID ANTISEPTIC	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-

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		TGT FIRST AID CLEANSING SPRAY	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	LIDOCAINE-CAMPHOR-MENTHOL	LMR PLUS	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-CANNABINOIDS	ZENEVIX	THPK	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-CAPSAICIN	DERMACINRX NEUROTRAL PHARMAPAK	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-CAPSAICIN-MENTHOL-METHYL SALICYLATE	1ST MEDX-PATCH/LIDOCAINE	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		1ST MEDX-PATCH/LIDOCAINE	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOPRO	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-DERM/L	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-DERM/L-RX	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MEDI-PATCH RX	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MEDI-PATCH/LIDOCAINE	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		SOOTHEE	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TEROCIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		TRANSDERM-IQ	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
	LIDOCAINE-DIMETHICONE	DERMACINRX PHN PAK	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANALGESICS : MISC - TOPICAL CONT.	LIDOCAINE-EMOLLIENT	DERMACINRX ZRM PAK	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-MENTHOL	1ST RELIEF TOPICAL SPRAY	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ALOE VERA PAIN RELIEVING	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVADERM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVALIN	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS COLD & HOT MAXIMUM STRENGTH PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		GEN7T PLUS	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		GEN7T PLUS	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ICY HOT LIDOCAINE PATCH PLUS MENTHOL/MAX STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT LIDOCAINE PLUS MENTHOL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LENZAPRO	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		LEVIGOLT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOCAINE/MENTHOL	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		LIDOPATCH PAIN RELIEF	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOSTREAM	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOTHOL	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOTHOL	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOZENGEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOZENPATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIMENCIN PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		MENTHO-CAINE KIT	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MTX TOPICAL PAIN	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		NULIDO	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		NULIDO	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		PROLIDA	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA HOT & COLD LIDOCAINE W/MENTHOL PAIN RELIEVING PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		SITEROL	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		SYNVEXIA TC	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TEROCIN	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		VENIA PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZERUVIA	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ZIMS MAX-FREEZE PAIN RELIEF	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
	LIDOCAINE-MENTHOL-DIMETHICONE-CAMPHOR	NEPTUNE ICE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEPTUNE ICE	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
	LIDOCAINE-MENTHOL-METHYL SALICYLATE-CAMPHOR	CBD KINGS	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
	LIDOCAINE-METHYL SALICYLATE-CAMPHOR	CLM	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		MLC	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		VIVA PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
	LIDOCAINE-PENTAFLUOROPROP-TETRAFLUOROETH-ULTRASOUND GEL	ACCUCAINE	KIT	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE	AGONEAZE	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-

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		ANODYNE LPT	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DERMACINRX EMPRICAINE	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DERMACINRX PRIZOPAK	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDO BDK	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE/PRILOCAINE	CREA	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE/PRILOCAINE	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOPRIL	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDO-PRILO CAINE PACK	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIVIXIL PAK	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NUVAKAAN	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PORT-PREP	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PRILO PATCH	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PRILOLID	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PRILOVIX	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PRILOVIX LITE	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PRILOXX LP	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PRIZOTRAL	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RELADOR PAK	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SOLULINE	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SOLUPICC	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VEXATROL	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE & BENZALKONIUM	MICROVIX LP	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-BLOOD COLLECTION	CADIRAMD	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANALGESICS : MISC - TOPICAL CONT.		VENIPUNCTURE CPI	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-MENTHOL-METHYL SALICYLATE	PAINGO KFT	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-SODIUM CHLORIDE	IV NOVICE PACK	KIT	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PREPIV SUPPLY	KIT	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-TRANSPARENT DRESSING	APRIZIO PAK	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PRILOVIXIL	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-SILICONE	ZILACAINE PATCH	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-TETRACAINE	LIDOCAINE AND TETRACAINE CREAM	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE/TETRACAINE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PLIAGLIS	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SYNERA	PTCH	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-TRANSPARENT DRESSING	ANECREAM	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOCAINE	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOCREAM	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIDOPAC	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LMX 4 PLUS	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-

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	LIDOCAINE-TROLAMINE SALICYLATE-CAPSAICIN	BIORX SPONIX ARTHRITIS & MUSCLE PAIN RELIEF	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-	
	MENTHOL (TOPICAL ANALGESIC)	ARCTIC RELIEF ROLL-ON PAIN RELIEVING	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ARTHRITIS WONDER	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ASPERCREME HEAT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ASPERCREME MAX ROLL-ON ARTHRITIS STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BAMA FREEZE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BENGAY COLD THERAPY	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BENGAY ULTRA STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BENGAY VANISHING SCENT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BERRI-FREEZ PAIN RELIEVING	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BERRI-FREEZ PAIN RELIEVING	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BIOFREEZE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ANALGESICS : MISC - TOPICAL CONT.	BLUE GEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
			BLUE-EMU MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
			COLD & HOT MEDICATED PATCH EXTRA STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
COLD THERAPY PAIN RELIEF COLD/HOT PAIN RELIEF THERAPY PATCH	PTCH		EX	-	NON-COVERED	OTCS	-	-	-	-		
COOL 'N HEAT MAXIMUM STRENGTH	LIQD		EX	-	NON-COVERED	OTCS	-	-	-	-		
COOL N HEAT PATCH EXTRA STRENGTH	PTCH		EX	-	NON-COVERED	OTCS	-	-	-	-		
CVS COLD & HOT MEDICATED PATCH EXTRA STRENGTH	PTCH		EX	-	NON-COVERED	OTCS	-	-	-	-		
CVS PAIN RELIEVING PATCH ULTRA STRENGTH	PTCH		EX	-	NON-COVERED	OTCS	-	-	-	-		
CVS SORE MUSCLE RUB	GEL		EX	-	NON-COVERED	OTCS	-	-	-	-		
CVS THERAPEUTIC MENTHOL	GEL		EX	-	NON-COVERED	OTCS	-	-	-	-		
EUCERIN SKIN CALMING ITCHRELIEF TREATMENT	LOTN		EX	-	NON-COVERED	OTCS	-	-	-	-		

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		FAST FREEZE PRO STYLE THERAPY	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		FAST FREEZE PRO STYLE THERAPY ROLL-ON	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		FLEXALL MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP THERAPEUTIC BLUE GEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND FOOT SPRAY MAXIMUM STRENGTH	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND PAIN RELIEVING FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND PAIN RELIEVING FOOT ROLL-ON	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE COLD/HOT MEDICATED	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		HM PAIN RELIEF THERAPY PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICE BLUE GEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		ICY HOT ADVANCED RELIEF PAIN RELIEF PATCH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT MEDICATED SPRAY	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT NATURALS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT PAIN RELIEVING GEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT PM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT POWER	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ICY HOT SLEEVE	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
		JOINTFLEX ICE NO MESS ROLL-ON	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MENTHOL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MINERAL FREEZ	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		MINERAL ICE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		MUSCLE & JOINT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-

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		PAIN RELIEVING GEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		PAIN RELIEVING PATCH ULTRA STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		POLAR FROST	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD & HOT SORE MUSCLESPRAY	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD/HOT MEDICATED PATCH/EXTRA STRENGTH	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA PAIN CARE MUSCLE & JOINT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA THERAPEUTIC BLUE GEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		RELIEF PAIN RELIEVING CREM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM PAIN RELIEF	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		SOMBRA COOL THERAPY	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		STOPAIN	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		STOPAIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		STOPAIN	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		TGT COLD & HOT MEDICATED PATCH EXTRA STRENGTH LARGE	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		THRITEX	PTCH	EX	-	NON-COVERED	OTCS	-	-	-	-
		TWO OLD GOATS ARTHRITIS FORMULA	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		ULTRACIN-M	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZIMS MAX-FREEZE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZIMS MAX-FREEZE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	METHYL SALICYLATE-LIDOCAINE-MENTHOL	DERMACINRX DUOPATCH PHARMAPAK	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOPRO PATCH	PTCH	TD	-	NON-COVERED	OTCS	-	-	-	-
		SOLUPAK	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		WPR PLUS WOUND HEALING SYSTEM	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	NAPROXEN (TOPICAL)	ENOVARX-NAPROXEN	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NAPRO 15% COMPOUNDING KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-

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	PENTAFLUOROPROPANE-TETRAFLUOROETHANE	GEBAUERS INSTANT ICE	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
		GEBAUERS PAIN EASE	AERO	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	PRAMOXINE HCL	CERAVE ITCH RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CVS ANTI-ITCH SENSITIVE FORMULA	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CVS FEMININE WIPES MAXIMUM STRENGTH	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LUVENA FEMININE WIPES	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-	
		PRAMEGEL HCL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
		PRAMOX GEL	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		PRAX	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA SENSITIVE ANTI-ITCH	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		SARNA SENSITIVE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		VAGISIL ANTI-ITCH MEDICATED	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-	
		VAGISIL MAXIMUM STRENGTH	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ANALGESICS : MISC - TOPICAL CONT.	PRAMOXINE-BENZALKONIUM CHLORIDE	NEOSPORIN NEO TO GO	LIQD	EX	-	NON-COVERED	OTCS	-	-	-
				NEOSPORIN NEO TO GO + PAIN RELIEF	LIQD	EX	-	NON-COVERED	OTCS	-	-	-
PRAMOXINE-BENZYL ALCOHOL	ITCH-X		GEL	EX	-	NON-COVERED	OTCS	-	-	-		
	ITCH-X		SOLN	EX	-	NON-COVERED	OTCS	-	-	-		
PRAMOXINE-CALAMINE	AVEENO ANTI-ITCH		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		
	CALADRYL		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		
	CALAGESIC		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		
	CALAHIST		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		
	CALAMINE MEDICATED		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		
	CALDYPHEN		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		
	CVS CALAMINE PLUS		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		
	EQL CALAMINE MEDICATED		LOTN	EX	-	NON-COVERED	OTCS	-	-	-		

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		GNP CALDYPHEN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE MEDICATED CALAMINE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM CALDYPHEN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	PRAMOXINE-CAMPBOR-ZINC ACETATE	ANTI-ITCH CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	PRAMOXINE-DIMETHICONE	GOLD BOND INTENSIVE HEALING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
	PRAMOXINE-DIPHENHYDRAMINE	BITE/ITCH	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	PRAMOXINE-MENTHOL	CVS MEDICATED ANTI-ITCH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND RAPID RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTI-ITCH MEDICATED GOLD BOND MEDICATED ANTI-ITCH	CREA LOTN	EX EX	- -	NON-COVERED NON-COVERED	OTCS OTCS	- -	- -	- -	- -
	PRAMOXINE-MENTHOL-DIMETHICONE										
	PRAMOXINE-ZINC ACETATE	CALACLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CALADRYL CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		CALAHIST CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CALAMINE CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CALDYPHEN CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CALLERGY CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR ANTI-ITCH	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ITCH RELIEF	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL ANTI-ITCH CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALDYPHEN CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE CLEAR ANTI-ITCH LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		QC ANTI-ITCH CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTI-ITCH CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM CALDYPHEN CLEAR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-

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	PRAMOXINE-ZINC OXIDE-CALAMINE	DERMAGESIC	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAGESIC	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	TRAMADOL HCL (TOPICAL)	ACTIVE-TRAMADOL KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ENOVARX-TRAMADOL	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TRAMADOL-FLURBIPROFEN-AMITRIPTYLIN-GABAPENTIN-CLONIDINE-LID	NP #2 DRUG PREPARATION KIT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TRAMADOL-GABAPENTIN-MENTHOL-CAMPHOR	ACTIVE-PREP KIT IV	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANALGESICS : NON-NARCOTIC	ACETAMINOPHEN	7T GUMMY ES	CHEW	OR	-	-		PREFERRED	-	-	-
		8 HOUR ARTHRITIS PAIN RELIEVER	TBCR	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACETAMINOPHEN	CHEW	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN	LIQD	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN	SOLN	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN	SUPP	RE	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN	SUSP	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN ER	TBCR	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		ACETAMINOPHEN EXTRA STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN JUNIOR STRENGTH	TBDP	OR	-	-		PREFERRED	-	-	-
		ACETAMINOPHEN RAPID TABS CHILDRENS	TBDP	OR	-	-		PREFERRED	-	-	-
		AMINOFEN	TABS	OR	-	-		PREFERRED	-	-	-
		APAP	ELIX	OR	-	-		PREFERRED	-	-	-
		APRA	ELIX	OR	-	-		PREFERRED	-	-	-
		ARTHRITIS PAIN	TBCR	OR	-	-		PREFERRED	-	-	-
		ARTHRITIS PAIN RELIEVER	TBCR	OR	-	-		PREFERRED	-	-	-
		AUROPHEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		BETATEMP CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS ACETAMINOPHEN	SUSP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS ACETAMINOPHEN	TBDP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS APAP	CHEW	OR	-	-		PREFERRED	-	-	-
		CHILDRENS ASPIRIN FREE	ELIX	OR	-	-		PREFERRED	-	-	-

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		CHILDRENS MEDI-TABS	CHEW	OR	-	-		PREFERRED	-	-	-
		CHILDRENS NON-ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		CHILDRENS NON-ASPIRIN	SUSP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS NON-ASPIRIN	TBDP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS PAIN RELIEVER	CHEW	OR	-	-		PREFERRED	-	-	-
		CHILDRENS PAIN RELIEVER	TBDP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS SILAPAP	LIQD	OR	-	-		PREFERRED	-	-	-
		CHILDRENS TACTINAL	CHEW	OR	-	-		PREFERRED	-	-	-
		CHLORASEPTIC SORE THROAT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS 8HR ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		CVS ACETAMINOPHEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACETAMINOPHEN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACETAMINOPHEN EXTRA STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		CVS ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		CVS CHILDS NON-ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS FEVER REDUCING CHILDRENS	SUPP	RE	-	-		PREFERRED	-	-	-
		CVS INFANTS PAIN RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		CVS NON-ASPIRIN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS NON-ASPIRIN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		CVS PAIN & FEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		CVS PAIN & FEVER INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		CVS PAIN RELIEF 8 HOUR	TBCR	OR	-	-		PREFERRED	-	-	-
		CVS PAIN RELIEF ADULT/RAPID BURST	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PAIN RELIEF CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS PAIN RELIEF CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		CVS PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		CVS PAIN RELIEF REGULAR STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		ED-APAP	LIQD	OR	-	-		PREFERRED	-	-	-
		ELIXSURE FEVER/PAIN	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ 8HR ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-

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		EQ ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	-	-
		EQ ACETAMINOPHEN CHILDRENS	TBDP	OR	-	-		PREFERRED	-	-	-
		EQ ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		EQ ARTHRITIS PAIN	TBCR	OR	-	-		PREFERRED	-	-	-
		EQ CHILDRENS PAIN RELIEVER	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ PAIN & FEVER CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ PAIN & FEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		EQ PAIN & FEVER INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		EQ PAIN RELIEF ADULT/RAPID BURST	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	-	-
		EQL ACETAMINOPHEN	TBDP	OR	-	-		PREFERRED	-	-	-
		EQL ACETAMINOPHEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		EQL ACETAMINOPHEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		EQL ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		FEVER REDUCER CHILDRENS	SUPP	RE	-	-		PREFERRED	-	-	-
		FEVERALL ADULTS	SUPP	RE	-	-		PREFERRED	-	-	-
		FEVERALL CHILDRENS	SUPP	RE	-	-		PREFERRED	-	-	-
		FEVERALL INFANTS	SUPP	RE	-	-		PREFERRED	-	-	-
		FEVERALL JUNIOR STRENGTH	SUPP	RE	-	-		PREFERRED	-	-	-
		GNP 8 HOUR ARTHRITIS RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		GNP ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	-	-
		GNP ACETAMINOPHEN EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		GNP CHILDRENS EASY-MELTS	TBDP	OR	-	-		PREFERRED	-	-	-
		GNP INFANTS PAIN RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP PAIN & FEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP PAIN & FEVER INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP PAIN RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP PAIN RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		GNP PAIN RELIEF EXTRA STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-

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ANALGESICS : NON-NARCOTIC CONT.		GOODSENSE ARTHRITIS PAIN	TBCR	OR	-	-		PREFERRED	-	-	-
		GOODSENSE PAIN & FEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		GOODSENSE PAIN & FEVER INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		GOODSENSE PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		HEALTHY MAMA SHAKE THAT ACHE	TABS	OR	-	-		PREFERRED	-	-	-
		HM ACETAMINOPHEN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		HM ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		HM PAIN & FEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		HM PAIN & FEVER INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		HM PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		INFANTS PAIN & FEVER	SUSP	OR	-	-		PREFERRED	-	-	-
		JR STRENGTH NON-ASPIRIN	TBDP	OR	-	-		PREFERRED	-	-	-
		KLS ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		KLS RAPID RELEASE PAIN RELIEVER	TABS	OR	-	-		PREFERRED	-	-	-
		LIQUID PAIN RELIEF	LIQD	OR	-	-		PREFERRED	-	-	-
		LITTLE REMEDIES FEVER/PAIN RELIEVER CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		MAPAP	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAPAP	CHEW	OR	-	-		PREFERRED	-	-	-
		MAPAP	LIQD	OR	-	-		PREFERRED	-	-	-
		MAPAP	TABS	OR	-	-		PREFERRED	-	-	-
		MAPAP ARTHRITIS PAIN	TBCR	OR	-	-		PREFERRED	-	-	-
		MAPAP CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		MEDI-TABS CHILDRENS	ELIX	OR	-	-		PREFERRED	-	-	-
		MEDI-TABS EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		MEDI-TABS JUNOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		MEIJER ASPIRIN FREE	TABS	OR	-	-		PREFERRED	-	-	-
		MEIJER JR STRENGTH ASPIRIN FREE	CHEW	OR	-	-		PREFERRED	-	-	-
		MIDOL	TBCR	OR	-	-		PREFERRED	-	-	-
		M-PAP	LIQD	OR	-	-		PREFERRED	-	-	-
		NON-ASPIRIN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		NON-ASPIRIN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-

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		NON-ASPIRIN EXTRA STRENGTH	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		NON-ASPIRIN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		NON-ASPIRIN JUNIOR STRENGTH	TBDP	OR	-	-		PREFERRED	-	-	-
		NORTEMP	SUSP	OR	-	-		PREFERRED	-	-	-
		NORTEMP INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		PAIN & FEVER CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		PAIN & FEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		PAIN & FEVER CHILDRENS/DYE-FREE	SUSP	OR	-	-		PREFERRED	-	-	-
		PAIN & FEVER EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		PAIN RELIEF CHILDRENS	ELIX	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		PAIN RELIEF CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		PAIN RELIEF EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		PAIN RELIEF EXTRA STRENGTH/ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PAIN RELIEF REGULAR STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		PAIN RELIEVER/FEVER REDUCER CHILDRENS	SUPP	RE	-	-		PREFERRED	-	-	-
		PANADOL CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		PANADOL EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		PANADOL INFANT	SUSP	OR	-	-		PREFERRED	-	-	-
		PEDIACARE CHILDREN	SUSP	OR	-	-		PREFERRED	-	-	-
		PEDIACARE INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		PHARBETOL	TABS	OR	-	-		PREFERRED	-	-	-
		PHARBETOL EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		PX ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		PX CHILDRENS PAIN RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		PX PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		QC ACETAMINOPHEN 8 HOUR ARTHRITIS PAIN	TBCR	OR	-	-		PREFERRED	-	-	-
		QC ACETAMINOPHEN 8 HOURS	TBCR	OR	-	-		PREFERRED	-	-	-
		QC NON-ASPIRIN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		QC NON-ASPIRIN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		QC NON-ASPIRIN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-

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		QC NON-ASPIRIN JR STRENGTH	TBDP	OR	-	-		PREFERRED	-	-	-
		QC PAIN RELIEF CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		QC PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		QC PAIN RELIEF INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		RA 8 HOUR PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		RA ACETAMINOPHEN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		RA ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		RA ACETAMINOPHEN RAPID MELTS CHILDRENS	TBDP	OR	-	-		PREFERRED	-	-	-
		RA ACETAMINOPHEN RAPID MELTS JUNIOR	TBDP	OR	-	-		PREFERRED	-	-	-
		RA ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		RA FEVER REDUCER/PAIN RELIEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		RA FEVER REDUCER/PAIN RELIEVER INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		RA PAIN RELIEF ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	-	-
		RA PAIN RELIEVER EXTRA STRENGTH ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		SB CHILDRENS NON-ASPIRIN	TBDP	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		SB NON-ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		SB NON-ASPIRIN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		SB PAIN RELIEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		SB PAIN RELIEVER EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		SM ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		SM PAIN & FEVER CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		SM PAIN & FEVER INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		SM PAIN RELIEVER EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM PAIN RELIEVER EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		SM PAIN RELIEVER EXTRA STRENGTH	TBCR	OR	-	-		PREFERRED	-	-	-
		SM PAIN RELIEVER JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		SM RAPID MELTS JUNIOR	TBDP	OR	-	-		PREFERRED	-	-	-
		STANBACK ASPIRIN FREE	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-

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		TACTINAL EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		TGT ACETAMINOPHEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		TGT ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		TGT ARTHRITIS PAIN RELIEF	TBCR	OR	-	-		PREFERRED	-	-	-
		TGT PAIN RELIEVER JR STRENGTH MELTS	TBDP	OR	-	-		PREFERRED	-	-	-
		TRIAMINIC FEVER REDUCER PAIN RELIEVER CHILDRENS	SYRP	OR	-	-		PREFERRED	-	-	-
		TYLENOL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL 8 HOUR ARTHRITIS PAIN	TBCR	OR	-	-		PREFERRED	-	-	-
		TYLENOL CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		TYLENOL CHILDRENS	THPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER	CHEW	OR	-	-		PREFERRED	-	-	-
		TYLENOL CHILDRENS PAIN + FEVER	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		TYLENOL INFANTS PAIN+FEVER	SUSP	OR	-	-		PREFERRED	-	-	-
		TYLENOL SORE THROAT DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN W/ CALCIUM CARBONATE	MAPAP HEADACHE PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN W/ PAMABROM	CRAMP TABS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MIDOL CAFFEINE FREE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		WOMENS MENSTRUAL RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN-CAFFEINE	CVS TENSION HEADACHE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EXCEDRIN TENSION HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PANADOL EXTRA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TENSION HEADACHE PAIN RELIEVER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TENSION HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN-CAFFEINE-PYRILAMINE	CVS MENSTRUAL RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ MENSTRUAL COMPLETE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		EQL MENSTRUAL RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MENSTRUAL RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MIDOL MAXIMUM STRENGTH MENSTRUAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC MENSTRUAL COMPLETE MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MENSTRUAL COMPLETE PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MENSTRUAL RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN-MAGNESIUM SALICYLATE-CAFFEINE	BACK PAIN-OFF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN-PAMABROM- PYRILAMINE	MENSTRUAL PAIN RELIEF MULTI-SYMPTOM MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PAMPRIN MAX PAIN FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PAMPRIN MULTI-SYMPTOM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PREMSYN PMS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MENSTRUAL PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN-PYRILAMINE	HISTAFLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN-SALICYLAMIDE- PHENYLTOLOXAMINE	DURAXIN	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	ASPIRIN	ADULT ASPIRIN REGIMEN	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRIN			-	-		PREFERRED	-	-	-
		ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		ASPIRIN	SUPP	RE	-	NON-COVERED	OTCS	-	-	-	-
		ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRIN 81	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRIN 81 LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		ASPIRIN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		ASPIRIN DR	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRIN EC	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRIN ENTERIC COATED ADULT LOW STRENGTH	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRIN LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		ASPIRIN LOW DOSE	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRIN LOW STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-

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		ASPIRIN REGULAR STRENGTH	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIR-LOW	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRTAB	TBEC	OR	-	-		PREFERRED	-	-	-
		ASPIRTAB MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BAYER ADVANCED ASPIRIN EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BAYER ADVANCED ASPIRIN REGULAR STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		BAYER ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		BAYER ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		BAYER ASPIRIN EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BAYER CHEWABLE LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		BAYER LOW DOSE	TBEC	OR	-	-		PREFERRED	-	-	-
		CHILDRENS ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		CVS ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		CVS ASPIRIN ADULT LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS ENTERIC ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		ECOTRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		ECOTRIN MAXIMUM STRENGTH	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-
		ECPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		EQ ADULT ASPIRIN LOW STRENGTH	TBEC	OR	-	-		PREFERRED	-	-	-
		EQ ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		EQ ASPIRIN	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ CHILDRENS ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		EQL ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		EQL ASPIRIN EC	TBEC	OR	-	-		PREFERRED	-	-	-
		EQL ASPIRIN LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP ADULT ASPIRIN LOW STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		GNP ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		GNP ASPIRIN LOW DOSE	TBEC	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ASPIRIN ADULT LOW STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ASPIRIN LOW DOSE	TBEC	OR	-	-		PREFERRED	-	-	-
		H-E-B ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		HM ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-

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		HM ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		HM ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		KLS ASPIRIN EC	TBEC	OR	-	-		PREFERRED	-	-	-
		KLS ASPIRIN LOW DOSE	TBEC	OR	-	-		PREFERRED	-	-	-
		KP ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		MEDIQUE ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		MEIJER ASPIRIN EC	TBEC	OR	-	-		PREFERRED	-	-	-
		MINIPRIN LOW DOSE	TBEC	OR	-	-		PREFERRED	-	-	-
		MM ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		NORWICH ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		PX ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		PX ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		PX ENTERIC ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		QC ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		QC ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		QC ASPIRIN LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		QC ASPIRIN LOW DOSE	TBEC	OR	-	-		PREFERRED	-	-	-
		QC CHILDRENS ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		QC ENTERIC ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		RA ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		RA ASPIRIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ASPIRIN ADULT LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		RA ASPIRIN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		RA ASPIRIN EC	TBEC	OR	-	-		PREFERRED	-	-	-
		RA CHILDRENS ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		RA PAIN RELIEF ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		SB ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		SB ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		SB ASPIRIN EC	TBEC	OR	-	-		PREFERRED	-	-	-
		SB CHILDRENS ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		SM ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		SM ASPIRIN ADULT LOW STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		SM ASPIRIN ADULT LOW STRENGTH	TBEC	OR	-	-		PREFERRED	-	-	-
		SM ASPIRIN LOW DOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		SM CHILDRENS ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		ST JOSEPH ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		ST JOSEPH LOW DOSE ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		TGT ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		TGT ASPIRIN	TABS	OR	-	-		PREFERRED	-	-	-
		TGT ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
		TGT CHILDRENS ASPIRIN	CHEW	OR	-	-		PREFERRED	-	-	-
		TGT ENTERIC-COATED ASPIRIN	TBEC	OR	-	-		PREFERRED	-	-	-
	ASPIRIN BUFFERED	ASPIRIN BUFFERED	TABS	OR	-	-		PREFERRED	-	-	-

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		BAYER PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	ASPIRIN BUFFERED (AL HYDROX-MG HYDROX-CA CARB)	ASCRIPTIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	ASPIRIN BUFFERED (CAL CARB-MAG CARB-MAG OXIDE)	BUFFERIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS BUFFERED ASPIRIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ BUFFERED ASPIRIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA TRI-BUFFERED ASPIRIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM ASPIRIN TRI-BUFFERED	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TRI-BUFFERED ASPIRIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	ASPIRIN EFFERVESCENT	ALKA-SELTZER	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EFFERVESCENT PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ ANTACID & PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL ANTACID/PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP EFFERVESCENT ANTACID/PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GOODSENSE ANTACID & PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		MEDI-SELTZER	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NEUTRALIN	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PX EFFERVESCENT	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		QC EFFERVESCENT ANTACID/PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA ANTACID PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SB EFFERVESCENT PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM EFFERVESCENT PAIN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-	
	ANALGESICS : NON-NARCOTIC CONT.	ASPIRIN-ACETAMINOPHEN-CAFFEINE	ACETAMINOPHEN/ASPIRIN/CAFFEINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			ADDED STRENGTH HEADACHE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BAYER MIGRAINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	

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		CVS HEADACHE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ HEADACHE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL HEADACHE RELIEF EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EXCEDRIN EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EXTRAPRIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP HEADACHE RELIEF EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE HEADACHE RELIEF EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODYS EXTRA STRENGTH	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		HEADACHE FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HEADACHE RELIEF/EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HEADRIN EX STRENGTH PAIN RELIEVER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM MIGRAINE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEIJER MIGRAINE FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MIGRAINE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PAIN RELIEVER EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PAIN-OFF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PAMPRIN MAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX HEADACHE RELIEF ADDED STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC HEADACHE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA HEADACHE FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PAIN RELIEVER EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		SB PAIN RELIEF X-STR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM HEADACHE ADDED STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SOBA HEADACHE FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		TGT MIGRAINE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ASPIRIN-ACETAMINOPHEN-CAFFEINE (BUFFERED)	VANQUISH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ASPIRIN-APAP-SALICYL-CAFF	PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ASPIRIN-CAFFEINE	ANACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BACK & BODY EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BAYER BACK & BODY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BC FAST PAIN RELIEF	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		COPE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS BACK & BODY EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		P-A-C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA BACK & BODY PAIN RELIEF EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ASPIRIN-CALCIUM CARBONATE	BAYER WOMENS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ASPIRIN-SALICYLAMIDE-CAFFEINE	BC FAST PAIN RELIEF	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		BC HEADACHE TABLETS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STANBACK HEADACHE POWDERS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
	BUTALBITAL-ACETAMINOPHEN	ALLZITAL	TABS	OR	-	-	-	NON-PREFERRED	2	-	-
		BUPAP	TABS	OR	-	-	-	NON-PREFERRED	2	-	-
		BUTALBITAL/ACETAMINOPHEN	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-
		BUTALBITAL/ACETAMINOPHEN	TABS	OR	-	-	-	NON-PREFERRED	2	-	-
		TENCON	TABS	OR	-	-	-	NON-PREFERRED	2	-	-
	BUTALBITAL-ACETAMINOPHEN-CAFFEINE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-
		BUTALBITAL/ACETAMINOPHEN/CAFFEINE	TABS	OR	-	-	-	PREFERRED	-	-	-
		ESGIC	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-
		ESGIC	TABS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		FIORICET	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-
ANALGESICS : NON-NARCOTIC CONT.		PHRENILIN FORTE	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-
		REPAN BLUE	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-
		VANATOL LQ	SOLN	OR	-	-	-	NON-PREFERRED	2	-	-
		VTOL LQ	SOLN	OR	-	-	-	NON-PREFERRED	2	-	-
		ZEBUTAL	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-

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	BUTALBITAL-ASPIRIN-CAFFEINE	BUTALBITAL/ASPIRIN/CAFFEIN	E	CAPS	OR	-	-	NON-PREFERRED	2	-	-	
		BUTALBITAL/ASPIRIN/CAFFEIN	E	TABS	OR	-	-	NON-PREFERRED	2	-	-	
		FIORINAL		CAPS	OR	-	-	NON-PREFERRED	2	-	-	
	MAGNESIUM SALICYLATE W/ DIPHENHYDRAMINE PHENYLTOLOXAMINE-ACETAMINOPHEN	DOANS PM EXTRA STRENGTH		TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOLOREX		TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RELAGESIC		TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY	CELECOXIB	CELEBREX		CAPS	OR	-	-	NON-PREFERRED	-	PA REQUIRED	-	
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		CELECOXIB		CAPS	OR	-	-	NON-PREFERRED	4	-	-	
	CELECOXIB-CAPSAICIN-MENTHOL-METHYL SALICYLATE	NUDROXIPAK		THPK	CO	-	-	NON-PREFERRED	-	PA REQUIRED	-	
	CHOLINE & MAG SALICYLATE	CHOLINE MAGNESIUM TRISALICYLATE		LIQD	OR	-	-	-	NON-PREFERRED	4	-	-
		CHOLINE MAGNESIUM TRISALICYLATE		LIQD	OR	-	NON-COVERED	DESI	-	-	-	-
	DICLOFENAC	DICLOFENAC SODIUM EC		TBEC	OR	-	-	-	PREFERRED	-	-	-
		ZORVOLEX		CAPS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
	DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM		TABS	OR	-	-	-	PREFERRED	-	-	-
		ZIPSOR		CAPS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
	DICLOFENAC SODIUM	DICLOFENAC SODIUM DR		TBEC	OR	-	-	-	PREFERRED	-	-	-
		DICLOFENAC SODIUM XR		TB24	OR	-	-	-	PREFERRED	-	-	-
	DICLOFENAC SODIUM & LIDOCAINE	LIDOVIX		KIT	CO	-	-	NON-PREFERRED	-	PA REQUIRED	-	
	DICLOFENAC SODIUM & LIDOCAINE-MENTHOL-METHYL SALICYLATE	DERMACINRX ANALGESIC COMBOPAK		KIT	CO	-	-	NON-PREFERRED	-	PA REQUIRED	-	
	DICLOFENAC SODIUM & RANITIDINE HCL & LIDOCAINE-PRILOCAINE	INFLAMMATION REDUCTION PACK		THPK	CO	-	-	NON-PREFERRED	-	-	-	
	DICLOFENAC SODIUM W/ LINIMENT	DFS DR/MS/MENTH/CAP PAK		KIT	CO	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		NUDROXIPAK DSDR-50		KIT	CO	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		NUDROXIPAK DSDR-75		KIT	CO	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
	DICLOFENAC SODIUM-CAPSAICIN	FLEXIPAK		THPK	CO	-	-	-	NON-PREFERRED	4	PA REQUIRED	-
		INFLAMMACIN		THPK	CO	-	-	-	NON-PREFERRED	4	PA REQUIRED	-
		NUDICLO TABPAK		THPK	CO	-	-	-	NON-PREFERRED	4	PA REQUIRED	-
		PREVIDOLRX PLUS ANALGESICPAK		THPK	CO	-	-	-	NON-PREFERRED	4	PA REQUIRED	-
		XENAFLAMM		THPK	CO	-	-	-	NON-PREFERRED	4	PA REQUIRED	-
DICLOFENAC SODIUM-MENTHOL-CAMPHOR	INFLATHERM		THPK	CO	-	-	NON-PREFERRED	-	PA REQUIRED	-		
DICLOFENAC SODIUM-RANITIDINE HCL-LIDOCAINE	FLEXIZOL COMBIPAK		THPK	CO	-	-	NON-PREFERRED	-	-	-		

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ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.	DICLOFENAC SOD-OMEPRAZOLE-CAPSICUM OLEORESIN	PREVIDOLRX ANALGESIC PAK	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DICLOFENAC W/ MISOPROSTOL	ARTHROTEC 50	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ARTHROTEC 75	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DICLOFENAC SODIUM/MISOPROSTOL	TBEC	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
	DIFLUNISAL	DIFLUNISAL	TABS	OR	-	-		NON-PREFERRED	4	-	-
	ETODOLAC	ETODOLAC	CAPS	OR	-	-		NON-PREFERRED	4	-	-
		ETODOLAC	TABS	OR	-	-		NON-PREFERRED	4	-	-
		ETODOLAC ER	TB24	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		LODINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ETODOLAC W/ LINIMENT	NUDROXIPAK E-400	KIT	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	CAPS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		FENOPROFEN CALCIUM	TABS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		FENORTHO	CAPS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		NALFON	CAPS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		NALFON	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FLURBIPROFEN	FLURBIPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
	IBUPROFEN	ADDAPRIN	TABS	OR	-	-		PREFERRED	-	-	-
		ADVIL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ADVIL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ADVIL JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		ADVIL JUNIOR STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		ADVIL MIGRAINE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS ADVIL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS MEDI-PROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		CHILDRENS MOTRIN	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		CVS IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		CVS IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		CVS IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS IBUPROFEN LIQUID FILLED	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DYSPEL	TABS	OR	-	-		PREFERRED	-	-	-
		EQ CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		EQ IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-

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		EQ IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		EQ IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		EQL CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		EQL IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		EQL IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		GENPRIL	TABS	OR	-	-		PREFERRED	-	-	-
		GNP CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		GNP IBUPROFEN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP IBUPROFEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		GOODSENSE IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		GOODSENSE IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		GOODSENSE IBUPROFEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		GOODSENSE IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		HM IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM IBUPROFEN	CHEW	OR	-	-		PREFERRED	-	-	-
		HM IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		HM IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		HM IBUPROFEN IB	TABS	OR	-	-		PREFERRED	-	-	-
		HM IBUPROFEN IB/JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		HM IBUPROFEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		HYVEE IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		IBU	TABS	OR	-	-		PREFERRED	-	-	-
		IBU 600-EZS	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		IBU-200	TABS	OR	-	-		PREFERRED	-	-	-
		IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		IBUPROFEN	CHEW	OR	-	-		PREFERRED	-	-	-
		IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-

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		IBUPROFEN 200	TABS	OR	-	-		PREFERRED	-	-	-
		IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		IBUPROFEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		INFANTS ADVIL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		INFANTS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		KLS IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		KS IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-PROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-PROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		MEDI-PROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		MEIJER IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		MOTRIN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		MOTRIN IB	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MOTRIN IB	TABS	OR	-	-		PREFERRED	-	-	-
		MOTRIN INFANTS DROPS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROVIL	TABS	OR	-	-		PREFERRED	-	-	-
		PX CHILDRENS PROFEN IB	SUSP	OR	-	-		PREFERRED	-	-	-
		PX IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		PX IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		PX INFANTS PROFEN IB	SUSP	OR	-	-		PREFERRED	-	-	-
		QC CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		QC IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		QC IBUPROFEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		RA IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		RA IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		RA IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		RA IBUPROFEN INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		RA IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		RA PAIN RELIEF IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		SB IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		SB INFANTS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		SM CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		SM IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		SM IBUPROFEN IB	CHEW	OR	-	-		PREFERRED	-	-	-
		SM IBUPROFEN IB	TABS	OR	-	-		PREFERRED	-	-	-
		SM IBUPROFEN JR	TABS	OR	-	-		PREFERRED	-	-	-

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		SM INFANTS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		TGT CHILDRENS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
		TGT IBUPROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT IBUPROFEN	TABS	OR	-	-		PREFERRED	-	-	-
		TGT IBUPROFEN CHILDRENS	SUSP	OR	-	-		PREFERRED	-	-	-
		TGT IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		TGT INFANTS IBUPROFEN	SUSP	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		WAL-PROFEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PROFEN	TABS	OR	-	-		PREFERRED	-	-	-
	IBUPROFEN & MULTIPLE MINERALS	EQUAPAX/IBUPROFEN/MINRE X	THPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	IBUPROFEN W/ LINIMENT	NUDROXIPAK I-800	KIT	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	IBUPROFEN-FAMOTIDINE	DUEXIS	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	INDOMETHACIN	INDOCIN	SUPP	RE	-	-		PREFERRED	-	-	-
		INDOCIN	SUSP	OR	-	-		PREFERRED	-	-	-
		INDOMETHACIN 20MG	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		INDOMETHACIN	CAPS	OR	-	-		PREFERRED	-	-	-
		INDOMETHACIN ER	CPCR	OR	-	-		NON-PREFERRED	4	-	-
		TIVORBEX	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	KETOPROFEN	KETOPROFEN	CAPS	OR	-	-		NON-PREFERRED	4	-	-
		KETOPROFEN ER	CP24	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
	KETOROLAC TROMETH & BUPIVACAINE HCL & LIDOCAINE HCL	ACTIVE INJECTION KIT									
		KETMARC-L	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		KETOROCAINE-LM	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		READYSHARP ANESTHETICS + KETOROLAC	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		KETOROLAC									
	KETOROLAC TROMETH- BUPIVACAINE HCL- KETAMINE HCL	TROMETHAMINE/BUPIVACAINE HCL/KETAMINE HY	SOSY	IJ	-	-		X	-	-	-
	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		KETOROLAC TROMETHAMINE	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	-
		KETOROLAC TROMETHAMINE	SOSY	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		KETOROLAC TROMETHAMINE	TABS	OR	-	-		PREFERRED	-	-	-
		READYSHARP KETOROLAC	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		SPRIX	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-
	KETOROLAC TROMETHAMINE & ANESTHETIC	TORONOVA II SUIK	KIT	CO	-	-		PREFERRED	-	PA REQUIRED	-
		TORONOVA SUIK	KIT	CO	-	-		PREFERRED	-	PA REQUIRED	-
	KETOROLAC TROMETHAMINE & LIDOCAINE HCL	ACTIVE INJECTION KIT KET-L	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		KETOROCAINE-L	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-

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	MAGNESIUM SALICYLATE	CVS BACKACHE RELIEF EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEWITTS PAIN RELIEVER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOANS REGULAR STRENGTH SB BACKACHE EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	MAGNESIUM SALICYLATE TETRAHYDRATE	DOANS EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MOMENTUM MUSCULAR BACKACHE FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA BACKACHE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.	MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	CAPS	OR	-	-	-	NON-PREFERRED	4	-
MEFENAMIC ACID		MEFENAMIC ACID	CAPS	OR	-	-	-	NON-PREFERRED	4	PA REQUIRED	-
		PONSTEL	CAPS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
MELOXICAM		ANJESO	INJ	IV	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		MELOXICAM	TABS	OR	-	-	-	PREFERRED	-	-	-
		MOBIC	TABS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		QMIIZ ODT	TBDP	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		VIVLODEX	CAPS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
MELOXICAM W/ LINIMENT		NUDROXIPAK M-15	KIT	CO	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
NABUMETONE		NABUMETONE	TABS	OR	-	-	-	PREFERRED	-	-	-
		RELAFEN DS	TABS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
NABUMETONE W/ LINIMENT		NUDROXIPAK N-500	KIT	CO	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
NAPROXEN		EC-NAPROSYN	TBEC	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		EC-NAPROXEN	TBEC	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		NAPROSYN	SUSP	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		NAPROSYN	TABS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		NAPROXEN	SUSP	OR	-	-	-	PREFERRED	-	-	-
		NAPROXEN	TABS	OR	-	-	-	PREFERRED	-	-	-
		NAPROXEN DR	TBEC	OR	-	-	-	PREFERRED	-	-	-
NAPROXEN SODIUM		ALEVE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALEVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ALEVE ARTHRITIS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	ALL DAY PAIN RELIEF	TABS	OR	-	-	-	PREFERRED	-	-	-	
	ALL DAY RELIEF	TABS	OR	-	-	-	PREFERRED	-	-	-	
	ANAPROX DS	TABS	OR	-	-	-	NON-PREFERRED	4	PA REQUIRED	-	
	CVS ALL DAY PAIN RELIEF	TABS	OR	-	-	-	PREFERRED	-	-	-	
	CVS NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CVS NAPROXEN SODIUM	TABS	OR	-	-	-	PREFERRED	-	-	-	
	EQ NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		EQ NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		EQL NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		FLANAX PAIN RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		GNP NAPROXEN	TABS	OR	-	-		PREFERRED	-	-	-
		GNP NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		HM NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		HY-VEE ALL DAY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		KLS NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		MEDIPROXEN	TABS	OR	-	-		PREFERRED	-	-	-
		NAPRELAN	TB24	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		NAPROXEN	TABS	OR	-	-		PREFERRED	-	-	-
		NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NAPROXEN SODIUM	TABS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		NAPROXEN SODIUM 220MG	TABS	OR	-	-		PREFERRED	-	-	-
		NAPROXEN SODIUM	TB24	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
		PAMPRIN ALL DAY MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		PX ALL DAY RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		QC NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		RA NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		SB NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		SM ALL DAY PAIN RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		SM NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		TGT NAPROXEN SODIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT NAPROXEN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		WAL-PROXEN	TABS	OR	-	-		PREFERRED	-	-	-
	NAPROXEN W/ LINIMENT	NAPROXEN COMFORT PAC	KIT	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NAPROXEN-ESOMEPRAZOLE	NAPROXEN/ESOMEPRAZOLE									
	MAGNESIUM	MAGNESIUM	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VIMOVO	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	OXAPROZIN	DAYPRO	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OXAPROZIN	TABS	OR	-	-		NON-PREFERRED	4	-	-
	PIROXICAM	FELDENE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PIROXICAM	CAPS	OR	-	-		NON-PREFERRED	4	-	-

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	PRASTERONE & IBUPROFEN	PRASTERA	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	SALSALATE	SALSALATE	TABS	OR	-	-		NON-PREFERRED	4	-	-
	SULINDAC	SULINDAC	TABS	OR	-	-		PREFERRED	-	-	-
	TOLMETIN SODIUM	TOLMETIN SODIUM	CAPS	OR	-	-		NON-PREFERRED	4	-	-
		TOLMETIN SODIUM	TABS	OR	-	-		NON-PREFERRED	4	-	-
ANALGESICS : OPIOID AGONISTS - LONG ACTING	FENTANYL	DURAGESIC	PT72	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FENTANYL 37.5MG	PT72	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FENTANYL 62.5MG	PT72	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FENTANYL 87.5MG	PT72	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FENTANYL	PT72	TD	-	-		PREFERRED	-	PA REQUIRED	-
	HYDROCODONE BITARTRATE	HYDROCODONE BITARTRATE ER	C12A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HYSINGLA ER	T24A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANALGESICS : OPIOID AGONISTS - LONG ACTING CONT.		ZOHYDRO ER	C12A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HYDROMORPHONE HCL	HYDROMORPHONE HCL ER	T24A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	METHADONE HCL	DOLOPHINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADONE HCL	CONC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADONE HCL	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADONE HCL	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADONE HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADONE HCL	TBSO	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADOSE	CONC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADOSE	TBSO	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHADOSE SUGAR-FREE	CONC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MORPHINE SULFATE	ARYMO ER	TBEA	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		KADIAN	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MORPHABOND ER	T12A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MORPHINE SULFATE CR	TBCR	OR	-	-		PREFERRED	-	PA REQUIRED	-
		MORPHINE SULFATE ER	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MORPHINE SULFATE ER	TBCR	OR	-	-		PREFERRED	-	PA REQUIRED	-
		MS CONTIN	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MORPHINE SULFATE BEADS	MORPHINE SULFATE ER	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	MORPHINE-NALTREXONE	EMBEDA	CPCR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	OXYCODONE	XTAMPZA ER	C12A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	OXYCODONE HCL	OXYCODONE HCL ER	T12A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OXYCONTIN	T12A	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	OXYMORPHONE HCL	OXYMORPHONE HCL ER	TB12	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TAPENTADOL HCL	NUCYNTA ER	TB12	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TRAMADOL HCL	CONZIP	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRAMADOL HCL ER	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRAMADOL HCL ER (BIPHASIC RELEASE)	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRAMADOL HCL ER	TB24	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANALGESICS : OPIOID AGONISTS - SHORT ACTING	ACETAMINOPHEN W/ CODEINE	ACETAMINOPHEN/CODEINE	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ACETAMINOPHEN/CODEINE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-

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		ACETAMINOPHEN/CODEINE PHOSPHATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		TYLENOL/CODEINE #3	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TYLENOL/CODEINE #4	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ACETAMINOPHEN-CAFF-DIHYDROCOD	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		DVORAH	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TREZIX	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	BENZHYDROCODONE HCL-ACETAMINOPHEN	APADAZ	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		BENZHYDROCODONE/ACETAMINOPHEN	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANALGESICS : OPIOID AGONISTS - SHORT ACTING CONT.	BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		FIORICET/CODEINE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BUTALBITAL-ASPIRIN-CAFFEINE W/COD	ASCOMP/CODEINE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		FIORINAL/CODEINE #3	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BUTORPHANOL TARTRATE CODEINE SULFATE	BUTORPHANOL TARTRATE	SOLN	NA	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CODEINE SULFATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	FENTANYL	SUBSYS	LIQD	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FENTANYL CITRATE	ABSTRAL	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ACTIQ	LPOP	BU	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FENTANYL CITRATE	TABS	BU	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	BU	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FENTORA	TABS	BU	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAZANDA	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FENTANYL HCL	IONSYS	PTCH	TD	-	-		X	-	-	-
	HYDROCODONE-ACETAMINOPHEN	HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LORCET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LORCET HD	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LORCET PLUS	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LORTAB	ELIX	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NORCO	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		XODOL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	HYDROCODONE-IBUPROFEN	HYDROCODONE/IBUPROFEN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		IBUDONE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	HYDROMORPHONE HCL	DILAUDID	LIQD	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-

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		DILAUDID	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		HYDROMORPHONE HCL	LIQD	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HYDROMORPHONE HCL	SUPP	RE	-	-		PREFERRED	-	PA REQUIRED	-
		HYDROMORPHONE HCL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LEVORPHANOL TARTRATE	LEVORPHANOL TARTRATE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	MEPERIDINE HCL	MEPERIDINE HCL	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MEPERIDINE HCL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	MORPHINE SULFATE	MORPHINE SULFATE	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		MORPHINE SULFATE	SUPP	RE	-	-		PREFERRED	-	PA REQUIRED	-
		MORPHINE SULFATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	OXYCODONE HCL	OXAYDO	TABA	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OXYCODONE HCL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OXYCODONE HCL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OXYCODONE HCL	CONC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OXYCODONE HCL	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		OXYCODONE HCL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ROXICODONE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANALGESICS : OPIOID AGONISTS - SHORT ACTING CONT.	OXYCODONE W/ ACETAMINOPHEN	ENDOCET	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		NALOCET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OXYCODONE/ACETAMINOPHEN 2.5-300MG	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OXYCODONE/ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PERCOCET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PRIMLEV	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROLATE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	OXYCODONE-ASPIRIN	OXYCODONE/ASPIRIN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	OXYCODONE-IBUPROFEN	OXYCODONE/IBUPROFEN	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	OXYMORPHONE HCL	OPANA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OXYMORPHONE HCL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	PENTAZOCINE W/ NALOXONE	PENTAZOCINE/NALOXONE HCL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	SUFENTANIL CITRATE	DSUVIA	SUBL	SL	-	-		X	-	-	-
	TAPENTADOL HCL	NUCYNTA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TRAMADOL HCL	SYNAPRYN FUSEPAQ	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRAMADOL HCL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		TRAMADOL HCL 100MG	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ULTRAM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TRAMADOL-ACETAMINOPHEN	TRAMADOL HCL/ACETAMINOPHEN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ULTRACET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANALGESICS : OPIOID PARTIAL AGONISTS	BUPRENORPHINE	BUPRENORPHINE	PTWK	TD	-	-		PREFERRED	-	PA REQUIRED	-
		BUTRANS	PTWK	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BUPRENORPHINE HCL	BELBUCA	FILM	BU	-	-		NON-PREFERRED	1	PA REQUIRED	-
ANORECTAL AGENTS : RECTAL ANESTHETIC / STEROID COMBINATIONS	HYDROCORTISONE ACETATE W/ PRAMOXINE	ANALPRAM HC	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		ANALPRAM-HC	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		ANALPRAM-HC	LOTN	EX	-	NON-COVERED	DESI	-	-	-	-
		HYDROCORTISONE ACETATE/PRAMOXINE	CREA	EX	-	-		PREFERRED	-	-	-
		HYDROCORTISONE ACETATE/PRAMOXINE	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		PROCORT	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROCTOFOAM HC	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-HYDROCORTISONE ACETATE (RECTAL)	ANA-LEX	KIT	RE	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE HCL/HYDROCORTISONE ACETATE	CREA	EX	-	-		PREFERRED	-	-	-
		LIDOCAINE HCL/HYDROCORTISONE ACETATE	KIT	RE	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	GEL	RE	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANORECTAL AGENTS : RECTAL STEROIDS	BUDESONIDE (INTRARECTAL)	UCERIS	FOAM	RE	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HYDROCORTISONE (INTRARECTAL)	COLOCORT	ENEM	RE	-	-		PREFERRED	-	-	-
		CORTENEMA	ENEM	RE	-	-		NON-PREFERRED	-	PA REQUIRED	-
		HYDROCORTISONE	ENEM	RE	-	-		PREFERRED	-	-	-
ANORECTAL AGENTS : RECTAL STEROIDS CONT.	HYDROCORTISONE (RECTAL)	ANUSOL-HC	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-
		PROCTOCARE-HC	CREA	EX	-	-		PREFERRED	-	-	-
		PROCTOCORT	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROCTO-MED HC	CREA	EX	-	-		PREFERRED	-	-	-
		PROCTO-PAK	CREA	EX	-	-		PREFERRED	-	-	-
		PROCTOSOL HC	CREA	EX	-	-		PREFERRED	-	-	-
		PROCTOZONE-HC	CREA	EX	-	-		PREFERRED	-	-	-
	HYDROCORTISONE ACETATE (INTRARECTAL)	CORTIFOAM	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HYDROCORTISONE ACETATE (RECTAL)	ANUCORT-HC	SUPP	RE	-	NON-COVERED	DESI	-	-	-	-
		ANUSOL-HC	SUPP	RE	-	NON-COVERED	DESI	-	-	-	-
		HEMMOREX-HC	SUPP	RE	-	NON-COVERED	DESI	-	-	-	-
		HYDROCORTISONE ACETATE	SUPP	RE	-	NON-COVERED	DESI	-	-	-	-
		PROCTOCORT	SUPP	RE	-	NON-COVERED	DESI	-	-	-	-
ANORECTAL AGENTS : VASODILATING AGENTS	NITROGLYCERIN (INTRA-ANAL)	RECTIV	OINT	RE	-	-		PREFERRED	-	PA REQUIRED	-
ANTIANSXIETY AGENTS : BENZODIAZEPINES	ALPRAZOLAM	ALPRAZOLAM	TABS	OR	-	-		PREFERRED	-	-	YES

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		ALPRAZOLAM ER	TB24	OR	-	-		NON-PREFERRED	2	-	YES	
		ALPRAZOLAM INTENSOL	CONC	OR	-	-		NON-PREFERRED	2	-	YES	
		ALPRAZOLAM ODT	TBDP	OR	-	-		NON-PREFERRED	2	-	YES	
		ALPRAZOLAM XR	TB24	OR	-	-		NON-PREFERRED	2	-	YES	
		XANAX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		XANAX XR	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		CHLORDIAZEPOXIDE HCL	CHLORDIAZEPOXIDE HCL	CAPS	OR	-	-		PREFERRED	-	-	YES
		CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	TABS	OR	-	-		PREFERRED	-	-	YES
		TRANXENE T	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		DIAZEPAM	DIAZEPAM	CONC	OR	-	-		PREFERRED	-	-	YES
			DIAZEPAM	SOAJ	IM	-	-		PREFERRED	-	-	YES
			DIAZEPAM	SOLN	IJ	-	-		PREFERRED	-	-	YES
			DIAZEPAM	SOLN	OR	-	-		PREFERRED	-	-	YES
			DIAZEPAM	TABS	OR	-	-		PREFERRED	-	-	YES
			VALIUM	TABS	OR	-	-		PREFERRED	-	-	YES
		LORAZEPAM	ATIVAN	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	YES
			ATIVAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
			LORAZEPAM	CONC	OR	-	-		PREFERRED	-	-	YES
			LORAZEPAM	SOLN	IJ	-	-		PREFERRED	-	-	YES
			LORAZEPAM	TABS	OR	-	-		PREFERRED	-	-	YES
	OXAZEPAM	OXAZEPAM	CAPS	OR	-	-		NON-PREFERRED	2	-	YES	
ANTIANXIETY AGENTS : MISC	BUSPIRONE HCL	BUSPIRONE HCL	TABS	OR	-	-		PREFERRED	-	-	YES	
	DROPERIDOL	DROPERIDOL	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	YES	
	HYDROXYZINE HCL	HYDROXYZINE HCL	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	YES	
ANTIANXIETY AGENTS : MISC CONT.		HYDROXYZINE HCL	SYRP	OR	-	-		PREFERRED	-	-	YES	
		HYDROXYZINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES	
	HYDROXYZINE PAMOATE	HYDROXYZINE PAMOATE	CAPS	OR	-	-		PREFERRED	-	-	YES	
		VISTARIL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	MEPROBAMATE	MEPROBAMATE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
ANTIBIOTICS : AMINOGLYCOSIDES - INHALED	AMIKACIN SULFATE LIPOSOME	ARIKAYCE	SUSP	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	TOBRAMYCIN	BETHKIS	NEBU	IN	-	-		PREFERRED	-	PA REQUIRED	-	
		KITABIS PAK	NEBU	IN	-	-		PREFERRED	-	PA REQUIRED	-	
		TOBI	NEBU	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		TOBI PODHALER	CAPS	IN	-	-		PREFERRED	-	PA REQUIRED	-	
		TOBRAMYCIN	NEBU	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-	
ANTIBIOTICS : AMINOGLYCOSIDES - ORAL	NEOMYCIN SULFATE	NEOMYCIN SULFATE	TABS	OR	-	-		PREFERRED	-	-	-	
	PAROMOMYCIN SULFATE	PAROMOMYCIN SULFATE	CAPS	OR	-	-		PREFERRED	-	-	-	
ANTIBIOTICS : AMINOPENICILLINS - INJECTABLE	AMPICILLIN SODIUM	AMPICILLIN SODIUM	SOLR	IJ	-	-		PREFERRED	-	-	-	
		AMPICILLIN SODIUM	SOLR	IV	-	-		PREFERRED	-	-	-	
ANTIBIOTICS : AMINOPENICILLINS - ORAL	AMOXICILLIN	AMOXICILLIN	CAPS	OR	-	-		PREFERRED	-	-	-	
		AMOXICILLIN	CHEW	OR	-	-		PREFERRED	-	-	-	
		AMOXICILLIN	SUSR	OR	-	-		PREFERRED	-	-	-	
		AMOXICILLIN	TABS	OR	-	-		PREFERRED	-	-	-	
	AMPICILLIN	AMPICILLIN	CAPS	OR	-	-		PREFERRED	-	-	-	

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ANTIBIOTICS : ANTI-INFECTIVE AGENTS - MISC - INHALED	PENTAMIDINE ISETHIONATE	NEBUPENT	SOLR	IN	-	-		PREFERRED	-	PA REQUIRED	-
		PENTAMIDINE ISETHIONATE	SOLR	IN	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : ANTI-INFECTIVE AGENTS - MISC - ORAL	METRONIDAZOLE	FLAGYL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLAGYL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METRONIDAZOLE	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		METRONIDAZOLE	TABS	OR	-	-		PREFERRED	-	-	-
	METRONIDAZOLE BENZOATE	FIRST-METRONIDAZOLE 100	SUSR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FIRST-METRONIDAZOLE 50	SUSR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		METRONIDAZOLE BENZOATE/SYRSPEND SF PH4	SUSR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	MILTEFOSINE	IMPAVIDO	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	RIFAMYCIN SODIUM	AEMCOLO	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	RIFAXIMIN	XIFAXAN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
TINIDAZOLE	TINIDAZOLE	TABS	OR	-	-		PREFERRED	-	-	-	
ANTIBIOTICS : ANTIMYCOBACTERIAL AGENTS - ORAL	AMINOSALICYLIC ACID	PASER	PACK	OR	-	-		NON-PREFERRED	2	-	-
	BEDAQUILINE FUMARATE	SIRTURO	TABS	OR	-	-		PREFERRED	-	-	-
	CYCLOSERINE	CYCLOSERINE	CAPS	OR	-	-		PREFERRED	-	-	-
	ETHAMBUTOL HCL	ETHAMBUTOL HCL	TABS	OR	-	-		PREFERRED	-	-	-
		MYAMBUTOL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ETHIONAMIDE	TRECTOR	TABS	OR	-	-		PREFERRED	-	-	-
	ISONIAZID	ISONIAZID	SYRP	OR	-	-		PREFERRED	-	-	-
		ISONIAZID	TABS	OR	-	-		PREFERRED	-	-	-
ISONIAZID & RIFAMPIN	RIFAMATE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
ANTIBIOTICS : ANTIMYCOBACTERIAL AGENTS - ORAL CONT.	ISONIAZID-RIFAMPIN W/ PYRAZINAMIDE	RIFATER	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PRETOMANID	PRETOMANID	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PYRAZINAMIDE	PYRAZINAMIDE	TABS	OR	-	-		PREFERRED	-	-	-
	RIFABUTIN	MYCOBUTIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RIFABUTIN	CAPS	OR	-	-		PREFERRED	-	-	-
	RIFAMPIN	RIFADIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RIFAMPIN	CAPS	OR	-	-		PREFERRED	-	-	-
		RIFAMPIN/SYRSPEND SF PH4	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	RIFAPENTINE	PRIFTIN	TABS	OR	-	-		PREFERRED	-	-	-
	ANTIBIOTICS : CEPHALOSPORINS - 1ST GENERATION - INJECTABLE	CEFAZOLIN SODIUM	CEFAZOLIN SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED
CEFAZOLIN SODIUM			SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
CEFAZOLIN SODIUM			SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
CEFAZOLIN SODIUM IN SODIUM CHLORIDE		CEFAZOLIN SODIUM/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		CEFAZOLIN SODIUM/SODIUM CHLORIDE	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-

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	CEFAZOLIN SODIUM-DEXTROSE	CEFAZOLIN/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		CEFAZOLIN	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CEFAZOLIN SODIUM	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		CEFAZOLIN SODIUM/DEXTROSE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		CEFAZOLIN SODIUM/DEXTROSE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEPHAPIRIN SODIUM	CEFADYL	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	ANTIBIOTICS : CEPHALOSPORINS - 1ST GENERATION - ORAL	CEFADROXIL	CEFADROXIL	CAPS	OR	-	-		PREFERRED	-	-
CEFADROXIL			SUSR	OR	-	-		PREFERRED	-	-	-
CEFADROXIL			TABS	OR	-	-		PREFERRED	-	-	-
CEPHALEXIN		CEPHALEXIN	CAPS	OR	-	-		PREFERRED	-	-	-
		CEPHALEXIN	SUSR	OR	-	-		PREFERRED	-	-	-
		CEPHALEXIN	TABS	OR	-	-		PREFERRED	-	-	-
		KEFLEX	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION - INJECTABLE	CEFOTETAN DISODIUM	CEFOTAN	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		CEFOTETAN	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	CEFOTETAN DISODIUM AND DEXTROSE	CEFOTETAN/DEXTROSE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFOXITIN SODIUM	CEFOXITIN SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		CEFOXITIN SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFOXITIN SODIUM AND DEXTROSE	CEFOXITIN SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFUROXIME SODIUM	CEFUROXIME SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
CEFUROXIME SODIUM		SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-	
ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION - ORAL	CEFACLOR	CEFACLOR	CAPS	OR	-	-		PREFERRED	-	-	-
		CEFACLOR	SUSR	OR	-	-		PREFERRED	-	-	-
	CEFACLOR MONOHYDRATE	CEFACLOR ER	TB12	OR	-	-		NON-PREFERRED	2	-	-
	CEFPROZIL	CEFPROZIL	SUSR	OR	-	-		PREFERRED	-	-	-
		CEFPROZIL	TABS	OR	-	-		PREFERRED	-	-	-
	CEFUROXIME AXETIL	CEFUROXIME AXETIL	TABS	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION - INJECTABLE	CEFOTAXIME SODIUM	CEFOTAXIME SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	CEFTAZIDIME	CEFTAZIDIME	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		TAZICEF	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		TAZICEF	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFTAZIDIME SODIUM IN DEXTROSE	TAZICEF	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFTAZIDIME-DEXTROSE	CEFTAZIDIME/DEXTROSE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFTRIAXONE SODIUM	CEFTRIAXONE SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		CEFTRIAXONE SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFTRIAXONE SODIUM & LIDOCAINE-PRILOCAINE	CEFTRI-IM	KIT	CO	-	-		PREFERRED	-	PA REQUIRED	-
	CEFTRIAXONE SODIUM AND DEXTROSE	CEFTRIAXONE/DEXTROSE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-

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	CEFTRIAXONE SODIUM AND SODIUM CHLORIDE	CEFTRISOL PLUS	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	CEFTRIAXONE SODIUM IN DEXTROSE	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION - ORAL	CEFDINIR	CEFDINIR	CAPS	OR	-	-		PREFERRED	-	-	-
		CEFDINIR	SUSR	OR	-	-		PREFERRED	-	-	-
	CEFDITOREN PIVOXIL	CEFDITOREN PIVOXIL	TABS	OR	-	-		PREFERRED	-	-	-
		SPECTRACEF	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CEFIXIME	CEFIXIME	CAPS	OR	-	-		PREFERRED	-	-	-
		CEFIXIME	SUSR	OR	-	-		PREFERRED	-	-	-
		SUPRAX	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SUPRAX	CHEW	OR	-	-		PREFERRED	-	-	-
		SUPRAX 500MG/5ML	SUSR	OR	-	-		NON-PREFERRED	2	-	-
		SUPRAX	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL	SUSR	OR	-	-		PREFERRED	-	-	-
		CEFPODOXIME PROXETIL	TABS	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : CEPHALOSPORINS - 4TH GENERATION - INJECTABLE	CEFEPIME HCL	CEFEPIME	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		CEFEPIME	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		CEFEPIME HCL	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		MAXIPIME	SOLR	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MAXIPIME	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CEFEPIME HCL-DEXTROSE	CEFEPIME/DEXTROSE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : CEPHALOSPORINS - OTHER - INJECTABLE	CEFIDEROCOL SULFATE TOSYLATE	FETROJA	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : FLUOROQUINOLONES - ORAL	CIPROFLOXACIN	CIPRO	SUSR	OR	-	-		PREFERRED	-	-	-
		CIPROFLOXACIN	SUSR	OR	-	-		PREFERRED	-	-	-
	CIPROFLOXACIN HCL	CIPRO	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CIPROFLOXACIN HCL	TABS	OR	-	-		PREFERRED	-	-	-
	DELAFLOXACIN MEGLUMINE	BAXDELA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LEVOFLOXACIN	LEVAQUIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LEVOFLOXACIN	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		LEVOFLOXACIN	TABS	OR	-	-		PREFERRED	-	-	-
	MOXIFLOXACIN HCL	AVELOX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MOXIFLOXACIN HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
ANTIBIOTICS : FLUOROQUINOLONES - ORAL CONT.	OFLOXACIN	OFLOXACIN	TABS	OR	-	-		NON-PREFERRED	2	-	-
ANTIBIOTICS : GLYCOPEPTIDES - ORAL	VANCOMYCIN HCL	FIRST-VANCOMYCIN 25	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FIRST-VANCOMYCIN 50	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FIRVANQ	SOLR	OR	-	-		PREFERRED	-	-	-
		VANCOGIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VANCOGIN HCL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VANCOMYCIN HCL + SYRSPENDSF PH4	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VANCOMYCIN HCL	CAPS	OR	-	-		PREFERRED	-	-	-
		VANCOMYCIN HCL	SOLR	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : LEPROSTATICS - ORAL	DAPSONE	DAPSONE	TABS	OR	-	-		PREFERRED	-	-	-

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ANTIBIOTICS : LINCOSAMIDES - ORAL	CLINDAMYCIN HCL	CLEOCIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLINDAMYCIN HCL	CAPS	OR	-	-		PREFERRED	-	-	-
	CLINDAMYCIN PALMITATE HCL	CLEOCIN PEDIATRIC GRANULES	SOLR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLINDAMYCIN PALMITATE HCL	SOLR	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : MACROLIDES - ORAL	AZITHROMYCIN	AZITHROMYCIN	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		AZITHROMYCIN	SUSR	OR	-	-		PREFERRED	-	-	-
		AZITHROMYCIN	TABS	OR	-	-		PREFERRED	-	-	-
		ZITHROMAX	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZITHROMAX	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZITHROMAX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZITHROMAX TRI-PAK	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZITHROMAX Z-PAK	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLARITHROMYCIN	CLARITHROMYCIN	SUSR	OR	-	-		PREFERRED	-	-	-
		CLARITHROMYCIN	TABS	OR	-	-		PREFERRED	-	-	-
		CLARITHROMYCIN ER	TB24	OR	-	-		NON-PREFERRED	2	-	-
	ERYTHROMYCIN BASE	ERY-TAB	TBEC	OR	-	-		PREFERRED	-	-	-
		ERYTHROMYCIN	CPEP	OR	-	-		PREFERRED	-	-	-
		ERYTHROMYCIN BASE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		ERYTHROMYCIN DR	TBEC	OR	-	-		PREFERRED	-	-	-
	ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 400	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		E.E.S. GRANULES	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ERYPED 200	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ERYPED 400	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ERYTHROMYCIN ETHYLSUCCINATE	SUSR	OR	-	-		PREFERRED	-	-	-
		ERYTHROMYCIN ETHYLSUCCINATE	TABS	OR	-	-		PREFERRED	-	-	-
		ERYTHROMYCIN STEARATE	ERYTHROCIN STEARATE	TABS	OR	-	-		NON-PREFERRED	2	-
	ERYTHROMYCIN STEARATE	ERYTHROMYCIN STEARATE	TABS	OR	-	-		NON-PREFERRED	2	-	-
ERYTHROMYCIN STEARATE		TABS	OR	-	-		NON-PREFERRED	2	-	-	
FIDAXOMICIN	DIFICID	TABS	OR	-	-		NON-PREFERRED	2	-	-	
ANTIBIOTICS : MONOBACTAMS - INHALED	AZTREONAM LYSINE	CAYSTON	SOLR	IN	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : NATURAL PENICILLINS - INJECTABLE	PENICILLIN G BENZATHINE	BICILLIN L-A	SUSP	IM	-	-		PREFERRED	-	PA REQUIRED	-
		PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	PENICILLIN G POTASSIUM	PENICILLIN G POTASSIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	PENICILLIN G PROCAINE	PFIZERPEN	SOLR	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PENICILLIN G PROCAINE	SUSP	IM	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : NATURAL PENICILLINS - INJECTABLE CONT.	PENICILLIN G SODIUM	PENICILLIN G SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : NATURAL PENICILLINS - ORAL	PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	SOLR	OR	-	-		PREFERRED	-	-	-
		PENICILLIN V POTASSIUM	TABS	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : OXAZOLIDINONES - ORAL	LINEZOLID	LINEZOLID	SUSR	OR	-	-		PREFERRED	-	-	-
		LINEZOLID	TABS	OR	-	-		PREFERRED	-	-	-

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		ZYVOX	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZYVOX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TEDIZOLID PHOSPHATE	SIVEXTRO	TABS	OR	-	-		NON-PREFERRED	1	-	-
ANTIBIOTICS : PENICILLIN COMBINATIONS - INJECTABLE	AMPICILLIN & SULBACTAM SODIUM	AMPICILLIN-SULBACTAM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		AMPICILLIN-SULBACTAM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		UNASYN	SOLR	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		UNASYN BULK PACK	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PENICILLIN G BENZATHINE & PROCAINE	BICILLIN C-R	SUSP	IM	-	-		PREFERRED	-	PA REQUIRED	-
	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PIPERACILLIN SODIUM/TAZOBACTAM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PIPERACILLIN/TAZOBACTAM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		ZOSYN	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM IN DEXTROSE	ZOSYN	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : PENICILLIN COMBINATIONS - ORAL	AMOXICILLIN & POT CLAVULANATE	AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	OR	-	-		PREFERRED	-	-	-
		AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	OR	-	-		PREFERRED	-	-	-
		AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	OR	-	-		PREFERRED	-	-	-
		AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	OR	-	-		PREFERRED	-	-	-
		AUGMENTIN	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AUGMENTIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AUGMENTIN ES-600	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : PENICILLINASE-RESISTANT PENICILLINS - ORAL	DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM	CAPS	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : SULFONAMIDES - INJECTABLE	SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFAMETHOXAZOLE/TRIMETHOPRIM	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : SULFONAMIDES - ORAL	SULFADIAZINE	SULFADIAZINE	TABS	OR	-	-		PREFERRED	-	-	-
	SULFAMETHOXAZOLE-TRIMETHOPRIM	BACTRIM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BACTRIM DS	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	OR	-	-		PREFERRED	-	-	-
		SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : SULFONAMIDES - ORAL CONT.		SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	OR	-	-		PREFERRED	-	-	-
		SULFATRIM PEDIATRIC	SUSP	OR	-	-		PREFERRED	-	-	-

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		TRIMETHOPRIM/SULFAMETHO									
		XAZOLE DS	TABS	OR	-	-		PREFERRED	-	-	-
	TRIMETHOPRIM	TRIMETHOPRIM	TABS	OR	-	-		PREFERRED	-	-	-
	TRIMETHOPRIM HCL	PRIMSOL	SOLN	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : TETRACYCLINES - INJECTABLE	DOXYCYCLINE HYCLATE	DOXY 100	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		DOXYCYCLINE HYCLATE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	ERAVACYCLINE DIHCL	XERAVA	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	MINOCYCLINE HCL	MINOCIN	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	OMADACYCLINE TOSYLATE	NUZYRA	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	TIGECYCLINE	TIGECYCLINE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		TYGACIL		SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED
ANTIBIOTICS : TETRACYCLINES - ORAL	DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	DOXYCYCLINE (MONOHYDRATE)	AVIDOXY	TABS	OR	-	-		PREFERRED	-	-	-
		DOXYCYCLINE	SUSR	OR	-	-		NON-PREFERRED	2	-	-
		DOXYCYCLINE	TABS	OR	-	-		PREFERRED	-	-	-
		DOXYCYCLINE MONOHYDRATE 75MG & 150MG	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		DOXYCYCLINE MONOHYDRATE	CAPS	OR	-	-		PREFERRED	-	-	-
		DOXYCYCLINE MONOHYDRATE	TABS	OR	-	-		PREFERRED	-	-	-
		MONDOXYNE NL 75MG	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		MONDOXYNE NL	CAPS	OR	-	-		PREFERRED	-	-	-
		OKEBO	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		VIBRAMYCIN	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DOXYCYCLINE CALCIUM	VIBRAMYCIN	SYRP	OR	-	-		NON-PREFERRED	2	-	-
	DOXYCYCLINE HYCLATE	ACTICLATE	TABS	OR	-	-		PREFERRED	-	-	-
		DORYX	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DORYX MPC	TBEC	OR	-	-		NON-PREFERRED	2	-	-
		DOXYCYCLINE HYCLATE	CAPS	OR	-	-		PREFERRED	-	-	-
		DOXYCYCLINE HYCLATE	TABS	OR	-	-		PREFERRED	-	-	-
		DOXYCYCLINE HYCLATE DR	TBEC	OR	-	-		NON-PREFERRED	2	-	-
		MORGIDOX 1X100MG	CAPS	OR	-	-		PREFERRED	-	-	-
		MORGIDOX 1X50MG	CAPS	OR	-	-		PREFERRED	-	-	-
		MORGIDOX 2X100MG	CAPS	OR	-	-		PREFERRED	-	-	-
		TARGADOX	TABS	OR	-	-		PREFERRED	-	-	-
		VIBRAMYCIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DOXYCYCLINE HYCLATE W/ CLEANSER	MORGIDOX 1X100MG	KIT	CO	-	-		NON-PREFERRED	2	-	-
		MORGIDOX 1X50MG KIT	KIT	CO	-	-		NON-PREFERRED	2	-	-
		MORGIDOX 2X100MG	KIT	CO	-	-		NON-PREFERRED	2	-	-
	DOXYCYCLINE MONOHYDRATE W/ OMEGA 3-VIT E	NUTRIDOX	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DOXYCYCLINE MONOHYDRATE- BENZOYL PEROXIDE	BENZODOX 30 KIT	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BENZODOX 60 KIT	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MINOCYCLINE HCL	COREMINO	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-

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		MINOCIN	CAPS	OR	-	-		PREFERRED	-	-	-	
ANTIBIOTICS : TETRACYCLINES - ORAL CONT.		MINOCYCLINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-	
		MINOCYCLINE HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-	
		MINOCYCLINE HCL ER	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		MINOCYCLINE HCL ER	CP24	OR	-	-		NON-PREFERRED	2	-	-	
		MINOLIRA	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		SOLODYN	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		XIMINO	CP24	OR	-	-		NON-PREFERRED	2	-	-	
		OMADACYCLINE TOSYLATE	NUZYRA	TABS	OR	-	-		NON-PREFERRED	2	-	-
		SARECYCLINE HCL	SEYSARA	TABS	OR	-	-		NON-PREFERRED	2	-	-
		TETRACYCLINE HCL	TETRACYCLINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
ANTIBIOTICS : TOPICAL	BACITRACIN (TOPICAL)	BACIGUENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		BACITRAYCIN PLUS	OINT	EX	-	-		PREFERRED	-	-	-	
		BACTERICIN	OINT	EX	-	-		PREFERRED	-	-	-	
		QC BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		SB BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		SM FIRST AID ANTIBIOTIC	OINT	EX	-	-		PREFERRED	-	-	-	
	BACITRACIN ZINC	BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		BACITRACIN ZINC	OINT	EX	-	-		PREFERRED	-	-	-	
		CVS BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		EQ BACITRACIN ZINC	OINT	EX	-	-		PREFERRED	-	-	-	
		EQL BACITRACIN ZINC	OINT	EX	-	-		PREFERRED	-	-	-	
		GNP BACITRACIN ZINC	OINT	EX	-	-		PREFERRED	-	-	-	
		HM BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		KP BACITRACIN ZINC	OINT	EX	-	-		PREFERRED	-	-	-	
		RA BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		RA BACITRACIN ZINC FIRST AID	OINT	EX	-	-		PREFERRED	-	-	-	
		SM ANTIBIOTIC	OINT	EX	-	-		PREFERRED	-	-	-	
	BACITRACIN-POLYMYXIN B	BACITRACIN/POLYMYXIN	OINT	EX	-	-		PREFERRED	-	-	-	
		BAND-AID PLUS ANTIBIOTIC	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BAND-AID PLUS ANTIBIOTIC/EXTRA LARGE	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CVS POLY BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		DOUBLE ANTIBIOTIC	OINT	EX	-	-		PREFERRED	-	-	-	
		HM DOUBLE ANTIBIOTIC	OINT	EX	-	-		PREFERRED	-	-	-	
		KP DOUBLE ANTIBIOTIC	OINT	EX	-	-		PREFERRED	-	-	-	
		NEOSPORIN	OINT	EX	-	-		PREFERRED	-	-	-	
		POLY BACITRACIN	OINT	EX	-	-		PREFERRED	-	-	-	
		POLYSPORIN	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA DOUBLE ANTIBIOTIC	OINT	EX	-	-		PREFERRED	-	-	-	
		SM DOUBLE ANTIBIOTIC	OINT	EX	-	-		PREFERRED	-	-	-	
		WAL-SPORIN	OINT	EX	-	-		PREFERRED	-	-	-	

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	BACITRACIN-POLYMYXIN-NEOMYCIN HC	CORTISPORIN	OINT	EX	-	-		NON-PREFERRED	2	-	-
ANTIBIOTICS : TOPICAL CONT.	BACITRACIN-PRAMOXINE HCL	BACITRAYCIN PLUS	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
	GENTAMICIN SULFATE (TOPICAL)	GENTAMICIN SULFATE	CREA	EX	-	-		PREFERRED	-	-	-
		GENTAMICIN SULFATE	OINT	EX	-	-		PREFERRED	-	-	-
	MUPIROCIN	CENTANY	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CENTANY AT	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MUPIROCIN	OINT	EX	-	-		PREFERRED	-	-	-
	MUPIROCIN CALCIUM (TOPICAL)	MUPIROCIN	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NEOMYCIN SULFATE-FLUOCINOLONE ACETONIDE	NEO-SYNALAR	CREA	EX	-	-		NON-PREFERRED	2	-	-
	NEOMYCIN-BACITRACIN-POLYMYXIN	CURAD TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL FIRST AID ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		FIRST AID ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		HM TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		LANABIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-FIRST TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEIJER TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEOPORACIN	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEOSPORIN ORIGINAL	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		PX TRIPLE OINTMENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA TRIPLE ANTIBIOTIC SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
SB TRIPLE ANTIBIOTIC		OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
SM TRIPLE ANTIBIOTIC		OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-		

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		TRIPLE ANTIBIOTIC FIRST AID	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
ANTIBIOTICS : TOPICAL CONT.	NEOMYCIN-BACITRACIN-POLYMYXIN W/ LIDOCAINE	FIRST AID ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		PROCOMYCIN	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		SB TRIPLE ANTIBIOTIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
	NEOMYCIN-BACITRACIN-POLYMYXIN-PRAMOXINE	CVS ANTIBIOTIC PAIN/SCAR	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CVS TRIPLE ANTIBIOTIC/PAIN RELIEF	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		EQL FIRST AID ANTIBIOTIC + PAIN RELIEF MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		GNP TRIPLE ANTIBIOTIC PLUS	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		HM TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		NEOSPORIN + PAIN RELIEF MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		NEOSPORIN PAIN/ITCH/SCAR	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		NEOSPORIN/BURN RELIEF	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		QC TRIPLE ANTIBIOTIC MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA ANTIBIOTIC/PAIN RELIEF MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA TRIPLE ANTIBIOTIC PLUS	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		SM TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		TRI-BIOZONE	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		TRIPLE ANTIBIOTIC PLUS	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		TRIPLE ANTIBIOTIC WITH PAIN RELIEF MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		NEOMYCIN-FLUOCINOLONE & EMOLLIENT	NEO-SYNALAR KIT	KIT	EX	-	-		NON-PREFERRED	2	-	-
		NEOMYCIN-POLYMYXIN W/ PRAMOXINE	CVS ANTIBIOTIC PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ ANTIBIOTIC + PAIN RELIEF MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	

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		EQL ANTIBIOTIC + PAIN RELIEF MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP ANTIBIOTIC PLUS PRAMOXINE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ANTIBIOTIC/PAIN RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
ANTIBIOTICS : TOPICAL CONT.		MULTI ANTIBIOTIC PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTIBIOTIC PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM ANTIBIOTIC PLUS PAIN RELIEF MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		TGT FIRST AID ANTIBIOTIC MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
	NEOMYCIN-POLYMYXIN-HC	CORTISPORIN	CREA	EX	-	-	-	NON-PREFERRED	2	-	-
	OZENOXACIN	XEPI	CREA	EX	-	-	-	NON-PREFERRED	2	-	-
	RETAPAMULIN	ALTABAX	OINT	EX	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
ANTIBIOTICS : VAGINAL	CLINDAMYCIN PHOSPHATE (ONE DOSE)	CLINDESSE	CREA	VA	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE VAGINAL	CLEOCIN	CREA	VA	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		CLEOCIN	SUPP	VA	-	-	-	PREFERRED	-	-	-
		CLINDAMYCIN PHOSPHATE	CREA	VA	-	-	-	PREFERRED	-	-	-
	METRONIDAZOLE VAGINAL	METROGEL-VAGINAL	GEL	VA	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		METRONIDAZOLE VAGINAL	GEL	VA	-	-	-	PREFERRED	-	-	-
		NUVESSA	GEL	VA	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		VANDAZOLE	GEL	VA	-	-	-	PREFERRED	-	-	-
	SULFANILAMIDE VAGINAL	AVC	CREA	VA	-	-	-	NON-PREFERRED	2	-	-
ANTICOAGULANTS : COUMARIN ANTICOAGULANTS	WARFARIN SODIUM	COUMADIN	TABS	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		JANTOVEN	TABS	OR	-	-	-	PREFERRED	-	-	-
		WARFARIN SODIUM	TABS	OR	-	-	-	PREFERRED	-	-	-
ANTICOAGULANTS : FACTOR XA AND THROMBIN INHIBITORS - ORAL	APIXABAN	ELIQUIS	TABS	OR	-	-	-	PREFERRED	-	-	-
		ELIQUIS STARTER PACK	TABS	OR	-	-	-	PREFERRED	-	-	-
	BETRIXABAN MALEATE	BEVYXXA	CAPS	OR	-	-	-	NON-PREFERRED	2	-	-
	DABIGATRAN ETEXILATE MESYLATE	PRADAXA	CAPS	OR	-	-	-	PREFERRED	-	-	-
	EDOxabAN TOSYLATE	SAVAYSA	TABS	OR	-	-	-	NON-PREFERRED	2	-	-
	RIVAROXABAN	XARELTO	TABS	OR	-	-	-	PREFERRED	-	-	-
		XARELTO STARTER PACK	TBPK	OR	-	-	-	PREFERRED	-	-	-
ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS	DALTEPARIN SODIUM	FRAGMIN	SOLN	SC	-	-	-	NON-PREFERRED	2	-	-
	ENOxAPARIN SODIUM	ENOxAPARIN SODIUM	SOLN	IJ	-	-	-	PREFERRED	-	-	-

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		ENOXAPARIN SODIUM	SOLN	SC	-	-		PREFERRED	-	-	-
		LOVENOX	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LOVENOX	SOLN	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FONDAPARINUX SODIUM	ARIXTRA	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FONDAPARINUX SODIUM	SOLN	SC	-	-		NON-PREFERRED	2	-	-
	HEPARIN (PORCINE) IN SODIUM CHLORIDE	HEPARIN SODIUM/NACL 0.45%	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM/NACL 0.9%	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	HEPARIN SODIUM/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-	
ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS CONT.		HEPARIN SODIUM/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM/SODIUM CHLORIDE	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	HEPARIN SOD (PORCINE) IN D5W	HEPARIN SODIUM/D5W	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM/DEXTROSE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	HEPARIN SOD (PORCINE) LOCK FLUSH & NACL & LIDO-PRILOCAINE	HEPMED	KIT	CO	-	-		PREFERRED	-	PA REQUIRED	-
		SOLU-PREF	KIT	CO	-	-		PREFERRED	-	PA REQUIRED	-
	HEPARIN SOD (PORCINE)-D10	HEPARIN SODIUM/DEXTROSE	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
	HEPARIN SODIUM (PORCINE)	HEPARIN SODIUM	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM	SOSY	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM DCU	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	HEPARIN SODIUM (PORCINE) LOCK FLUSH	HEPARIN LOCK FLUSH	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN LOCK FLUSH FOR FLUSHING VASCULAR ACCESS DEVICES	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN LOCK FLUSH/NACL FOR FLUSHING VASCULAR ACCESS DEVICES	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HEPARIN SODIUM LOCK FLUSH	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH	HEPARIN SODIUM LOCK FLUSH	KIT	IV	-	-		PREFERRED	-	PA REQUIRED	-
		SASH KIT FOR FLUSHING VASCULAR ACCESS DEVICES	KIT	IV	-	-		PREFERRED	-	PA REQUIRED	-

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ANTICONSULSANTS : AMPA GLUTAMATE RECEPTOR ANTAGONISTS	PERAMPANEL	FYCOMPA	SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-
		FYCOMPA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANTICONSULSANTS : BENZODIAZEPINES - ORAL	CLOBAZAM	CLOBAZAM	SUSP	OR	-	-		PREFERRED	-	-	YES
		CLOBAZAM	TABS	OR	-	-		PREFERRED	-	-	YES
	CLONAZEPAM	ONFI	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		ONFI	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		SYMPAZAN	FILM	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	CLONAZEPAM	CLONAZEPAM	TABS	OR	-	-		PREFERRED	-	-	YES
	CLONAZEPAM ODT	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
KLONOPIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES		
ANTICONSULSANTS : BENZODIAZEPINES - RESCUE AGENTS	DIAZEPAM (ANTICONSULSANT)	DIASAT ACUDIAL	GEL	RE	-	-		PREFERRED	-	PA REQUIRED	YES
		DIASAT PEDIATRIC	GEL	RE	-	-		PREFERRED	-	PA REQUIRED	YES
		DIAZEPAM RECTAL GEL	GEL	RE	-	-		PREFERRED	-	PA REQUIRED	YES
ANTICONSULSANTS : BENZODIAZEPINES - RESCUE AGENTS CONT.	MIDAZOLAM (ANTICONSULSANT)	VALTOCO	LIQD	NA	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		VALTOCO	LQPK	NA	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	MIDAZOLAM HCL	NAYZILAM	SOLN	NA	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	MIDAZOLAM HCL	MIDAZOLAM HCL	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	YES
	MIDAZOLAM HCL	MIDAZOLAM HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	YES
	MIDAZOLAM-SODIUM CHLORIDE	MIDAZOLAM/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	YES
ANTICONSULSANTS : CARBAMATES	CENOBAMATE	XCOPRI	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		XCOPRI	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FELBAMATE	FELBAMATE	SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-
		FELBAMATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		FELBATOL	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FELBATOL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTICONSULSANTS : GABA MODULATORS	TIAGABINE HCL	GABITRIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TIAGABINE HCL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	VIGABATRIN	SABRIL	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SABRIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VIGABATRIN	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
	VIGABATRIN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	VIGADRONE	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ANTICONSULSANTS : HYDANTOINS	ETHOTOIN	PEGANONE	TABS	OR	-	-		NON-PREFERRED	2	-	-
	FOSPHENYTOIN SODIUM	CEREBYX	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		FOSPHENYTOIN SODIUM	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	PHENYTOIN	DILANTIN INFATABS	CHEW	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DILANTIN-125	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PHENYTOIN	CHEW	OR	-	-		PREFERRED	-	-	-
	PHENYTOIN	SUSP	OR	-	-		PREFERRED	-	-	-	
	PHENYTOIN INFATABS	CHEW	OR	-	-		PREFERRED	-	-	-	
	PHENYTOIN SODIUM	PHENYTOIN SODIUM	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
PHENYTOIN SODIUM EXTENDED	DILANTIN 100MG	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	DILANTIN	CAPS	OR	-	-		PREFERRED	-	-	-	

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		PHENYTEK	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PHENYTOIN SODIUM EXTENDED	CAPS	OR	-	-		PREFERRED	-	-	-
ANTICONSULSANTS : MISC	BRIVARACETAM	BRIVIACT	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	YES
		BRIVIACT	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		BRIVIACT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	CANNABIDIOL	EPIDIOLEX	SOLN	OR	-	-		NON-PREFERRED	-	-	-
	CARBAMAZEPINE	CARBAMAZEPINE	CHEW	OR	-	-		PREFERRED	-	-	YES
		CARBAMAZEPINE	SUSP	OR	-	-		PREFERRED	-	-	YES
		CARBAMAZEPINE	TABS	OR	-	-		PREFERRED	-	-	YES
		CARBAMAZEPINE ER	CP12	OR	-	-		PREFERRED	-	-	YES
		CARBAMAZEPINE ER	TB12	OR	-	-		PREFERRED	-	-	YES
		CARBATROL	CP12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		EPITOL	TABS	OR	-	-		PREFERRED	-	-	YES
		TEGRETOL	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		TEGRETOL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		TEGRETOL-XR	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	ESLICARBAZEPINE ACETATE	APTiom	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
ANTICONSULSANTS : MISC CONT.	GABAPENTIN	FANATREX FUSEPAQ	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		GABAPENTIN	CAPS	OR	-	-		PREFERRED	-	-	YES
		GABAPENTIN	SOLN	OR	-	-		PREFERRED	-	-	YES
		GABAPENTIN	TABS	OR	-	-		PREFERRED	-	-	YES
		NEURONTIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		NEURONTIN	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	NEURONTIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	LACOSAMIDE	VIMPAT	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	YES
		VIMPAT	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	YES
		VIMPAT	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	YES
	LAMOTRIGINE	LAMICTAL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		LAMICTAL CHEWABLE DISPERSIBLE	CHEW	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		LAMICTAL ODT	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMICTAL ODT	TBDP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMICTAL STARTER/TAKING VALPROATE	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMICTAL XR	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMICTAL XR	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		LAMOTRIGINE	CHEW	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
LAMOTRIGINE		TABS	OR	-	-		PREFERRED	-	-	YES	
LAMOTRIGINE ER	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES		
LAMOTRIGINE ODT	TBDP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES		

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		LAMOTRIGINE STARTER KIT/BUE	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMOTRIGINE STARTER KIT/GREEN	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMOTRIGINE STARTER KIT/ORANGE	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SUBVENITE	TABS	OR	-	-		PREFERRED	-	-	YES
		SUBVENITE STARTER KIT/BUE	KIT	OR	-	-		NON-PREFERRED	-	-	-
		SUBVENITE STARTER KIT/GREEN	KIT	OR	-	-		NON-PREFERRED	-	-	-
		SUBVENITE STARTER KIT/ORANGE	KIT	OR	-	-		NON-PREFERRED	-	-	-
	LEVETIRACETAM	KEPPRA	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		KEPPRA	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		KEPPRA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		KEPPRA XR	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		LEVETIRACETAM	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	YES
		LEVETIRACETAM	SOLN	OR	-	-		PREFERRED	-	-	YES
		LEVETIRACETAM	TABS	OR	-	-		PREFERRED	-	-	YES
		LEVETIRACETAM ER	TB24	OR	-	-		PREFERRED	-	-	YES
		ROWEEPRA	TABS	OR	-	-		PREFERRED	-	-	YES
		ROWEEPRA XR	TB24	OR	-	-		PREFERRED	-	-	YES
		SPRITAM	TB3D	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	LEVETIRACETAM IN SODIUM CHLORIDE	LEVETIRACETAM	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	YES
ANTICONVULSANTS : MISC CONT.		LEVETIRACETAM/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	YES
	OXCARBAZEPINE	OXCARBAZEPINE	SUSP	OR	-	-		PREFERRED	-	-	YES
		OXCARBAZEPINE	TABS	OR	-	-		PREFERRED	-	-	YES
		OXTELLAR XR	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		TRILEPTAL	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		TRILEPTAL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	PREGABALIN	LYRICA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		LYRICA	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PREGABALIN	CAPS	OR	-	-		PREFERRED	-	-	YES
		PREGABALIN	SOLN	OR	-	-		PREFERRED	-	-	YES
	PRIMIDONE	MYSOLINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PRIMIDONE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	YES
	RUFINAMIDE	BANZEL	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		BANZEL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	STIRIPENTOL	DIACOMIT	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DIACOMIT	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TOPIRAMATE	QUDEXY XR	CS24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		TOPAMAX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		TOPAMAX SPRINKLE	CPSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		TOPIRAMATE	CPSP	OR	-	-		PREFERRED	-	-	YES
		TOPIRAMATE	TABS	OR	-	-		PREFERRED	-	-	YES
		TOPIRAMATE ER	CS24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES

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		TROKENDI XR	CP24	OR	-	-		PREFERRED	-	-	YES
	ZONISAMIDE	ZONEGRAN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		ZONISAMIDE	CAPS	OR	-	-		PREFERRED	-	-	YES
ANTICONVULSANTS : SUCCUNIMIDES	ETHOSUXIMIDE	ETHOSUXIMIDE	CAPS	OR	-	-		PREFERRED	-	-	-
		ETHOSUXIMIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		ZARONTIN	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ZARONTIN	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
	METHSUXIMIDE	CELONTIN	CAPS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
ANTICONVULSANTS : VALPROIC ACID	DIVALPROEX SODIUM	DEPAKOTE	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		DEPAKOTE ER	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		DEPAKOTE SPRINKLES	CSDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		DIVALPROEX SODIUM	CSDR	OR	-	-		PREFERRED	-	-	YES
		DIVALPROEX SODIUM DR	TBEC	OR	-	-		PREFERRED	-	-	YES
		DIVALPROEX SODIUM ER	TB24	OR	-	-		PREFERRED	-	-	YES
	VALPROATE SODIUM	DEPACON	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		DEPAKENE	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		VALPROATE SODIUM	SOLN	IV	-	-		PREFERRED	-	-	YES
		VALPROIC ACID	SOLN	OR	-	-		PREFERRED	-	-	YES
	VALPROIC ACID	DEPAKENE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		VALPROIC ACID	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	YES
ANTIDEMENTIA AGENTS :	ACETYLCARNITINE HCL	ACETYL L-CARNITINE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DONEPEZIL HCL	ARICEPT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ARICEPT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DONEPEZIL HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DONEPEZIL HCL	TABS	OR	-	-		PREFERRED	-	-	-
ANTIDEMENTIA AGENTS : CONT.		DONEPEZIL HCL	TBDP	OR	-	-		PREFERRED	-	-	-
		DONEPEZIL HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DONEPEZIL HCL	TABS	OR	-	-		PREFERRED	-	-	-
		DONEPEZIL HCL ODT	TBDP	OR	-	-		PREFERRED	-	-	-
	GALANTAMINE HYDROBROMIDE	GALANTAMINE HYDROBROMIDE	CP24	OR	-	-		NON-PREFERRED	2	-	-
		GALANTAMINE HYDROBROMIDE	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GALANTAMINE HYDROBROMIDE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		GALANTAMINE HYDROBROMIDE ER	CP24	OR	-	-		NON-PREFERRED	2	-	-
		RAZADYNE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RAZADYNE ER	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	MEMANTINE HCL	MEMANTINE HCL TITRATION PAK	TABS	OR	-	-		PREFERRED	-	-	-
		MEMANTINE HCL	SOLN	OR	-	-		PREFERRED	-	-	-
		MEMANTINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		MEMANTINE HCL ER	CP24	OR	-	-		NON-PREFERRED	2	-	-
		NAMENDA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NAMENDA TITRATION PAK	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NAMENDA XR	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NAMENDA XR TITRATION PACK	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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	MEMANTINE HCL-DONEPEZIL HCL	NAMZARIC	C4PK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NAMZARIC	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	RIVASTIGMINE	EXELON	PT24	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
	RIVASTIGMINE TARTRATE	RIVASTIGMINE TARTRATE	CAPS	OR	-	-		NON-PREFERRED	2	-	-
ANTIDEPRESSANTS : ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	MAPROTILINE HCL	MAPROTILINE HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	MIRTAZAPINE	MIRTAZAPINE	TABS	OR	-	-		PREFERRED	-	-	YES
		MIRTAZAPINE ODT	TBDP	OR	-	-		PREFERRED	-	-	YES
	REMERON	REMERON	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	REMERON SOLTAB	REMERON SOLTAB	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ANTIDEPRESSANTS : GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID	BREXANOLONE	ZULRESSO	SOLN	IV	-	-		X	-	-	YES
ANTIDEPRESSANTS : MONOAMINE OXIDASE INHIBITORS (MAOI)	ISOCARBOXAZID	MARPLAN	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	PHENELZINE SULFATE	NARDIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PHENELZINE SULFATE	TABS	OR	-	-		PREFERRED	-	-	YES
	SELEGILINE	EMSAM	PT24	TD	-	-		PREFERRED	-	-	YES
	TRANLYCYPROMINE SULFATE	PARNATE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
TRANLYCYPROMINE SULFATE		TABS	OR	-	-		PREFERRED	-	-	YES	
ANTIDEPRESSANTS : NOREPINEPHRINE-DOPAMINE REUPTAKE INHIBITORS	BUPROPION HCL	BUPROPION HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		BUPROPION HCL ER (SR)	TB12	OR	-	-		PREFERRED	-	-	YES
		BUPROPION HCL ER (XL)	TB24	OR	-	-		PREFERRED	-	-	YES
		FORFIVO XL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		WELLBUTRIN SR	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		WELLBUTRIN XL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	BUPROPION HYDROBROMIDE	APLENZIN	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)	CITALOPRAM HYDROBROMIDE	CELEXA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		CITALOPRAM	TABS	OR	-	-		PREFERRED	-	-	YES
		CITALOPRAM HYDROBROMIDE	SOLN	OR	-	-		NON-PREFERRED	-	-	YES
	ESCITALOPRAM OXALATE	CITALOPRAM HYDROBROMIDE	TABS	OR	-	-		PREFERRED	-	-	YES
		ESCITALOPRAM OXALATE	SOLN	OR	-	-		NON-PREFERRED	-	-	YES
		ESCITALOPRAM OXALATE	TABS	OR	-	-		PREFERRED	-	-	YES
	FLUOXETINE HCL	LEXAPRO	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		FLUOXETINE DR	CPDR	OR	-	-		NON-PREFERRED	-	-	YES
		FLUOXETINE HCL	CAPS	OR	-	-		PREFERRED	-	-	YES
	FLUOXETINE HCL (PMDD)	FLUOXETINE HCL	SOLN	OR	-	-		PREFERRED	-	-	YES
		FLUOXETINE HCL	TABS	OR	-	-		NON-PREFERRED	-	-	YES
		PROZAC	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		FLUOXETINE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		FLUOXETINE HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		SARAFEM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	TABS	OR	-	-		PREFERRED	-	-	YES	

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	PAROXETINE HCL	FLUVOXAMINE MALEATE ER	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PAROXETINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		PAROXETINE HCL ER	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		PAXIL	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		PAXIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PAXIL CR	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	PAROXETINE MESYLATE	PEXEVA	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	PAROXETINE MESYLATE (VASOMOTOR)	BRISDELLE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PAROXETINE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	SERTRALINE HCL	SERTRALINE HCL	CONC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		SERTRALINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		ZOLOFT	CONC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		ZOLOFT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	ANTIDEPRESSANTS : SELECTIVE SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)	DESVENLAFAXINE	DESVENLAFAXINE ER	TB24	OR	-	-		NON-PREFERRED	2	-
		KHEDEZLA	TB24	OR	-	-		NON-PREFERRED	2	-	YES
	DESVENLAFAXINE SUCCINATE	DESVENLAFAXINE ER	TB24	OR	-	-		NON-PREFERRED	2	-	YES
		PRISTIQ	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
	DULOXETINE HCL	CYMBALTA	CPEP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		DRIZALMA SPRINKLE	CSDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		DULOXETINE HCL	CPEP	OR	-	-		PREFERRED	-	-	YES
	LEVOMILNACIPRAN HCL	FETZIMA	CP24	OR	-	-		NON-PREFERRED	2	-	YES
		FETZIMA TITRATION PACK	C4PK	OR	-	-		NON-PREFERRED	2	-	YES
	VENLAFAXINE HCL	EFFEXOR XR	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		VENLAFAXINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		VENLAFAXINE HCL ER	CP24	OR	-	-		PREFERRED	-	-	YES
		VENLAFAXINE HCL ER	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ANTIDEPRESSANTS : SEROTONIN MODULATORS	NEFAZODONE HCL	NEFAZODONE HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	TRAZODONE HCL	TRAZODONE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
ANTIDEPRESSANTS : SEROTONIN MODULATORS CONT.	VILAZODONE HCL	VIIBRYD	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		VIIBRYD STARTER PACK	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	VORTIOXETINE HBR	TRINTELLIX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ANTIDEPRESSANTS : TRICYCLIC AGENTS	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
	AMOXAPINE	AMOXAPINE	TABS	OR	-	-		PREFERRED	-	-	YES
	CHLORDIAZEPOXIDE-AMITRIPTYLINE	CHLORDIAZEPOXIDE/AMITRIPT YLINE	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	CLOMIPRAMINE HCL	ANAFRANIL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		CLOMIPRAMINE HCL	CAPS	OR	-	-		NON-PREFERRED	2	-	YES
	DESIPRAMINE HCL	DESIPRAMINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		NORPRAMIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	DOXEPIN HCL	DOXEPIN HCL	CAPS	OR	-	-		PREFERRED	-	-	YES
		DOXEPIN HCL	CONC	OR	-	-		PREFERRED	-	-	YES
	IMIPRAMINE HCL	IMIPRAMINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		TOFRANIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES

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	IMIPRAMINE PAMOATE	IMIPRAMINE PAMOATE	CAPS	OR	-	-		NON-PREFERRED	2	-	YES
	NORTRIPTYLINE HCL	NORTRIPTYLINE HCL	CAPS	OR	-	-		PREFERRED	-	-	YES
		NORTRIPTYLINE HCL	SOLN	OR	-	-		NON-PREFERRED	2	-	YES
		PAMELOR	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	PROTRIPTYLINE HCL	PROTRIPTYLINE HCL	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	TRIMIPRAMINE MALEATE	SURMONTIL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	YES
		TRIMIPRAMINE MALEATE	CAPS	OR	-	-		NON-PREFERRED	2	-	YES
ANTIDIABETICS : ALPHA-GLUCOSIDASE INHIBITORS	ACARBOSE	ACARBOSE	TABS	OR	-	-		PREFERRED	-	-	-
		PRECOSE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MIGLITOL	GLYSET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MIGLITOL	TABS	OR	-	-		NON-PREFERRED	1	-	-
ANTIDIABETICS : AMYLIN ANALOGS	PRAMLINTIDE ACETATE	SYMLINPEN 120	SOPN	SC	-	-		PREFERRED	-	PA REQUIRED	-
		SYMLINPEN 60	SOPN	SC	-	-		PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : BIGUANIDES	METFORMIN HCL	FORTAMET	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GLUCOPHAGE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GLUMETZA	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METFORMIN HCL	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		METFORMIN HCL	TABS	OR	-	-		PREFERRED	-	-	-
		METFORMIN HCL ER (MODIFIED RELEASE)	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METFORMIN HCL ER	TB24	OR	-	-		PREFERRED	-	-	-
		RIOMET	SOLN	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RIOMET ER	SRER	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : DIABETIC OTHER	DEXTROSE (DIABETIC USE)	BD GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS GLUCOSE	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS GLUCOSE BITS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
ANTIDIABETICS : DIABETIC OTHER CONT.		CVS GLUCOSE SHOT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SOFT GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		DEX4 FAST ACTING GLUCOSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEX4 FAST ACTING GLUCOSE GO-POUCH	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEX4 GLUCOSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEX4 QUICK DISSOLVE GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		GLUCOSE	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		GLUCOSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GLUTOSE 15	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GLUTOSE 5	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP QUICK DISSOLVE GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		INSTA-GLUCOSE	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		LEADER QUICK DISSOLVE GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		MS QUICK DISSOLVE GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		RA GLUCOSE	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		RELION GLUCOSE	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		RELION GLUCOSE DRINK	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
		TRUEPLUS GLUCOSE GEL	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		VALUE PLUS GLUCOSE	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		WALGREENS GLUCOSE	CHEW	OR	-	-		PREFERRED	-	-	-
	DIAZOXIDE	DIAZOXIDE	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROGLYCEM	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GLUCAGON	BAQSIMI ONE PACK	POWD	NA	-	-		PREFERRED	-	PA REQUIRED	-
		BAQSIMI TWO PACK	POWD	NA	-	-		PREFERRED	-	PA REQUIRED	-
		GVOKE HYPOPEN	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GVOKE PFS	SOSY	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GLUCAGON (RDNA)	GLUCAGON EMERGENCY KIT	KIT	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GLUCAGON HCL	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	SOLR	IJ	-	-		PREFERRED	-	-	-
	GLUCAGON HCL (RDNA)	GLUCAGEN HYPOKIT	SOLR	IJ	-	-		PREFERRED	-	-	-
ANTIDIABETICS : DIABETIC OTHER CONT.	GLUCOSE-VITAMIN C	CVS GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEX4	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		DRUG MART GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		HY-VEE GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		KROGER GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		LEADER GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		LONGS GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDICINE SHOPPE GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEIJER GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PREFERRED PLUS GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RELION GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SMART SENSE GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		UP & UP GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		VALUE PLUS GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		WALGREENS GLUCOSE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	MIFEPRISTONE (HYPERGLYCEMIA)	KORLYM	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : DOPAMINE RECEPTOR AGONISTS	BROMOCRIPTINE MESYLATE (DIABETES)	CYCLOSET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : DPP4 INHIBITOR / SGLT2 INHIBITOR COMBINATIONS	DAPAGLIFLOZIN-SAXAGLIPTIN	QTERN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EMPAGLIFLOZIN-LINAGLIPTIN	GLYXAMBI	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ERTUGLIFLOZIN-SITAGLIPTIN	STEGLUJAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : DPP4 INHIBITOR / TZD COMBINATIONS	ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN/PIOGLITAZONE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		OSENI	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : DPP4 INHIBITORS	ALOGLIPTIN BENZOATE	ALOGLIPTIN	TABS	OR	-	-		NON-PREFERRED	2	-	-
		NESINA	TABS	OR	-	-		NON-PREFERRED	2	-	-
	ALOGLIPTIN-METFORMIN HCL	ALOGLIPTIN/METFORMIN HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
		KAZANO	TABS	OR	-	-		NON-PREFERRED	2	-	-
	LINAGLIPTIN	TRADJENTA	TABS	OR	-	-		PREFERRED	-	-	-

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	LINAGLIPTIN-METFORMIN HCL	JENTADUETO	TABS	OR	-	-		PREFERRED	-	-	-
		JENTADUETO XR	TB24	OR	-	-		NON-PREFERRED	2	-	-
	SAXAGLIPTIN HCL	ONGLYZA	TABS	OR	-	-		NON-PREFERRED	2	-	-
	SAXAGLIPTIN-METFORMIN HCL	KOMBIGLYZE XR	TB24	OR	-	-		NON-PREFERRED	2	-	-
	SITAGLIPTIN PHOSPHATE	JANUVIA	TABS	OR	-	-		PREFERRED	-	-	-
	SITAGLIPTIN-METFORMIN HCL	JANUMET	TABS	OR	-	-		PREFERRED	-	-	-
		JANUMET XR	TB24	OR	-	-		PREFERRED	-	-	-
ANTIDIABETICS : GLP1 AGONIST / INSULIN COMBINATIONS	INSULIN DEGLUDEC-LIRAGLUTIDE	XULTOPHY 100/3.6	SOPN	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
	INSULIN GLARGINE-LIXISENATIDE	SOLIQUA 100/33	SOPN	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : GLP1 AGONISTS	DULAGLUTIDE	TRULICITY	SOPN	SC	-	-		NON-PREFERRED	2	-	-
	EXENATIDE	BYDUREON BCISE	AUIJ	SC	-	-		PREFERRED	-	-	-
		BYDUREON PEN	PEN	SC	-	-		PREFERRED	-	-	-
		BYETTA	SOPN	SC	-	-		PREFERRED	-	-	-
	LIRAGLUTIDE	VICTOZA	SOPN	SC	-	-		PREFERRED	-	-	-
	LIXISENATIDE	ADLYXIN	SOPN	SC	-	-		NON-PREFERRED	2	-	-
		ADLYXIN STARTER PACK	PNKT	SC	-	-		NON-PREFERRED	2	-	-
	SEMAGLUTIDE	OZEMPIC	SOPN	SC	-	-		NON-PREFERRED	2	-	-
		RYBELSUS	TABS	OR	-	-		NON-PREFERRED	2	-	-
ANTIDIABETICS : INSULIN - INTERMEDIATE ACTING	INSULIN NPH (HUMAN) (ISOPHANE)	HUMULIN N	SUSP	SC	-	-		PREFERRED	-	-	-
		HUMULIN N KWIKPEN	SUPN	SC	-	-		PREFERRED	-	-	-
		NOVOLIN N	SUSP	SC	-	-		NON-PREFERRED	1	-	-
		NOVOLIN N FLEXPEN	SUPN	SC	-	-		NON-PREFERRED	1	-	-
		NOVOLIN N FLEXPEN RELION	SUPN	SC	-	-		NON-PREFERRED	1	-	-
		NOVOLIN N RELION	SUSP	SC	-	-		NON-PREFERRED	1	-	-
ANTIDIABETICS : INSULIN - LONG ACTING	INSULIN DEGLUDEC	TRESIBA	SOLN	SC	-	-		NON-PREFERRED	2	-	-
		TRESIBA FLEXTOUCH	SOPN	SC	-	-		NON-PREFERRED	2	-	-
	INSULIN DETEMIR	LEVEMIR	SOLN	SC	-	-		PREFERRED	-	-	-
		LEVEMIR FLEXTOUCH	SOPN	SC	-	-		PREFERRED	-	-	-
	INSULIN GLARGINE	BASAGLAR KWIKPEN	SOPN	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-
		LANTUS	SOLN	SC	-	-		PREFERRED	-	-	-
		LANTUS SOLOSTAR WITH PATCH	SOPN	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-
ANTIDIABETICS : INSULIN - LONG ACTING CONT.		LANTUS SOLOSTAR	SOPN	SC	-	-		PREFERRED	-	-	-
		TOUJEO MAX SOLOSTAR	SOPN	SC	-	-		NON-PREFERRED	2	-	-
		TOUJEO SOLOSTAR	SOPN	SC	-	-		NON-PREFERRED	2	-	-
ANTIDIABETICS : INSULIN - PRE-MIXED	INSULIN ASPART PROTAMINE & ASPART (HUMAN)	INSULIN ASPART PROTAMINE/INSULIN ASPART	SUSP	SC	-	-		PREFERRED	-	-	-
		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	SUPN	SC	-	-		PREFERRED	-	-	-
		NOVOLOG MIX 70/30	SUSP	SC	-	-		PREFERRED	-	-	-
		NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUPN	SC	-	-		PREFERRED	-	-	-

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	INSULIN LISPRO PROTAMINE & LISPRO	HUMALOG MIX 50/50	SUSP	SC	-	-		PREFERRED	-	-	-	
		HUMALOG MIX 50/50 KWIKPEN	SUPN	SC	-	-		PREFERRED	-	-	-	
		HUMALOG MIX 75/25	SUSP	SC	-	-		PREFERRED	-	-	-	
		HUMALOG MIX 75/25 KWIKPEN	SUPN	SC	-	-		PREFERRED	-	-	-	
		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	SUPN	SC	-	-		PREFERRED	-	-	-	
		INSULIN NPH ISOPHANE & REG (HUMAN)	HUMULIN 70/30	SUSP	SC	-	-		PREFERRED	-	-	-
		HUMULIN 70/30 KWIKPEN	SUPN	SC	-	-		PREFERRED	-	-	-	
		NOVOLIN 70/30	SUSP	SC	-	-		NON-PREFERRED	2	-	-	
		NOVOLIN 70/30 FLEXPEN	SUPN	SC	-	-		NON-PREFERRED	2	-	-	
		NOVOLIN 70/30 FLEXPEN RELION	SUPN	SC	-	-		NON-PREFERRED	2	-	-	
		NOVOLIN 70/30 RELION	SUSP	SC	-	-		NON-PREFERRED	2	-	-	
	ANTIDIABETICS : INSULIN - RAPID ACTING	INSULIN ASPART	INSULIN ASPART	SOLN	SC	-	-		NON-PREFERRED	2	-	-
			INSULIN ASPART FLEXPEN	SOPN	SC	-	-		NON-PREFERRED	2	-	-
			INSULIN ASPART PENFILL	SOCT	SC	-	-		NON-PREFERRED	2	-	-
NOVOLOG			SOLN	SC	-	-		PREFERRED	-	-	-	
NOVOLOG FLEXPEN			SOPN	SC	-	-		PREFERRED	-	-	-	
NOVOLOG PENFILL			SOCT	SC	-	-		PREFERRED	-	-	-	
INSULIN ASPART (WITH NIACINAMIDE)		FIASP	SOLN	SC	-	-		NON-PREFERRED	2	-	-	
		FIASP FLEXTOUCH	SOPN	SC	-	-		NON-PREFERRED	2	-	-	
		FIASP PENFILL	SOCT	SC	-	-		NON-PREFERRED	2	-	-	
INSULIN GLULISINE		APIDRA	SOLN	IJ	-	-		NON-PREFERRED	2	-	-	
		APIDRA SOLOSTAR	SOPN	SC	-	-		NON-PREFERRED	2	-	-	
INSULIN LISPRO		ADMELOG	SOLN	SC	-	-		NON-PREFERRED	2	-	-	
		ADMELOG SOLOSTAR	SOPN	SC	-	-		NON-PREFERRED	2	-	-	
		HUMALOG	SOCT	SC	-	-		PREFERRED	-	-	-	
		HUMALOG	SOLN	SC	-	-		PREFERRED	-	-	-	
		HUMALOG JUNIOR KWIKPEN	SOPN	SC	-	-		PREFERRED	-	-	-	
		HUMALOG KWIKPEN	SOPN	SC	-	-		PREFERRED	-	-	-	
		INSULIN LISPRO	SOLN	SC	-	-		NON-PREFERRED	2	-	-	
		INSULIN LISPRO JUNIOR KWIKPEN	SOPN	SC	-	-		NON-PREFERRED	2	-	-	
		INSULIN LISPRO KWIKPEN	SOPN	SC	-	-		NON-PREFERRED	2	-	-	
	ANTIDIABETICS : INSULIN - SHORT ACTING	INSULIN REGULAR (HUMAN)	AFREZZA	POWD	IN	-	-		NON-PREFERRED	1	PA REQUIRED	-
			HUMULIN R	SOLN	IJ	-	-		PREFERRED	-	-	-
		ANTIDIABETICS : INSULIN - SHORT ACTING CONT.	HUMULIN R U-500 (CONCENTRATED)	SOLN	SC	-	-		PREFERRED	-	-	-
	HUMULIN R U-500 KWIKPEN	SOPN	SC	-	-		PREFERRED	-	-	-		

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		NOVOLIN R	SOLN	IJ	-	-		NON-PREFERRED	1	-	-
		NOVOLIN R FLEXPEN	SOPN	IJ	-	NON-COVERED	OTCS	-	-	-	-
		NOVOLIN R FLEXPEN RELION	SOPN	IJ	-	NON-COVERED	OTCS	-	-	-	-
		NOVOLIN R RELION	SOLN	IJ	-	-		NON-PREFERRED	1	-	-
		RELION R	SOLN	IJ	-	-		NON-PREFERRED	1	-	-
ANTIDIABETICS : MEGLITINIDE ANALOGUES	NATEGLINIDE	NATEGLINIDE	TABS	OR	-	-		PREFERRED	-	-	-
		STARLIX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	REPAGLINIDE	PRANDIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		REPAGLINIDE	TABS	OR	-	-		PREFERRED	-	-	-
	REPAGLINIDE-METFORMIN HCL	REPAGLINIDE/METFORMIN HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIDIABETICS : SGLT2 INHIBITORS	CANAGLIFLOZIN	INVOKANA	TABS	OR	-	-		PREFERRED	-	-	-
	CANAGLIFLOZIN-METFORMIN HCL	INVOKAMET	TABS	OR	-	-		PREFERRED	-	-	-
		INVOKAMET XR	TB24	OR	-	-		NON-PREFERRED	2	-	-
	DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	TABS	OR	-	-		PREFERRED	-	-	-
	DAPAGLIFLOZIN-METFORMIN HCL	XIGDUO XR	TB24	OR	-	-		PREFERRED	-	-	-
	EMPAGLIFLOZIN	JARDIANCE	TABS	OR	-	-		PREFERRED	-	-	-
	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	TRIJARDY XR	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EMPAGLIFLOZIN-METFORMIN HCL	SYNJARDY	TABS	OR	-	-		NON-PREFERRED	2	-	-
		SYNJARDY XR	TB24	OR	-	-		NON-PREFERRED	2	-	-
	ERTUGLIFLOZIN L-PYROGLUTAMIC ACID	STEGLATRO	TABS	OR	-	-		NON-PREFERRED	2	-	-
	ERTUGLIFLOZIN-METFORMIN HCL	SEGLUROMET	TABS	OR	-	-		NON-PREFERRED	2	-	-
ANTIDIABETICS : SULFONYLUREAS	GLIMEPIRIDE	AMARYL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GLIMEPIRIDE	TABS	OR	-	-		PREFERRED	-	-	-
	GLIPIZIDE	GLIPIZIDE	TABS	OR	-	-		PREFERRED	-	-	-
		GLIPIZIDE ER	TB24	OR	-	-		PREFERRED	-	-	-
		GLIPIZIDE XL	TB24	OR	-	-		PREFERRED	-	-	-
		GLUCOTROL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GLUCOTROL XL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GLIPIZIDE-METFORMIN HCL	GLIPIZIDE/METFORMIN HCL	TABS	OR	-	-		PREFERRED	-	-	-
	GLYBURIDE	GLYBURIDE	TABS	OR	-	-		PREFERRED	-	-	-
	GLYBURIDE MICRONIZED	GLYBURIDE	TABS	OR	-	-		PREFERRED	-	-	-
		GLYNASE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GLYBURIDE-METFORMIN	GLYBURIDE/METFORMIN HCL	TABS	OR	-	-		PREFERRED	-	-	-
	TOLBUTAMIDE	TOLBUTAMIDE	TABS	OR	-	-		NON-PREFERRED	2	-	-
ANTIDIABETICS : THIAZOLIDINEDIONES	PIOGLITAZONE HCL	ACTOS	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PIOGLITAZONE HCL	TABS	OR	-	-		PREFERRED	-	-	-
	PIOGLITAZONE HCL-GLIMEPIRIDE	DUETACT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	OR	-	-		NON-PREFERRED	1	-	-

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	PIOGLITAZONE HCL-METFORMIN HCL	ACTOPLUS MET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PIOGLITAZONE HCL/METFORMIN HCL	TABS	OR	-	-		NON-PREFERRED	1	-	-
ANTIDIABETICS : THIAZOLIDINEDIONES CONT.	ROSIGLITAZONE MALEATE	AVANDIA	TABS	OR	-	-		NON-PREFERRED	1	-	-
ANTIDOTES AND SPECIFIC ANTAGONISTS : CHELATING AGENTS	DEFERASIROX	DEFERASIROX	TABS	OR	-	-		PREFERRED	-	-	-
		DEFERASIROX	TBSO	OR	-	-		PREFERRED	-	-	-
		EXJADE	TBSO	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DEFERIPRONE	JADENU	TABS	OR	-	-		PREFERRED	-	-	-
		JADENU SPRINKLE	PACK	OR	-	-		PREFERRED	-	-	-
		FERRIPROX	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PENTETATE CALCIUM TRISODIUM	FERRIPROX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PENTETATE CALCIUM TRISODIUM	TRISODIUM	SOLN	CO	-	-		NON-PREFERRED	-	PA REQUIRED
	PENTETATE ZINC TRISODIUM	PENTETATE ZINC TRISODIUM	SOLN	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ANTIEMETICS / ANTIVERTIGO AGENTS : 5-HT3 RECEPTOR ANTAGONISTS	DOLASETRON MESYLATE	ANZEMET	TABS	OR	-	-		NON-PREFERRED	2	-
GRANISETRON		SANCUSO	PTCH	TD	-	-		NON-PREFERRED	2	-	-
		SUSTOL	PRSY	SC	-	-		NON-PREFERRED	2	-	-
GRANISETRON HCL		GRANISETRON HCL	SOLN	IV	-	-		PREFERRED	-	-	-
		GRANISETRON HCL	TABS	OR	-	-		PREFERRED	-	-	-
ONDANSETRON		ONDANSETRON ODT	TBDP	OR	-	-		PREFERRED	-	-	-
		ZUPLENZ	FILM	OR	-	-		NON-PREFERRED	2	-	-
ONDANSETRON HCL		ONDANSETRON HCL	SOLN	OR	-	-		PREFERRED	-	-	-
		ONDANSETRON HCL	TABS	OR	-	-		PREFERRED	-	-	-
		ONDANSETRON HCL	SOLN	IJ	-	-		PREFERRED	-	-	-
		ZOFRAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ONDANSETRON HCL AND DEXTROSE		ONDANSETRON HCL/DEXTROSE	SOLN	IV	-	-		PREFERRED	-	-	-
		ONDANSETRON HCL AND SODIUM CHLORIDE	ONDANSETRON HCL/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	-
PALONOSETRON HCL			ALOXI	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED
	PALONOSETRON HCL	SOLN	IV	-	-		NON-PREFERRED	2	-	-	
ANTIEMETICS / ANTIVERTIGO AGENTS : OTHER	DEXTROSE-FRUCTOSE-SODIUM CITRATE	NAUZENE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	
		NAUZENE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	
	DIMENHYDRINATE	CVS MOTION SICKNESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		DIMENHYDRINATE	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DIMENHYDRINATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-		
	DRAMAMINE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-		
	DRAMAMINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-		

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		DRAMAMINE FOR KIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DRIMINATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ MOTION SICKNESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
ANTIEMETICS / ANTIVERTIGO AGENTS : OTHER CONT.		GNP MOTION SICKNESS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GOODSENSE MOTION SICKNESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HM MOTION SICKNESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		MOTION SICKNESS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		QC MOTION SICKNESS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA MOTION SICKNESS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SB MOTION SICKNESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM MOTION SICKNESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TRAVEL SICKNESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TRAV-TABS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		WAL-DRAM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DOXYLAMINE-PYRIDOXINE	BONJESTA	TBCR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
			DICLEGIS	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
			DOXYLAMINE SUCCINATE/PYRIDOXINE HCL	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		DRONABINOL	DRONABINOL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
			MARINOL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
			SYNDROS	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FOSNETUPITANT CHORIDE-PALONOSETRON HCL	AKYNZEO	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		FRUCTOSE-DEXTROSE-PHOSPHORIC ACID	ANTI-NAUSEA	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
			ANTI-NAUSEA/REKEMATOL	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS NAUSEA RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EMETROL	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL ANTI-NAUSEA	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-	

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		FORMULA EM	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP NAUSEA RELIEF	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ANTI-NAUSEA LITTLE TUMMYS NAUSEA RELIEF	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
ANTIEMETICS / ANTIVERTIGO AGENTS : OTHER CONT.		NAUSEA RELIEF	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTI-NAUSEA	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ANTI-NAUSEA	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ANTI-NAUSEA	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
	MECLIZINE HCL	BONINE	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS MOTION SICKNESS II	TABS	OR	-	-		PREFERRED	-	-	-
		CVS MOTION SICKNESS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		DRAMAMINE LESS DROWSY	TABS	OR	-	-		PREFERRED	-	-	-
		EQ MOTION SICKNESS RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		EQL MOTION SICKNESS RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		GNP MOTION SICKNESS RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		HM MOTION RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		HM MOTION SICKNESS RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		MECLIZINE 25	TABS	OR	-	-		PREFERRED	-	-	-
		MECLIZINE HCL	CHEW	OR	-	-		PREFERRED	-	-	-
		MECLIZINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		MOTION SICKNESS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		MOTION-TIME	CHEW	OR	-	-		PREFERRED	-	-	-
		QC TRAVEL EASE	CHEW	OR	-	-		PREFERRED	-	-	-
		RA MOTION SICKNESS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		RA MOTION SICKNESS RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		SM MOTION SICKNESS	TABS	OR	-	-		PREFERRED	-	-	-
		TRAVEL SICKNESS	CHEW	OR	-	-		PREFERRED	-	-	-
		TRAVEL-EASE	TABS	OR	-	-		PREFERRED	-	-	-
		WAL-DRAM II	TABS	OR	-	-		PREFERRED	-	-	-
	METOCLOPRAMIDE HCL	METOCLOPRAMIDE HCL	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METOCLOPRAMIDE HCL	SOLN	OR	-	-		PREFERRED	-	-	-
		METOCLOPRAMIDE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		METOCLOPRAMIDE ODT	TBDP	OR	-	-		PREFERRED	-	-	-
		REGLAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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	NABILONE	CESAMET	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	PHOSPHORATED CARBOHYDRATE W/CAFFEINE	COCA COLA SYRUP	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PROCHLORPERAZINE	COMPRO	SUPP	RE	-	-		PREFERRED	-	PA REQUIRED	YES
		PROCHLORPERAZINE	SUPP	RE	-	-		PREFERRED	-	-	YES
		PROCHLORPERAZINE									
	PROCHLORPERAZINE EDISYLATE	EDISYLATE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	YES
	PROCHLORPERAZINE MALEATE	PROCHLORPERAZINE MALEATE	TABS	OR	-	-		PREFERRED	-	-	YES
	PROMETHAZINE HCL	PHENADOZ	SUPP	RE	-	-		PREFERRED	-	-	-
		PHENERGAN	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROMETHAZINE HCL	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROMETHAZINE HCL	SOLN	OR	-	-		PREFERRED	-	-	-
		PROMETHAZINE HCL	SUPP	RE	-	-		PREFERRED	-	-	-
ANTIEMETICS / ANTIVERTIGO AGENTS : OTHER CONT.		PROMETHAZINE HCL	SYRP	OR	-	-		PREFERRED	-	-	-
		PROMETHAZINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		PROMETHEGAN	SUPP	RE	-	-		PREFERRED	-	-	-
	SCOPOLAMINE	SCOPOLAMINE	PT72	TD	-	-		PREFERRED	-	-	-
		TRANSDERM SCOP	PT72	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TRIMETHOBENZAMIDE HCL	TIGAN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TIGAN	SOLN	IM	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIMETHOBENZAMIDE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
ANTIEMETICS / ANTIVERTIGO AGENTS : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	APREPITANT	APREPITANT	CAPS	OR	-	-		PREFERRED	-	-	-
		CINVANTI	EMUL	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EMEND	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EMEND	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EMEND TRIPACK	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FOSAPREPITANT DIMEGLUMINE	EMEND	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FOSAPREPITANT DIMEGLUMINE	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ROLAPITANT HCL	VARUBI	TBPK	OR	-	-		NON-PREFERRED	1	-	-
ANTIEMETICS / ANTIVERTIGO AGENTS : SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST COMBINATIONS	NETUPITANT-PALONOSETRON	AKYNZEO	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIFUNGALS : INJECTABLE	AMPHOTERICIN B	AMPHOTERICIN B	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	AMPHOTERICIN B LIPID	ABELCET	SUSP	IV	-	-		PREFERRED	-	PA REQUIRED	-
	AMPHOTERICIN B LIPOSOME	AMBISOME	SUSR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	ANIDULAFUNGIN	ERAXIS	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CASPOFUNGIN ACETATE	CANCIDAS	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CASPOFUNGIN ACETATE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	FLUCONAZOLE IN NACL	FLUCONAZOLE IN NACL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	ISAVUCONAZONIUM SULFATE	CRESEMBA	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	MICAFUNGIN SODIUM	MICAFUNGIN	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		MYCAMINE	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	POSACONAZOLE	NOXAFIL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	VORICONAZOLE	VFEND IV	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-

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ANTIFUNGALS : ORAL		VORICONAZOLE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CLOTTRIMAZOLE	CLOTTRIMAZOLE	LOZG	MT	-	-		PREFERRED	-	-	-
		CLOTTRIMAZOLE	TROC	MT	-	-		PREFERRED	-	-	-
	FLUCONAZOLE	DIFLUCAN	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DIFLUCAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FLUCONAZOLE	SUSR	OR	-	-		PREFERRED	-	-	-
		FLUCONAZOLE	TABS	OR	-	-		PREFERRED	-	-	-
	FLUCYTOSINE	ANCOBON	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FLUCYTOSINE	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	GRISEOFULVIN MICROSIZE	GRISEOFULVIN MICROSIZE	SUSP	OR	-	-		PREFERRED	-	-	-
		GRISEOFULVIN MICROSIZE	TABS	OR	-	-		PREFERRED	-	-	-
	GRISEOFULVIN ULTRAMICROSIZE	GRISEOFULVIN ULTRAMICROSIZE	TABS	OR	-	-		PREFERRED	-	-	-
	ISAVUCONAZONIUM SULFATE	CRESEMBA	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ITRACONAZOLE	ITRACONAZOLE	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	ANTIFUNGALS : ORAL CONT.		ITRACONAZOLE	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED
		SPORANOX	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SPORANOX	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SPORANOX PULSEPAK	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TOLSURA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
KETOCONAZOLE		KETOCONAZOLE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
NYSTATIN		BIO-STATIN	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		BIO-STATIN	POWD	OR	-	-		NON-PREFERRED	2	-	-
		NYSTATIN	TABS	OR	-	-		PREFERRED	-	-	-
NYSTATIN (MOUTH-THROAT)		NYSTATIN	SUSP	MT	-	-		PREFERRED	-	-	-
POSACONAZOLE		NOXAFIL	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NOXAFIL	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		POSACONAZOLE DR	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
TERBINAFINE HCL		LAMISIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TERBINAFINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
VORICONAZOLE		VFEND	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VFEND	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VORICONAZOLE	SUSR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	VORICONAZOLE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
ANTIFUNGALS : TOPICAL	ANTIFUNGAL COMBINATION PRODUCTS, MISC.	FUNGIMEZ	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		G-MYCO NAIL	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	
		MYCO NAIL	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	
		RECURA	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		UNDELENIC TINCTURE	TINC	EX	-	NON-COVERED	OTCS	-	-	-	
	BUTENAFINE HCL	BUTENAFINE HCL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	
		LOTRIMIN ULTRA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	
		MENTAX	CREA	EX	-	-		NON-PREFERRED	2	-	-
	CICLOPIROX	CICLODAN	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-

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CICLOPIROX OLAMINE		CICLOPIROX	GEL	EX	-	-		NON-PREFERRED	2	-	-	
		CICLOPIROX	SHAM	EX	-	-		PREFERRED	-	-	-	
		CICLOPIROX NAIL LACQUER	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		CICLOPIROX TREATMENT	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		LOPROX SHAMPOO	SHAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		PENLAC NAIL LACQUER	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		CICLOPIROX	SUSP	EX	-	-		PREFERRED	-	-	-	
		CICLOPIROX OLAMINE	CREA	EX	-	-		PREFERRED	-	-	-	
		LOPROX	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		LOPROX	SUSP	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		LOPROX	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		LOPROX KIT	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	ANTIFUNGALS : TOPICAL CONT.	CLIOQUINOL-HC	ALA-QUIN	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		CLOTRIMAZOLE (TOPICAL)	ALEVAZOL	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
ANTI-FUNGAL			CREA	EX	-	-		PREFERRED	-	-	-	
ATHLETES FOOT			CREA	EX	-	-		PREFERRED	-	-	-	
CLOTRIMAZOLE			CREA	EX	-	-		PREFERRED	-	-	-	
CLOTRIMAZOLE			SOLN	EX	-	-		PREFERRED	-	-	-	
CLOTRIMAZOLE ANTIFUNGAL			CREA	EX	-	-		PREFERRED	-	-	-	
CLOTRIMAZOLE ATHLETES FOOT			CREA	EX	-	-		PREFERRED	-	-	-	
CLOTRIMAZOLE GRX			CREA	EX	-	-		PREFERRED	-	-	-	
CVS CLOTRIMAZOLE			CREA	EX	-	-		PREFERRED	-	-	-	
CVS CLOTRIMAZOLE MAXIMUM STRENGTH			SOLN	EX	-	-		PREFERRED	-	-	-	
CVS RINGWORM			CREA	EX	-	-		PREFERRED	-	-	-	
DESENEK			CREA	EX	-	-		PREFERRED	-	-	-	
EQ ANTIFUNGAL			CREA	EX	-	-		PREFERRED	-	-	-	
EQL ANTIFUNGAL			CREA	EX	-	-		PREFERRED	-	-	-	
FUNGICURE INTENSIVE WITH NAILGUARD			SOLN	EX	-	-		PREFERRED	-	-	-	
GNP ATHLETES FOOT			CREA	EX	-	-		PREFERRED	-	-	-	
JOCK ITCH			CREA	EX	-	-		PREFERRED	-	-	-	
KP CLOTRIMAZOLE			CREA	EX	-	-		PREFERRED	-	-	-	
LOTRIMIN AF			CREA	EX	-	-	NON-COVERED	OTCS	-	-	-	
PRO-EX ANTIFUNGAL			CREA	EX	-	-		PREFERRED	-	-	-	
PX ATHLETIC FOOT			CREA	EX	-	-		PREFERRED	-	-	-	
QC CLOTRIMAZOLE			CREA	EX	-	-		PREFERRED	-	-	-	
RA CLOTRIMAZOLE			CREA	EX	-	-		PREFERRED	-	-	-	
SB CLOTRIMAZOLE FOOT			CREA	EX	-	-		PREFERRED	-	-	-	
SHOPKO ATHLETES FOOT			CREA	EX	-	-		PREFERRED	-	-	-	
SM ANTIFUNGAL CLOTRIMAZOLE			CREA	EX	-	-		PREFERRED	-	-	-	

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		TGT CLOTRIMAZOLE	CREA	EX	-	-		PREFERRED	-	-	-
	CLOTRIMAZOLE W/ BETAMETHASONE	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	EX	-	-		PREFERRED	-	-	-
		CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	EX	-	-		PREFERRED	-	-	-
		LOTRISONE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLOTRIMAZOLE-BETAMETHASONE-ZINC OXIDE	DERMACINRX THERAZOLE PAK	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ECONAZOLE NITRATE	ECONAZOLE NITRATE	CREA	EX	-	-		NON-PREFERRED	2	-	-
		ECOZA	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ECONAZOLE NITRATE-NIACINAMIDE	ECONAZOLE NITRATE/NIACINAMIDE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EFINACONAZOLE	JUBLIA	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FLUCONAZOLE-IBUPROFEN-ITRACONAZOLE-TERBINAFINE HCL	FLUCONAZOLE/IBUPROFEN/ITRACONAZOLE/TERBINAFINE HCL	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIFUNGALS : TOPICAL CONT.	GENTIAN VIOLET	GENTIAN VIOLET	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP GENTIAN VIOLET	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
	IODOQUINOL-ALOE POLYSACCHARIDES	QUINJA	GEL	EX	-	NON-COVERED	DESI	-	-	-	-
	IODOQUINOL-HC	DERMAZENE	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		HYDROCORTISONE/IODOQUINOL	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
	IODOQUINOL-HYDROCORTISONE IN ALOE VEHICLE	HYDROCORTISONE ACETATE & IODOQUINOL	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		IODOQUIMEZ-HC	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		VYtone	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
	IODOQUINOL-HYDROCORTISONE-ALOE POLYSACCHARIDE	ALCORTIN A	GEL	EX	-	NON-COVERED	DESI	-	-	-	-
		IODOQUINOL/HYDROCORTISONE/ALOE POLYSACCHARIDE	GEL	EX	-	NON-COVERED	DESI	-	-	-	-
	IODOQUINOL-HYDROCORTISONE-KETOCONAZOLE	HYDROCORTISONE/IODOQUINOL/KETOCONAZOLE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ITRACONAZOLE-PHENYTOIN SODIUM KETOCONAZOLE & CLEANSER	ACTIVE-PREP KIT V	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	KETOCONAZOLE & MICONAZOLE	KETODAN KIT	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	KETOCONAZOLE & PYRITHIONE ZINC	PEDIZOLPAK	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		XOLEGEL DUO/HEAD & SHOULDERS	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		XOLEGEL DUO/XOLEX	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	KETOCONAZOLE (TOPICAL)	EXTINA	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		KETOCONAZOLE	CREA	EX	-	-		PREFERRED	-	-	-
		KETOCONAZOLE	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		KETOCONAZOLE	SHAM	EX	-	-		PREFERRED	-	-	-	
		KETODAN	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		NIZORAL	SHAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		NIZORAL A-D	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-	
		XOLEGEL	GEL	EX	-	-		NON-PREFERRED	2	-	-	
		KETOCONAZOLE-HYDROCORTISONE	HYDROCORTISONE/KETOCONAZOLE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		XOLEGEL COREPAK	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		LULICONAZOLE	LULICONAZOLE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LUZU	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		MICONAZOLE NITRATE (TOPICAL)	ALOE VESTA ANTIFUNGAL	OINT	EX	-	NON-COVERED	OTCS	-	-	-	
			ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-
			ANTIFUNGAL POWDER	POWD	EX	-	NON-COVERED	OTCS	-	-	-	
			ATHLETES FOOT POWDER	POWD	EX	-	NON-COVERED	OTCS	-	-	-	
	ANTIFUNGALS : TOPICAL CONT.		ATHLETES FOOT POWDER SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-	
		AZOLEN TINCTURE	SOLN	EX	-	NON-COVERED	OTCS	-	-	-		
		CARRINGTON ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-	
		CAVILON	CREA	EX	-	-		PREFERRED	-	-	-	
		CRUEX PRESCRIPTION STRENGTH	AERP	EX	-	NON-COVERED	OTCS	-	-	-		
		CVS ANTI-FUNGAL POWDER	POWD	EX	-	NON-COVERED	OTCS	-	-	-		
		CVS ATHLETES FOOT POWDER SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-		
		DERMAFUNGAL	OINT	EX	-	NON-COVERED	OTCS	-	-	-		
		DESENEK	POWD	EX	-	NON-COVERED	OTCS	-	-	-		
		DESENEK JOCK ITCH SPRAY POWDER	AERP	EX	-	NON-COVERED	OTCS	-	-	-		
		EQ ATHLETES FOOT POWDER SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-		
		FUNGOID TINCTURE	KIT	EX	-	NON-COVERED	OTCS	-	-	-		
		FUNGOID TINCTURE	SOLN	EX	-	NON-COVERED	OTCS	-	-	-		
		GNP MICONAZOLE NITRATE	AERP	EX	-	NON-COVERED	OTCS	-	-	-		
		GNP MICONAZORB AF	POWD	EX	-	NON-COVERED	OTCS	-	-	-		
		KP MICONAZOLE NITRATE	CREA	EX	-	-		PREFERRED	-	-	-	
		LOTRIMIN AF	POWD	EX	-	NON-COVERED	OTCS	-	-	-		

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		LOTTRIMIN AF POWDER	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		LOTTRIMIN ANTIFUNGAL	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		MICADERM	CREA	EX	-	-		PREFERRED	-	-	-
		MICATIN	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MICONAZOLE	CREA	EX	-	-		PREFERRED	-	-	-
		MICRO GUARD	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
		PODACTIN	CREA	EX	-	-		PREFERRED	-	-	-
		RA ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-
		RA ATHLETES FOOT POWDER SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		REMEDY ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-
		REMEDY ANTIFUNGAL	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
ANTIFUNGALS : TOPICAL CONT.		REMEDY PHYTOPLEX ANTIFUNGAL	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		REMEDY PHYTOPLEX ANTIFUNGAL	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM ANTIFUNGAL MICONAZOLE	CREA	EX	-	-		PREFERRED	-	-	-
		SOOTHE & COOL INZO ANTIFUNGAL CREAM	CREA	EX	-	-		PREFERRED	-	-	-
		TETTERINE	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		TINEACIDE	CREA	EX	-	-		PREFERRED	-	-	-
		TRIPLE PASTE AF	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZEASORB-AF	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
	MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM	MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VUSION	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NAFTIFINE HCL	NAFTIFINE HCL	CREA	EX	-	-		NON-PREFERRED	2	-	-
		NAFTIFINE HCL	GEL	EX	-	-		NON-PREFERRED	2	-	-
		NAFTIN	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NAFTIN	GEL	EX	-	-		NON-PREFERRED	2	-	-
	NYSTATIN (TOPICAL)	NYAMYC	POWD	EX	-	-		PREFERRED	-	-	-
		NYSTATIN	CREA	EX	-	-		PREFERRED	-	-	-
		NYSTATIN	OINT	EX	-	-		PREFERRED	-	-	-
		NYSTATIN	POWD	EX	-	-		PREFERRED	-	-	-
		NYSTOP	POWD	EX	-	-		PREFERRED	-	-	-
	NYSTATIN-TRIAMCINOLONE	NYSTATIN/TRIAMCINOLONE	CREA	EX	-	-		PREFERRED	-	-	-
		NYSTATIN/TRIAMCINOLONE	OINT	EX	-	-		PREFERRED	-	-	-

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	OXICONAZOLE NITRATE	OXICONAZOLE NITRATE	CREA	EX	-	-		NON-PREFERRED	2	-	-	
		OXISTAT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		OXISTAT	LOTN	EX	-	-		NON-PREFERRED	2	-	-	
	SERTACONAZOLE NITRATE	ERTACZO	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	SODIUM THIOSULFATE-SALICYLIC ACID	EXODERM	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	SULCONAZOLE NITRATE	EXELDERM	CREA	EX	-	-		NON-PREFERRED	2	-	-	
		EXELDERM	SOLN	EX	-	-		NON-PREFERRED	2	-	-	
		SULCONAZOLE NITRATE	CREA	EX	-	-		NON-PREFERRED	2	-	-	
		SULCONAZOLE NITRATE	SOLN	EX	-	-		NON-PREFERRED	2	-	-	
	TAVABOROLE	KERYDIN	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	TERBINAFINE HCL (TOPICAL)	ATHLETES FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CVS ATHLETES FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CVS JOCK ITCH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		EQ ATHLETES FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		EQL ATHLETES FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
ANTIFUNGALS : TOPICAL CONT.		GNP TERBINAFINE HCL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		KP TERBINAFINE HCL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LAMISIL AT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LAMISIL AT SPRAY	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		QC ATHLETES FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA ANTIFUNGAL FOOT CARE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		SM ATHLETES FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		TERBINAFINE HCL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		TGT ATHLETES FOOT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		TOLNAFTATE	ANTIFUNGAL	AERO	EX	-	NON-COVERED	OTCS	-	-	-	
			ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-
		ANTI-FUNGAL POWDER	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ANTIFUNGAL SPRAY POWDER	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ATHLETES FOOT ANTIFUNGAL POWDER SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-	

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		ATHLETES FOOT SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		BLIS-TO-SOL	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS AF SPRAY POWDER	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-
		DR GS CLEAR NAIL	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ ATHLETES FOOT	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ ATHLETES FOOT	CREA	EX	-	-		PREFERRED	-	-	-
		EQ TOLNAFTATE	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-
		FOOT REPAIR SERUM	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		FUNGAL NAIL ERASER	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		FUNGI-GUARD	CREA	EX	-	-		PREFERRED	-	-	-
		FUNGOID-D	CREA	EX	-	-		PREFERRED	-	-	-
ANTIFUNGALS : TOPICAL CONT.		GNP TOLNAFTATE	CREA	EX	-	-		PREFERRED	-	-	-
		JOCK ITCH SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		KP TOLNAFTATE	CREA	EX	-	-		PREFERRED	-	-	-
		LAMISIL AF DEFENSE	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDICATED ANTI-FUNGAL MYCOCIDE CLINICAL NS ANTIFUNGAL TREATMENT	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		ODOR CONTROL FOOT & SNEAKER SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		ODOR EATERS ANTIFUNGAL	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ODOR EATERS FOOT & SNEAKER SPRAY	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		PODACTIN POWDER	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
		QC TOLNAFTATE	CREA	EX	-	-		PREFERRED	-	-	-
		RA ANTIFUNGAL SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ATHLETES FOOT	CREA	EX	-	-		PREFERRED	-	-	-
		RA JOCK ITCH MAXIMUM STRENGTH POWDER	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		SB ANTI-FUNGAL	CREA	EX	-	-		PREFERRED	-	-	-
		SM ANTIFUNGAL TOLNAFTATE	CREA	EX	-	-		PREFERRED	-	-	-
		TGT ANTIFUNGAL	CREA	EX	-	-		PREFERRED	-	-	-

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		TGT ANTIFUNGAL SPRAY POWDER	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		THE TREATMENT FORMULA 3	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		TINACTIN	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
		TINACTIN	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		TINACTIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		TINASPORE	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		TOLNAFTATE	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		TOLNAFTATE	CREA	EX	-	-		PREFERRED	-	-	-
		TOLNAFTATE	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
	UNDECYLENATE ZINC	BLIS-TO-SOL	POWD	EX	-	NON-COVERED	OTCS	-	-	-	-
	UNDECYLENIC ACID	ANTI-FUNGAL LIQUID	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
ANTIFUNGALS : TOPICAL CONT.		BIORX SPONIX ANTI-FUNGAL SOLUTION	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTIFUNGAL MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ELON DUAL DEFENSE ANTI-FUNGAL FORMULA	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		FUNGICURE MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		FUNGI-NAIL	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP ANTI-FUNGAL LIQUID	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GORDOCHOM	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		HONGO CURA ANTI-FUNGAL SPRAY	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		MYCO NAIL A	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTI-FUNGAL FOOT CARE	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTIFUNGAL PEN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	UNDECYLENIC ACID-ALUMINUM CHLOROHYDRATE	BREEZEE MIST	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
		GORDONS NO 5	AERP	EX	-	NON-COVERED	OTCS	-	-	-	-
	UNDECYLENIC ACID-ZINC UNDECYLENATE	ATHLETES FOOT MAXIMUM STRENGTH	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-

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		FUNGI-NAIL TOE & FOOT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		HONGO CURA ANTI-FUNGAL	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		UNDELENIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
ANTIFUNGALS : VAGINAL	BUTOCONAZOLE NITRATE (ONE DOSE)	GYNAZOLE-1	CREA	VA	-	-		NON-PREFERRED	2	-	-	
	CLOTRIMAZOLE VAGINAL	3 DAY VAGINAL	CREA	VA	-	-		PREFERRED	-	-	-	
		CLOTRIMAZOLE	CREA	VA	-	-		PREFERRED	-	-	-	
		CLOTRIMAZOLE 3	CREA	VA	-	-		PREFERRED	-	-	-	
		CLOTRIMAZOLE-7	CREA	VA	-	-		PREFERRED	-	-	-	
		CVS 3-DAY VAGINAL CREAM	CREA	VA	-	-		PREFERRED	-	-	-	
		CVS CLOTRIMAZOLE 3	CREA	VA	-	-		PREFERRED	-	-	-	
		GNP CLOTRIMAZOLE 3	CREA	VA	-	-		PREFERRED	-	-	-	
		GYNE-LOTRIMIN	CREA	VA	-	NON-COVERED	OTCS	-	-	-	-	
		RA CLOTRIMAZOLE 3	CREA	VA	-	-		PREFERRED	-	-	-	
		RA CLOTRIMAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-	
		SM 3-DAY VAGINAL	CREA	VA	-	-		PREFERRED	-	-	-	
		SM CLOTRIMAZOLE VAGINAL	CREA	VA	-	-		PREFERRED	-	-	-	
	ANTIFUNGALS : VAGINAL CONT.	MICONAZOLE NITRATE VAGINAL	CVS MICONAZOLE 1 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
			CVS MICONAZOLE 3	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		CVS MICONAZOLE 3 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-	
		CVS MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-	
		EQ MICONAZOLE 1	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-	
		EQ MICONAZOLE 3 COMBO PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-	
		EQ MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-	
		EQ MICONAZOLE 7 DAY TREATMENT	CREA	VA	-	-		PREFERRED	-	-	-	
		EQL MICONAZOLE 3	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-	
		EQL MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-	
		GNP MICONAZOLE 3	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-	
		GNP MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-	
		GOODSENSE MICONAZOLE 1 MICONAZOLE	KIT CREA	VA VA	- -	NON-COVERED -	OTCS	- PREFERRED	- -	- -	- -	- -
		MICONAZOLE 1	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-	
		MICONAZOLE 3	CREA	VA	-	-		PREFERRED	-	-	-	

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		MICONAZOLE 3	SUPP	VA	-	-		PREFERRED	-	-	-
		MICONAZOLE 3 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MICONAZOLE 3 COMBO PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-
		MICONAZOLE 7	SUPP	VA	-	NON-COVERED	OTCS	-	-	-	-
		MICONAZOLE NITRATE	CREA	VA	-	-		PREFERRED	-	-	-
		MONISTAT 1 COMBO PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 1 DAY OR NIGHT COMBO PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 3	CREA	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 3 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 7 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 7 SIMPLY CURE	CREA	VA	-	NON-COVERED	OTCS	-	-	-	-
ANTIFUNGALS : VAGINAL CONT.		PX MICONAZOLE 3-DAY COMBO PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		QC 3 DAY VAGINAL CREAM	CREA	VA	-	-		PREFERRED	-	-	-
		QC MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-
		RA MICONAZOLE 3 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		RA MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-
		SM MICONAZOLE 3	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		SM MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-
		SM MICONAZOLE 7	SUPP	VA	-	NON-COVERED	OTCS	-	-	-	-
		TGT MICONAZOLE 1	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		TGT MICONAZOLE 3 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		TGT MICONAZOLE 7	CREA	VA	-	-		PREFERRED	-	-	-
		VAGISTAT-3	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
	MICONAZOLE NITRATE VAGINAL & WIPES	CVS MICONAZOLE 1 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 3 COMBINATION PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 7 COMPLETE THERAPY SYSTEM COMBO PACK	KIT	VA	-	NON-COVERED	OTCS	-	-	-	-
	TERCONAZOLE VAGINAL	TERCONAZOLE	CREA	VA	-	-		PREFERRED	-	-	-
		TERCONAZOLE	SUPP	VA	-	-		NON-PREFERRED	2	-	-

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	TIOCONAZOLE VAGINAL	CVS TIOCONAZOLE 1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		EQ TIOCONAZOLE 1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		EQL TIOCONAZOLE-1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		GNP TIOCONAZOLE 1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		MONISTAT 1-DAY	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		RA TIOCONAZOLE 1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		SM TIOCONAZOLE-1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		TGT TIOCONAZOLE 1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
		TIOCONAZOLE 1	OINT	VA	-	NON-COVERED	OTCS	-	-	-	-
ANTIHYPERTENSIVES : ADENOSINE TRIPHOSPHATE-CITRATE LYASE INHIBITORS	BEMPEDOIC ACID	NEXLETOL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : ANTIHYPERLIPIDEMICS MISC	ATORVASTATIN CALCIUM-COENZYME Q10	EQUAPAX/ATORVASTATIN CALCIUM/COQ10	THPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EZETIMIBE	EZETIMIBE	TABS	OR	-	-		PREFERRED	-	-	-
		ZETIA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ICOSAPENT ETHYL	VASCEPA	CAPS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
	OMEGA-3-ACID ETHYL ESTERS	LOVAZA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OMEGA-3-ACID ETHYL ESTERS	CAPS	OR	-	-		NON-PREFERRED	1	-	-
	OMEGA-3-ACID ETHYL ESTERS & CHOLECALCIFEROL	OMEGA-3/D-3 WELLNESS PACK	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SURE RESULT O3D3 SYSTEM	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	OMEGA-3-ACID ETHYL ESTERS & MULTIVITAMIN/MINERALS	OMEGA-3 RX COMPLETE	THPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : BILE ACID SEQUESTRANTS	CHOLESTYRAMINE	CHOLESTYRAMINE	PACK	OR	-	-		PREFERRED	-	-	-
		CHOLESTYRAMINE	POWD	OR	-	-		PREFERRED	-	-	-
		QUESTRAN	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		QUESTRAN	POWD	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CHOLESTYRAMINE LIGHT	CHOLESTYRAMINE LIGHT	PACK	OR	-	-		PREFERRED	-	-	-
		CHOLESTYRAMINE LIGHT	POWD	OR	-	-		PREFERRED	-	-	-
		PREVALITE	PACK	OR	-	-		PREFERRED	-	-	-
		PREVALITE	POWD	OR	-	-		PREFERRED	-	-	-
		QUESTRAN LIGHT	POWD	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	COLESEVELAM HCL	COLESEVELAM HCL	PACK	OR	-	-		NON-PREFERRED	2	-	-
		COLESEVELAM HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
		WELCHOL	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		WELCHOL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	COLESTIPOL HCL	COLESTID	GRAN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		COLESTID	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		COLESTID	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		COLESTID FLAVORED	GRAN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		COLESTID FLAVORED	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		COLESTIPOL HCL	GRAN	OR	-	-		NON-PREFERRED	2	-	-
		COLESTIPOL HCL	PACK	OR	-	-		NON-PREFERRED	2	-	-
		COLESTIPOL HCL	TABS	OR	-	-		PREFERRED	-	-	-
ANTIHYPERTENSIVES : FIBRIC ACID DERIVATIVES	CHOLINE FENOFIBRATE	FENOFIBRIC ACID DR	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRILIPIX	CPDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FENOFIBRATE	FENOFIBRATE	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FENOFIBRATE	TABS	OR	-	-		PREFERRED	-	-	-
		FENOGLIDE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LIPOFEN	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRICOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIGLIDE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FENOFIBRATE MICRONIZED	ANTARA	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FENOFIBRATE	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FENOFIBRATE MICRONIZED	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FENOFIBRIC ACID	FENOFIBRIC ACID	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FIBRICOR	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANTIHYPERTENSIVES : FIBRIC ACID DERIVATIVES CONT.	GEMFIBROZIL	GEMFIBROZIL	TABS	OR	-	-		PREFERRED	-	-	-
		LOPID	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : HMG COA REDUCTASE INHIBITORS (STATINS) AND COMBINATIONS	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
		LIPITOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VYTORIN	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUVASTATIN SODIUM	FLUVASTATIN	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		FLUVASTATIN SODIUM ER	TB24	OR	-	-		NON-PREFERRED	2	-	-
		LESCOL XL	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LOVASTATIN	ALTOPREV	TB24	OR	-	-		NON-PREFERRED	2	-	-
		LOVASTATIN	TABS	OR	-	-		PREFERRED	-	-	-
	PITAVASTATIN CALCIUM	LIVALO	TABS	OR	-	-		NON-PREFERRED	2	-	-
	PITAVASTATIN MAGNESIUM	ZYPITAMAG	TABS	OR	-	-		NON-PREFERRED	2	-	-
	PRAVASTATIN SODIUM	PRAVACHOL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PRAVASTATIN SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
	ROSUVASTATIN CALCIUM	CRESTOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EZALLOR SPRINKLE	CPSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ROSUVASTATIN CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
	SIMVASTATIN	FLOLIPID	SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-
		SIMVASTATIN	SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-
		SIMVASTATIN	TABS	OR	-	-		PREFERRED	-	-	-
		ZOCOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : MICROSO MAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITOR	LOMITAPIDE MESYLATE	JUXTAPID	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-

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ANTIHYPERTENSIVES : PCSK-9 INHIBITORS	ALIROCUMAB	PRALUENT	SOAJ	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-
	EVOLOCUMAB	REPATHA (NDC 55513-0750-01)	SOSY	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		REPATHA (NDC 72511-0750-01)	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
		REPATHA PUSHTRONEX SYSTEM (NDC 55513-0770-01)	SOCT	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		REPATHA PUSHTRONEX SYSTEM (NDC 72511-0770-01)	SOCT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		REPATHA SURECLICK (NDC 55513-0760-01 & 55513-0760-02)	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		REPATHA SURECLICK (72511-0760-01 & 72511-0760-02)	SOAJ	SC	-	-		PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : ACE INHIBITOR COMBINATIONS	AMLODIPINE BESYLATE-BENAZEPRIL HCL	AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LOTREL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BENAZEPRIL & HYDROCHLOROTHIAZIDE	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
		LOTENSIN HCT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CAPTOPRIL & HYDROCHLOROTHIAZIDE	CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		NON-PREFERRED	2	-	-
ANTIHYPERTENSIVES : ACE INHIBITOR COMBINATIONS CONT.	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
		VASERETIC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	LISINOPRIL & HYDROCHLOROTHIAZIDE	LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
		ZESTORETIC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PERINDOPRIL ARGININE-AMLODIPINE BESYLATE	PRESTALIA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	QUINAPRIL-HYDROCHLOROTHIAZIDE	ACCURETIC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	TRANDOLAPRIL-VERAPAMIL HCL	TARKA	TBCR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANTIHYPERTENSIVES : ACE INHIBITORS	BENAZEPRIL HCL	BENAZEPRIL HCL	TABS	OR	-	-		PREFERRED	-	-	-
		LOTENSIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CAPTOPRIL	CAPTOPRIL	TABS	OR	-	-		PREFERRED	-	-	-
	ENALAPRIL MALEATE	ENALAPRIL MALEATE	TABS	OR	-	-		PREFERRED	-	-	-

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		EPANED	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		VASOTEC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ENALAPRILAT	ENALAPRILAT	INJ	IV	-	-		PREFERRED	-	-	-
	FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
	LISINOPRIL	LISINOPRIL	TABS	OR	-	-		PREFERRED	-	-	-
		PRINIVIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		QBRELIS	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		ZESTRIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MOEXIPRIL HCL	MOEXIPRIL HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE	TABS	OR	-	-		NON-PREFERRED	2	-	-
	QUINAPRIL HCL	ACCUPRIL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		QUINAPRIL HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	RAMIPRIL	ALTACE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RAMIPRIL	CAPS	OR	-	-		PREFERRED	-	-	-
	TRANDOLAPRIL	MAVIK	TABS	OR	-	-		NON-PREFERRED	2	-	-
		TRANDOLAPRIL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL	AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED
		AZOR	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
AMLODIPINE BESYLATE-VALSARTAN		AMLODIPINE BESYLATE/VALSARTAN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		EXFORGE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE		AMLODIPINE/VALSARTAN/HCT Z	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		EXFORGE HCT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
AZILSARTAN MEDOXOMIL-CHLORTHALIDONE		EDARBYCLOR	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS CONT.	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE	ATACAND HCT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	IRBESARTAN-HYDROCHLOROTHIAZIDE	AVALIDE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE	HYZAAR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	NEBIVOLOL-VALSARTAN	BYVALSON	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	OLMESARTAN MEDOXOMIL-AMLODIPINE-HYDROCHLOROTHIAZIDE	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRIBENZOR	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE	BENICAR HCT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		OLMESARTAN MEDOXOMIL/HYDROCHLOROT HIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	TELMISARTAN-AMLODIPINE	TELMISARTAN/AMLODIPINE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TWYNSTA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TELMISARTAN- HYDROCHLOROTHIAZIDE	MICARDIS HCT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TELMISARTAN/HYDROCHLORO THIAZIDE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	VALSARTAN-HYDROCHLOROTHIAZIDE	DIOVAN HCT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VALSARTAN/HYDROCHLOROT HIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKERS	AZISARTAN MEDOXOMIL	EDARBI	TABS	OR	-	-		NON-PREFERRED	2	-	-
	CANDESARTAN CILEXETIL	ATACAND	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CANDESARTAN CILEXETIL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	EPROSARTAN MESYLATE	EPROSARTAN MESYLATE	TABS	OR	-	-		NON-PREFERRED	2	-	-
	IRBESARTAN	AVAPRO	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		IRBESARTAN	TABS	OR	-	-		PREFERRED	-	-	-
	LOSARTAN POTASSIUM	COZAAR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LOSARTAN POTASSIUM	TABS	OR	-	-		PREFERRED	-	-	-
	OLMESARTAN MEDOXOMIL	BENICAR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OLMESARTAN MEDOXOMIL	TABS	OR	-	-		PREFERRED	-	-	-
	TELMISARTAN	MICARDIS	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TELMISARTAN	TABS	OR	-	-		NON-PREFERRED	2	-	-
	VALSARTAN	DIOVAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VALSARTAN	TABS	OR	-	-		PREFERRED	-	-	-
ANTIHYPERTENSIVES : ANTIADRENERGIC COMBINATIONS	METHYLDOPA & HYDROCHLOROTHIAZIDE	METHYLDOPA/HYDROCHLORO THIAZIDE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : ANTIADRENERGICS	CLONIDINE	CATAPRES-TTS-1	PTWK	TD	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ANTIHYPERTENSIVES : ANTIADRENERGICS CONT.		CATAPRES-TTS-2	PTWK	TD	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		CATAPRES-TTS-3	PTWK	TD	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		CLONIDINE HCL	PTWK	TD	-	-		PREFERRED	-	-	YES
	CLONIDINE HCL	CATAPRES	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		CLONIDINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
	DOXAZOSIN MESYLATE	CARDURA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DOXAZOSIN	TABS	OR	-	-		PREFERRED	-	-	-
		DOXAZOSIN MESYLATE	TABS	OR	-	-		PREFERRED	-	-	-
	GUANFACINE HCL	GUANFACINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
	METHYLDOPA	METHYLDOPA	TABS	OR	-	-		PREFERRED	-	-	-
	PRAZOSIN HCL	MINIPRESS	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PRAZOSIN HCL	CAPS	OR	-	-		PREFERRED	-	-	YES
	TERAZOSIN HCL	TERAZOSIN HCL	CAPS	OR	-	-		PREFERRED	-	-	-
ANTIHYPERTENSIVES : BETA-BLOCKER COMBINATIONS	ATENOLOL & CHLORTHALIDONE	ATENOLOL/CHLORTHALIDONE	TABS	OR	-	-		PREFERRED	-	-	-

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		TENORETIC 100	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TENORETIC 50	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BISOPROLOL & HYDROCHLOROTHIAZIDE	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
		ZIAC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METOPROLOL & HYDROCHLOROTHIAZIDE	DUTOPROL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED
		LOPRESSOR HCT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	PROPRANOLOL & HYDROCHLOROTHIAZIDE	PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
ANTIHYPERTENSIVES : BETA-BLOCKERS	ACEBUTOLOL HCL	ACEBUTOLOL HCL	CAPS	OR	-	-		PREFERRED	-	-	-
	ATENOLOL	ATENOLOL	TABS	OR	-	-		PREFERRED	-	-	-
		ATENOLOL/SYRSPEND SF PH4	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FIRST-ATENOLOL	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TENORMIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BETAXOLOL HCL	BETAXOLOL HCL	TABS	OR	-	-		PREFERRED	-	-	-
	BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	TABS	OR	-	-		PREFERRED	-	-	-
	CARVEDILOL	CARVEDILOL	TABS	OR	-	-		PREFERRED	-	-	-
		COREG	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CARVEDILOL PHOSPHATE	CARVEDILOL PHOSPHATE	CP24	OR	-	-		PREFERRED	-	-	-
		COREG CR	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ESMOLOL HCL	BREVIBLOC	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ESMOLOL HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		ESMOLOL HCL	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
		ESMOLOL HCL IN WATER	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		ESMOLOL HCL IN WATER DOUBLE STRENGTH	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : BETA-BLOCKERS CONT.	ESMOLOL HCL-SODIUM CHLORIDE	BREVIBLOC	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BREVIBLOC PREMIXED	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BREVIBLOC PREMIXED DOUBLESTRENGTH	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ESMOLOL HCL/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	-	-
	LABETALOL HCL	LABETALOL HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		LABETALOL HCL	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
		LABETALOL HCL	TABS	OR	-	-		PREFERRED	-	-	-
		LABETALOL HCL/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	METOPROLOL SUCCINATE	KAPSPARGO SPRINKLE	CS24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METOPROLOL SUCCINATE ER	TB24	OR	-	-		PREFERRED	-	-	-

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		TOPROL XL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	METOPROLOL TARTRATE	FIRST - METOPROLOL	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LOPRESSOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METOPROLOL TARTRATE	SOCT	IV	-	-		PREFERRED	-	PA REQUIRED	-
		METOPROLOL TARTRATE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		METOPROLOL TARTRATE	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
		METOPROLOL TARTRATE	TABS	OR	-	-		PREFERRED	-	-	-
	NADOLOL	CORGARD	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NADOLOL	TABS	OR	-	-		PREFERRED	-	-	-
	NEBIVOLOL HCL	BYSTOLIC	TABS	OR	-	-		NON-PREFERRED	2	-	-
	PINDOLOL	PINDOLOL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	PROPRANOLOL HCL	HEMANGEOL	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		INDERAL LA	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROPRANOLOL HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PROPRANOLOL HCL	SOLN	OR	-	-		PREFERRED	-	-	-
		PROPRANOLOL HCL	TABS	OR	-	-		PREFERRED	-	-	-
		PROPRANOLOL HCL ER	CP24	OR	-	-		PREFERRED	-	-	-
	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS	INDERAL XL	CP24	OR	-	-		NON-PREFERRED	2	-	-
		INNOPRAN XL	CP24	OR	-	-		NON-PREFERRED	2	-	-
	SOTALOL HCL	BETAPACE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SORINE	TABS	OR	-	-		PREFERRED	-	-	-
		SOTALOL HCL	TABS	OR	-	-		PREFERRED	-	-	-
		SOTALOL HCL	SOLN	IV	-	-		PREFERRED	-	-	-
		SOTYLIZE	SOLN	OR	-	-		PREFERRED	-	-	-
	SOTALOL HCL (AFIB/AFL)	BETAPACE AF	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SOTALOL HCL (AF)	TABS	OR	-	-		PREFERRED	-	-	-
	TIMOLOL MALEATE	TIMOLOL MALEATE	TABS	OR	-	-		NON-PREFERRED	2	-	-
ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKER COMBINATIONS	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CADUET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	AMLODIPINE BESYLATE-CELECOXIB	CONSENSI	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS	AMLODIPINE BENZOATE	KATERZIA	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	TABS	OR	-	-		PREFERRED	-	-	-
ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS CONT.		AMLODIPINE BESYLATE/SYRSPEND SF PH4	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NORVASC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLEVIDIPINE	CLEVIPREX	EMUL	IV	-	-		PREFERRED	-	PA REQUIRED	-
	DILTIAZEM HCL	CARDIZEM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DILTIAZEM HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		DILTIAZEM HCL	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		DILTIAZEM HCL	TABS	OR	-	-		PREFERRED	-	-	-
		DILTIAZEM HCL ER	CP12	OR	-	-		PREFERRED	-	-	-
		DILTIAZEM HCL ER	CP24	OR	-	-		PREFERRED	-	-	-
		DILT-XR	CP24	OR	-	-		PREFERRED	-	-	-

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ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS CONT.	DILTIAZEM HCL COATED BEADS	CARDIZEM CD	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CARDIZEM LA	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CARTIA XT	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DILTIAZEM HCL CD	CP24	OR	-	-		PREFERRED	-	-	-
		DILTIAZEM HCL ER	CP24	OR	-	-		PREFERRED	-	-	-
		DILTIAZEM HCL ER	TB24	OR	-	-		NON-PREFERRED	2	-	-
		MATZIM LA	TB24	OR	-	-		NON-PREFERRED	2	-	-
	DILTIAZEM HCL EXTENDED RELEASE BEADS	DILTIAZEM HCL ER	CP24	OR	-	-		PREFERRED	-	-	-
		TAZTIA XT	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TIADYLT ER	CP24	OR	-	-		PREFERRED	-	-	-
		TIAZAC	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FELODIPINE	FELODIPINE ER	TB24	OR	-	-		PREFERRED	-	-	-
	ISRADIPINE	ISRADIPINE	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	NICARDIPINE HCL	NICARDIPINE HCL	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		NICARDIPINE HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	NICARDIPINE HCL IN DEXTROSE	CARDENE IV	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		NICARDIPINE HCL/DEXTROSE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	NICARDIPINE HCL IN SODIUM CHLORIDE	CARDENE IV	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		NICARDIPINE HCL/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		NICARDIPINE HCL/SODIUM CHLORIDE	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
	NIFEDIPINE	ADALAT CC	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AFEDITAB CR	TB24	OR	-	-		PREFERRED	-	-	-
		NIFEDICAL XL	TB24	OR	-	-		PREFERRED	-	-	-
		NIFEDIPINE	CAPS	OR	-	-		PREFERRED	-	-	-
		NIFEDIPINE ER	TB24	OR	-	-		PREFERRED	-	-	-
		PROCARDIA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROCARDIA XL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NIMODIPINE	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	NIMODIPINE	NYMALIZE	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		NISOLDIPINE ER	TB24	OR	-	-		NON-PREFERRED	2	-	-
	NISOLDIPINE	SULAR	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VERAPAMIL HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
VERAPAMIL HCL	CALAN SR	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	ISOPTIN SR	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS CONT.	VERAPAMIL HCL	TABS	OR	-	-		PREFERRED	-	-	-	
	VERAPAMIL HCL CR	TBCR	OR	-	-		PREFERRED	-	-	-	
	VERAPAMIL HCL ER	CP24	OR	-	-		NON-PREFERRED	2	-	-	
	VERAPAMIL HCL ER	TBCR	OR	-	-		PREFERRED	-	-	-	
	VERAPAMIL HCL SA	TBCR	OR	-	-		PREFERRED	-	-	-	
	VERAPAMIL HCL SR	CP24	OR	-	-		NON-PREFERRED	2	-	-	
	VERAPAMIL HCL SR 360MG	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	VERAPAMIL HCL SR	TBCR	OR	-	-		PREFERRED	-	-	-	
	VERAPAMIL HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-	

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		VERELAN	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VERELAN PM	CP24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANTIHYPERTENSIVES : DIRECT RENIN INHIBITOR COMBINATIONS	ALISKIREN-HYDROCHLOROTHIAZIDE	TEKTURNA HCT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : DIRECT RENIN INHIBITORS	ALISKIREN FUMARATE	ALISKIREN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TEKTURNA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMBINATIONS	SACUBITRIL-VALSARTAN	ENTRESTO	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANTIHYPERTENSIVES : OTHER	MECAMYLAMINE HCL	VECAMYL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANTIHYPERTENSIVES : VASODILATORS	EPLERENONE	EPLERENONE	TABS	OR	-	-		PREFERRED	-	-	-
		INSPIRA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FENOLDOPAM MESYLATE	CORLOPAM	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	HYDRALAZINE HCL	HYDRALAZINE HCL	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		HYDRALAZINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
	METYROSINE	DEMSER	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	MINOXIDIL	MINOXIDIL	TABS	OR	-	-		PREFERRED	-	-	-
	NITROPRUSSIDE SODIUM	NITROPRESS	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		SODIUM NITROPRUSSIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	NITROPRUSSIDE SODIUM-SODIUM CHLORIDE	NIPRIDE RTU	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	PHENOXYBENZAMINE HCL	DIBENZYLIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PHENOXYBENZAMINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
	PHENTOLAMINE MESYLATE	PHENTOLAMINE MESYLATE	SOLR	IJ	-	-		PREFERRED	-	-	-
ANTIPARASITICS : AMEBICIDES	SECNIDAZOLE	SOLOSEC	PACK	OR	-	-		PREFERRED	-	-	-
ANTIPARASITICS : ANTHELMINTICS	ALBENDAZOLE	ALBENDAZOLE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ALBENDAZOLE (IMPAX)	TABS	OR	-	-		PREFERRED	-	-	-
		ALBENZA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BENZNIDAZOLE	BENZNIDAZOLE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	IVERMECTIN	IVERMECTIN	TABS	OR	-	-		PREFERRED	-	-	-
		STROMEKTOL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MEBENDAZOLE	EMVERM	CHEW	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PRAZIQUANTEL	BILTRICIDE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PRAZIQUANTEL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PYRANTEL PAMOATE	CVS PINWORM TREATMENT	SUSP	OR	-	-		PREFERRED	-	-	-
		PINWORM MEDICINE	SUSP	OR	-	-		PREFERRED	-	-	-
ANTIPARASITICS : ANTHELMINTICS CONT.		REESES PINWORM MEDICINE	SUSP	OR	-	-		PREFERRED	-	-	-
		REESES PINWORM MEDICINE	TABS	OR	-	-		PREFERRED	-	-	-
	TRICLABENDAZOLE	EGATEN	TABS	OR	-	-		PREFERRED	-	-	-
ANTIPARASITICS : ANTIMALARIALS	ARTEMETHER-LUMEFANTRINE	COARTEM	TABS	OR	-	-		PREFERRED	-	-	-
		ATOVAQUONE/PROGUANIL									
	ATOVAQUONE-PROGUANIL HCL	HCL	TABS	OR	-	-		PREFERRED	-	-	-
		MALARONE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	TABS	OR	-	-		PREFERRED	-	-	-

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	HYDROXYCHLOROQUINE SULFATE	HYDROXYCHLOROQUINE									
		SULFATE	TABS	OR	-	-		PREFERRED	-	-	-
	MEFLOQUINE HCL	PLAQUENIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MEFLOQUINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
	PRIMAQUINE PHOSPHATE	PRIMAQUINE PHOSPHATEI (SANOFI)	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PRIMAQUINE PHOSPHATE	TABS	OR	-	-		PREFERRED	-	-	-
	PYRIMETHAMINE	DARAPRIM	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PYRIMETHAMINE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	PYRIMETHAMINE-LEUCOVORIN	PYRIMETHAMINE/LEUCOVORI									
		N	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	QUININE SULFATE	QUALAQUIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		QUININE SULFATE	CAPS	OR	-	-		PREFERRED	-	-	-
	TAFENOQUINE SUCCINATE	ARAKODA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
KRINTAFEL		TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
ANTIPARASITICS : ANTIPROTOZOAL AGENTS	ATOVAQUONE	ATOVAQUONE	SUSP	OR	-	-		PREFERRED	-	-	-
		MEPRON	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NITAZOXANIDE	ALINIA	SUSR	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ALINIA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANTIPARASITICS : SCABICIDES AND PEDICULICIDES	BENZYL ALCOHOL (PEDICULICIDE)	ULESFIA	LOTN	EX	-	-		NON-PREFERRED	2	-	-
		CROTAMITON									
	CROTAMITON	CROTAN	LOTN	EX	-	-		PREFERRED	-	-	-
		EURAX	CREA	EX	-	-		PREFERRED	-	-	-
	IVERMECTIN (PEDICULICIDE)	EURAX	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SKLICE	LOTN	EX	-	-		PREFERRED	-	-	-
	LINDANE	LINDANE	SHAM	EX	-	-		NON-PREFERRED	2	-	-
	MALATHION	MALATHION	LOTN	EX	-	-		NON-PREFERRED	2	-	-
		OVIDE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	NIT REMOVER	GNP LICE EGG REMOVER	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		LICE MD	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		LICEOUT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		LYCELLE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-LICE COMBING	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		NIX ULTRA	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
RA LICE EGG REMOVER		GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
ANTIPARASITICS : SCABICIDES AND PEDICULICIDES CONT.	SCHOOLTIME SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-	
	STOP LICE STEP 2 EGG/NIT										
	COMBING	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
PERMETHRIN	BEDDING SPRAY LICE TREATMENT STEP 3	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-	

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		CVS BEDDING SPRAY LICE TREATMENT	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-
		CVS LICE TREATMENT	LIQD	EX	-	-		PREFERRED	-	-	-
		ELIMITE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GNP LICE BEDDING	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-
		GNP LICE TREATMENT	LIQD	EX	-	-		PREFERRED	-	-	-
		HM LICE TREATMENT	LIQD	EX	-	-		PREFERRED	-	-	-
		LICE TREATMENT	LIQD	EX	-	-		PREFERRED	-	-	-
		LICE TREATMENT	LOTN	EX	-	-		PREFERRED	-	-	-
		LICIDE	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-
		NIX CREME RINSE	LIQD	EX	-	-		PREFERRED	-	-	-
		PERMETHRIN	CREA	EX	-	-		PREFERRED	-	-	-
		RA LICE BEDDING	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-
		RA LICE TREATMENT	LOTN	EX	-	-		PREFERRED	-	-	-
		RID	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-
		SB LICE TREATMENT	LIQD	EX	-	-		PREFERRED	-	-	-
		SM BEDDING LICE TREATMENT	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-
		SM LICE TREATMENT	LOTN	EX	-	-		PREFERRED	-	-	-
		STOP LICE	AERO	XX	-	NON-COVERED	OTCS	-	-	-	-
	PERMETHRIN & NIT REMOVER	NIX COMPLETE LICE TREATMENT KIT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
	PERMETHRIN & PYRETHRINS-PIPERONYL BUTOXIDE	RA LICE SOLUTION KIT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
	PYRETHRINS-PIPERONYL BUTOXIDE	CVS LICE KILLING	SHAM	EX	-	-		PREFERRED	-	-	-
		EQ LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	-		PREFERRED	-	-	-
		EQL LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	-		PREFERRED	-	-	-
		GNP LICE TREATMENT	SHAM	EX	-	-		PREFERRED	-	-	-
		HM LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	-		PREFERRED	-	-	-
		LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	-		PREFERRED	-	-	-
		LICEMD	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		LICEMD COMPLETE KIT	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
ANTIPARASITICS : SCABICIDES AND PEDICULICIDES CONT.		LICIDE	SHAM	EX	-	-		PREFERRED	-	-	-
		LICIDE MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		LICIDE TREATMENT KIT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
		RA LICE MAXIMUM STRENGTH	SHAM	EX	-	-		PREFERRED	-	-	-
		RID	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RID LICE KILLING SHAMPOO	SHAM	EX	-	-		PREFERRED	-	-	-
		SB LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	-		PREFERRED	-	-	-
		SB LICE TREATMENT	LIQD	EX	-	-		PREFERRED	-	-	-
		SM LICE KILLING	SHAM	EX	-	-		PREFERRED	-	-	-
		SM LICE KILLING	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		STOP LICE MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		STOP LICE MAXIMUM STRENGTH	SHAM	EX	-	-		PREFERRED	-	-	-
		VANALICE	GEL	EX	-	-		PREFERRED	-	-	-
	PYRETHRINS-PIPERONYL BUTOXIDE-PERMETHRIN-NIT REMOVER	COMPLETE LICE TREATMENT KIT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
		CVS LICE SOLUTION KIT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
		LICIDE COMPLETE LICE TREATMENT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
		RA LICE SOLUTION KIT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
		RID COMPLETE LICE ELIMINATION	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
		SM LICE SOLUTION KIT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
		STOP LICE COMPLETE LICE TREATMENT	KIT	CO	-	NON-COVERED	OTCS	-	-	-	-
	SPINOSAD	NATROBA	SUSP	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SPINOSAD	SUSP	EX	-	-		NON-PREFERRED	2	-	-
	SULFURATED LIME (SCABACIDE)	SULFURATED LIME	SOLN	EX	-	-		NON-PREFERRED	2	-	-
	SULFUR-SALICYLIC ACID	EXODERM	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
ANTIPARKINSON AGENTS : ADENOSINE RECEPTOR ANTAGONISTS	ISTRADEFYLLINE	NOURIANZ	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANTIPARKINSON AGENTS : ANTICHOLINERGICS	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	SOLN	IJ	-	-		PREFERRED	-	-	YES
		BENZTROPINE MESYLATE	TABS	OR	-	-		PREFERRED	-	-	YES
		COGENTIN	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	YES
	TRIHEXYPHENIDYL HCL	TRIHEXYPHENIDYL HCL	SOLN	OR	-	-		PREFERRED	-	-	YES
		TRIHEXYPHENIDYL HCL	TABS	OR	-	-		PREFERRED	-	-	YES
ANTIPARKINSON AGENTS : COMT INHIBITORS	ENTACAPONE	COMTAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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ANTIPARKINSON AGENTS : COMT INHIBITORS CONT.		ENTACAPONE	TABS	OR	-	-		PREFERRED	-	-	-
	TOLCAPONE	TASMAR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TOLCAPONE	TABS	OR	-	-		PREFERRED	-	-	-
ANTIPARKINSON AGENTS : DOPAMINERGICS	AMANTADINE HCL	AMANTADINE HCL	CAPS	OR	-	-		PREFERRED	-	-	YES
		AMANTADINE HCL	SYRP	OR	-	-		PREFERRED	-	-	YES
		AMANTADINE HCL	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		GOCOVRI	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		OSMOLEX ER	T4PK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		OSMOLEX ER	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	APOMORPHINE HCL	APOKYN	SOCT	SC	-	-		NON-PREFERRED	2	-	YES
	BROMOCRIPTINE MESYLATE	BROMOCRIPTINE MESYLATE	CAPS	OR	-	-		NON-PREFERRED	2	-	YES
		BROMOCRIPTINE MESYLATE	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		PARLODEL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PARLODEL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	CARBIDOPA	CARBIDOPA	TABS	OR	-	-		PREFERRED	-	-	YES
		LODOSYN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	CARBIDOPA-LEVODOPA	CARBIDOPA/LEVODOPA	TABS	OR	-	-		PREFERRED	-	-	YES
		CARBIDOPA/LEVODOPA ER	TBCR	OR	-	-		PREFERRED	-	-	YES
		CARBIDOPA/LEVODOPA ODT	TBDP	OR	-	-		NON-PREFERRED	2	-	YES
		DUOPA	SUSP	EN	-	-		NON-PREFERRED	2	-	YES
		RYTARY	CPCR	OR	-	-		NON-PREFERRED	2	-	YES
		SINEMET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		SINEMET CR	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	CARBIDOPA-LEVODOPA-ENTACAPONE	CARBIDOPA/LEVODOPA/ENTA CAPONE	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		STALEVO 100	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		STALEVO 125	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		STALEVO 150	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		STALEVO 200	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		STALEVO 50	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		STALEVO 75	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	LEVODOPA	INBRIJA	CAPS	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PRAMIPEXOLE DIHCL	MIRAPEX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		MIRAPEX ER	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		PRAMIPEXOLE DIHCL	TABS	OR	-	-		PREFERRED	-	-	YES
		PRAMIPEXOLE DIHCL ER	TB24	OR	-	-		NON-PREFERRED	2	-	YES
	ROPINIROLE HCL	REQUIP XL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ROPINIROLE ER		TB24	OR	-	-		NON-PREFERRED	2	-	YES	
ROPINIROLE HCL		TABS	OR	-	-		PREFERRED	-	-	YES	
ROTIGOTINE	NEUPRO	PT24	TD	-	-		NON-PREFERRED	2	-	YES	
ANTIPARKINSON AGENTS : MONOAMINE OXIDASE INHIBITORS (MAOI)	RASAGILINE MESYLATE	AZILECT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		RASAGILINE MESYLATE	TABS	OR	-	-		NON-PREFERRED	1	-	YES

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	SAFINAMIDE MESYLATE	XADAGO	TABS	OR	-	-		NON-PREFERRED	1	-	YES
	SELEGILINE HCL	SELEGILINE HCL	CAPS	OR	-	-		PREFERRED	-	-	YES
		SELEGILINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		ZELAPAR	TBDP	OR	-	-		NON-PREFERRED	1	-	YES
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIMANIC AGENTS	CARBAMAZEPINE (ANTIPSYCHOTIC)	EQUETRO	CP12	OR	-	-		PREFERRED	-	PA REQUIRED	YES
	LITHIUM	LITHIUM	SOLN	OR	-	-		PREFERRED	-	-	YES
	LITHIUM CARBONATE	LITHIUM CARBONATE	CAPS	OR	-	-		PREFERRED	-	-	YES
		LITHIUM CARBONATE	TABS	OR	-	-		PREFERRED	-	-	YES
		LITHIUM CARBONATE ER	TBCR	OR	-	-		PREFERRED	-	-	YES
		LITHOBID	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIMANIC AGENTS - 1ST GENERATION	CHLORPROMAZINE HCL	CHLORPROMAZINE HCL	SOLN	IJ	-	-		PREFERRED	-	-	YES
		CHLORPROMAZINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
	FLUPHENAZINE DECANOATE	FLUPHENAZINE DECANOATE	SOLN	IJ	-	-		PREFERRED	-	-	YES
	FLUPHENAZINE HCL	FLUPHENAZINE HCL	CONC	OR	-	-		PREFERRED	-	-	YES
		FLUPHENAZINE HCL	SOLN	IJ	-	-		PREFERRED	-	-	YES
		FLUPHENAZINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
		FLUPHENAZINE HCL	ELIX	OR	-	-		PREFERRED	-	-	YES
	HALOPERIDOL	HALOPERIDOL	TABS	OR	-	-		PREFERRED	-	-	YES
	HALOPERIDOL DECANOATE	HALDOL DECANOATE 100	SOLN	IM	-	-		NON-PREFERRED	-	-	YES
		HALDOL DECANOATE 50	SOLN	IM	-	-		NON-PREFERRED	-	-	YES
		HALOPERIDOL DECANOATE	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	YES
	HALOPERIDOL LACTATE	HALDOL	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		HALOPERIDOL	CONC	OR	-	-		PREFERRED	-	-	YES
		HALOPERIDOL LACTATE	SOLN	IJ	-	-		PREFERRED	-	-	YES
	LOXAPINE	ADASUVE	AEPB	IN	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	LOXAPINE SUCCINATE	LOXAPINE	CAPS	OR	-	-		PREFERRED	-	-	YES
		LOXAPINE SUCCINATE	CAPS	OR	-	-		PREFERRED	-	-	YES
	MOLINDONE HCL	MOLINDONE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
	PERPHENAZINE	PERPHENAZINE	TABS	OR	-	-		PREFERRED	-	-	YES
		PERPHENAZINE/AMITRIPTYLIN									
	PERPHENAZINE-AMITRIPTYLINE	E	TABS	OR	-	-		PREFERRED	-	-	YES
	THIORIDAZINE HCL	THIORIDAZINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
	THIOTHIXENE	THIOTHIXENE	CAPS	OR	-	-		PREFERRED	-	-	YES
	TRIFLUOPERAZINE HCL	TRIFLUOPERAZINE HCL	TABS	OR	-	-		PREFERRED	-	-	YES
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIMANIC AGENTS - 2ND GENERATION	ARIPIRAZOLE	ABILIFY	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		ABILIFY MAINTENA	PRSY	IM	-	-		PREFERRED	-	-	YES
		ABILIFY MAINTENA	SRER	IM	-	-		PREFERRED	-	-	YES
		ABILIFY MYCITE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		ARIPIRAZOLE	SOLN	OR	-	-		PREFERRED	-	-	YES
		ARIPIRAZOLE	TABS	OR	-	-		PREFERRED	-	-	YES
		ARIPIRAZOLE ODT	TBDP	OR	-	-		PREFERRED	-	-	YES
	ARIPIRAZOLE LAUROXIL	ARISTADA	PRSY	IM	-	-		PREFERRED	-	-	YES
		ARISTADA INITIO	PRSY	IM	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	ASENAPINE MALEATE	SAPHRIS	SUBL	SL	-	-		PREFERRED	-	-	YES
	BREXPIRAZOLE	REXULTI	TABS	OR	-	-		PREFERRED	-	-	YES

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	CARIPRAZINE HCL	VRAYLAR	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	YES	
		VRAYLAR	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	YES	
	CLOZAPINE	CLOZAPINE	TABS	OR	-	-		PREFERRED	-	-	YES	
		CLOZAPINE ODT	TBDP	OR	-	-		NON-PREFERRED	-	-	YES	
		CLOZARIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION CONT.		FAZACLO	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		VERSACLOZ	SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	YES	
	ILOPERIDONE	FANAPT	TABS	OR	-	-		PREFERRED	-	-	YES	
		FANAPT TITRATION PACK	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	LUMATEPERONE TOSYLATE	CAPLYTA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	YES	
	LURASIDONE HCL	LATUDA	TABS	OR	-	-		PREFERRED	-	-	YES	
	OLANZAPINE	OLANZAPINE	SOLR	IM	-	-		PREFERRED	-	-	YES	
		OLANZAPINE	TABS	OR	-	-		PREFERRED	-	-	YES	
		OLANZAPINE ODT	TBDP	OR	-	-		PREFERRED	-	-	YES	
		ZYPREXA	SOLR	IM	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		ZYPREXA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		ZYPREXA ZYDIS	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	OLANZAPINE PAMOATE	ZYPREXA RELPREVV	SUSR	IM	-	-		PREFERRED	-	-	YES	
	PALIPERIDONE	INVEGA	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		PALIPERIDONE ER	TB24	OR	-	-		PREFERRED	-	-	YES	
	PALIPERIDONE PALMITATE	INVEGA SUSTENNA	SUSY	IM	-	-		PREFERRED	-	-	YES	
		INVEGA TRINZA	SUSY	IM	-	-		PREFERRED	-	-	YES	
	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	TABS	OR	-	-		PREFERRED	-	-	YES	
		QUETIAPINE FUMARATE ER	TB24	OR	-	-		PREFERRED	-	-	YES	
		SEROQUEL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		SEROQUEL XR	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	RISPERIDONE	PERSERIS	PRSY	SC	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		RISPERDAL	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		RISPERDAL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		RISPERIDONE	SOLN	OR	-	-		PREFERRED	-	-	YES	
		RISPERIDONE	TABS	OR	-	-		PREFERRED	-	-	YES	
			RISPERIDONE M-TAB	TBDP	OR	-	-		PREFERRED	-	PA REQUIRED	YES
			RISPERIDONE ODT	TBDP	OR	-	-		PREFERRED	-	-	YES
	RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	SRER	IM	-	-		PREFERRED	-	-	YES	
	ZIPRASIDONE HCL	GEODON	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		ZIPRASIDONE HCL	CAPS	OR	-	-		PREFERRED	-	-	YES	
	ZIPRASIDONE MESYLATE	GEODON	SOLR	IM	-	-		PREFERRED	-	-	YES	
ZIPRASIDONE MESYLATE		SOLR	IM	-	-		PREFERRED	-	-	YES		
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - COMBINATIONS	OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		SYMBYAX	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
ANTIPSYCHOTICS / ANTIMANIC AGENTS : PARKINSONS PSYCHOTIC DISORDER	PIMAVANSERIN TARTRATE	NUPLAZID	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	YES	
		NUPLAZID	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	YES	
ANTIVIRALS : CMV AGENTS	CIDOFOVIR	CIDOFOVIR	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-	
	FOSCARNET SODIUM	FOSCAVIR	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-	
	GANCICLOVIR	GANCICLOVIR	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-	

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	GANCICLOVIR SODIUM	CYTOVENE	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GANCICLOVIR	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GANCICLOVIR	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	LETERMOVIR	PREVMIS	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PREVMIS	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ANTIVIRALS : CMV AGENTS CONT.	VALGANCICLOVIR HCL	VALCYTE	SOLR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VALCYTE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VALGANCICLOVIR	TABS	OR	-	-		PREFERRED	-	-	-
		VALGANCICLOVIR HCL	SOLR	OR	-	-		PREFERRED	-	-	-
ANTIVIRALS : HEPATITIS B AGENTS	ADEFOVIR DIPIVOXIL	ADEFOVIR DIPIVOXIL	TABS	OR	-	-		PREFERRED	-	-	-
		HEPSERA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ENTECAVIR	BARACLUDE	SOLN	OR	-	-		NON-PREFERRED	-	-	-
		BARACLUDE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ENTECAVIR	TABS	OR	-	-		PREFERRED	-	-	-
	LAMIVUDINE (HBV)	EPIVIR HBV	SOLN	OR	-	-		PREFERRED	-	-	-
		EPIVIR HBV	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMIVUDINE	TABS	OR	-	-		PREFERRED	-	-	-
	TENOFOVIR ALAFENAMIDE FUMARATE	VEMLIDY	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANTIVIRALS : HEPATITIS C AGENTS	DACLATASVIR DIHCL	DAKLINZA	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	ELBASVIR-GRAZOPREVIR	ZEPATIER	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	GLECAPREVIR-PIBRENTASVIR	MAVYRET	TABS	OR	YES	-		PREFERRED	-	-	-
	LEDIPASVIR-SOFOSBUVIR	HARVONI	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
		LEDIPASVIR/SOFOSBUVIR	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	OMBITASVIR-PARITAPREVIR-RITONAVIR-DASABUVIR	VIEKIRA PAK	TBPK	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	PEGINTERFERON ALFA-2A	PEGASYS	SOLN	SC	YES	-		NON-PREFERRED	-	PA REQUIRED	-
		PEGASYS PROCLICK	SOLN	SC	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	PEGINTERFERON ALFA-2B	PEGINTRON	KIT	SC	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	RIBAVIRIN (HEPATITIS C)	REBETOL	SOLN	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
		RIBASPHERE	CAPS	OR	YES	-		PREFERRED	-	-	-
		RIBASPHERE 400MG & 600MG	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
		RIBASPHERE	TABS	OR	YES	-		PREFERRED	-	-	-
		RIBASPHERE RIBAPAK	TBPK	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
		RIBAVIRIN	CAPS	OR	YES	-		PREFERRED	-	-	-
		RIBAVIRIN	TABS	OR	YES	-		PREFERRED	-	-	-
	SOFOSBUVIR	SOVALDI	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	SOFOSBUVIR-VELPATASVIR	EPCLUSA	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
		SOFOSBUVIR/VELPATASVIR	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	VOSEVI	TABS	OR	YES	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIVIRALS : HERPES AGENTS	ACYCLOVIR	ACYCLOVIR	CAPS	OR	-	-		PREFERRED	-	-	-
		ACYCLOVIR	SUSP	OR	-	-		PREFERRED	-	-	-
		ACYCLOVIR	TABS	OR	-	-		PREFERRED	-	-	-
	SITAVIG	TABS	BU	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	ZOVIRAX	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	ZOVIRAX	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	ZOVIRAX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	

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	ACYCLOVIR SODIUM	ACYCLOVIR SODIUM	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	ACYCLOVIR TOPICAL	ACYCLOVIR	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ACYCLOVIR	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ZOVIRAX	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ZOVIRAX	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ACYCLOVIR-HYDROCORTISONE	XERESE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
ANTIVIRALS : HERPES AGENTS CONT.	DOCOSANOL	ABREVA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DOCOSANOL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
	FAMCICLOVIR	FAMCICLOVIR	TABS	OR	-	-		PREFERRED	-	-	-
	PENCICLOVIR	DENAVIR	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	VALACYCLOVIR HCL	VALACYCLOVIR HCL	TABS	OR	-	-		PREFERRED	-	-	-
		VALTREX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ANTIVIRALS : HIV	ABACAVIR SULFATE	ABACAVIR	SOLN	OR	-	-		PREFERRED	-	-	-
		ABACAVIR	TABS	OR	-	-		PREFERRED	-	-	-
		ZIAGEN	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZIAGEN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ABACAVIR SULFATE-LAMIVUDINE	ABACAVIR SULFATE/LAMIVUDINE	TABS	OR	-	-		PREFERRED	-	-	-
		EPZICOM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE	ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	OR	-	-		PREFERRED	-	-	-
		TRIZIVIR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE	TRIUMEQ	TABS	OR	-	-		PREFERRED	-	-	-
	ATAZANAVIR SULFATE	ATAZANAVIR	CAPS	OR	-	-		PREFERRED	-	-	-
		ATAZANAVIR SULFATE	CAPS	OR	-	-		PREFERRED	-	-	-
		REYATAZ	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		REYATAZ	PACK	OR	-	-		PREFERRED	-	-	-
	ATAZANAVIR SULFATE-COBICISTAT	EVOTAZ	TABS	OR	-	-		PREFERRED	-	-	-
	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE	BIKTARVY	TABS	OR	-	-		NON-PREFERRED	2	-	-
		TYBOST	TABS	OR	-	-		PREFERRED	-	-	-
	DARUNAVIR ETHANOLATE	PREZISTA	SUSP	OR	-	-		PREFERRED	-	-	-
		PREZISTA	TABS	OR	-	-		PREFERRED	-	-	-
	DARUNAVIR-COBICISTAT	PREZCOBIX	TABS	OR	-	-		PREFERRED	-	-	-
	DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE	SYM TUZA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RESCRIPTOR	TABS	OR	-	-		PREFERRED	-	-	-
	DELAVIRDINE MESYLATE	RESCRIPTOR	TABS	OR	-	-		PREFERRED	-	-	-
	DIDANOSINE	DIDANOSINE	CPDR	OR	-	-		PREFERRED	-	-	-
		VIDEX PEDIATRIC	SOLR	OR	-	-		PREFERRED	-	-	-
		VIDEX EC	CPDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VIDEX EC 125MG	CPDR	OR	-	-		PREFERRED	-	-	-
	DOLUTEGRAVIR SODIUM	TIVICAY	TABS	OR	-	-		PREFERRED	-	-	-

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	DOLUTEGRAVIR SODIUM-LAMIVUDINE	DOVATO	TABS	OR	-	-		NON-PREFERRED	2	-	-
	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL	JULUCA	TABS	OR	-	-		NON-PREFERRED	2	-	-
	DORAVIRINE	PIFELTRO	TABS	OR	-	-		NON-PREFERRED	2	-	-
	DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE	DELSTRIGO	TABS	OR	-	-		NON-PREFERRED	2	-	-
	EFAVIRENZ	EFAVIRENZ	CAPS	OR	-	-		PREFERRED	-	-	-
		EFAVIRENZ	TABS	OR	-	-		PREFERRED	-	-	-
ANTIVIRALS : HIV CONT.		SUSTIVA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SUSTIVA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	ATRIPLA	TABS	OR	-	-		PREFERRED	-	-	-
	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE	SYMFI	TABS	OR	-	-		NON-PREFERRED	2	-	-
		SYMFI LO	TABS	OR	-	-		NON-PREFERRED	2	-	-
	ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE	GENVOYA	TABS	OR	-	-		PREFERRED	-	-	-
	ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR DF EMTRICITABINE	STRIBILD	TABS	OR	-	-		PREFERRED	-	-	-
		EMTRIVA	CAPS	OR	-	-		PREFERRED	-	-	-
		EMTRIVA	SOLN	OR	-	-		PREFERRED	-	-	-
	EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE	ODEFSEY	TABS	OR	-	-		PREFERRED	-	-	-
	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE	COMPLERA	TABS	OR	-	-		PREFERRED	-	-	-
	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE	DESCOVY	TABS	OR	-	-		PREFERRED	-	-	-
	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	TRUVADA	TABS	OR	-	-		PREFERRED	-	-	-
	ENFUVRTIDE	FUZEON	SOLR	SC	-	-		PREFERRED	-	-	-
	ETRAVIRINE	INTELENCE	TABS	OR	-	-		PREFERRED	-	-	-
	FOSAMPRENAVIR CALCIUM	FOSAMPRENAVIR CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
		LEXIVA	SUSP	OR	-	-		PREFERRED	-	-	-
		LEXIVA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	IBALIZUMAB-UIYK	TROGARZO	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	INDINAVIR SULFATE	CRIVAN	CAPS	OR	-	-		PREFERRED	-	-	-
	LAMIVUDINE	EPIVIR	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPIVIR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMIVUDINE	SOLN	OR	-	-		PREFERRED	-	-	-
		LAMIVUDINE	TABS	OR	-	-		PREFERRED	-	-	-
	LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE	CIMDUO	TABS	OR	-	-		NON-PREFERRED	2	-	-

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		TEMIXYS	TABS	OR	-	-		NON-PREFERRED	2	-	-
	LAMIVUDINE-ZIDOVUDINE	COMBIVIR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LAMIVUDINE/ZIDOVUDINE	TABS	OR	-	-		PREFERRED	-	-	-
	LOPINAVIR-RITONAVIR	KALETRA	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		KALETRA	TABS	OR	-	-		PREFERRED	-	-	-
		LOPINAVIR/RITONAVIR	SOLN	OR	-	-		PREFERRED	-	-	-
	MARAVIROC	SELZENTRY	SOLN	OR	-	-		PREFERRED	-	-	-
		SELZENTRY	TABS	OR	-	-		PREFERRED	-	-	-
	NELFINAVIR MESYLATE	VIRACEPT	TABS	OR	-	-		PREFERRED	-	-	-
	NEVIRAPINE	NEVIRAPINE	SUSP	OR	-	-		PREFERRED	-	-	-
		NEVIRAPINE	TABS	OR	-	-		PREFERRED	-	-	-
		NEVIRAPINE ER	TB24	OR	-	-		PREFERRED	-	-	-
		VIRAMUNE	SUSP	OR	-	-		PREFERRED	-	-	-
ANTIVIRALS : HIV CONT.		VIRAMUNE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VIRAMUNE XR	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	RALTEGRAVIR POTASSIUM	ISENTRESS	CHEW	OR	-	-		PREFERRED	-	-	-
		ISENTRESS	PACK	OR	-	-		PREFERRED	-	-	-
		ISENTRESS	TABS	OR	-	-		PREFERRED	-	-	-
		ISENTRESS HD	TABS	OR	-	-		PREFERRED	-	-	-
	RILPIVIRINE HCL	EDURANT	TABS	OR	-	-		PREFERRED	-	-	-
	RITONAVIR	NORVIR	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NORVIR	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NORVIR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RITONAVIR	TABS	OR	-	-		PREFERRED	-	-	-
	SAQUINAVIR MESYLATE	INVIRASE	TABS	OR	-	-		PREFERRED	-	-	-
	STAVUDINE	STAVUDINE	CAPS	OR	-	-		PREFERRED	-	-	-
		ZERIT	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TENOFOVIR DISOPROXIL FUMARATE	TENOFOVIR DISOPROXIL FUMARATE	TABS	OR	-	-		PREFERRED	-	-	-
		VIREAD	POWD	OR	-	-		PREFERRED	-	-	-
		VIREAD 300MG	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VIREAD	TABS	OR	-	-		PREFERRED	-	-	-
	TIPRANAVIR	APTIVUS	CAPS	OR	-	-		PREFERRED	-	-	-
		APTIVUS	SOLN	OR	-	-		PREFERRED	-	-	-
	ZIDOVUDINE	RETROVIR	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RETROVIR	SYRP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RETROVIR IV INFUSION	SOLN	IV	-	-		PREFERRED	-	-	-
		ZIDOVUDINE	CAPS	OR	-	-		PREFERRED	-	-	-
		ZIDOVUDINE	SYRP	OR	-	-		PREFERRED	-	-	-
		ZIDOVUDINE	TABS	OR	-	-		PREFERRED	-	-	-
ANTIVIRALS : INFLUENZA AGENTS	BALOXAVIR MARBOXIL	XOFLUZA	TBPK	OR	-	-		NON-PREFERRED	-	-	-
	OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	CAPS	OR	-	-		PREFERRED	-	-	-
		OSELTAMIVIR PHOSPHATE	SUSR	OR	-	-		PREFERRED	-	-	-
		TAMIFLU	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TAMIFLU	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PERAMIVIR	RAPIVAB	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	RIMANTADINE HCL	FLUMADINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RIMANTADINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
	ZANAMIVIR	RELENZA DISKHALER	AEPB	IN	-	-		NON-PREFERRED	2	-	-

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ANTIVIRALS : RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS	RIBAVIRIN	RIBAVIRIN	SOLR	IN	-	-		PREFERRED	-	PA REQUIRED	-	
		VIRAZOLE	SOLR	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-	
ASTHMA AND COPD AGENTS : ANTICHOLINERGICS	CROMOLYN SODIUM	CROMOLYN SODIUM	NEBU	IN	-	-		PREFERRED	-	-	-	
		IPRATROPIUM BROMIDE	SOLN	IN	-	-		PREFERRED	-	-	-	
		IPRATROPIUM BROMIDE HFA	AERS	IN	-	-		PREFERRED	-	-	-	
		IPRATROPIUM-ALBUTEROL	AERS	IN	-	-		PREFERRED	-	-	-	
		IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	IN	-	-		PREFERRED	-	-	-	
ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING	ARFORMOTEROL TARTRATE	BROVANA	NEBU	IN	-	-		NON-PREFERRED	1	-	-	
ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING CONT.	FORMOTEROL FUMARATE	PERFOROMIST	NEBU	IN	-	-		NON-PREFERRED	1	-	-	
		INDACATEROL MALEATE	CAPS	IN	-	-		NON-PREFERRED	1	-	-	
		OLODATEROL HCL	AERS	IN	-	-		NON-PREFERRED	1	-	-	
		SALMETEROL XINAFOATE	AEPB	IN	-	-		PREFERRED	-	-	-	
ASTHMA AND COPD AGENTS : BETA AGONISTS - ORAL	ALBUTEROL SULFATE	ALBUTEROL	TABS	OR	-	-		PREFERRED	-	-	-	
		ALBUTEROL SULFATE	SYRP	OR	-	-		PREFERRED	-	-	-	
		ALBUTEROL SULFATE	TABS	OR	-	-		PREFERRED	-	-	-	
		ALBUTEROL SULFATE ER	TB12	OR	-	-		PREFERRED	-	-	-	
	METAPROTERENOL SULFATE	METAPROTERENOL SULFATE	SYRP	OR	-	-		NON-PREFERRED	1	-	-	
		METAPROTERENOL SULFATE	TABS	OR	-	-		NON-PREFERRED	1	-	-	
	TERBUTALINE SULFATE	TERBUTALINE SULFATE	TABS	OR	-	-		NON-PREFERRED	1	-	-	
ASTHMA AND COPD AGENTS : BETA AGONISTS - SHORT ACTING	ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	IN	-	-		PREFERRED	-	-	-	
		ALBUTEROL SULFATE HFA	AERS	IN	-	-		NON-PREFERRED	2	-	-	
		ALBUTEROL SULFATE HFA (TEVA)	AERS	IN	-	-		PREFERRED	-	-	-	
		PROAIR DIGIHALER	AEPB	IN	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		PROAIR HFA	AERS	IN	-	-		PREFERRED	-	-	-	
		PROAIR RESPICLICK	AEPB	IN	-	-		NON-PREFERRED	2	-	-	
		PROVENTIL HFA	AERS	IN	-	-		PREFERRED	-	-	-	
		VENTOLIN HFA	AERS	IN	-	-		NON-PREFERRED	2	-	-	
		LEVALBUTEROL HCL	LEVALBUTEROL	NEBU	IN	-	-		NON-PREFERRED	2	-	-
			LEVALBUTEROL HCL	NEBU	IN	-	-		NON-PREFERRED	2	-	-
	XOPENEX		NEBU	IN	-	-		NON-PREFERRED	2	-	-	
	XOPENEX CONCENTRATE		NEBU	IN	-	-		NON-PREFERRED	2	-	-	
	LEVALBUTEROL TARTRATE	LEVALBUTEROL TARTRATE HFA	AERO	IN	-	-		NON-PREFERRED	2	-	-	
		XOPENEX HFA	AERO	IN	-	-		NON-PREFERRED	2	-	-	
		TERBUTALINE SULFATE	SOLN	IJ	-	-		NON-PREFERRED	2	-	-	
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	BUDESONIDE/FORMOTEROL										
		FUMARATE DIHYDRATE	AERO	IN	-	-		PREFERRED	-	-	-	
		SYMBICORT	AERO	IN	-	-		PREFERRED	-	-	-	

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	FLUTICASONE FUROATE-VILANTEROL	BREO ELLIPTA	AEPB	IN	-	-		NON-PREFERRED	2	-	-
	FLUTICASONE-SALMETEROL	ADVAIR DISKUS	AEPB	IN	-	-		PREFERRED	-	-	-
		ADVAIR HFA	AERO	IN	-	-		PREFERRED	-	-	-
		AIRDUO RESPICLICK 113/14	AEPB	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AIRDUO RESPICLICK 232/14	AEPB	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AIRDUO RESPICLICK 55/14	AEPB	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FLUTICASONE PROPIONATE/SALMETEROL	AEPB	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FLUTICASONE PROPIONATE/SALMETEROL DISKUS	AEPB	IN	-	-		PREFERRED	-	-	-
		WIXELA INHUB	AEPB	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FLUTICASONE-UMECLIDINIUM-VILANTEROL	TRELEGY ELLIPTA	AEPB	IN	-	-		NON-PREFERRED	2	-	-
	MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE	DULERA	AERO	IN	-	-		PREFERRED	-	-	-
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROIDS	BECLOMETHASONE DIPROPIONATE HFA	QVAR REDHALER	AERB	IN	-	-		NON-PREFERRED	2	-	-
	BUDESONIDE (INHALATION)	BUDESONIDE	SUSP	IN	-	-		PREFERRED	-	-	-
		PULMICORT	SUSP	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PULMICORT FLEXHALER	AEPB	IN	-	-		PREFERRED	-	-	-
	CICLESONIDE	ALVESCO	AERS	IN	-	-		NON-PREFERRED	2	-	-
	FLUTICASONE FUROATE (INHALATION)	ARNUITY ELLIPTA	AEPB	IN	-	-		NON-PREFERRED	2	-	-
	FLUTICASONE PROPIONATE (INHALATION)	FLOVENT DISKUS	AEPB	IN	-	-		PREFERRED	-	-	-
	FLUTICASONE PROPIONATE HFA	FLOVENT HFA	AERO	IN	-	-		PREFERRED	-	-	-
	MOMETASONE FUROATE (INHALATION)	ASMANEX HFA	AERO	IN	-	-		NON-PREFERRED	2	-	-
		ASMANEX TWISTHALER 120 METERED DOSES	AEPB	IN	-	-		NON-PREFERRED	2	-	-
		ASMANEX TWISTHALER 14 METERED DOSES	AEPB	IN	-	-		NON-PREFERRED	2	-	-
		ASMANEX TWISTHALER 30 METERED DOSES	AEPB	IN	-	-		NON-PREFERRED	2	-	-
		ASMANEX TWISTHALER 60 METERED DOSES	AEPB	IN	-	-		NON-PREFERRED	2	-	-
		ASMANEX TWISTHALER 7 METERED DOSES	AEPB	IN	-	-		NON-PREFERRED	2	-	-
ASTHMA AND COPD AGENTS : LEUKOTRIENE MODIFIERS	MONTELUKAST SODIUM	MONTELUKAST SODIUM	CHEW	OR	-	-		PREFERRED	-	-	-
		MONTELUKAST SODIUM	PACK	OR	-	-		PREFERRED	-	-	-
		MONTELUKAST SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		SINGULAIR	CHEW	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SINGULAIR	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SINGULAIR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ZAFIRLUKAST	ACCOLATE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		ZAFIRLUKAST	TABS	OR	-	-		PREFERRED	-	-	-
	ZILEUTON	ZILEUTON ER	TB12	OR	-	-		NON-PREFERRED	2	-	-
		ZYFLO	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ZYFLO CR	TB12	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENT / LONG ACTING BETA AGONIST COMBINATIONS	ACLIDINIUM BROMIDE-FORMOTEROL FUMARATE	DUAKLIR PRESSAIR	AEPB	IN	-	-		NON-PREFERRED	1	PA REQUIRED	-
	GLYCOPYRROLATE-FORMOTEROL FUMARATE	BEVESPI AEROSPHERE	AERO	IN	-	-		NON-PREFERRED	1	-	-
	INDACATEROL MALEATE-GLYCOPYRROLATE	UTIBRON NEOHALER	CAPS	IN	-	-		NON-PREFERRED	1	-	-
	TIOTROPIUM BROMIDE-OLODATEROL HCL	STIOLTO RESPIMAT	AERS	IN	-	-		PREFERRED	-	-	-
	UMECLIDIUM-VILANTEROL	ANORO ELLIPTA	AEPB	IN	-	-		NON-PREFERRED	1	-	-
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS	ACLIDINIUM BROMIDE	TUDORZA PRESSAIR	AEPB	IN	-	-		NON-PREFERRED	1	-	-
	GLYCOPYRROLATE (INHALATION)	LONHALA MAGNAIR REFILL KIT	SOLN	IN	-	-		NON-PREFERRED	1	-	-
		LONHALA MAGNAIR STARTER KIT	SOLN	IN	-	-		NON-PREFERRED	1	-	-
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS CONT.		SEEBRI NEOHALER	CAPS	IN	-	-		NON-PREFERRED	1	-	-
	REVEFENACIN	YUPELRI	SOLN	IN	-	-		NON-PREFERRED	1	-	-
	TIOTROPIUM BROMIDE MONOHYDRATE	SPIRIVA HANDIHALER	CAPS	IN	-	-		PREFERRED	-	-	-
		SPIRIVA RESPIMAT	AERS	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
	UMECLIDIUM BROMIDE	INCRUSE ELLIPTA	AEPB	IN	-	-		NON-PREFERRED	1	-	-
ASTHMA AND COPD AGENTS : MONOCLONAL ANTIBODIES	BENRALIZUMAB	FASENRA	SOSY	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FASENRA PEN	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MEPOLIZUMAB	NUCALA	SOAJ	SC	-	-		PREFERRED	-	PA REQUIRED	-
		NUCALA	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-
		NUCALA	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
	OMALIZUMAB	XOLAIR	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-
		XOLAIR	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
	RESLIZUMAB	CINQAIR	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
ASTHMA AND COPD AGENTS : PHOSPHODIESTERASE 4 INHIBITORS	ROFLUMILAST	DALIRESP	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ASTHMA AND COPD AGENTS : XANTHINES	AMINOPHYLLINE	AMINOPHYLLINE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	DYPHYLLINE-GUAIFENESIN	DIFIL-G FORTE	LIQD	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	THEOPHYLLINE	ELIXOPHYLLIN	ELIX	OR	-	-		NON-PREFERRED	1	-	-
		THEO-24	CP24	OR	-	-		NON-PREFERRED	1	-	-
		THEOPHYLLINE	SOLN	OR	-	-		PREFERRED	-	-	-
		THEOPHYLLINE CR	TB12	OR	-	-		PREFERRED	-	-	-
		THEOPHYLLINE ER	TB12	OR	-	-		PREFERRED	-	-	-
		THEOPHYLLINE ER	TB24	OR	-	-		PREFERRED	-	-	-
		THEOPHYLLINE SR	TB12	OR	-	-		PREFERRED	-	-	-
	THEOPHYLLINE IN DEXTROSE	THEOPHYLLINE/D5W	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-

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ATOPIC DERMATITIS AGENTS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL	PIMECROLIMUS	ELIDEL	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PIMECROLIMUS	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-
	TACROLIMUS (TOPICAL)	PROTOPIC	OINT	EX	-	-		NON-PREFERRED	1	PA REQUIRED	-
		TACROLIMUS	OINT	EX	-	-		NON-PREFERRED	1	PA REQUIRED	-
		TACROLIMUS MONOHYDRATE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
ATOPIC DERMATITIS AGENTS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL COMBINATIONS	HYALURONATE SODIUM- NIACINAMIDE-TACROLIMUS	HYALURONIC ACID SODIUM/NIACINAMIDE/TACROLIMUS	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NIACINAMIDE/TACROLIMUS MONOHYDRATE	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
ATOPIC DERMATITIS AGENTS : MONOCLONAL ANTIBODIES	DUPILUMAB	DUPIXENT	SOSY	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
ATOPIC DERMATITIS AGENTS : PHOSPHODIESTERASE 4 INHIBITORS - TOPICAL	CRISABOROLE	EUCRISA	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
BONE DENSITY REGULATORS - CALCITONINS	CALCITONIN (SALMON)	CALCITONIN SALMON	SOLN	NA	-	-		PREFERRED	-	-	-
		MIACALCIN	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		MIACALCIN	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-
BONE DENSITY REGULATORS - PARATHYROID HORMONE DERIVATIVES	ABALOPARATIDE	TYMLOS	SOPN	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
BONE DENSITY REGULATORS - PARATHYROID HORMONE DERIVATIVES CONT.	PARATHYROID HORMONE (RECOMBINANT)	NATPARA	CART	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TERIPARATIDE (RECOMBINANT)	SOPN	SC	-	-		PREFERRED	-	PA REQUIRED	-
		TERIPARATIDE	SOPN	SC	-	-		PREFERRED	-	PA REQUIRED	-
BONE DENSITY REGULATORS : BISPHOSPHONATES	ALENDRONATE SODIUM	ALENDRONATE SODIUM	SOLN	OR	-	-		PREFERRED	-	-	-
		ALENDRONATE SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		BINOSTO	TBEF	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FOSAMAX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ALENDRONATE SODIUM- CHOLECALCIFEROL	FOSAMAX PLUS D	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ETIDRONATE DISODIUM	ETIDRONATE DISODIUM	TABS	OR	-	-		NON-PREFERRED	2	-	-
	IBANDRONATE SODIUM	BONIVA	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BONIVA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		IBANDRONATE SODIUM	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		IBANDRONATE SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PAMIDRONATE DISODIUM	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	RISEDRONATE SODIUM	ACTONEL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ATELVIA	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RISEDRONATE SODIUM	TABS	OR	-	-		NON-PREFERRED	2	-	-
		RISEDRONATE SODIUM DR	TBEC	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ZOLEDRONIC ACID	RECLAST	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
ZOLEDRONIC ACID		CONC	IV	-	-		PREFERRED	-	PA REQUIRED	-	

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		ZOLEDRONIC ACID	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
BONE DENSITY REGULATORS : RANK LIGAND INHIBITORS	DENOSUMAB	PROLIA	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
		XGEVA	SOLN	SC	-	-		PREFERRED	-	PA REQUIRED	-
CARDIOVASCULAR AGENTS : ANTIANGINAL AGENTS - NITRATES	ISOSORBIDE DINITRATE	DILATRATE SR	CPCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ISORDIL TITRADOSE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ISOSORBIDE DINITRATE	TABS	OR	-	-		PREFERRED	-	-	-
		ISOSORBIDE DINITRATE ER	TBCR	OR	-	-		PREFERRED	-	-	-
		ISOSORBIDE DINITRATE SA	TBCR	OR	-	-		PREFERRED	-	-	-
	ISOSORBIDE DINITRATE-HYDRALAZINE HCL	BIDIL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ISOSORBIDE MONONITRATE	ISOSORBIDE MONONITRATE	TABS	OR	-	-		PREFERRED	-	-	-
		ISOSORBIDE MONONITRATE ER	TB24	OR	-	-		PREFERRED	-	-	-
	NITROGLYCERIN	GONITRO	PACK	SL	-	-		NON-PREFERRED	2	-	-
		MINITRAN	PT24	TD	-	-		PREFERRED	-	-	-
		NITRO-BID	OINT	TD	-	-		PREFERRED	-	-	-
		NITRO-DUR	PT24	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NITROGLYCERIN	SOLN	IV	-	-		NON-PREFERRED	1	PA REQUIRED	-
		NITROGLYCERIN	SUBL	SL	-	-		PREFERRED	-	-	-
		NITROGLYCERIN ER	CPCR	OR	-	-		PREFERRED	-	-	-
NITROGLYCERIN LINGUAL		SOLN	TL	-	-		NON-PREFERRED	1	PA REQUIRED	-	
NITROGLYCERIN TRANSDERMAL	PT24	TD	-	-		PREFERRED	-	-	-		
CARDIOVASCULAR AGENTS : ANTIANGINAL AGENTS - NITRATES CONT.		NITROLINGUAL PUMPSPRAY	SOLN	TL	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NITROMIST	AERS	TL	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NITROSTAT	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NITRO-TIME	CPCR	OR	-	-		PREFERRED	-	-	-
	NITROGLYCERIN IN D5W	NITROGLYCERIN IN DEXTROSE 5%	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
CARDIOVASCULAR AGENTS : ANTIANGINAL AGENTS - OTHER	RANOLAZINE	RANEXA	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RANOLAZINE ER	TB12	OR	-	-		PREFERRED	-	PA REQUIRED	-
CARDIOVASCULAR AGENTS : ANTIARRHYTHMICS	AMIODARONE HCL	AMIODARONE HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		AMIODARONE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		PACERONE	TABS	OR	-	-		PREFERRED	-	-	-
	AMIODARONE HCL IN DEXTROSE	AMIODARONE HCL/DEXTROSE	SOLN	IV	-	-		PREFERRED	-	-	-
		NEXTERONE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	DISOPYRAMIDE PHOSPHATE	DISOPYRAMIDE PHOSPHATE	CAPS	OR	-	-		PREFERRED	-	-	-
		NORPACE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NORPACE CR	CP12	OR	-	-		NON-PREFERRED	2	-	-
DOFETILIDE	DOFETILIDE	CAPS	OR	-	-		PREFERRED	-	-	-	

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		TIKOSYN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DRONEDARONE HCL	MULTAQ	TABS	OR	-	-		NON-PREFERRED	2	-	-
	FLECAINIDE ACETATE	FLECAINIDE ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
	LIDOCAINE HCL (CARDIAC)	LIDOCAINE HCL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		LIDOCAINE HCL	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
	LIDOCAINE IN D5W	LIDOCAINE HCL IN D5W	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	MEXILETINE HCL	MEXILETINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
	PROCAINAMIDE HCL	PROCAINAMIDE HCL	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	PROPAFENONE HCL	PROPAFENONE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		PROPAFENONE HCL ER	CP12	OR	-	-		PREFERRED	-	-	-
		RYTHMOL SR	CP12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	QUINIDINE GLUCONATE	QUINIDINE GLUCONATE CR	TBCR	OR	-	-		PREFERRED	-	-	-
		QUINIDINE GLUCONATE ER	TBCR	OR	-	-		PREFERRED	-	-	-
	QUINIDINE SULFATE	QUINIDINE SULFATE	TABS	OR	-	-		NON-PREFERRED	2	-	-
CARDIOVASCULAR AGENTS : CARDIAC GLYCOSIDES	DIGOXIN	DIGITEK	TABS	OR	-	-		PREFERRED	-	-	-
		DIGOX	TABS	OR	-	-		PREFERRED	-	-	-
		DIGOXIN	SOLN	IJ	-	-		PREFERRED	-	-	-
		DIGOXIN	SOLN	OR	-	-		PREFERRED	-	-	-
		DIGOXIN	TABS	OR	-	-		PREFERRED	-	-	-
		LANOXIN	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LANOXIN 62.5MCG	TABS	OR	-	-		NON-PREFERRED	2	-	-
		LANOXIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LANOXIN PEDIATRIC	SOLN	IJ	-	-		NON-PREFERRED	2	-	-
CARDIOVASCULAR AGENTS : PERIPHERAL VASODILATORS - ORAL	INOSITOL NIACINATE	EQL NIACIN FLUSH FREE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN FLUSH FREE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
CARDIOVASCULAR AGENTS : PERIPHERAL VASODILATORS - ORAL CONT.		NO FLUSH NIACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC NIACIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ISOXSUPRINE HCL	ISOXSUPRINE HCL	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
	NIACIN	ENDUR-ACIN	TBCR	OR	-	-		PREFERRED	-	-	-
		ENDUR-ACIN	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP NIACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM NIACIN	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP NIACIN	TABS	OR	-	-		PREFERRED	-	-	-
		NIACIN	CPCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN	TABS	OR	-	-		PREFERRED	-	-	-
		NIACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN	TBCR	OR	-	-		PREFERRED	-	-	-

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		NIACIN	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN ER	CPCR	OR	-	-		PREFERRED	-	-	-
		NIACIN ER	CPCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN ER	TBCR	OR	-	-		PREFERRED	-	-	-
		NIACIN PR	TBCR	OR	-	-		PREFERRED	-	-	-
		NIACIN SR	CPCR	OR	-	-		PREFERRED	-	-	-
		NIACIN SR	CPCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN SR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN TD	CPCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN TD	TBCR	OR	-	-		PREFERRED	-	-	-
		NIACIN TR	CPCR	OR	-	-		PREFERRED	-	-	-
		NIACIN TR	CPCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN TR	TBCR	OR	-	-		PREFERRED	-	-	-
		NIACIN TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PLAIN NIACIN	TABS	OR	-	-		PREFERRED	-	-	-
		PLAIN NIACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX NIACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
CARDIOVASCULAR AGENTS : PERIPHERAL VASODILATORS - ORAL CONT.		RA NIACIN	TABS	OR	-	-		PREFERRED	-	-	-
		RA NIACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA NO FLUSH NIACIN 500	TABS	OR	-	-		PREFERRED	-	-	-
		SLO-NIACIN	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM NIACIN CR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
	NIACIN (ANTIHYPERTENSIVE)	NIACIN	TABS	OR	-	-		PREFERRED	-	-	-
		NIACIN ER	TBCR	OR	-	-		PREFERRED	-	-	-
		NIACOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NIASPAN	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NIACIN W/ INOSITOL	CVS NIACIN FLUSH FREE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP NIACIN FLUSH FREE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACIN FLUSH FREE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NO FLUSH NIACIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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	NIACINAMIDE	ENDUR-AMIDE	TBCR	OR	-	-		PREFERRED	-	-	-
		NIACIN	TABS	OR	-	-		PREFERRED	-	-	-
		NIACINAMIDE	TABS	OR	-	-		PREFERRED	-	-	-
		NIACINAMIDE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIACINAMIDE PROLONGED RELEASE	TBCR	OR	-	-		PREFERRED	-	-	-
		QC NIACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
CARDIOVASCULAR AGENTS : PHOSPHODIESTERASE INHIBITORS	MILRINONE LACTATE	MILRINONE LACTATE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		MILRINONE LACTATE IN DEXTROSE	MILRINONE IN DEXTROSE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED
CARDIOVASCULAR AGENTS : SINUS NODE INHIBITORS	IVABRADINE HCL	CORLANOR	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		CORLANOR	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
CARDIOVASCULAR AGENTS : TRANSTHYRETIN STABILIZERS	TAFAMIDIS	VYNDAMAX	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		TAFAMIDIS MEGLUMINE (CARDIAC)	VYNDAQEL	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL	DESOGESTREL & ETHINYL ESTRADIOL	APRI	TABS	OR	-	-		PREFERRED	-	-	-
		CYRED	TABS	OR	-	-		PREFERRED	-	-	-
		CYRED EQ	TABS	OR	-	-		PREFERRED	-	-	-
		DESOGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		EMOQUETTE	TABS	OR	-	-		PREFERRED	-	-	-
		ENSKYCE	TABS	OR	-	-		PREFERRED	-	-	-
		ISIBLOOM	TABS	OR	-	-		PREFERRED	-	-	-
		JULEBER	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.	DROSPIRENONE-ETHINYL ESTRADIOL	KALLIGA	TABS	OR	-	-		PREFERRED	-	-	-
		RECLIPSEN	TABS	OR	-	-		PREFERRED	-	-	-
		SOLIA	TABS	OR	-	-		PREFERRED	-	-	-
		DROSPIRENONE/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		GIANVI	TABS	OR	-	-		PREFERRED	-	-	-
		JASMIEL	TABS	OR	-	-		PREFERRED	-	-	-
		LORYNA	TABS	OR	-	-		PREFERRED	-	-	-
		LO-ZUMANDIMINE	TABS	OR	-	-		PREFERRED	-	-	-
		NIKKI	TABS	OR	-	-		PREFERRED	-	-	-
		OCELLA	TABS	OR	-	-		PREFERRED	-	-	-
		SYEDA	TABS	OR	-	-		PREFERRED	-	-	-
		YASMIN 28	TABS	OR	-	-		PREFERRED	-	-	-
		YAZ	TABS	OR	-	-		PREFERRED	-	-	-
		ZARAH	TABS	OR	-	-		PREFERRED	-	-	-
		ZUMANDIMINE	TABS	OR	-	-		PREFERRED	-	-	-

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	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE CALCIUM	BEYAZ	TABS	OR	-	-		PREFERRED	-	-	-	
		DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-	
		SAFYRAL	TABS	OR	-	-		PREFERRED	-	-	-	
		TYDEMY	TABS	OR	-	-		PREFERRED	-	-	-	
	ETHYNODIOL DIACET & ETH ESTRAD	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-	
		KELNOR 1/35	TABS	OR	-	-		PREFERRED	-	-	-	
		KELNOR 1/50	TABS	OR	-	-		PREFERRED	-	-	-	
		ZOVIA 1/35E	TABS	OR	-	-		PREFERRED	-	-	-	
	LEVONORGESTREL & ETH ESTRADIOL	AFIRMELLE	TABS	OR	-	-		PREFERRED	-	-	-	
		ALTAVERA	TABS	OR	-	-		PREFERRED	-	-	-	
		AUBRA	TABS	OR	-	-		PREFERRED	-	-	-	
		AVIANE	TABS	OR	-	-		PREFERRED	-	-	-	
		AYUNA	TABS	OR	-	-		PREFERRED	-	-	-	
		CHATEAL	TABS	OR	-	-		PREFERRED	-	-	-	
		DELYLA	TABS	OR	-	-		PREFERRED	-	-	-	
		FALMINA	TABS	OR	-	-		PREFERRED	-	-	-	
		KURVELO	TABS	OR	-	-		PREFERRED	-	-	-	
		LARISSIA	TABS	OR	-	-		PREFERRED	-	-	-	
		LESSINA	TABS	OR	-	-		PREFERRED	-	-	-	
		LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-	
		LEVORA 0.15/30-28	TABS	OR	-	-		PREFERRED	-	-	-	
		LILLOW	TABS	OR	-	-		PREFERRED	-	-	-	
		LUTERA	TABS	OR	-	-		PREFERRED	-	-	-	
		MARLISSA	TABS	OR	-	-		PREFERRED	-	-	-	
		ORSYTHIA	TABS	OR	-	-		PREFERRED	-	-	-	
		PORTIA-28	TABS	OR	-	-		PREFERRED	-	-	-	
	CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.		SRONYX	TABS	OR	-	-		PREFERRED	-	-	-
			VIENVA	TABS	OR	-	-		PREFERRED	-	-	-
LEVONORGESTREL-ETHINYL ESTRADIOL & FOLIC ACID		FALESSA	KIT	OR	-	-		PREFERRED	-	-	-	
LEVONORGESTREL-ETHINYL ESTRADIOL-FERROUS BISGLYCINATE		BALCOLTRA	TABS	OR	-	-		PREFERRED	-	-	-	
NORETHIN ACET & ESTRAD-FE		AUROVELA 24 FE	TABS	OR	-	-		PREFERRED	-	-	-	
		AUROVELA FE 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-	
		AUROVELA FE 1/20	TABS	OR	-	-		PREFERRED	-	-	-	
		BLISOVI 24 FE	TABS	OR	-	-		PREFERRED	-	-	-	
		BLISOVI FE 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-	
		BLISOVI FE 1/20	TABS	OR	-	-		PREFERRED	-	-	-	
		HAILEY 24 FE	TABS	OR	-	-		PREFERRED	-	-	-	

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		JUNEL FE 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		JUNEL FE 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		JUNEL FE 24	TABS	OR	-	-		PREFERRED	-	-	-
		LARIN 24 FE	TABS	OR	-	-		PREFERRED	-	-	-
		LARIN FE 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		LARIN FE 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		LOESTRIN FE 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		LOESTRIN FE 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		MELODETTA 24 FE	CHEW	OR	-	-		PREFERRED	-	-	-
		MIBELAS 24 FE	CHEW	OR	-	-		PREFERRED	-	-	-
		MICROGESTIN FE	TABS	OR	-	-		PREFERRED	-	-	-
		MICROGESTIN FE 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		MINASTRIN 24 FE	CHEW	OR	-	-		PREFERRED	-	-	-
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	CHEW	OR	-	-		PREFERRED	-	-	-
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	CHEW	OR	-	-		PREFERRED	-	-	-
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	OR	-	-		PREFERRED	-	-	-
		TARINA 24 FE	TABS	OR	-	-		PREFERRED	-	-	-
		TARINA FE 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		TARINA FE 1/20 EQ	TABS	OR	-	-		PREFERRED	-	-	-
		TAYTULLA	CAPS	OR	-	-		PREFERRED	-	-	-
	NORETHINDRONE & ETH ESTRADIOL	ALYACEN 1/35	TABS	OR	-	-		PREFERRED	-	-	-
		BALZIVA	TABS	OR	-	-		PREFERRED	-	-	-
		BRIELLYN	TABS	OR	-	-		PREFERRED	-	-	-
		CYCLAFEM 1/35	TABS	OR	-	-		PREFERRED	-	-	-
		DASETTA 1/35	TABS	OR	-	-		PREFERRED	-	-	-
		NECON 0.5/35-28	TABS	OR	-	-		PREFERRED	-	-	-
		NECON 1/35	TABS	OR	-	-		PREFERRED	-	-	-
		NORTREL 0.5/35 (28)	TABS	OR	-	-		PREFERRED	-	-	-
		NORTREL 1/35	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.		ORTHO-NOVUM 1/35	TABS	OR	-	-		PREFERRED	-	-	-
		PHILITH	TABS	OR	-	-		PREFERRED	-	-	-
		PIRMELLA 1/35	TABS	OR	-	-		PREFERRED	-	-	-
		VYFEMLA	TABS	OR	-	-		PREFERRED	-	-	-
		WERA	TABS	OR	-	-		PREFERRED	-	-	-
	NORETHINDRONE & ETHINYL ESTRADIOL-FE	GENERESS FE	CHEW	OR	-	-		PREFERRED	-	-	-
		KAITLIB FE	CHEW	OR	-	-		PREFERRED	-	-	-
		LAYOLIS FE	CHEW	OR	-	-		PREFERRED	-	-	-

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		NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	OR	-	-		PREFERRED	-	-	-
		NORETHINDRONE/ETHINYL ESTRADIOL/FERROUS FUMARATE	CHEW	OR	-	-		PREFERRED	-	-	-
		WYMZYA FE	CHEW	OR	-	-		PREFERRED	-	-	-
	NORETHINDRONE ACET & ETH ESTRA	AUROVELA 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		AUROVELA 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		HAILEY 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		JUNEL 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		JUNEL 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		LARIN 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		LARIN 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		LOESTRIN 1.5/30-21	TABS	OR	-	-		PREFERRED	-	-	-
		LOESTRIN 1/20-21	TABS	OR	-	-		PREFERRED	-	-	-
		MICROGESTIN 1.5/30	TABS	OR	-	-		PREFERRED	-	-	-
		MICROGESTIN 1/20	TABS	OR	-	-		PREFERRED	-	-	-
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
	NORGESTIMATE-ETHINYL ESTRADIOL	ESTARYLLA	TABS	OR	-	-		PREFERRED	-	-	-
		FEMYNOR	TABS	OR	-	-		PREFERRED	-	-	-
		MILI	TABS	OR	-	-		PREFERRED	-	-	-
		MONO-LINYAH	TABS	OR	-	-		PREFERRED	-	-	-
		MONONESSA	TABS	OR	-	-		PREFERRED	-	-	-
		NORGESTIMATE/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		ORTHO-CYCLEN	TABS	OR	-	-		PREFERRED	-	-	-
		PREVIFEM	TABS	OR	-	-		PREFERRED	-	-	-
		SPRINTEC 28	TABS	OR	-	-		PREFERRED	-	-	-
		VYLIBRA	TABS	OR	-	-		PREFERRED	-	-	-
	NORGESTREL & ETHINYL ESTRADIOL	CRYSSELLE-28	TABS	OR	-	-		PREFERRED	-	-	-
		ELINEST	TABS	OR	-	-		PREFERRED	-	-	-
		LOW-OGESTREL	TABS	OR	-	-		PREFERRED	-	-	-
		OGESTREL	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, BIPHASIC	DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC)	AZURETTE	TABS	OR	-	-		PREFERRED	-	-	-
		BEKYREE	TABS	OR	-	-		PREFERRED	-	-	-
		DESOGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		KARIVA	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, BIPHASIC CONT.		MIRCETTE	TABS	OR	-	-		PREFERRED	-	-	-
		PIMTREA	TABS	OR	-	-		PREFERRED	-	-	-

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		SIMLIYA	TABS	OR	-	-		PREFERRED	-	-	-
		VIORLE	TABS	OR	-	-		PREFERRED	-	-	-
		VOLNEA	TABS	OR	-	-		PREFERRED	-	-	-
	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE FUM (BIPHASIC)	LO LOESTRIN FE	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, CONTINUOUS	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS)	AMETHYST	TABS	OR	-	-		PREFERRED	-	-	-
		LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, EXTENDED CYCLE	LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)	AMETHIA	TABS	OR	-	-		PREFERRED	-	-	-
		AMETHIA LO	TABS	OR	-	-		PREFERRED	-	-	-
		ASHLYNA	TABS	OR	-	-		PREFERRED	-	-	-
		CAMRESE	TABS	OR	-	-		PREFERRED	-	-	-
		CAMRESE LO	TABS	OR	-	-		PREFERRED	-	-	-
		DAYSEE	TABS	OR	-	-		PREFERRED	-	-	-
		FAYOSIM	TABS	OR	-	-		PREFERRED	-	-	-
		INTROVALE	TABS	OR	-	-		PREFERRED	-	-	-
		JAIMIESS	TABS	OR	-	-		PREFERRED	-	-	-
		JOLESSA	TABS	OR	-	-		PREFERRED	-	-	-
		LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		LOJAIMIESS	TABS	OR	-	-		PREFERRED	-	-	-
		LOSEASONIQUE	TABS	OR	-	-		PREFERRED	-	-	-
		QUARTETTE	TABS	OR	-	-		PREFERRED	-	-	-
		RIVELSA	TABS	OR	-	-		PREFERRED	-	-	-
		SEASONIQUE	TABS	OR	-	-		PREFERRED	-	-	-
		SETLAKIN	TABS	OR	-	-		PREFERRED	-	-	-
		SIMPESSE	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC	DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC)	CAZIAN	TABS	OR	-	-		PREFERRED	-	-	-
		CESIA	TABS	OR	-	-		PREFERRED	-	-	-
		VELIVET	TABS	OR	-	-		PREFERRED	-	-	-
	ESTRADIOL VALERATE-DIENOGEST	NATAZIA	TABS	OR	-	-		PREFERRED	-	-	-
	LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC)	ENPRESSE-28	TABS	OR	-	-		PREFERRED	-	-	-
		LEVONEST	TABS	OR	-	-		PREFERRED	-	-	-
		LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		TRIVORA-28	TABS	OR	-	-		PREFERRED	-	-	-
	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE	ESTROSTEP FE	TABS	OR	-	-		PREFERRED	-	-	-
		TILIA FE	TABS	OR	-	-		PREFERRED	-	-	-

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC CONT.		TRI-LEGEST FE	TABS	OR	-	-		PREFERRED	-	-	-
	NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC)	ALYACEN 7/7/7	TABS	OR	-	-		PREFERRED	-	-	-
		ARANELLE	TABS	OR	-	-		PREFERRED	-	-	-
		CYCLAFEM 7/7/7	TABS	OR	-	-		PREFERRED	-	-	-
		DASETTA 7/7/7	TABS	OR	-	-		PREFERRED	-	-	-
		LEENA	TABS	OR	-	-		PREFERRED	-	-	-
		NORTREL 7/7/7	TABS	OR	-	-		PREFERRED	-	-	-
		ORTHO-NOVUM 7/7/7	TABS	OR	-	-		PREFERRED	-	-	-
		PIRMELLA 7/7/7	TABS	OR	-	-		PREFERRED	-	-	-
	NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC)	NORGESTIMATE/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
		ORTHO TRI-CYCLEN LO	TABS	OR	-	-		PREFERRED	-	-	-
		TRI FEMYNOR	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-ESTARYLLA	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-LINYAH	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-LO-ESTARYLLA	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-LO-MARZIA	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-LO-MILI	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-LO-SPRINTEC	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-MILI	TABS	OR	-	-		PREFERRED	-	-	-
		TRINESSA	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-PREVIFEM	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-SPRINTEC	TABS	OR	-	-		PREFERRED	-	-	-
		TRI-VYLIBRA	TABS	OR	-	-		PREFERRED	-	-	-
	TRI-VYLIBRA LO	TABS	OR	-	-		PREFERRED	-	-	-	
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - TRANSDERMAL	NORELGESTROMIN-ETHINYL ESTRADIOL	XULANE	PTWK	TD	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - VAGINAL	ETONOGESTREL-ETHINYL ESTRADIOL	ELURYNG	RING	VA	-	-		PREFERRED	-	-	-
		ETONOGESTREL/ETHINYL ESTRADIOL	RING	VA	-	-		PREFERRED	-	-	-
		NUVARING	RING	VA	-	-		PREFERRED	-	-	-
SEGESTERONE ACETATE-ETHINYL ESTRADIOL	ANNOVERA	RING	VA	-	-		PREFERRED	-	-	-	
CONTRACEPTIVES : COPPER CONTRACEPTIVES - IUD	COPPER (IUD)	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	IUD	IU	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : EMERGENCY CONTRACEPTIVES	LEVONORGESTREL (EMERGENCY OC)	AFTERA	TABS	OR	-	-		PREFERRED	-	-	-
		ECONTRA EZ	TABS	OR	-	-		PREFERRED	-	-	-
		ECONTRA ONE-STEP	TABS	OR	-	-		PREFERRED	-	-	-
		LEVONORGESTREL	TABS	OR	-	-		PREFERRED	-	-	-
		MY CHOICE	TABS	OR	-	-		PREFERRED	-	-	-
		MY WAY	TABS	OR	-	-		PREFERRED	-	-	-
		NEW DAY	TABS	OR	-	-		PREFERRED	-	-	-
OPCICON ONE-STEP	TABS	OR	-	-		PREFERRED	-	-	-		

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		OPTION 2	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : EMERGENCY CONTRACEPTIVES CONT.		PLAN B ONE-STEP	TABS	OR	-	-		PREFERRED	-	-	-
		PREVENTEZA	TABS	OR	-	-		PREFERRED	-	-	-
		TAKE ACTION	TABS	OR	-	-		PREFERRED	-	-	-
	ULIPRISTAL ACETATE	ELLA	TABS	OR	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : NON-PHARMACEUTICAL	CERVICAL CAPS	FEMCAP	DEVI	VA	-	-		PREFERRED	-	-	-
	CONDOMS - FEMALE	FC FEMALE CONDOM	MISC	XX	-	-		PREFERRED	-	-	-
		FC2 FEMALE CONDOM	MISC	XX	-	-		PREFERRED	-	-	-
	CONDOMS - MALE	CONDOMS	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES ASSORTED COLORS	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES EXTRA STRENGTH	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES FORM FITTING	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES RIBBED	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES SKYN ORIGINAL	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES SPERMICIDALLY LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES STUDDERED	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES ULTRA SENSITIVE	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES ULTRA SENSITIVE/SPERMICIDE	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES VIBRA-RIBBED	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES VIBRA-RIBBED/SPERMICIDE	MISC	XX	-	-		PREFERRED	-	-	-
		LIFESTYLES XTRA PLEASURE	MISC	XX	-	-		PREFERRED	-	-	-
	CONDOMS LATEX LUBRICATED - MALE	AIMSCO LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		DUREX EXTRA SENSITIVE	DEVI	XX	-	-		PREFERRED	-	-	-
		FANTASY LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		FANTASY LUBRICATED/SPERMICIDE	MISC	XX	-	-		PREFERRED	-	-	-
		KAMELEON LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO COLORS	DEVI	XX	-	-		PREFERRED	-	-	-
		KIMONO LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO PLUS SPERMICIDE LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO PLUS SPERMICIDE/LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO PS LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO PS PLUS SPERMICIDE/LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-

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		KIMONO SENSATION LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		KIMONO SPECIAL	DEVI	XX	-	-		PREFERRED	-	-	-
		MAXX LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		MAXX PLUS SPERMICIDE LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
CONTRACEPTIVES : NON-PHARMACEUTICAL CONT.		PREMIUM CONDOMS LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		REALITY LATEX CONDOMS/LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		REALITY LATEX/ULTRA TEXTURED	DEVI	XX	-	-		PREFERRED	-	-	-
		REALITY LATEX/ULTRA THIN	DEVI	XX	-	-		PREFERRED	-	-	-
		TRUSTEX COLOR CONDOMS + LUBE	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX LUBRICATED EXTRA LARGE	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX LUBRICATED EXTRA STRENGTH	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX LUBRICATED/RIBBED/STUDDED	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX LUBRICATED/SPERMICIDE	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX/RIA LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX/RIA LUBRICATED SPERMICIDE	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX/RIA LUBRICATED/SPERMICIDE	MISC	XX	-	-		PREFERRED	-	-	-
	CONDOMS LATEX NON-LUBRICATED - MALE	KIMONO MICRO THIN	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX NON-LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-
		TRUSTEX/RIA NON-LUBRICATED	MISC	XX	-	-		PREFERRED	-	-	-

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	CONDOMS NON-LATEX LUBRICATED - MALE		DUREX REALFEEL NON-LATEX	DEVI	XX	-	-	PREFERRED	-	-	-
	DIAPHRAGM ARC-SPRING	CAYA	DPRH	VA	-	-	PREFERRED	-	-	-	
	DIAPHRAGM WIDE SEAL	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	DPRH	VA	-	-	PREFERRED	-	-	-	
		WIDE-SEAL SILICONE DIAPHRAGM KIT 65	DPRH	VA	-	-	PREFERRED	-	-	-	
		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	DPRH	VA	-	-	PREFERRED	-	-	-	
		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	DPRH	VA	-	-	PREFERRED	-	-	-	
		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	DPRH	VA	-	-	PREFERRED	-	-	-	
		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	DPRH	VA	-	-	PREFERRED	-	-	-	
	CONTRACEPTIVES : NON-PHARMACEUTICAL CONT.		WIDE-SEAL SILICONE DIAPHRAGM KIT 90	DPRH	VA	-	-	PREFERRED	-	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 95	DPRH	VA	-	-	PREFERRED	-	-	-
DIAPHRAGMS		OMNIFLEX DIAPHRAGM	DPRH	VA	-	-	PREFERRED	-	-	-	
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IMPLANTS	ETONOGESTREL	NEXPLANON	IMPL	SC	-	-	PREFERRED	-	-	-	
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - INJECTABLE	MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE)	DEPO-PROVERA CONTRACEPTIVE	SUSP	IM	-	-	PREFERRED	-	-	-	
		DEPO-PROVERA CONTRACEPTIVE	SUSY	IM	-	-	PREFERRED	-	-	-	
		DEPO-SUBQ PROVERA 104	SUSY	SC	-	-	PREFERRED	-	-	-	
		MEDROXYPROGESTERONE ACETATE	SUSP	IM	-	-	PREFERRED	-	-	-	
		MEDROXYPROGESTERONE ACETATE	SUSY	IM	-	-	PREFERRED	-	-	-	
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IUD	LEVONORGESTREL (IUD)	KYLEENA	IUD	IU	-	-	PREFERRED	-	-	-	
		LILETTA	IUD	IU	-	-	PREFERRED	-	-	-	
		MIRENA	IUD	IU	-	-	PREFERRED	-	-	-	
		SKYLA	IUD	IU	-	-	PREFERRED	-	-	-	
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL	DROSPIRENONE	SLYND	TABS	OR	-	-	PREFERRED	-	-	-	
	NORETHINDRONE (CONTRACEPTIVE)	CAMILA	TABS	OR	-	-	PREFERRED	-	-	-	
		DEBLITANE	TABS	OR	-	-	PREFERRED	-	-	-	
		ERRIN	TABS	OR	-	-	PREFERRED	-	-	-	
		HEATHER	TABS	OR	-	-	PREFERRED	-	-	-	
		INCASSIA	TABS	OR	-	-	PREFERRED	-	-	-	
		JENCYCLA	TABS	OR	-	-	PREFERRED	-	-	-	
		JOLIVETTE	TABS	OR	-	-	PREFERRED	-	-	-	
		LYZA	TABS	OR	-	-	PREFERRED	-	-	-	
		NORA-BE	TABS	OR	-	-	PREFERRED	-	-	-	
NORETHINDRONE	TABS	OR	-	-	PREFERRED	-	-	-			

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		NORLYDA	TABS	OR	-	-		PREFERRED	-	-	-
		NORLYROC	TABS	OR	-	-		PREFERRED	-	-	-
		ORTHO MICRONOR	TABS	OR	-	-		PREFERRED	-	-	-
		SHAROBEL	TABS	OR	-	-		PREFERRED	-	-	-
		TULANA	TABS	OR	-	-		PREFERRED	-	-	-
CORTICOSTEROIDS : GLUCOCORTICOSTEROID COMBINATIONS	BETAMETHASONE SOD PHOSPHATE & ACETATE	BETAMETHASONE COMBO	SUSP	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASON E ACETATE	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		CELESTONE-SOLUSPAN	SUSP	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PREDNISONE-DIPHENHYDRAMINE HCL	CONTRAST ALLERGY PREMED PACK	KIT	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	BETAMETHASONE SODIUM PHOSPHATE	BETAMETHASONE SODIUM PHOSPHATE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	BUDESONIDE	BUDESONIDE	CPEP	OR	-	-		PREFERRED	-	-	-
		BUDESONIDE ER	TB24	OR	-	-		PREFERRED	-	-	-
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS CONT.		ENTOCORT EC	CPEP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		UCERIS	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CORTISONE ACETATE	CORTISONE ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
	DEFLAZACORT	EMFLAZA	SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		EMFLAZA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	DEXAMETHASONE	DECADRON	ELIX	OR	-	-		PREFERRED	-	-	-
		DECADRON	TABS	OR	-	-		PREFERRED	-	-	-
		DEXABLISS	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEXAMETHASONE	ELIX	OR	-	-		PREFERRED	-	-	-
		DEXAMETHASONE	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		DEXAMETHASONE	TABS	OR	-	-		PREFERRED	-	-	-
		DEXAMETHASONE 10-DAY DOSE PACK	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEXAMETHASONE 13-DAY DOSE PACK	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEXAMETHASONE 6-DAY DOSE PACK	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEXAMETHASONE INTENSOL	CONC	OR	-	-		PREFERRED	-	-	-
		DEXPAK 10 DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEXPAK 13 DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEXPAK 6 DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DXEVO 11-DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		HIDEX 6-DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TAPERDEX 12-DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TAPERDEX 6-DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TAPERDEX 7-DAY	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DEXAMETHASONE ACETATE	DEXAMETHASONE (LA)	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	DEXAMETHASONE SODIUM PHOSPHATE	ACTIVE INJECTION KIT D	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-

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		DEXAMETHASONE SODIUM PHOSPHATE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		DEXAMETHASONE SODIUM PHOSPHATE	SOSY	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		DEXAMETHASONE SODIUM PHOSPHATE	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
		DEXONTO 0.4%	SOLN	PH	-	-		PREFERRED	-	PA REQUIRED	-
		DOUBLEDEX	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		MAS CARE-PAK	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		READYSHARP									
		DEXAMETHASONE	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		TOPIDEX	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	DEXAMETHASONE SODIUM PHOSPHATE-DEXTROSE	DEXAMETHASONE SODIUM PHOSPHATE/DEXTROSE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	DEXAMETHASONE SODIUM PHOSPHATE-SODIUM CHLORIDE	DEXAMETHASONE SODIUM PHOSPHATE/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	HYDROCORTISONE	CORTEF	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		HYDROCORTISONE	TABS	OR	-	-		PREFERRED	-	-	-
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS CONT.											
	HYDROCORTISONE SOD SUCCINATE	SOLU-CORTEF	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	METHYLPREDNISOLONE	MEDROL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MEDROL DOSEPAK	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHYLPREDNISOLONE	TABS	OR	-	-		PREFERRED	-	-	-
		METHYLPREDNISOLONE	TBPK	OR	-	-		PREFERRED	-	-	-
		METHYLPREDNISOLONE DOSE PACK	TBPK	OR	-	-		PREFERRED	-	-	-
	METHYLPREDNISOLONE ACETATE	DEPO-MEDROL	SUSP	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEPO-MEDROL 20MG/ML	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		METHYLPREDNISOLONE ACETATE	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		P-CARE D40	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		P-CARE D80	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	METHYLPREDNISOLONE SOD SUCC	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	IJ	-	-		PREFERRED	-	-	-
		METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	IJ	-	-		PREFERRED	-	-	-
		SOLU-MEDROL	SOLR	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PREDNISOLONE	MILLIPRED	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MILLIPRED DP	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PREDNISOLONE	SOLN	OR	-	-		PREFERRED	-	-	-
		PREDNISOLONE	SYRP	OR	-	-		PREFERRED	-	-	-
	PREDNISOLONE SODIUM PHOSPHATE	MILLIPRED	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ORAPRED ODT	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PEDIAPRED	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PREDNISOLONE SODIUM PHOSPHATE	SOLN	OR	-	-		PREFERRED	-	-	-

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		PREDNISOLONE SODIUM PHOSPHATE ODT	TBDP	OR	-	-		PREFERRED	-	-	-
		VERIPRED 20	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PREDNISONE	PREDNISONE	SOLN	OR	-	-		PREFERRED	-	-	-
		PREDNISONE	TABS	OR	-	-		PREFERRED	-	-	-
		PREDNISONE	TBPK	OR	-	-		PREFERRED	-	-	-
		PREDNISONE INTENSOL	CONC	OR	-	-		PREFERRED	-	-	-
		RAYOS	TBEC	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		KENALOG-10	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	TRIAMCINOLONE ACETONIDE	KENALOG-40	SUSP	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		KENALOG-80	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		P-CARE K40	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		P-CARE K80	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		POD-CARE 100K	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		PRO-C-DURE 5 KIT	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		PRO-C-DURE 6 KIT	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE PF	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		ZILRETTA	SRER	IX	-	-		PREFERRED	-	PA REQUIRED	-
	TRIAMCINOLONE DIACETATE	TRIAMCINOLONE	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS CONT.		TRIAMCINOLONE DIACETATE	SUSP	IJ	-	-		PREFERRED	-	PA REQUIRED
CORTICOSTEROIDS : MINERALOCORTICOIDS	FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS	ACETAMINOPHEN W/ DM	CVS COUGH & SORE THROAT CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		DAYTIME COLD MEDICINE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DELSYM COUGH/SORE THROAT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DRIXORAL COUGH & SORE THROAT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN SEVERE COUGH/SORE THROAT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COUGH & SORE THROAT DAYTIME PAIN RELIEVER	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC COUGH & SORE THROAT	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD/COUGH/SORE THROAT CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL HBP COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	ACETAMINOPHEN-GUAIFENESIN	COMTRES DEEP CHEST COLD MULTI-SYMPTOM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		REFENESEN CHEST CONGESTION & PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	BENZONATATE	BENZONATATE	CAPS	OR	-	NON-COVERED	COLD	-	-	-	-
		TESSALON PERLES	CAPS	OR	-	NON-COVERED	COLD	-	-	-	-
	CHLOPHEDIANOL-DEXBROMPHENIRAMINE	CHLO HIST	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLOPHEDIANOL-PSEUDOEPHEDRINE	RONDEC-D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLOPHEDIANOL-PYRILAMINE	DAY CLEAR ALLERGY/COUGH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		DAYCLEAR ALLERGY RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NINJACOF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANACOF AC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANACOF-8	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANATAB AC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLOPHEDIANOL-PYRILAMINE-ACETAMINOPHEN	NINJACOF-A	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.	CHLORPHENIRAMINE W/ CODEINE	TUXARIN ER	TB12	OR	-	NON-COVERED	COLD	-	-	-	-
		Z-TUSS AC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE W/ DM-GG	CVS COUGH/CHEST CONGESTION DM CHILDRENS	SOPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	CHLORPHENIRAMINE-DM	CORICIDIN HBP COUGH & COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COUGH & COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COUGH & COLD HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CHILDRENS TRIACTING COUGH/RUNNY NOSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COUGH & COLD HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIMETAPP LONG ACTING COUGH PLUS COLD	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL COUGH & COLD RELIEF HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAXI-TUSS DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		QC COUGH & COLD HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COLD & COUGH HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SCOT-TUSSIN DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COUGH & RUNNY NOSE CHILDRENS TRIACTING FORMULA	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC COUGH & RUNNY NOSE CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS 44M PEDIATRIC COUGH/COLD RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS NYQUIL CHILDRENS COLD/COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	CODEINE POLISTIREX- CHLORPHENIRAMINE POLISTIREX	TUZISTRA XR	SUER	OR	-	NON-COVERED	COLD	-	-	-	-
	DEXTROMETHORPHAN HBR	BUCKLEYS COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		COUGH RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		CREO-TERPIN	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS TUSSIN COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS TUSSIN LONG-ACTING CVS TUSSIN MAXIMUM STRENGTH	LIQD SYRP	OR OR	- -	- -	- -	PREFERRED PREFERRED	- -	- -	- -
		DAYTIME COUGH	LIQD	OR	-	-	-	PREFERRED	-	-	-
		ELIXSURE COUGH	GEL	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL TUSSIN COUGH LONG- ACTING	SYRP	OR	-	-	-	PREFERRED	-	-	-
		FATHER JOHNS MEDICINE	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COUGH GELS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COUGH RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TUSSIN COUGH LONG ACTING	SYRP	OR	-	-	-	PREFERRED	-	-	-

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		HM COUGH RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HOLD	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		LITTLE COLDS COUGH FORMULA	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIACARE CHILDRENS LONG-ACTING COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX TUSSIN MAX	SYRP	OR	-	-		PREFERRED	-	-	-
		QC COUGH RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TUSSIN COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TUSSIN LONG ACTING COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TUSSIN MAXIMUM STRENGTH	SYRP	OR	-	-		PREFERRED	-	-	-
		ROBAFEN COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN CHILDRENS COUGH LONG-ACTING	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SCOT-TUSSIN DIABETES	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SILPHEN DM COUGH	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COUGH RELIEF	SYRP	OR	-	-		PREFERRED	-	-	-
		SOBA TUSSIN MAX STR COUGHSYRUP	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		TRIAMINIC LONG ACTING COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC LONG ACTING COUGH	STRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSIN COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSIN COUGH	SYRP	OR	-	-		PREFERRED	-	-	-
		VICKS DAYQUIL COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS FORMULA 44 COUGH RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-TUSSIN COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-TUSSIN COUGH	SYRP	OR	-	-		PREFERRED	-	-	-
		WAL-TUSSIN COUGH LONG ACTING	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		WAL-TUSSIN COUGH LONG ACTING	SYRP	OR	-	-		PREFERRED	-	-	-
		WAL-TUSSIN COUGH RELIEF CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN POLISTIREX	COUGH DM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		COUGH DM CHILDRENS	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COUGH DM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COUGH DM CHILDRENS	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		DELSYM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		DELSYM COUGH CHILDRENS	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEXTROMETHORPHAN POLISTIREX	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ COUGH DM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL COUGH DM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COUGH DM ER	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE COUGH DM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE COUGH DM CHILDRENS	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM COUGH DM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COUGH DM	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		ROBITUSSIN 12 HOUR COUGH RELIEF	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN 12 HOUR COUGH RELIEF CHILDRENS	SUER	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN-ACETAMINOPHEN-CHLORPHENIRAMINE	CHILDRENS PLUS COUGH/RUNNY NOSE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORICIDIN HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORICIDIN HBP FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COUGH & RUNNY NOSE CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIABETIC TUSSIN COLD/FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		FLU BP MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIACARE COUGH & RUNNY NOSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CHILDRENS PLUS COUGH/RUNNY NOSE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA FLU MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB CHILDRENS PLUS COUGH/RUNNY NOSE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB FLU MAXIMUM STRENGTH HBP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC FLU COUGH & FEVER	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC FLU/COUGH/FEVER	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD/COUGH/RUNNY NOSE CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS FORMULA 44M MULTI-SYMP TOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN-ACETAMINOPHEN-TRIPROLIDINE	MUCINEX NIGHTSHIFT COLD & FLU	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN-DIPHENHYDRAMINE-ACETAMINOPHEN	DIABETIC TUSSIN COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIABETIC TUSSIN NIGHT TIME COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN-DOXYLAMINE-ACETAMINOPHEN	ALL-NITE COLD & FLU NIGHTTIME RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR COUGH PM MULTI-SYMP TOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		COLD & FLU MULTI-SYMP TOM NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD & FLU NIGHTTIME RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD & FLU RELIEF NIGHTTIME	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORICIDIN HBP NIGHTTIME MULTI-SYMP TOM COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		COUGH & SORE THROAT NIGHT TIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COLD/FLU RELIEF NIGHTTIME/MULTI-SYMP TOM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CVS NIGHTTIME COLD/FLU RELIEF MULTI-SYMPTOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ NITETIME COLD & FLU MULTI-SYMPTOM RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL NIGHTTIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL NIGHTTIME COLD & FLU RELIEF MULTI-SYMPTOM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP NIGHT TIME COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP NIGHT TIME COLD & FLU MULTI-SYMPTOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GOODSENSE NIGHTTIME COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HM NIGHT TIME COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HM NIGHT TIME MULTI SYMPTOM COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NIGHT TIME COLD & FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NIGHTTIME COLD MEDICINE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NIGHTTIME COLD/FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NIGHTTIME COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PX NITETIME COLD/FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PX NITETIME COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		QC COUGH/SORE THROAT NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		QC NIGHTTIME COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
	COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		QC NIGHTTIME MULTI-SYMPTOM COLD/FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			RA COLD/FLU RELIEF NIGHTTIME	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			RA NIGHTTIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB NIGHT TIME COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM NITE TIME COLD & FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM NITE TIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	

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		TGT COLD/FLU RELIEF MULTI-SYMPTOM NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS NYQUIL COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS NYQUIL COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN-GG-POT CITRATE-CITRIC ACID	SORBUTUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN-GG-POTASSIUM CITRATE	SORBUTUSS NR	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	DEXTROMETHORPHAN-GUAIFENESIN	ALKA-SELTZER PLUS MUCUS & CONGESTION BREAK UP FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALTARUSSIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		BIOCOTRON	LIQD	OR	-	-		PREFERRED	-	-	-
		BIOSPEC DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHERACOL PLUS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHEST CONGESTION & COUGH RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS MUCUS RELIEF COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORICIDIN HBP CHEST CONGESTION & COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COUGH & CHEST CONGESTION DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		COUGH & CHEST CONGESTION DM	SYRP	OR	-	-		PREFERRED	-	-	-
		CVS CHEST CONGESTION PLUS COUGH/CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CHEST CONGESTION RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COUGH & CHEST CONGESTION ADULT MAXIMUM STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		CVS COUGH/CHEST CONGESTION DM CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS DM MAXIMUM ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS MUCUS DM MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS TUSSIN DM	LIQD	OR	-	-		PREFERRED	-	-	-

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		DELSYM COUGH + CHEST CONGESTION DM CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIABETIC TUSSIN FOR CHILDREN	LIQD	OR	-	-		PREFERRED	-	-	-
		DOUBLE-TUSSIN DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ MUCUS RELIEF DM	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ TUSSIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		EQ TUSSIN DM MAX COUGH AND CHEST CONGESTION ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL MUCUS-DM	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL TUSSIN COUGH & CHEST CONGESTION DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL TUSSIN COUGH/CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		EQL TUSSIN DM COUGH/CHESTCONGESTION	SYRP	OR	-	-		PREFERRED	-	-	-
		EXTRA ACTION COUGH	SYRP	OR	-	-		PREFERRED	-	-	-
		FENESIN DM IR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERI-TUSSIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		G-FEN DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS COUGH & CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		GILTUSS COUGH & CHEST CONGESTION CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		GILTUSS DIABETIC COUGH & COLD	LIQD	OR	-	-		PREFERRED	-	-	-
		GNP MUCUS DM MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TAB TUSSIN DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TUSSIN DM	LIQD	OR	-	-		PREFERRED	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		GOODSENSE MUCUS DM	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GOODSENSE MUCUS RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIASORB DM	LIQD	OR	-	-		PREFERRED	-	-	-
		GUAICON DMS	SYRP	OR	-	-		PREFERRED	-	-	-
		GUAIFENESIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		GUAIFENESIN/DEXTROMETHO RPHAN	LIQD	OR	-	-		PREFERRED	-	-	-
		GUAIFENESIN/DEXTROMETHO RPHAN	SYRP	OR	-	-		PREFERRED	-	-	-
		GUAIFENESIN/DEXTROMETHO RPHAN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN/DEXTROMETHO RPHAN HYDROBROMIDE	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN-DM	SYRP	OR	-	-		PREFERRED	-	-	-
		G-ZYNCOF	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ADULT TUSSIN COUGH & CONGESTION DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CHEST CONGESTION RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM MUCUS RELIEF DM MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM TUSSIN ADULT COUGH & CHEST CONGESTION DM	LIQD	OR	-	-		PREFERRED	-	-	-
		HM TUSSIN COUGH/CHEST CONGESTION DM MAX/ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		INTENSE COUGH RELIEVER	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		INTENSE COUGH RELIEVER EXTRA STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-TUSSIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		MEDI-TUSSIN DM DOUBLE STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX COUGH FOR KIDS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX DM	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCOSA DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS & COUGH RELIEF CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		MUCUS DM	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-

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		MUCUS RELIEF COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF DM MAXIMUM STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEOTUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEGGEN DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIACARE COUGH & CONGESTION	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIATRIC FORMULA COUGH AND CONGESTION AID	LIQD	OR	-	-		PREFERRED	-	-	-
		PHARBINEX-DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX TUSSIN DM	LIQD	OR	-	-		PREFERRED	-	-	-
		QC MEDIFIN DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC MUCUS & COUGH RELIEF CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC MUCUS RELIEF DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC TUSSIN DM COUGH & CHEST CONGESTION/ADULT	LIQD	OR	-	-		PREFERRED	-	-	-
		Q-TUSSIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		RA MUCUS RELIEF DM	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TUSSIN COUGH	LIQD	OR	-	-		PREFERRED	-	-	-
		RA TUSSIN COUGH DM SUGAR FREE	SYRP	OR	-	-		PREFERRED	-	-	-
		RA TUSSIN COUGH/CHEST CONGESTION DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TUSSIN DM	LIQD	OR	-	-		PREFERRED	-	-	-
		RECOFEN "D"	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		REFENESEN DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBAFEN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		ROBAFEN DM COUGH	LIQD	OR	-	-		PREFERRED	-	-	-
		ROBITUSSIN COUGH+CHEST CONGESTION DM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN COUGH+CHEST CONGESTION DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM	LIQD	OR	-	-		PREFERRED	-	-	-
		ROBITUSSIN PEAK COLD DM	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SAFE TUSSIN DM ADULT	LIQD	OR	-	-		PREFERRED	-	-	-
		SB COUGH CONTROL DM	LIQD	OR	-	-		PREFERRED	-	-	-
		SB COUGH CONTROL DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB MUCUS RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB TAB TUSSIN DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SCOT-TUSSIN SENIOR	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SILTUSSIN DM DAS	LIQD	OR	-	-		PREFERRED	-	-	-
		SILTUSSIN-DM	SYRP	OR	-	-		PREFERRED	-	-	-
		SM CHEST CONGESTION RELIEF DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM MUCUS RELIEF COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM TUSSIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		SM TUSSIN DM MAX COUGH/CHEST CONGESTION	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SORBUGEN NR	LIQD	OR	-	-		PREFERRED	-	-	-
		SUPRESS DM PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT COUGH FORMULA DM	LIQD	OR	-	-		PREFERRED	-	-	-
		TGT MUCUS/COUGH RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRISPEC DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRISPEC DMX PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSNEL DIABETIC	LIQD	OR	-	-		PREFERRED	-	-	-
		TUSSIN DM	LIQD	OR	-	-		PREFERRED	-	-	-
		TUSSIN DM	SYRP	OR	-	-		PREFERRED	-	-	-
		TUSSIN DM COUGH + CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		TUSSIN DM COUGH + CHEST CONGESTION	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSIN DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL MUCUS CONTROL DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS FORMULA 44E COUGH/CHEST CONGESTION RELIEF	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-

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COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		VICKS FORMULA 44E PEDIATRIC COUGH/CHEST CONGESTION RELIEF	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		WAL-TUSSIN COUGH & CHEST CONGESTION DM	SYRP	OR	-	-		PREFERRED	-	-	-	
		WAL-TUSSIN COUGH/CHEST CONGESTION DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		WAL-TUSSIN DM	LIQD	OR	-	-		PREFERRED	-	-	-	
		WAL-TUSSIN DM CLEAR	SYRP	OR	-	-		PREFERRED	-	-	-	
		ZYNCOF	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ZYNCOF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DEXTROMETHORPHAN-GUAIFENESIN-CHLORPHENIRAMINE-ACETAMINOPHEN	CORICIDIN HBP DAY & NIGHTMULTI-SYMPTOM COLD	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEXTROMETHORPHAN-PHENYLEPHRINE-ACETAMINOPHEN	666 COLD PREPARATION	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			ALKA-SELTZER PLUS DAY COLD & FLU FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			ALKA-SELTZER PLUS SEVERE SINUS CONGESTION & COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			COLD HEAD CONGESTION DAYTIME/NON-DROWSY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			COLD MULTI-SYMPTOM DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			COLD RELIEF/NON-DROWSY/DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			COLD/FLU DAYTIME RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			COMTrex COLD & COUGH MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			CVS DAYTIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			DAYTIME COLD & FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			DAYTIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			DAY-TIME COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		DAYTIME MULTI-SYMP TOM COLD & FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DAYTIME MULTI-SYMP TOM COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		DAY-TIME PE COLD/FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ COLD MULTI-SYMP TOM DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ DAYTIME COLD & FLU MULTI-SYMP TOM RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ DAYTIME COLD & FLU MULTI-SYMP TOM RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL COLD MULTI-SYMP TOM DAYTIME RAPID RELEASE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL FLU & SEVERE COLD MULTI-SYMP TOM DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL MULTI-SYMP TOM DAYTIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLU RELIEF THERAPY DAYTIME FLU/SEVERE COLD & COUGH DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLU/SEVERE COLD & COUGH DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD MAX DAYTIME FOR ADULTS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD RELIEF MULTI-SYMP TOM DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP DAY TIME COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP FLU RELIEF THERAPY SEERE COLD DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP FLU/SEVERE COLD & C OUGH DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE COLD MAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE DAYTIME	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE DAYTIME COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE FLU & SEVERE COLD DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		HERBIOMED FAST ACTING BODY ACHES & SINUS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM DAY TIME	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	HM DAYTIME COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	

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		HM SEVERE COLD/COUGH/FLU DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		LITTLE REMEDIES FOR COLDSMULTI SYMPTOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		MAPAP COLD FORMULA MULTI-SYMPTOM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX CONGESTION & HEADACHE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX SEVERE COLD & SINUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX SINUS-MAX SEVERE CONGESTION & PAIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTI SYMPTOM FLU & SEVERE COLD/DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX DAYTIME COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX DAYTIME COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX DAYTIME PE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC DAYTIME COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC DAYTIME MULTI-SYMPTOM COLD/FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC FLU RELIEF THERAPY SEVERE COLD DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC SEVERE COLD & COUGH DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD MULTI-SYMPTOM DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD/FLU RELIEF DAYTIME	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA DAYTIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA DAYTIME MULTI-SYMPTOM COLD	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SEVERE COLD & COUGH DAY TIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN COLD+FLU DAYTIME	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM DAY TIME PE COLD & FLURELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM DAYTIME LIQUID CAPS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SM DAYTIME LIQUID CAPS/NON DROWSY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED PE PRESSURE+PAIN+COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		TGT COLD/FLU RELIEF DAY TIME MULTI-SYMP TOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH/DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU POWERPODS DAYTIME SEVERE COLD	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU SEVERE COLD & COUGH DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU SEVERE COLD DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU SEVERE COLD MULTI SYMPTOM	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD MAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD MULTI-SYMP TOM DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD MULTI-SYMP TOM DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL COLD & FLU MULTI-SYMP TOM RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FLU SEVERE COLD & COUGH	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FLU SEVERE COLD & COUGH/WARMING COMFORT/DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEXTROMETHORPHAN-PYRILAMINE CAPRON DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CAPRON DMT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOXYLAMINE W/ DM-GG CVS TUSSIN DM DAY/NIGHT PACK	LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		DOXYLAMINE-DM CVS DAYTIME/NIGHTTIME COUGH RELIEF	LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS NIGHTTIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CVS NIGHTTIME TUSSIN DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ NIGHT TIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		EQL NIGHTTIME COUGH RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP NIGHT TIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP TUSSIN DM MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NIGHTTIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PX NITETIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		QC NIGHTTIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA NITE TIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SAFE TUSSIN PM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SB NIGHTTIME COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VICKS DAYQUIL/NYQUIL COUGH	LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VICKS NYQUIL COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EPHEDRINE-GUAIFENESIN	BRONCHIAL ASTHMA RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			BRONKAID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			PRIMATENE ASTHMA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			SB BRONCHIAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN	ALTARUSSIN	SYRP	OR	-	-		PREFERRED	-	-	-
			BIDEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			BUCKLEYS CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
			CHEST CONGESTION CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
			CHEST CONGESTION RELIEF CHILDRENS MUCUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			EXPECTORANT	LIQD	OR	-	-		PREFERRED	-	-	-
			COUGH SYRUP	SYRP	OR	-	-		PREFERRED	-	-	-
			COUGHTAB	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CVS CHEST CONGESTION CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		CVS CHEST CONGESTION RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		CVS MUCUS EXTENDED RELEASE	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS TUSSIN ADULT CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		DIABETIC SILTUSSIN DAS-NA	LIQD	OR	-	-		PREFERRED	-	-	-
		DIABETIC TUSSIN	LIQD	OR	-	-		PREFERRED	-	-	-
		DIABETIC TUSSIN EX	SYRP	OR	-	-		PREFERRED	-	-	-
		EQ MUCUS ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL MUCUS-ER MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL TUSSIN CHEST CONGESTION	SYRP	OR	-	-		PREFERRED	-	-	-
		EQL TUSSIN MUCUS+CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		FENESIN IR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERI-TUSSIN	LIQD	OR	-	-		PREFERRED	-	-	-
		GERI-TUSSIN	SYRP	OR	-	-		PREFERRED	-	-	-
		G-FEN EX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		GNP TAB TUSSIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TUSSIN MUCUS & CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		GOODSENSE MUCUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN	LIQD	OR	-	-		PREFERRED	-	-	-
		GUAIFENESIN	SOLN	OR	-	-		PREFERRED	-	-	-
		GUAIFENESIN	SYRP	OR	-	-		PREFERRED	-	-	-
		GUAIFENESIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUIATUSS	SYRP	OR	-	-		PREFERRED	-	-	-
		HERBAL EXPEC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		HM CHEST CONGESTION RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM MUCUS ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM MUCUS RELIEF	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		HM TUSSIN ADULT	LIQD	OR	-	-		PREFERRED	-	-	-
		KLS MUCUS RELIEF CHEST	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LIQUIBID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FOR KIDS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCOSA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS & CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		MUCUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF CHEST CONGESTION FORMULA	LIQD	OR	-	-		PREFERRED	-	-	-
		MUCUS RELIEF ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS+CHEST CONGESTION/ADULT	LIQD	OR	-	-		PREFERRED	-	-	-
		MUCUS-ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS-ER MAX	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		ORGAN-I NR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PA MUCUS RELIEF	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHARBINEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX TUSSIN	SOLN	OR	-	-		PREFERRED	-	-	-
		QC MEDIFIN 400	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC MEDIFIN MUCUS RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-

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		QC MUCUS RELIEF	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC MUCUS RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		QC MUCUS RELIEF ER 12 HOUR MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC TUSSIN MUCUS + CHEST CONGESTION ADULT	LIQD	OR	-	-		PREFERRED	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		RA MUCUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MUCUS RELIEF	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TUSSIN	SYRP	OR	-	-		PREFERRED	-	-	-
		RA TUSSIN CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		REFENESEN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBAFEN	SYRP	OR	-	-		PREFERRED	-	-	-
		ROBAFEN MUCUS/CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		ROBITUSSIN MUCUS+CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		SB COUGH CONTROL	SYRP	OR	-	-		PREFERRED	-	-	-
		SB COUGHTAB	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB MUCUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SCOT-TUSSIN EXPECTORANT	LIQD	OR	-	-		PREFERRED	-	-	-
		SILTUSSIN DAS	LIQD	OR	-	-		PREFERRED	-	-	-
		SILTUSSIN SA	SYRP	OR	-	-		PREFERRED	-	-	-
		SM CHEST CONGESTION RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM MUCUS RELIEF	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM MUCUS RELIEF CHILDRENS	LIQD	OR	-	-		PREFERRED	-	-	-
		SM TUSSIN	SYRP	OR	-	-		PREFERRED	-	-	-
		SM TUSSIN MUCUS + CHEST CONGESTION ADULT	LIQD	OR	-	-		PREFERRED	-	-	-
		TUSNEL-EX	LIQD	OR	-	-		PREFERRED	-	-	-
		TUSSIN	SYRP	OR	-	-		PREFERRED	-	-	-
		TUSSIN MUCUS + CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		TUSSIN MUCUS + CHEST CONGESTION	SYRP	OR	-	-		PREFERRED	-	-	-

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		VICKS CASERO	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-TUSSIN	SYRP	OR	-	-		PREFERRED	-	-	-
		WAL-TUSSIN CHEST CONGESTION	LIQD	OR	-	-		PREFERRED	-	-	-
		XPECT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	GUAIFENESIN-CODEINE	CHERATUSSIN AC	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHERATUSSIN AC	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CODEINE/GUAIFENESIN	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		CODITUSSIN AC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		G TUSSIN AC	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIATUSSIN AC	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN AC	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN/CODEINE	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN/CODEINE	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAR-COF CG EXPECTORANT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		M-CLEAR WC	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		NINJACOF-XG	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRYMINE CG	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VIRTUSSIN A/C	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		VIRTUSSIN AC/ALC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	HYDROCODONE POLISTIREX-CHLORPHENIRAMINE POLISTIREX	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	SUER	OR	-	NON-COVERED	COLD	-	-	-	-
		TUSSICAPS	CP12	OR	-	NON-COVERED	COLD	-	-	-	-
		TUSSIONEX PENNKINETIC EXTENDED RELEASE	SUER	OR	-	NON-COVERED	COLD	-	-	-	-
	HYDROCODONE W/ HOMATROPINE	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-

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		HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	TABS	OR	-	NON-COVERED	COLD	-	-	-	-
		HYDROCODONE/HOMATROPINE	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
		HYDROMET	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
	HYDROCODONE-GUAIFENESIN	HYDROCODONE BITARTRATE/GUAIFENESIN	SOLN	OR	-	NON-COVERED	COLD	-	-	-	-
	PHENYLEPHRINE W/ DM-GG	ACTIDOM DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACTINEL DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		AMBI 10PEH/400GFN/20DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		AQUANAZ	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIODESP DM	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOGTUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BRONCOTRON PED	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BRONTUSS DX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BRONTUSS SF NR	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS MULTI-SYMPTOMS COLD CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DECONEX DMX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DESGEN DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DESGEN PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DESPEC DM	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		DESPEC EDA	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEXTROMETHORPHAN HYDROBROMIDE/GUAIFENESIN/PHENYLEPHRINE HYDR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEXTROMETHORPHAN/GUAIFENESIN/PHENYLEPHRINE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		DOMETUSS-DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DURAVENT DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ MULTI-SYMPTOM COLD CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ TUSSIN CF COUGH & COLD ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL MUCUS RELIEF CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GCON DMX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS COUGH & COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		GILTUSS COUGH & COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS COUGH & COLD CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS TR	TABS	OR	-	NON-COVERED	COLD	-	-	-	-
		GNP MUCUS RELIEF CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF SEVERE CONGESTION AND COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TUSSIN CF COUGH & COLD	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE MUCUS RELIEF CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE MUCUS RELIEF SEVERE CONGESTION & COUGH MAXIMUM STR	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		G-SUPRESS DX PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		G-TRON PED	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		G-TUSICOF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM TUSSIN ADULT MULTI-SYMPTOM COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX CHILDRENS MULTI-SYMPTOM COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX COUGH & CONGESTION CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX SEVERE CONGESTION & COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		MUCINEX FAST-MAX SEVERE CONGESTION & COUGH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX JUNIOR COUGH & CONGESTION	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF SEVERE CONGESTION & COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTI-SYMPTOM COLD CHILDRENS PLUS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEOTUSS-D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NIVANEX DMX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		PRES GEN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRES GEN PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBAFEN CF MULTI-SYMPTOM COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN CHILDRENS COUGH & COLD CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COUGH CONTROL CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPRESS-DX PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TEO-TUS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSICOF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSICOF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSNEL DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSNEL DM PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSI-PRES	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSI-PRES PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSLIN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSLIN PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANACOF DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANATAB DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		WAL-TUSSIN CF MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-ACETAMINOPHEN-GUAIFENESIN	CVS COLD & SINUS MULTI-SYMPATOM MAXIMUM STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SEVERE CONGESTION RELIEF ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL PRESSURE & PAIN PE PLUS MUCUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF COLD & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE COLD & HEAD CONGESTION SEVERE FOR ADULTS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX COLD & SINUS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX COLD & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD/SINUS MAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		REFENESEN CHEST CONGESTION & PAIN RELIEF PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SEVERE CONGESTION SINUS RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SUDAFED PE HEAD CONGESTION + MUCUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD & HEAD SEVERE CONGESTION	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL SINUS SEVERE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS SINEX SEVERE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED PE TRIPLE RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-BROMPHENIRAMINE W/ CODEINE	M-END PE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		POLY-TUSSIN AC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-BROMPHENIRAMINE-DM	COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		COLD/COUGH DM CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COLD & COUGH DM CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIMAPHEN DM COLD & COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIMETAPP DM COLD & COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ENDACOF-DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ COLD & COUGH DM CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GLENMAX PEB DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		LOHIST-DM	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRESGEN B	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX DIBROMM DM COLD/COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		QC DIBROMM CHILDRENS COLD& COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD & COUGH CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD & COUGH DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RYNEX DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COLD & COUGH DM CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COLD & COUGH DM CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSI-PRES B	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-TAP DM COLD/COUGH	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.	PHENYLEPHRINE-CHLOPHEDIANOL-GUAIFENESIN	CHLOPHED	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-CHLORPHEN-DM	BALAMINE DM	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIO-RYTUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BRONKIDS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED A-HIST DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED A-HIST DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FATHER JOHNS MEDICINE PLUS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		GENCONTUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS ALLERGY PLUS COUGH & CONGESTION	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS ALLERGY PLUS COUGH & CONGESTION CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAXICHLOR PEH DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEOTUSS PLUS	LIQD	OR	-	NON-COVERED	COLD	-	-	-	-
		NOHIST-DM	LIQD	OR	-	NON-COVERED	COLD	-	-	-	-
		NOHIST-DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RYCONTUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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	PHENYLEPHRINE-CHLORPHENIRAMINE W/ CODEINE	CAPCOF	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAXI-TUSS CD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-CHLORPHENIRAMINE W/ DM-GG & APAP	KLS COLD & FLU MULTI-SYMTOM DAYTIME/NIGHTTIME SEVERE	TBPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD PLUS FLU SEVERE FOR ADULTS DAY/NIGHT	TBPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-CHLORPHENIRAMINE-CHLOPHEDIANOL	GILTUSS COUGH ALLERGY & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHENAGIL CH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-CHLORPHENIRAMINE-DM W/ APAP	ALKA-SELTZER PLUS COLD & COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS PAIN RELIEF PLUS MULTI-SYMTOM COLD	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		CHILDRENS PLUS FLU	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS PLUS MULTI-SYMTOM COLD	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD MULTI-SYMTOM DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		COMTrex COLD & COUGH DAY/NIGHT MAXIMUM STRENGTH	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		COMTrex COLD & COUGH NIGHTTIME MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COLD RELIEF MULTI-SYMTOM DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS FLU RELIEF CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS MULTI-SYMTOM COLD CHILDRENS PLUS PAIN RELIEF	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ DAYTIME/NIGHTTIME COLD MULTI-SYMTOM	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILTUSS MULTI-SYMTOM COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GILTUSS MULTI-SYMP TOM COLD & FLU CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD + HEAD CONGESTION NIGHTTIME FOR ADULTS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP COLD MAX DAY/NIGHT ADULTS	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TUSSIN NIGHT TIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE COLD MULTI-SYMP TOM FOR ADULTS /DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		HEAD CONGESTION COLD RELIEF DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		KLS NIGHTTIME COLD MULTI-SYMP TOM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTI-SYMP TOM COLD PLUS CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIACARE MULTI SYMP TOM COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX COLD RELIEF MULTI-SYMP TOM DAY/NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX NIGHTTIME COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC COLD HEAD CONGESTION NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC COLD MULTI-SYMP TOM NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		RA CHILDRENS FLU RELIEF PLUS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CHILDRENS PLUS MULTISYMP TOM COLD	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD MULTI-SYMP TOM NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA HEAD CONGESTION COLD RELIEF DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MULTI-SYMP TOM COLD RELIEF/DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB CHILDRENS PLUS MULTISYMP TOM COLD	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COLD MULTI-SYMP TOM DAY/NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COLD HEAD CONGESTION NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		TGT COLD RELIEF MULTI-SYMPTOM NIGHT-TIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU SEVERE COLD NIGHTTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIAMINIC FEVER & COLD MULTI-SYMPTOM CHILDRENS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL CHILDRENS PLUS FLU	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL CHILDRENS PLUS MULTI-SYMPTOM COLD	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DEXBROMPHENIRAMINE-DEXTROMETHORPHAN	ALAHIST CF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALAHIST DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIONATUSS DXP	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		G-P-TUSS DXP	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPRESS A PEDIATRIC DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DEXBROMPHENIRAMINE-DM-GUAIFENESIN	PANATUSS DXP	LIQD	OR	-	NON-COVERED	COLD	-	-	-	-
	PHENYLEPHRINE-DEXCHLORPHENIRAMINE-CODEINE	PRO-RED AC	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DEXTROMETHORPHAN-DEXCHLORPHENIRAMINE	POLYTUSSIN DM COLD & COUGH	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DEXTROMETHORPHAN	DAYTIME/NIGHTTIME CHILDRENS	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		TRIAMINIC COLD & COUGH DAY/NIGHT CHILDRENS	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DM W/ APAP	CVS SEVERE COLD & COUGH MULTI-SYMPTOM/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SEVERE COLD & FLU/DAYTIME/NIGHTTIME	LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		HERBIOMED DEEP COLD AND FLU NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU SEVERE COLD & COUGH DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-

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		WAL-FLU SEVERE COLD & COUGH DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DM-GG	ROBITUSSIN COUGH & COLD DAY/NIGHT PACK	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DM-GUAIFENESIN-APAP	DELSYM CHILDRENS DAY NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		DELSYM DAY NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX DAY TIME/NIGHT TIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTI-SYMPTOM COLD DAYTIME/NIGHTTIME CHILDRENS	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SEVERE COLD/NIGHT TIMECOLD & FLU/MAXIMUM STRENGTH	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SUPHEDRINE PE DAY AND NIGHT COMBO PACK	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN PEAK COLD DAY/NIGHT PACK DM	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN SEVERE DAY & NIGHT COUGH/COLD + FLU MULTI-SYMPTOM	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED PE DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-GG W/ APAP	CVS SINUS RELIEF DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX SINUS-MAX DAY TIME/NIGHT TIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SINUS RELIEF DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DM	CVS COLD & COUGH CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		DAYTIME COLD & COUGH CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP TRIACTING DAY TIME COLD/COUGH CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIACARE CHILDRENS MULTI-SYMPTOM COLD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		QC TRIACTING DAYTIME CHILDRENS	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM DAYTIME COLD & COUGH CHILDRENS TRIACTING FORMULA	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED PE COLD & COUGH CHILDRENS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-

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		TRIAMINIC COLD & COUGH DAY TIME CHILDRENS	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VICKS FORMULA 44D COUGH/NASAL CONGESTION RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
	PHENYLEPHRINE-DM-GG W/ APAP	COLD & FLU SEVERE DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		COLD & FLU SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		COLD HEAD CONGESTION SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		COUGH COLD & SORE THROAT CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS COLD/FLU & SORE THROAT MULTI-SYMP TOM ADULT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS MULTI-SYMP TOMS COLD & FEVER CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS SINUS PE PRESSURE PAIN + COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DAYQUIL SEVERE + VAPOCOOL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DAYTIME SEVERE COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		DECOREL FORTE PLUS SEVERE COLD/COUGH RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ MUCUS RELIEF COLD FLU & SORE THROAT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ MULTI-SYMP TOM COLD & FEVER CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL DAYTIME SEVERE COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL MUCUS RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP COLD + FLU SEVERE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP COLD RELIEF COLD & FLU SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GOODSENSE COLD & FLU SEVERE FOR ADULTS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		GOODSENSE DAY TIME COLD &FLU SEVERE NON-DROWSY	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			GOODSENSE DAY TIME COLD &FLU SEVERE NON-DROWSY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		HERBIOMED SEVERE COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM SEVERE COLD & FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX CHILDRENS MULTI-SYMP TOM COLD & FEVER	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX COLD/FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX COLD/FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX FAST-MAX COLD/FLU/SORE THROAT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX JUNIOR COLD & FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX SINUS-MAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF COLD FLU & SORE THROAT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF COLD/FLU/SORE THROAT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF SEVERE COLD DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX SEVERE COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MUCUS RELIEF PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SEVERE CONGESTION/COLD MAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROBITUSSIN SEVERE MULTI-SYMP TOM COUGH/COLD + FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COLD & FLU SEVERE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SEVERE COLD & FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		SM COLD & FLU SEVERE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED PE HEAD CONGESTION + FLU SEVERE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		THERACOF PLUS COUGH AND COLD RELIEVER	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSIN CF SEVERE MULTI-SYMPTOM COUGH COLD/FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD & FLU SEVERE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL WARMING COUGH & SEVER CONGESTION DAYTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL SEVERE COLD & FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL SEVERE COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL SEVERE COLD & FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED PE COLD & COUGH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED PE PRESSURE+PAIN+COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-TUSSIN CF MAX MULTI-SYMPTOM COUGH COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-DOXYLAMINE-DEXTROMETHORPHAN-ACETAMINOPHEN	ALKA-SELTZER PLUS NIGHT COLD & FLU FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALKA-SELTZER PLUS SEVERE COLD & FLU NIGHT	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALKA-SELTZER PLUS SEVERE SINUS CONGESTION/ALLERGY & COUGH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD & FLU MULTI-SYMPTOM DAYTIME/NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD MULTI-SYMPTOM WARMING NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLD/FLU RELIEF DAY/NIGHT CVS DAYTIME NIGHTTIME	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTI-SYMPTOM COLD/FLU RELIEF	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-

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		EQ DAYTIME/NITETIME COLD & FLU	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		EQL DAYTIME & NIGHTTIME COLD & FLU RELIEF	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQL NIGHTTIME SEVERE COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP MULTI-SYMP TOM COLD NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GOODSENSE NIGHTTIME COLD & FLU SEVERE MAXIMUM STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NIGHTTIME SEVERE COLD & FLU/MAXIMUM STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NITE-TIME COLD/FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NYQUIL SEVERE + VAPOCOOL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NYQUIL SEVERE COLD/FLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NYQUIL SEVERE COLD/FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PX COLD/FLU RELIEF DAY/NIGHT	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA DAYTIME/NIGHTTIME/COLD/FLU RELIEF	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SEVERE COLD & FLU NIGHTTIME MULTI-SYMP TOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SINEX SEVERE+ VAPOCOOL NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TGT COLD/FLU RELIEF DAY/NIGHT MULTI-SYMP TOM	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TYLENOL COLD MULTI-SYMP TOM NIGHTTIME	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VICKS DAYQUIL/NYQUIL COLD & FLU MULTI-SYMP TOM RELIEF	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VICKS NYQUIL SEVERE COLD & FLU	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VICKS NYQUIL SEVERE COLD & FLU MAX STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	PHENYLEPHRINE-DOXYLAMINE-DM-GUAIFENESIN-APAP		MUCINEX FAST-MAX DAY/NIGHT	CPPK	OR	-	NON-COVERED	OTCS	-	-	-	-
			MUCINEX SINUS-MAX DAY/NIGHT	CPPK	OR	-	NON-COVERED	OTCS	-	-	-	-

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		RA DAY/NIGHT MAXIMUM STRENGTH	CPPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		SEVERE COLD & FLU DAYTIME/NIGHTTIME	LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL COLD+FLU SEVERE/COUGH FOR ADULTS	LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		VICKS DAYQUIL/NYQUIL SEVERE	LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL/NYQUIL SEVERE+ VAPOCOOL	TBPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-GUAIFENESIN	AMBI 10PEH/400GFN CHEST CONGESTION AND SINUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CHEST CONGESTION RELIEF PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS NON-DRYING SINUS PE CVS STUFFY NOSE & COLD CHILDRENS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LIQD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DECONEX IR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DURAVENT PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ED BRON GP	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		FENESIN PE IR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GCON IR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GILPHEX TR	TABS	OR	-	NON-COVERED	COLD	-	-	-	-
		GILTUSS SINUS & CONGESTION	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS RELIEF PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN/PHENYLEPHRINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX STUFFY NOSE & COLD CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUSRELIEF SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHARBINEX-PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		QC MEDIFIN PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MUCUS RELIEF SINUS REESES ONETAB CONGESTION & COUGH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		REFENESEN PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB MUCUS RELIEF PE SM CHEST CONGESTION RELIEF PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPRESS-PE PEDIATRIC TRIAMINIC CHEST/NASAL CONGESTION	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSSI-PRES PE PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-PHENIRAMINE-DM	THERAFLU COLD & COUGH	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-THONZYLAMINE-DEXTROMETHORPHAN	POLY-HIST DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-TRIPROLDINE-CODEINE	HISTEX-AC	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-TRIPROLDINE-DEXTROMETHORPHAN	DOCTOR MANZANILLA DM SYRUP ANTIHISTAMINE/DECONGESTANT/COUGH	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-TRIPROLDINE-DM-ACETAMINOPHEN	HISTEX-DM MUCINEX NIGHTSHIFT COLD & FLU CLEAR&COOL	SYRP SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-TRIPROLDINE-DM-GUAIFENESIN-APAP	MUCINEX NIGHTSHIFT SINUS MUCINEX CLEAR & COOL/FASTMAX/NIGHTSHIFT	SOLN LQPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	POTASSIUM IODIDE (EXPECTORANT)	SSKI	SOLN	OR	-	NON-COVERED	COLD	-	-	-	-
	PROMETHAZINE & PHENYLEPHRINE	PROMETHAZINE VC PROMETHAZINE/PHENYLEPHRINE	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
	PROMETHAZINE W/CODEINE	PROMETHAZINE/CODEINE	SOLN	OR	-	NON-COVERED	COLD	-	-	-	-
		PROMETHAZINE/CODEINE	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-

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	PROMETHAZINE-DM	PROMETHAZINE HCL/DEXTROMETHORPHAN HYDROBROMIDE	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
		PROMETHAZINE/DEXTROMETHORPHAN	SOLN	OR	-	NON-COVERED	COLD	-	-	-	-
		PROMETHAZINE/DEXTROMETHORPHAN	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.	PROMETHAZINE-PHENYLEPHRINE-CODEINE	PROMETHAZINE VC/CODEINE	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
		PROMETHAZINE/PHENYLEPHRINE/CODEINE	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
	PSEUDOEPH-CPM-DM W/APAP	TRIACTING COLD/COUGH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHED-BROMPHEN-DM	BIO-DTUSS DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BROMFED DM	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
		BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
		SM COLD & COUGH CHILDRENS	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHED-CARBINOX-DM	TUSSAFED	SYRP	OR	-	NON-COVERED	COLD	-	-	-	-
	PSEUDOEPHED-CPM W/ HYDROCOD	HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE	SOLN	OR	-	NON-COVERED	COLD	-	-	-	-
	PSEUDOEPHED-DOXYL-DM W/APAP	COLD & FLU RELIEF NIGHTTIME D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NYQUIL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX NITETIME MULTI-SYMP TOM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM NITE TIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE W/ CODEINE-GG	CODITUSSIN DAC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GUAIFENESIN DAC	SOLN	OR	-	NON-COVERED	DESI	-	-	-	-
		LORTUSS EX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSNEL C	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		VIRTUSSIN DAC	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE W/ DM-GG	ACTINEL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		ACTINEL PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		BIONEL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		BIONEL PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CAPMIST DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		DESGEN DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PEGGEN PSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		POLY-VENT DM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM TUSSIN COUGH & COLD	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TRISPEC PSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TRISPEC PSE PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TUSNEL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TUSNEL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		TUSNEL PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		WAL-TUSSIN CF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PSEUDOEPHEDRINE-ACETAMINOPHEN-DEXTROMETHORPHAN	EQL DAYTIME COLD/FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			PX DAYTIME MULTI-SYMP TOM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			RA ACETAMINOPHEN FLU SEVERE COLD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			SM DAY TIME COLD & FLU RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			VICKS DAYQUIL MULTI-SYMP TOM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PSEUDOEPHEDRINE-BROMPHENIRAMINE-CHLOPHEDIANOL	ATUSS DA	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			Y-TUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE	MAR-COF BP	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		RYDEX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-CHLOPHEDIANOL-GUAIFENESIN	AMBI 12.5CPD/100GFN/30PSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-CHLORPHEN-DM	PEDIATRIC COUGH/COLD SM PEDIA RELIEF FOR CHILDREN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.	PSEUDOEPHEDRINE-DEXBROMPHENIRAMINE-CHOPHEDIANOL	CHLO TUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-DEXBROMPHENIRAMINE-DEXTROMETHORPHAN	M-END DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-DEXCHLORPHENIRAMINE-CHLOPHEDIANOL	ABANATUSS PED	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		AMBI 12.5CPD/1DCPM/30PSE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PANATUSS PED	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		VANACOF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-DEXCHLORPHENIRAMINE-DEXTROMETHORPHAN	ABATUSS DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DELTUSS DMX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-DM	SM TUSSIN COUGH & COLD MAXIMUM STRENGTH	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-DM-GG W/ APAP	DURAFLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COUGH & COLD MULTI-SYMP TOM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM DAY TIME COLD & FLU RELIEF	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-DOXYLAMINE-DEXTROMETHORPHAN	GLENTUSS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		LORTUSS DM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-GUAIFENESIN	ALTARUSSIN-PE	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		AMBI 40PSE/400GFN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		AMBI 60PSE/400GFN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS MUCUS D EXTENDED RELEASE	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-

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		ENTEX T	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP MUCUS D 12 HR GUAIFENESIN/PSEUDOEPHEDR INE HCL	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM MUCUS RELIEF D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		MAXIFED	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCINEX D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS RELIEF D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCUS-D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		POLY-VENT IR	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PSEUDOEPHEDRINE HCL/ GUAIFENESIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MUCUS RELIEF D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		RESPIRE-30	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RYDEX G	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM MUCUS RELIEF D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUSNEL PEDIATRIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-PYRILAMINE- CHLOPHEDIANOL	NINJACOF-D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	THONZYLAMINE-CHLOPHEDIANOL	POLY-HIST PD	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC	PHENYLEPHRINE HCL (ORAL)	CONTAC-D	TABS	OR	-	-		PREFERRED	-	-	-
		CVS NASAL DECONGESTANT PE	TABS	OR	-	-		PREFERRED	-	-	-
		CVS SINUS PE DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		EQL NASAL DECONGESTANT PE MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-

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		GNP NASAL DECONGESTANT PEMAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		HM NASAL DECONGESTANT PE	TABS	OR	-	-		PREFERRED	-	-	-
		KLS SUPHEDRINE PE	TABS	OR	-	-		PREFERRED	-	-	-
		LITTLE COLDS DECONGESTANTFORMULA	LIQD	OR	-	-		PREFERRED	-	-	-
		NASAL DECONGESTANT PE	TABS	OR	-	-		PREFERRED	-	-	-
		NON-PSEUDO SINUS DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		PX NASAL DECONGESTANT PE	TABS	OR	-	-		PREFERRED	-	-	-
		QC NASAL DECONGESTANT PE	TABS	OR	-	-		PREFERRED	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC CONT.		RA NASAL DECONGESTANT PE	TABS	OR	-	-		PREFERRED	-	-	-
		SM NASAL DECONGESTANT PE	TABS	OR	-	-		PREFERRED	-	-	-
		SUDAFED PE CHILDRENS NASAL DECONGESTANT	SOLN	OR	-	-		PREFERRED	-	-	-
		SUDAFED PE CONGESTION	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDOGEST PE	TABS	OR	-	-		PREFERRED	-	-	-
		WAL-PHED PE	TABS	OR	-	-		PREFERRED	-	-	-
	PHENYLEPHRINE W/ ACETAMINOPHEN	ACETAMINOPHEN CONGESTION AND PAIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CONTAC COLD+FLU MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SINUS HEADACHE PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SINUS PAIN & CONGESTION DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ DAYTIME SINUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ SINUS CONGESTION & PAIN DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ SUPHEDRINE PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE PRESSURE/PAIN PE MAXIMUM STRENGTH ADULT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAPAP SINUS MAXIMUM STRENGTH CONGESTION AND PAIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PANADOL COLD/FLU	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		PX SINUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC SINUS PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SINUS CONGESTION & PAIN DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SUPHEDRINE PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SUPHEDRINE PE SINUS HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB DAYTIME SINUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB SINUS CONGESTION & PAIN DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SINUS AND HEADACHE DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SINUS CONGESTION & PAIN DAYTIME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC CONT.		SM PAIN RELIEVER SINUS PE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED PE SINUS PRESSURE+ PAIN MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TYLENOL SINUS+HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VICKS DAYQUIL SINUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-FLU SEVERE COLD DAYTIME	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED PE SINUS HEADACHE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-ASPIRIN	ALKA-SELTZER PLUS SINUS FORMULA	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENYLEPHRINE-IBUPROFEN	ADVIL SINUS CONGESTION & PAIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CONGESTION RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED PE HEAD CONGESTION + PAIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE HCL	12 HOUR DECONGESTANT	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		12 HOUR NASAL DECONGESTANT	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS 12 HOUR NASAL DECONGESTANT	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS NASAL DECONGESTANT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS NASAL DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-

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		DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		DECONGESTANT 12HOUR MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ SUPHEDRINE	TABS	OR	-	-		PREFERRED	-	-	-
		EQL NASAL DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		GENAPHED	TABS	OR	-	-		PREFERRED	-	-	-
		GNP NASAL DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		GNP PSEUDOEPHEDRINE HCL ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP SUPHEDRIN	LIQD	OR	-	-		PREFERRED	-	-	-
		HM NASAL DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		HM NASAL DECONGESTANT 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP PSEUDOEPHEDRINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		MEIJER NASAL DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		NASAL DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		NASAL DECONGESTANT 12 HOUR SINUS	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC CONT.		NEXAFED	TABA	OR	-	NON-COVERED	OTCS	-	-	-	-
		PSEUDOEPHEDRINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		PSEUDOEPHEDRINE HCL ER	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX NASAL DECONGESTANT	TABS	OR	-	-		PREFERRED	-	-	-
		PX NASAL DECONGESTANT	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC SUPHEDRINE	TABS	OR	-	-		PREFERRED	-	-	-
		QC SUPHEDRINE MAXIMUM STRENGTH	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SUPHEDRINE	TABS	OR	-	-		PREFERRED	-	-	-
		RA SUPHEDRINE	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SHOPKO NASAL DECONGESTANT	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SHOPKO NASAL DECONGESTANTMAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		SINUS 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM 12 HOUR SINUS DECONGESTANT	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM NASAL DECONGESTANT MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		SUDAFED 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SUDAFED 24 HOUR	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED CONGESTION	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED SINUS CONGESTION	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED SINUS CONGESTION 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED SINUS CONGESTION 24 HOUR	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDOGEST	TABS	OR	-	-		PREFERRED	-	-	-
		SUDOGEST 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDOPHED	TABS	OR	-	-		PREFERRED	-	-	-
		TGT SINUS 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PHED	TABS	OR	-	-		PREFERRED	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC CONT.		WAL-PHED 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZEPHREX-D	TABA	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-ACETAMINOPHEN	EQ SINUS RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEXAFED SINUS PRESSURE + PAIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM PAIN RELIEVER SINUS MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM SINUS MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SOBA PAIN RELIEVER/SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-IBUPROFEN	ADVIL COLD & SINUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ADVIL COLD & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS COLD & SINUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL IBUPROFEN COLD/SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CHILDRENS IBUPROFEN COLD	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM COLD & SINUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		IBUPROFEN COLD & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX IBUPROFEN COLD & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC IBUPROFEN COLD/SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA IBU-PROFEN COLD/SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM COLD & SINUS RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-PROFEN COLD & SINUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PSEUDOEPHEDRINE-NAPROXEN SODIUM	ALEVE COLD & SINUS	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALEVE SINUS & HEADACHE	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALEVE-D SINUS & COLD	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALEVE-D SINUS & HEADACHE	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALL DAY PAIN RELIEF SINUS& COLD D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC CONT.		CVS SINUS & COLD-D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP SINUS & COLD-D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM SINUS & COLD-D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SINUS & COLD-D NON-DROWSY	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM SINUS & COLD-D	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUDAFED PRESSURE+PAIN 12 HOUR	TB12	OR	-	NON-COVERED	OTCS	-	-	-	-
COUGH / COLD : MISC	ACETYL CYSTEINE	ACETYL CYSTEINE	SOLN	IN	-	-		PREFERRED	-	-	-
	SODIUM CHLORIDE (INHALANT)	HYPER-SAL	NEBU	IN	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NASAL MIST	AERS	IN	-	NON-COVERED	OTCS	-	-	-	-
		NEBUSAL	NEBU	IN	-	-		PREFERRED	-	-	-
		NEBUSAL 6%	NEBU	IN	-	-		PREFERRED	-	PA REQUIRED	-
		PULMOSAL	NEBU	IN	-	-		PREFERRED	-	-	-
		SIMPLY SALINE BABY	AERS	IN	-	NON-COVERED	OTCS	-	-	-	-
		SODIUM CHLORIDE	NEBU	IN	-	-		PREFERRED	-	-	-
CYTOKINE AND CAM ANTAGONISTS :	ABATACEPT	ORENCIA	SOLR	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ORENCIA	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ORENCIA CLICKJECT	SOAJ	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ADALIMUMAB	HUMIRA	PSKT	SC	-	-		PREFERRED	-	PA REQUIRED	-

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		HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		HUMIRA PEN	PNKT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		HUMIRA PEN-CD/UC/HS STARTER	PNKT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		HUMIRA PEN-PS/UV STARTER	PNKT	SC	-	-		PREFERRED	-	PA REQUIRED	-
	ANAKINRA	KINERET	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	APREMILAST	OTEZLA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OTEZLA	TBPK	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	BARICITINIB	OLUMIANT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	BRODALUMAB	SILIQ	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	CANAKINUMAB	ILARIS	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	CERTOLIZUMAB PEGOL	CIMZIA	KIT	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CIMZIA STARTER KIT	KIT	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ETANERCEPT	ENBREL	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-
		ENBREL	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
		ENBREL MINI	SOCT	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ENBREL SURECLICK	SOAJ	SC	-	-		PREFERRED	-	PA REQUIRED	-
	GOLIMUMAB	SIMPONI	SOAJ	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SIMPONI	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SIMPONI ARIA	SOLN	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-
	GUSELKUMAB	TREMFYA	SOPN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TREMFYA	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
CYTOKINE AND CAM ANTAGONISTS : CONT.	INFLIXIMAB	REMICADE	SOLR	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-
	INFLIXIMAB-ABDA	RENFLIXIS	SOLR	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-
	INFLIXIMAB-DYYB	INFLECTRA	SOLR	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-
	IXEKIZUMAB	TALTZ	SOAJ	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TALTZ	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	RILONACEPT	ARCALYST	SOLR	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	RISANKIZUMAB-RZAA	SKYRIZI	PSKT	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	SARILUMAB	KEVZARA	SOAJ	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		KEVZARA	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	SECUKINUMAB	COSENTYX	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		COSENTYX SENSOREADY PEN	SOAJ	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TILDRAKIZUMAB-ASMN	ILUMYA	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TOCILIZUMAB	ACTEMRA	SOLN	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ACTEMRA	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ACTEMRA ACTPEN	SOAJ	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TOFACITINIB CITRATE	XELJANZ	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		XELJANZ XR	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	UPADACITINIB	RINVOQ	TB24	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	USTEKINUMAB	STELARA	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		STELARA	SOSY	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
	USTEKINUMAB (IV)	STELARA	SOLN	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-
	VEDOLIZUMAB	ENTYVIO	SOLR	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-

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DERMATOLOGICS : ACNE PRODUCTS - ORAL	ISOTRETINOIN	ABSORICA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		AMNESTEEM	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		CLARAVIS	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		ISOTRETINOIN	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		MYORISAN	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		ZENATANE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	ISOTRETINOIN MICRONIZED	ABSORICA LD	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL	ADAPALENE	ADAPALENE	CREA	EX	-	-		PREFERRED	-	-	-	
		ADAPALENE	GEL	EX	-	-		PREFERRED	-	-	-	
		ADAPALENE	LOTN	EX	-	-		NON-PREFERRED	4	-	-	
		ADAPALENE	PADS	EX	-	-		NON-PREFERRED	4	-	-	
		ADAPALENE	SOLN	EX	-	-		NON-PREFERRED	4	-	-	
		ADAPALENE PUMP	GEL	EX	-	-		NON-PREFERRED	4	-	-	
		DIFFERIN	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		DIFFERIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		DIFFERIN 0.1%	GEL	EX	-	-		PREFERRED	-	-	-	
		DIFFERIN	LOTN	EX	-	-		NON-PREFERRED	4	-	-	
		ADAPALENE-BENZOYL PEROXIDE	ADAPALENE/BENZOYL PEROXIDE	GEL	EX	-	-		PREFERRED	-	-	-
			EPIDUO	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EPIDUO FORTE		GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	ADAPALENE-BENZOYL PEROXIDE-CLINDAMYCIN PHOSPHATE	ADAPALENE/BENZOYL PEROXIDE/CLINDAMYCIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	ADAPALENE-BENZOYL PEROXIDE-NIACINAMIDE	ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.	ALUMINUM OXIDE	BRASIVOL	PSTE	EX	-	NON-COVERED	OTCS	-	-	-	-
AZELAIC ACID (ACNE)		AZELEX	CREA	EX	-	-		NON-PREFERRED	4	-	-	
AZELAIC ACID-NIACINAMIDE		AZELAIC ACID/NIACINAMIDE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
BENZOYL PEROXIDE		ACNE FOAMING WASH	LIQD	EX	-	-	NON-COVERED	OTCS	-	-	-	-
		ACNE MAXIMUM STRENGTH	CREA	EX	-	-	NON-COVERED	OTCS	-	-	-	-
		ACNE MEDICATION 10	GEL	EX	-	-	NON-COVERED	OTCS	-	-	-	-
		ACNE MEDICATION 10	LOTN	EX	-	-	NON-COVERED	OTCS	-	-	-	-
		ACNE MEDICATION 5	GEL	EX	-	-	NON-COVERED	OTCS	-	-	-	-
		ACNE MEDICATION 5	LOTN	EX	-	-	NON-COVERED	OTCS	-	-	-	-
		ACNE TREATMENT CLEANSING BAR MAXIMUM STRENGTH	BAR	EX	-	-	NON-COVERED	OTCS	-	-	-	-
		ACNE TREATMENT GEL	GEL	EX	-	-	NON-COVERED	OTCS	-	-	-	-

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		ACNE-CLEAR	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		ACNEFREE 24 HOUR ACNE CLEARING SYSTEM	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		ACNEFREE SEVERE 24 HOUR CLEARING SYSTEM	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		ADVANCED ACNE WASH	LQCR	EX	-	NON-COVERED	OTCS	-	-	-	-
		BENZEPRO	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZEPRO	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZEPRO	MISC	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZEPRO CREAMY WASH	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZEPRO FOAMING CLOTHS	MISC	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZEPRO SHORT CONTACT	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZIQ	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZIQ LS	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZIQ WASH	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZOYL PEROXIDE	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.		BENZOYL PEROXIDE	FOAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		BENZOYL PEROXIDE	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZOYL PEROXIDE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		BENZOYL PEROXIDE 8%	GEL	EX	-	NON-COVERED	DESI	-	-	-	-
		BENZOYL PEROXIDE CLEANSER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		BENZOYL PEROXIDE WASH	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZOYL PEROXIDE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		BP FOAM	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		BP GEL	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		BP WASH	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-

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		BP WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		BPO	GEL	EX	-	NON-COVERED	DESI	-	-	-	-
		BPO FOAMING CLOTHS	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR CONTINUOUS CONTROL ACNE CLEANSER	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR PERSA-GEL MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEARASIL DAILY CLEAR VANISHING ACNE TREATMENT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEARSKIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACNE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACNE CLEANSING BAR	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACNE FOAMING FACE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACNE TREATMENT/MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS CREAMY ACNE FACE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS FOAMING ACNE FACE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS TARGETED ACNE SPOT TREATMENT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.		EFFACLAR DUO	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		ENZOCLEAR	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		GNP ACNE TREATMENT MAXIMUM STRENGTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		KP BENZOYL PEROXIDE	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		KP BENZOYL PEROXIDE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA CLEAR PORE CLEANSER/MASK	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA ON-THE-SPOT ACNE TREATMENT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		OC8	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		PANOXYL	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-

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		PR BENZOYL PEROXIDE	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		RA ACNE TREATMENT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA DAYLOGIC ACNE FOAMING WASH MAXIMUM STRENGTH	FOAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA RENEWAL MEDICATED ACNE TREATMENT MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		RIAX	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		SPOT ACNE TREATMENT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZACLIR CLEANSING	LOTN	EX	-	NON-COVERED	COSM	-	-	-	-
	BENZOYL PEROXIDE & HYALURONATE SODIUM	ZACARE 4% KIT	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
		ZACARE 8% KIT	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	BENZOYL PEROXIDE & SALICYLIC ACID & VITAMIN E	INOVA 4/1 ACNE CONTROL THERAPY	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
		INOVA 8/2 ACNE CONTROL THERAPY	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	BENZOYL PEROXIDE & VITAMIN E	INOVA	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	BENZOYL PEROXIDE-CLINDAMYCIN PHOSPHATE-NIACINAMIDE-TRETINOI	PEROXIDE/CLINDAMYCIN/NIA CINAMIDE/TRETINOIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BENZOYL PEROXIDE-ERYTHROMYCIN	AKTIPAK	PACK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BENZAMYCIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.		ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	EX	-	-		PREFERRED	-	-	-
	BENZOYL PEROXIDE-HYDROCORTISONE	BENZOLYL PEROXIDE FORTE-HC	LOTN	EX	-	NON-COVERED	COSM	-	-	-	-
		BENZOYL PEROXIDE- HC	LOTN	EX	-	NON-COVERED	COSM	-	-	-	-
		VANOXIDE-HC	LOTN	EX	-	NON-COVERED	COSM	-	-	-	-
	CLINDAMYCIN PHOSPHATE & CLEANSER	CLINDACIN ETZ	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
		CLINDACIN PAC	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	CLINDAMYCIN PHOSPHATE & MOISTURIZER	NUCARACLINPAK	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	CLINDAMYCIN PHOSPHATE (TOPICAL)	CLEOCIN-T	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLEOCIN-T	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		CLEOCIN-T	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLINDACIN-P	SWAB	EX	-	-		PREFERRED	-	-	-
		CLINDAGEL	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLINDAMYCIN PHOSPHATE	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLINDAMYCIN PHOSPHATE	GEL	EX	-	-		PREFERRED	-	-	-
		CLINDAMYCIN PHOSPHATE	LOTN	EX	-	-		PREFERRED	-	-	-
		CLINDAMYCIN PHOSPHATE	SOLN	EX	-	-		PREFERRED	-	-	-
		CLINDAMYCIN PHOSPHATE	SWAB	EX	-	-		PREFERRED	-	-	-
		EVOCLIN	FOAM	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE										
		ACANYA	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BENZACLIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BENZACLIN WITH PUMP	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	GEL	EX	-	-		PREFERRED	-	-	-
		CLINDAMYCIN/BENZOYL PEROXIDE	GEL	EX	-	-		PREFERRED	-	-	-
		ONEXTON	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE & MOISTURIZER										
		NEUAC KIT	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
		NUCARARXPAK	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)										
		CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	GEL	EX	-	-		PREFERRED	-	-	-
		DUAC	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NEUAC	GEL	EX	-	-		PREFERRED	-	-	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE-NIACINAMIDE										
		BENZOYL PEROXIDE/CLINDAMYCIN/NIA CINAMIDE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-NIACINAMIDE										
		CLINDAMYCIN PHOSPHATE/NIACINAMIDE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLINDAMYCIN PHOSPHATE/NIACINAMIDE	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.	CLINDAMYCIN PHOSPHATE-NIACINAMIDE-SPIRONOLACTONE-TRETINOIN										
		CLINDAMYCIN/NIACINAMIDE/SPIRONOLACTONE/TRETINOIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-NIACINAMIDE-TRETINOIN										
		CLINDAMYCIN PHOSPHATE/NIACINAMIDE/TR ETINOIN	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-TRETINOIN										
		CLINDAMYCIN PHOSPHATE/TRETINOIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VELTIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZIANA	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLINDAMYCIN-TRETINOIN-CHOLESTYRAMINE										
		CLINOIN	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
	DAPSONE (TOPICAL)										
		ACZONE	GEL	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-

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		DAPSONE	GEL	EX	-	-		NON-PREFERRED	4	-	-
		DAPSONE 7.5%	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DAPSONE-NIACINAMIDE	DAPSONE/NIACINAMIDE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DAPSONE-NIACINAMIDE- SPIRONOLACTONE	DAPSONE/NIACINAMIDE/SPIRONOLACTONE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ERYTHROMYCIN (ACNE AID)	ERY	PADS	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ERYGEL	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ERYTHROMYCIN	GEL	EX	-	-		NON-PREFERRED	4	-	-
		ERYTHROMYCIN	PADS	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ERYTHROMYCIN	SOLN	EX	-	-		PREFERRED	-	-	-
	HYALURONATE SODIUM-NIACINAMIDE-TRETINOIN	HYALURONIC ACID SODIUM/NIACINAMIDE/TRETINOIN	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MINOCYCLINE HCL MICRONIZED (ACNE)	AMZEEQ	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NIACINAMIDE-SPIRONOLACTONE	NIACINAMIDE/SPIRONOLACTONE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NIACINAMIDE-SPIRONOLACTONE-TRETINOIN	NIACINAMIDE/SPIRONOLACTONE/TRETINOIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NIACINAMIDE-SULFACETAMIDE SODIUM	NIACINAMIDE/SULFACETAMIDE SODIUM MONOHYDRATE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NIACINAMIDE-TAZAROTENE	NIACINAMIDE/TAZAROTENE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	NIACINAMIDE-TRETINOIN	NIACINAMIDE/TRETINOIN	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NIACINAMIDE/TRETINOIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	RESORCINOL-ALCOHOL	RA LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	RESORCINOL-SULFUR	ADULT ACNOMEL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		REZAMID	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		REZESOL	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SULFUR/RESORCINOL	LOTN	EX	-	NON-COVERED	COSM	-	-	-	-
	SALICYLIC ACID & SULFUR (SOAP)	SASTID	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.	SALICYLIC ACID (ACNE)	CLEAN & CLEAR BLACKHEAD ERASER	STRP	EX	-	NON-COVERED	OTCS	-	-	-	-
	SALICYLIC ACID IN ALCOHOL	RA ACNE PADS MAXIMUM	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
	SALICYLIC ACID-SULFACETAMIDE SODIUM	SALICYLIC ACID/SULFACETAMIDE SODIUM MONOHYDRATE	SUSP	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	SULFACETAMIDE SODIUM (ACNE)	KLARON	LOTN	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-
		SODIUM SULFACETAMIDE	LOTN	EX	-	-		NON-PREFERRED	4	-	-
		SULFACETAMIDE SODIUM	LOTN	EX	-	-		NON-PREFERRED	4	-	-
	SULFACETAMIDE SODIUM W/ SULFUR	AVAR	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		AVAR	PADS	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AVAR CLEANSER	EMUL	EX	-	-		PREFERRED	-	-	-
		AVAR LS	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AVAR LS	PADS	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AVAR LS CLEANSER	LIQD	EX	-	-		PREFERRED	-	-	-
		AVAR-E EMOLLIENT	CREA	EX	-	-		NON-PREFERRED	4	-	-
		AVAR-E LS	CREA	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-
		BP 10-1	EMUL	EX	-	-		NON-PREFERRED	4	-	-
		PLEXION	CREA	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-
		PLEXION	LOTN	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-
		PLEXION CLEANSER	LIQD	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PLEXION CLEANSING CLOTHS	PADS	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SODIUM SULFACETAMIDE/SULFUR	CREA	EX	-	-		NON-PREFERRED	4	-	-
		SODIUM SULFACETAMIDE/SULFUR	LIQD	EX	-	-		NON-PREFERRED	4	-	-
		SODIUM SULFACETAMIDE/SULFUR	LIQD	EX	-	-		PREFERRED	-	-	-
		SODIUM SULFACETAMIDE/SULFUR	LOTN	EX	-	-		NON-PREFERRED	4	-	-
		SODIUM SULFACETAMIDE/SULFUR 10-5%	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SODIUM SULFACETAMIDE/SULFUR	PADS	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SODIUM SULFACETAMIDE/SULFUR	SUSP	EX	-	-		NON-PREFERRED	4	-	-
		SODIUM SULFACETAMIDE/SULFUR CLEANSER	EMUL	EX	-	-		PREFERRED	-	-	-
		SODIUM SULFACETAMIDE/SULFUR CLEANSER	LIQD	EX	-	-		NON-PREFERRED	4	-	-
		SODIUM SULFACETAMIDE/SULFUR GREEN	CREA	EX	-	-		NON-PREFERRED	4	-	-
		SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	EX	-	-		NON-PREFERRED	4	-	-
		SSS 10%-5%	CREA	EX	-	-		NON-PREFERRED	4	-	-
		SSS 10-5	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SULFACETAMIDE SODIUM/SULFUR	PADS	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SULFACETAMIDE SODIUM/SULFUR CLEANSER	EMUL	EX	-	-		PREFERRED	-	-	-
		SULFACLEANSE 8/4	SUSP	EX	-	-		NON-PREFERRED	4	-	-
		SULFAMEZ WASH	EMUL	EX	-	-		NON-PREFERRED	4	-	-
		SUMADAN WASH	LIQD	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		SUMAXIN	PADS	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-
		SUMAXIN WASH	LIQD	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.	SULFACETAMIDE SODIUM-SULFUR IN UREA VEHICLE	BP CLEANSING WASH	EMUL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	EMUL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	SULFACETAMIDE SODIUM-SULFUR W/ SKIN CLEANSER	SODIUM SULFACETAMIDE/SULFUR	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SUMADAN KIT	KIT	EX	-	-		NON-PREFERRED	4	PA REQUIRED	-
		SUMAXIN CP KIT	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	SULFACETAMIDE SODIUM-SULFUR-SUNSCREEN	SUMADAN XLT	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	SULFUR	GRANDPAS THYLOX SOAP	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIQUIMAT	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		PALMERS SKIN SUCCESS MEDICATED COMPLEXION ANTI-ACNE	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		SULFO LO	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		SULFO-LO	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		SULFUR	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
	TAZAROTENE (ACNE)	ARAZLO	LOTN	EX	-	-		NON-PREFERRED	4	-	-
		FABIOR	FOAM	EX	-	-		NON-PREFERRED	4	-	-
	TRETINOIN	ALTRENO	LOTN	EX	-	-		NON-PREFERRED	4	-	-
		ATRALIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AVITA	CREA	EX	-	-		PREFERRED	-	-	-
		AVITA	GEL	EX	-	-		PREFERRED	-	-	-
		RETIN-A	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RETIN-A	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRETINOIN	CREA	EX	-	-		PREFERRED	-	-	-
		TRETINOIN	GEL	EX	-	-		PREFERRED	-	-	-
		TRETINOIN MICROSPHERE	RETIN-A MICRO	GEL	EX	-	-		NON-PREFERRED	4	PA REQUIRED
RETIN-A MICRO 0.06%			GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
RETIN-A MICRO PUMP	GEL		EX	-	-		NON-PREFERRED	4	PA REQUIRED	-	
	RETIN-A MICRO PUMP 0.08%	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	TRETINOIN MICROSPHERE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	TRETINOIN MICROSPHERE PUMP	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
TRIFAROTENE	AKLIEF	CREA	EX	-	-		NON-PREFERRED	4	-	-	
DERMATOLOGICS : AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS	SINECATECHINS	VEREGEN	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-

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DERMATOLOGICS : ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	ALITRETINOIN	PANRETIN	GEL	EX	-	-		PREFERRED	-	PA REQUIRED	-	
	AMINOLEVULINIC ACID HCL	AMELUZ	GEL	EX	-	-		PREFERRED	-	PA REQUIRED	-	
		LEVULAN KERASTICK	SOLR	EX	-	-		PREFERRED	-	PA REQUIRED	-	
	BEXAROTENE (TOPICAL)	TARGRETIN	GEL	EX	-	-		PREFERRED	-	PA REQUIRED	-	
DERMATOLOGICS : ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL CONT.	DICLOFENAC SODIUM & SILICONE TAPE	SOLARAVIX	THPK	TD	-	-		PREFERRED	-	PA REQUIRED	-	
	DICLOFENAC SODIUM (ACTINIC KERATOSES)	DICLOFENAC SODIUM	GEL	TD	-	-		PREFERRED	-	PA REQUIRED	-	
	DICLOFENAC SODIUM-B6-FA-B12	ORMECA	KIT	CO	-	-		PREFERRED	-	PA REQUIRED	-	
	DICLOFENAC SODIUM-SODIUM HYALURONATE-NIACINAMIDE	DICLOFENAC SODIUM/HYALURONIC ACID SODIUM SALT/NIACINAMIDE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	FLUOROURACIL (TOPICAL)	CARAC	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		EFUDEX	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		FLUOROPLEX	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-	
		FLUOROURACIL 0.5%	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		FLUOROURACIL 5%	CREA	EX	-	-		PREFERRED	-	-	-	
		FLUOROURACIL	SOLN	EX	-	-		PREFERRED	-	PA REQUIRED	-	
		TOLAK	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-	
		IMIQUIMOD-LEVOCETIRIZINE DIHCL-NIACINAMIDE	IMIQUIMOD/LEVOCETIRIZINE DIHCL/NIACINAMIDE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		IMIQUIMOD-LEVOCETIRIZINE DIHCL-TRETINOIN	IMIQUIMOD/LEVOCETIRIZINE DIHCL/TRETINOIN	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		INGENOL MEBUTATE	PICATO	GEL	EX	-	-		PREFERRED	-	PA REQUIRED	-
		MECHLORETHAMINE HCL (TOPICAL)	VALCHLOR	GEL	EX	-	-		PREFERRED	-	PA REQUIRED	-
		SODIUM HYALURONATE-FLUOROURACIL	HYALUCIL-4	CREA	TD	-	-		PREFERRED	-	PA REQUIRED	-
	DERMATOLOGICS : ANTIPRURITICS - TOPICAL	CAMPHOR	BENADRYL ANTI-ITCH CHILDRENS	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		JOINTFLEX	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
DOXEPIN HCL (ANTIPRURITIC)		DOXEPIN HCL	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-	
		PRUDOXIN	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-	
		ZONALON	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-	
DERMATOLOGICS : ANTIPSORIATICS - ORAL	ACITRETIN	ACITRETIN	CAPS	OR	-	-		PREFERRED	-	-	-	
		SORIATANE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	METHOXSALEN RAPID	METHOXSALEN	CAPS	OR	-	-		NON-PREFERRED	1	-	-	
		OXSORALEN ULTRA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
DERMATOLOGICS : ANTIPSORIATICS - TOPICAL	ANTHRALIN	DRITHO-CREME HP	CREA	EX	-	-		NON-PREFERRED	1	-	-	
		ZITHRANOL	SHAM	EX	-	-		NON-PREFERRED	1	-	-	
	CALCIPOTRIENE	CALCIPOTRIENE	CREA	EX	-	-		PREFERRED	-	-	-	
		CALCIPOTRIENE	FOAM	EX	-	-		NON-PREFERRED	1	PA REQUIRED	-	

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		CALCIPOTRIENE	OINT	EX	-	-		PREFERRED	-	-	-
		CALCIPOTRIENE	SOLN	EX	-	-		PREFERRED	-	-	-
		CALCITRENE	OINT	EX	-	-		PREFERRED	-	-	-
		DOVONEX	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SORILUX	FOAM	EX	-	-		NON-PREFERRED	1	PA REQUIRED	-
	CALCIPOTRIENE-DIMETHICONE	NUDERMRXPAK 120	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NUDERMRXPAK 60	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : ANTIPSORIATICS - TOPICAL CONT.	CALCITRIOL (TOPICAL)	CALCITRIOL	OINT	EX	-	-		NON-PREFERRED	1	-	-
		VECTICAL	OINT	EX	-	-		NON-PREFERRED	1	-	-
	TAZAROTENE	TAZAROTENE	CREA	EX	-	-		NON-PREFERRED	1	-	-
		TAZORAC	CREA	EX	-	-		NON-PREFERRED	1	-	-
		TAZORAC 0.1%	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TAZORAC	GEL	EX	-	-		NON-PREFERRED	1	-	-
DERMATOLOGICS : ANTISEBORRHEIC PRODUCTS	ANTISEBORRHEIC PRODUCTS, MISC.	DERMAZINC BABY	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAZINC CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAZINC SCALP	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAZINC SOAP	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		NUTRASEB	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		P & S	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		PROMISEB	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
	CICLOPIROX-CLOBETASOL	CICLOPIROX OLAMINE/CLOBETASOL	SHAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CICLOPIROX-CLOBETASOL-SALICYLIC ACID	CICLOPIROX OLAMINE/CLOBETASOL PROPIONATE/SALICYLIC ACID	SHAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CICLOPIROX-SALICYLIC ACID	CICLOPIROX/SALICYLIC ACID	SHAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GLYCOLIC ACID	GLYCOLIC ACID	SOLN	XX	-	NON-COVERED	COSM	-	-	-	-
		GLYCOLIC ACID	SOLN	XX	-	NON-COVERED	OTCS	-	-	-	-
		GLYCOLIC ACID 70% HIGH PURITY	SOLN	XX	-	NON-COVERED	COSM	-	-	-	-
	HYDROGEN PEROXIDE (SEBORRHEIC KERATOSIS)	ESKATA	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
	PYRITHIONE ZINC	BETA MED	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		CONTROLGX ANTI-DANDRUFF	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-

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		CVS DANDRUFF EVERYDAY CLEAN	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		DANDRUFF 2 IN 1	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		DANDRUFF DRY SCALP CARE	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		DANDRUFF EVERYDAY CLEAN	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : ANTISEBORRHEIC PRODUCTS CONT.		DANDRUFF SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAZINC SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAZINC SPRAY	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAZINC ZINC THERAPY SOAP	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		DHS BODY WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		DHS ZINC	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL DRY SCALP 2 IN 1	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL EVERYDAY CLEAN	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		HEAD & SHOULDERS CLASSIC CLEAN/NORMAL	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		HEAD & SHOULDERS DRY SCALP 2 IN 1	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA T/GEL DAILY CONTROL 2 IN 1	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		NOBLE FORMULA	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		NOBLE FORMULA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NOBLE FORMULA	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		NOBLE FORMULA SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA DANDRUFF SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SELSUN BLUE DRY SCALP	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SELSUN BLUE FULL & THICK	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SELSUN BLUE SALON	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM DANDRUFF 2 IN 1	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-

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		SM DANDRUFF SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		THERAPLEX Z	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		VANICREAM Z-BAR	BAR	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZINCON DANDRUFF	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : ANTISEBORRHEIC PRODUCTS CONT.	PYRITHIONE ZINC-SALICYLIC ACID	DENOREX DUAL FORCE	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
	SALICYLIC ACID & SULFUR	SEBEX	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SEBULEX	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
	SALICYLIC ACID-BENZALKONIUM CHLORIDE	IONIL	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
	SELENIUM SULFIDE	ANTI-DANDRUFF SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTI-DANDRUFF	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DANDRUFF SHAMPOO	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL MEDICATED DANDRUFF	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA DANDRUFF SHAMPOO	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA RENEWAL DANDRUFF SHAMPOO	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SELENIUM SULFIDE	LOTN	EX	-	-		PREFERRED	-	-	-
		SELENIUM SULFIDE	SHAM	EX	-	NON-COVERED	COSM	-	-	-	-
		SELRX	SHAM	EX	-	NON-COVERED	COSM	-	-	-	-
		SELSUN BLUE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	SULFACETAMIDE SODIUM	OVACE PLUS	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		OVACE PLUS	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		OVACE PLUS	LOTN	EX	-	NON-COVERED	COSM	-	-	-	-
		OVACE PLUS	SHAM	EX	-	NON-COVERED	COSM	-	-	-	-
		OVACE PLUS WASH	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		OVACE PLUS WASH	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		OVACE WASH	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-

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		SODIUM SULFACETAMIDE	GEL	EX	-	-		PREFERRED	-	-	-
		SODIUM SULFACETAMIDE	SHAM	EX	-	-		PREFERRED	-	-	-
		SODIUM SULFACETAMIDE WASH	LIQD	EX	-	-		PREFERRED	-	-	-
	SULFACETAMIDE SODIUM IN BAKUCHIOL VEHICLE	SODIUM SULFACETAMIDE WASH	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
DERMATOLOGICS : BURN PRODUCTS	MAFENIDE ACETATE	MAFENIDE ACETATE	PACK	EX	-	-		PREFERRED	-	PA REQUIRED	-
		SULFAMYLON	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : BURN PRODUCTS CONT.		SULFAMYLON	PACK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	SILVER SULFADIAZINE	SILVADENE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SILVER SULFADIAZINE	CREA	EX	-	-		PREFERRED	-	-	-
		SSD	CREA	EX	-	-		PREFERRED	-	-	-
		THERMAZENE	CREA	EX	-	-		PREFERRED	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS	ALLANTOIN (EMOLLIENT)	COATS ALOE CREME	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		COATS ALOE GELLY	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		COATS ALOE MOISTURIZING LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	COLLOIDAL OATMEAL	AVEENO ACTIVE NATURALS ECZEMA THERAPY	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO ACTIVE NATURALS ECZEMA THERAPY HAND	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO BABY ECZEMA THERAPY	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO BABY ECZEMA THERAPY	PACK	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO ECZEMA THERAPY	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO SOOTHING BATH TREATMENT	PACK	EX	-	NON-COVERED	OTCS	-	-	-	-
		CETAPHIL PRO/ECZEMA SOOTHING MOISTURIZER	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ECZEMA CARE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ECZEMA LOTION MOISTURIZING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EUCERIN ECZEMA RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP SOOTHING BATH TREATMENT	PACK	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND ECZEMA RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NATURAL OATMEAL BATH TREATMENT	PACK	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEOSPORIN ECZEMA ESSENTIALS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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		RA RENEWAL ECZEMA MOISTURIZING CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA RENEWAL SOOTHING BATH TREATMENT	PACK	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM OATMEAL BATH	PACK	EX	-	NON-COVERED	OTCS	-	-	-	-
	DEXPANTHENOL (TOPICAL)	PANTHODERM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.	EMOLLIENT	A + D PERSONAL CARE LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		ADVANCED HEALING OINTMENT/BABY	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		ALBOLENE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ALOE AFTERSUN LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AMLACTIN ULTRA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AQUA GLYCOLIC FACE CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AQUA GLYCOLIC HAND & BODYLOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AQUA LACTEN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AQUADERM TREATMENT/MOISTURIZER	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AQUAMED	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AQUAPHILIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		AQUAPHOR	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO CREAMY MOISTURIZING	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO DAILY MOISTURIZINGSPF 15	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO INTENSE RELIEF HAND	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO POSITIVELY AGELESSFIRMING BODY	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-

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		AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURIZER	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AVEENO STRESS RELIEF MOISTURIZING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		BAG BALM	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		BASLE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		BEAUTY LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		BETA CARE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		BETA CARE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		BETA XMA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		BOUDREAUXS BABY BUTT SMOOTH DRY SKIN	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		CAM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CERAVE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CERAVE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CETAPHIL MOISTURIZING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CETAPHIL MOISTURIZING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CELAR WATERMELON MOISTURIZER	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR MORNING BURST HYDRATING MOISTURIZER	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLN FACIAL MOISTURIZER NOURISHING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		COCOA BUTTER	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		COCOA BUTTER PETROLEUM JELLY	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		COCONUT OIL BEAUTY	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		COLLAGEN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPLETE MOISTURE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-

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		CVS ADVANCED HEALING OINTMENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS MOISTURIZING CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS MOISTURIZING LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DAILY CONDITIONING TREATMENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		DAILY MOISTURIZING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMABASE OIL IN WATER	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMADAILY NON-GREASY	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		DERMAIDE ALOE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAL THERAPY EXTRA STRENGTH BODY LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAL THERAPY FACE CARE MOISTURIZING LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAL THERAPY FOOT MASSAGE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAL THERAPY HAND ELBOW & KNEE CREAM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAL THERAPY HEEL CARE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAPHOR	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAVANTAGE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMEND MOISTURIZING BRUISE FORMULA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DHEA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DIABETIDERM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DIABETIDERM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DMAE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DML	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		DML FORTE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DROXY CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		DRY SKIN TREATMENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-

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		ELON SKIN REPAIR SYSTEM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		EMOLLIA-CREME	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		EMOLLIA-LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		E-OINTMENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		EPILYT	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ THERAPEUTIC MOISTURIZING CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL ABSOLUTE MOISTURE DRY SKIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		EQL ADVANCED HEALING OINTMENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL MOISTURIZING CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL ULTRA MOISTURIZING DAILY LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EUCERIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EUCERIN CALMING DAILY MOISTURIZER	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		FLANDERS BUTTOCKS	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		GEL LINED HEEL SLEEVES	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
		GEL LINED MOISTURIZING BOOTIES	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
		GEL LINED MOISTURIZING GLOVES	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
		GENTLE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP ADVANCED RECOVERY	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND ULTIMATE HEALING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND ULTIMATE HEALING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GOLD BOND ULTIMATE HEALING	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		GORDOMATIC	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GRX VITAMIN E	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		HYDRASYN25	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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		HYDRAZONE LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		HYDRO-LAN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		HYDROLATUM	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		HYDROPHOR	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		J & J BURN CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		KERADAN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		KERI LONG LASTING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		KERI ORIGINAL	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		KERI RENEWAL SERUM	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		LACTINOL HX	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LADY ESTHER 4 PURPOSE FACE CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LAMISILK REPAIR COMPLEX SERUM	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		LANAPHILIC	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		LANOLOR	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LEADER FINGER CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LUBRICATING SKIN LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		LUBRIDERM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		LUBRISILK	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		LUBRISKIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		LUBRISOFT	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MAXAM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDELA TENDER CARE LANOLIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDERMA AG FACE CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDERMA AG HAND & BODY LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-

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		MEDERMA STRETCH MARKS THERAPY	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDICINE SHOPPE FINGER	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MINERIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOISTURE LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOISTURE RECOVERY	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOISTURIZING CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOISTURIZING LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		MOISTURIZING SENSITIVE SKIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOTHERS FRIEND	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOTHERS FRIEND	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MSM SKIN LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA HEALTHY SKIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA MOISTURE SENSITIVE SKIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		NISEKO HYDRATING FACIAL MOISTURIZER	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NIVEA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NIVEA	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		NUTRADERM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NUTRADERM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		NUTRADERM ADVANCED FORMULA	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		OINTMENT BASE	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		PALMERS COCOA BUTTER FORMULA CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		PALMERS COCOA BUTTER FORMULA LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		PEN-KERA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		PENTRAVAN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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		PETROLATUM & LANOLIN	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		PRETTY FEET & HANDS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ADVANCED HEALING	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ADVANCED RECOVERY SKINCARE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA CALMING DAILY MOISTURIZING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA RENEWAL DARK SPOT CORRECTOR	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA RENEWAL DRY SKIN THERAPY	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		RA SKIN TREATMENT	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
		RADIAGUARD ADVANCED	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		REFRESHING ALOE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RESTA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RESTA LITE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RISABAL-PH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ROC DEEP WRINKLE SERUM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		ROC MULTI CORREXION 5 IN 1 RESTORING EYE CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ROC MULTI CORREXION 5 IN 1 RESTORING NIGHT CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ROC RETINOL CORREXION	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ROSE MILK	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		SARATOGA	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		SARDOETTES	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		SKIN REPAIR	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM DRY SKIN THERAPY SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-

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		SOOTHE & COOL SKIN CREAM WITH ALOE & VITAMINS A, D & E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		SORBOLENE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		SPECIAL CARE CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ST IVES SWISS FORMULA 24 HOUR MOISTURE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		STUDIO 35 EXTRA MOISTURIZING LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		STUDIO 35 MOISTURIZING SKIN	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		THERABETIC SKIN CARE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		THERA-DERM	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		THERAPEUTIC MOISTURIZING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		THERAPLEX HYDROLOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		UDDERLY SMOOTH	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		VANICREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		VANICREAM LITE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		VELVACHOL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN E WITH PANTHENOL	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		WIBI	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZIMS CRACK CREME DAYTIME	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZIMS CRACK CREME DIABETIC	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		ZIMS CRACK CREME ORIGINAL	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	EMOLLIENT FOAM & WOUND DRESSING GEL	HPR PLUS/MB HYDROGEL	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	GLYCERIN (TOPICAL)	CVS BEAUTY 360 PURE GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS PURE GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-

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		HM GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		QC GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM GLYCERIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	GLYCERIN-DIMETHICONE-STEARYL ALCOHOL	CAVILON EMOLLIENT	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
	HYALURONATE SODIUM (EMOLLIENT)	HYLINATE	LOTN	EX	-	-		PREFERRED	-	-	-
		SODIUM HYALURONATE	GEL	EX	-	-		PREFERRED	-	-	-
	LACTIC ACID (AMMONIUM LACTATE)	AL12	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		AMLACTIN	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		AMMONIUM LACTATE	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-
		AMMONIUM LACTATE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		AMMONIUM LACTATE	LOTN	EX	-	-		PREFERRED	-	PA REQUIRED	-
		AMMONIUM LACTATE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS SKIN TREATMENT	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS SKIN TREATMENT BODY LOTION	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GERI-HYDROLAC 12	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GERI-HYDROLAC 12	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		GERI-HYDROLAC 5	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		LAC-HYDRIN	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		LAC-HYDRIN FIVE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		LAC-HYDRIN TWELVE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		LACTIC ACID	LOTN	EX	-	-		PREFERRED	-	PA REQUIRED	-
		NOBLE MYSTIQUE EMU-LAC	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
	LACTIC ACID W/ VITAMIN E	LACTIC ACID E	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		LACTIC ACID E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		LACTIC ACID W/VITAMIN E	CREA	EX	-	NON-COVERED	COSM	-	-	-	-

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	MINERAL OIL-HYDROPHILIC PETROLATUM	PETROLATUM	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
	PANTHENOL-GLYCERIN-DIMETHICONE	CAVILON FOOT & DRY SKIN CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
	PETROLATUM (EMOLLIENT)	ALOE VESTA CLEAR BARRIER SPRAY	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
		ALOE VESTA SKIN PROTECTANT	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-	
		PREVACARE TOTAL SKIN CARE	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-	
	UREA	AQUA CARE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		AQUA CARE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		AQUAPHILIC/CARBAMIDE	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
	DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		BETA CARE BETAMIDE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
			CEM-UREA	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
		CEROVEL	LOTN	EX	-	-		PREFERRED	-	-	-	
		DERMAL THERAPY FINGER CARE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		GORDONS UREA	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		GORMEL 10	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		GORMEL CREME	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		HYDRO 40 FOAM	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-	
		KERALAC	CREA	EX	-	NON-COVERED	COSM	-	-	-	-	
		LANAPHILIC/UREA	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		METOPIC	CREA	EX	-	NON-COVERED	COSM	-	-	-	-	
		NUTRAPLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		NUTRAPLUS	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		PROTEXA	CREA	EX	-	NON-COVERED	COSM	-	-	-	-	
		REA-LO	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RYNODERM	CREA	EX	-	NON-COVERED	COSM	-	-	-	-	
		SALRIX	SUSP	EX	-	NON-COVERED	COSM	-	-	-	-	

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		ULTRA MIDE 25	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		UMECTA MOUSSE	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		URALISS	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		URAMAXIN	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		URE-39	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		UREA	CREA	EX	-	-		PREFERRED	-	PA REQUIRED	-
		UREA	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		UREA	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		UREA	LOTN	EX	-	-		PREFERRED	-	-	-
		UREA 10 HYDRATING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		UREA 10 HYDRATING	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		UREA 20	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		UREA 20 INTENSIVE HYDRATING CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		UREA NAIL	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		UREA TOPICAL	SUSP	EX	-	NON-COVERED	COSM	-	-	-	-
		UREA-C40	LOTN	EX	-	-		PREFERRED	-	-	-
		UREACIN-10	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		UREACIN-20	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		UREDEB	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		URE-K	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		UREMEZ-40	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		URESOL	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		UTOPIC	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		XUREA	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
	UREA & EMOLLIENT	DERMASORB XM	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
	UREA IN AMMONIUM LACTATE VEHICLE	KERASAL ULTRA20	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-

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	UREA IN LACTIC ACID VEHICLE	HYDRO 35	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		UREA HYDRATING	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
	UREA IN ZINC UNDECYLENATE-LACTIC ACID VEHICLE	LATRIX XM	EMUL	EX	-	NON-COVERED	COSM	-	-	-	-
	UREA-BENZALKONIUM CHLORIDE	MYCOCIDE CX CALLUS EXFOLIATOR	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
	VITAMIN A (TOPICAL)	GORDONS-VITE A	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GORDONS-VITE A	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	VITAMIN A-VITAMIN E-SAFFLOWER OIL	VITAMINS E & A BEAUTY OIL	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.	VITAMIN C-VITAMIN E-PANTHENOL LOTION	VITAMINS E & C BEAUTY	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	VITAMIN D-VITAMIN E-SAFFLOWER OIL	VITAMINS E & D BEAUTY OIL	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
	VITAMIN E (TOPICAL)	CVS VITAMIN E	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN E MOISTURIZING	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		E-OIL	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL VITAMIN E ULTRA STRENGTH	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
		GORDONS-VITE E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GRX VITAMIN E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		NATURAL VITAMIN E MOISTURIZING	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		PALMERS NATURAL VITAMIN E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN E	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
		SUPER E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		SUPER E	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN E	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN E OIL	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
	VITEC	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-	

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	VITAMIN E W/ A & D	ALPH-E-CREAM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		E-CREAM COMPLEX	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA VITAMIN E W/A & D	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN E	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN E W/A & D	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN E-SAFFLOWER OIL	VITAMIN E BEAUTY OIL	OIL	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.	VITAMINS A & D (TOPICAL)	VITAMIN E-VITAMIN K-SAFFLOWER OIL	VITAMIN E & K BEAUTIFUL SSKIN OIL	OIL	EX	-	NON-COVERED	OTCS	-	-	-	
		A&D	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		BABY VITAMIN A & D	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CURAD VITAMIN A & D	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		CVS VITAMIN A&D OINTMENT	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		EQ VITAMINS A & D	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		GNP VITAMIN A & D	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA BABY CARE VITAMINS A&D TO GO	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RA VITAMINS A & D	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN A & D	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMINS A & E	ALOE GRANDE	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
			ALOE GRANDE CREME	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
			VITAMIN A WRINKLE TREATMENT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		VITAMINS A & E W/ALOE	VITA-RAY	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : ENZYMES - TOPICAL	COLLAGENASE	SANTYL	OINT	EX	-	-	NON-PREFERRED	-	PA REQUIRED	-		
DERMATOLOGICS : IMMUNOMODULATING AGENTS - TOPICAL	IMIQUIMOD	ALDARA	CREA	EX	-	-	-	NON-PREFERRED	-	PA REQUIRED	-	
		IMIQUIMOD	CREA	EX	-	-	-	PREFERRED	-	-	-	
		IMIQUIMOD PUMP	CREA	EX	-	-	-	NON-PREFERRED	-	PA REQUIRED	-	
		ZYCLARA	CREA	EX	-	-	-	NON-PREFERRED	-	PA REQUIRED	-	
		ZYCLARA PUMP	CREA	EX	-	-	-	NON-PREFERRED	-	PA REQUIRED	-	

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DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS	CIMETIDINE-LIDOCAINE-SALICYLIC ACID	CIMETIDINE/LIDOCAINE/SALICYLIC ACID	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DIMETHYL ETHER	COMPOUND W COMPLETE WART KIT/MAXIMUM FREEZE	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPOUND W FREEZE OFF ACCU-FREEZE ADVANCED	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
	DIMETHYL ETHER-PROPANE-ISOBUTANE	COMPOUND W FREEZE OFF WART REMOVAL SYSTEM	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
	PODOFILOX	CONDYLOX	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		PODOFILOX	SOLN	EX	-	-		PREFERRED	-	-	-
	PODOPHYLLUM RESIN	PODOCON 25 IN BENZOIN TINCTURE	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
	PROPANE-DIMETHYL ETHER	COMPOUND W FREEZE OFF PLANTAR WART REMOVAL SYSTEM	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		COMPOUND W FREEZE OFF WART REMOVAL SYSTEM	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ CRYOGENIC WART REMOVAL SYSTEM	AERO	EX	-	NON-COVERED	OTCS	-	-	-	-
	PYROGALLOL-CHLOROBUTANOL	PYROGALLIC ACID	OINT	EX	-	NON-COVERED	COSM	-	-	-	-
	SALICYLIC ACID	ACNE PADS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		AMBI EVEN & CLEAR EXFOLIATING WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		AMBI EVEN & CLEAR FOAMINGCLEANSER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		BETASAL	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		CALLUS REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CALLUS REMOVERS EXTRA THICK	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CERAVE PSORIASIS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR ACNE TRIPLE CLEAR CLEANSING CLAY MASK	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR ACNE TRIPLECLEAR BUBBLE FOAM CLEANSER	FOAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR ACNE TRIPLECLEAR CLEANSER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR ACNE TRIPLECLEAR EXFOLIATING SCRUB	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-

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		CLEAN & CLEAR ADVANTAGE ACNE CONTROL 3-IN-1 FOAMING WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR ADVANTAGE ACNE CONTROL MOISTURIZER	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR ADVANTAGE ACNE SPOT TREATMENT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR ADVANTAGE MARK TREATMENT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR BLACKHEAD ERASER SCRUB	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR DEEP CLEANING ASTRINGENT	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR DEEP CLEANING ASTRINGENT SENSITIVE SKIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAN & CLEAR DUAL ACTIONMOISTURIZER	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR AWAY ONE STEP WART REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR AWAY PLANTAR SYSTEM	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		CLEARASIL DAILY CLEAN GENTLE PREVENTION	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLEARASIL RAPID RESCUE DEEP TREATMENT MAXIMUM STRENGTH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CLN ACNE CLEANSER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPOUND W	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPOUND W	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPOUND W FOR KIDS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPOUND W MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPOUND W ONE STEP INVISIBLE WART REMOVER	STRP	EX	-	NON-COVERED	OTCS	-	-	-	-
		COMPOUND W ONE STEP STRIPS FOR KIDS/MAXIMUM STRENGTH	STRP	EX	-	NON-COVERED	OTCS	-	-	-	-
		CORN & CALLUS REMOVER	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-

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		CORN AND CALLUS REMOVER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CORN REMOVER ONE STEP	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CORN REMOVER ONE-STEP STRIPS MAXIMUM STRENGTH	STRP	EX	-	NON-COVERED	OTCS	-	-	-	-
		CORN REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ADVANCED ACNE SPOT TREATMENT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ADVANCED ACNE SPOT TREATMENT	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS CORN & CALLUS REMOVER KIT	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS CORN REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS DAILY ACNE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS MEDICATED SPOT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS ONE STEP WART REMOVER STRIPS	STRP	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS THERAPEUTIC DANDRUFF MAXIMUM STRENGTH	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS WART REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		CVS WART REMOVER GEL PEN	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS WART REMOVER ONE STEP MAXIMUM STRENGTH	STRP	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS WART REMOVER/MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		DAILY FACE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		DENOREX EXTRA STRENGTH 2-IN-1	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAREST PSORIASIS	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		DERMAREST PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		DOCTORS CHOICE CORN/CALLUS REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-

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		DR SCHOLLS CALLUS REMOVERS/DURAGEL TECHNOLOGY	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		DUOFILM	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQ WART REMOVER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL ACNE MAXIMUM STRENGTH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL ACNE SCRUB PINK GRAPEFRUIT	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL APRICOT SCRUB	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALLUS REMOVER PADS/EXTRA THICK	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		EQL SCALP RELIEF MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		FREEZONE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		FREEZONE CALLUS REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		GEL CALLUS REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		GETS-IT CORN AND CALLUS REMOVER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP CORN REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP SCALP RELIEF	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP WART REMOVER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		GOLD BOND PSORIASIS RELIEF MULTI-SYMPTOM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		KERALYT	GEL	EX	-	NON-COVERED	COSM	-	-	-	-
		KERALYT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		KERALYT SCALP	KIT	EX	-	NON-COVERED	COSM	-	-	-	-
		LIQUID CORN & CALLUS REMOVER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		LIQUID WART REMOVER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDICATED CALLUS REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDICATED CORN REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDICATED WART REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-

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		MEDIPLAST	MISC	EX	-	NON-COVERED	OTCS	-	-	-	-
		MEDIPLAST	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		MG217 PSORIASIS MULTI-SYMP TOM	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		MG217 PSORIASIS MULTI-SYMTOM	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOSCO CALLUS/CORN REMOVER	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		MOSCO ONE STEP CORN REMOVER PADS MAXIMUM STRENGTH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA BODY CLEAR ACNE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA OIL-FREE ACNE WASH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA OIL-FREE ACNE WASH/PINK GRAPEFRUIT FOAMING SCRUB	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA RAPID CLEAR TREATMENT	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		NEUTROGENA T/SAL	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		NOBLE FORMULA S	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		P & S	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		PLANTAR WART REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		PSORIASIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		PSORIASIS MEDICATED SKIN TREATMENT	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ACNE CLEANSER OIL-FREE	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA APRICOT SCRUB	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA CORN REMOVERS ULTRA THIN	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA ONE-STEP CORN REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA SCALP ITCH/DANDRUFF RELIEF	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA WART REMOVER	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA WART REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-

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		RA WART REMOVER	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA WART REMOVER MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		SALAC	FOAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SALACTIC FILM	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		SALEX	SHAM	EX	-	NON-COVERED	COSM	-	-	-	-
		SALICYLIC ACID	CREA	EX	-	-		PREFERRED	-	-	-
		SALICYLIC ACID	FOAM	EX	-	-		PREFERRED	-	-	-
		SALICYLIC ACID	GEL	EX	-	-		PREFERRED	-	-	-
		SALICYLIC ACID	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		SALICYLIC ACID	LOTN	EX	-	-		PREFERRED	-	PA REQUIRED	-
		SALICYLIC ACID	SHAM	EX	-	-		PREFERRED	-	-	-
		SALICYLIC ACID	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
		SALICYLIC ACID	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-
		SALICYLIC ACID ER	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
		SALICYLIC ACID WART REMOVER	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		SALIMEZ	CREA	EX	-	-		PREFERRED	-	-	-
		SALIMEZ FORTE	CREA	EX	-	NON-COVERED	COSM	-	-	-	-
		SALISOL	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		SALISOL FORTE	SOLN	EX	-	-		PREFERRED	-	-	-
		SALITECH	LOTN	EX	-	NON-COVERED	COSM	-	-	-	-
		SALITECH FORTE	LOTN	EX	-	-		PREFERRED	-	PA REQUIRED	-
		SAL-PLANT	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		SALVAX	FOAM	EX	-	NON-COVERED	COSM	-	-	-	-
		SCALPICIN	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		SELSUN BLUE 3-IN-1 TREATMENT	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		SELSUN BLUE DEEP CLEANSING	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SELSUN BLUE NATURALS DRY SCALP	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		SM MEDICATED CORN REMOVERS	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-

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		STRIDEX ESSENTIAL	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		STRI-DEX MAXIMUM STRENGTH	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		STRI-DEX SENSITIVE SKIN	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		TGT WART REMOVER	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		THERAPEUTIC T+PLUS MAXIMUM STRENGTH	SHAM	EX	-	NON-COVERED	OTCS	-	-	-	-
		ULTRA THIN CORN REMOVERS MEDICATED	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		ULTRASAL-ER	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
		VIRASAL	LIQD	EX	-	NON-COVERED	COSM	-	-	-	-
		WART REMOVER	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		WART REMOVER	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
		WART REMOVER MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		WART REMOVER MAXIMUM STRENGTH	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
		WART REMOVER MAXIMUM STRENGTH ONE-STEP	STRP	EX	-	NON-COVERED	OTCS	-	-	-	-
		WART REMOVER MEDICATED	PADS	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		WARTSTICK	STCK	EX	-	NON-COVERED	OTCS	-	-	-	-
		XALIX	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
	SALICYLIC ACID & BENZOIC ACID	BENSAL HP	OINT	EX	-	NON-COVERED	COSM	-	-	-	-
	SALICYLIC ACID & LACTIC ACID	GORDOFILM	SOLN	EX	-	NON-COVERED	COSM	-	-	-	-
	SALICYLIC ACID & PROPANE-DIMETHYL ETHER	COMPOUND W 2-IN-1 DUAL POWER TREATMENT KIT	KIT	EX	-	NON-COVERED	OTCS	-	-	-	-
	SALICYLIC ACID & SULFUR (KERATOLYTIC)	PERNOX	LOTN	EX	-	NON-COVERED	OTCS	-	-	-	-
	SALICYLIC ACID & UREA	EXFOLIATING MOISTURIZER	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		KERASAL	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA EXFOLIATING MOISTURIZER	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-

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	SALICYLIC ACID & UREA IN LACTIC ACID VEHICLE	SALVAX DUO PLUS	KIT	EX	-	NON-COVERED	COSM	-	-	-	-	
	SALICYLIC ACID W/ CLEANSER	SALEX CREAM	KIT	EX	-	NON-COVERED	COSM	-	-	-	-	
		SALEX LOTION	KIT	EX	-	NON-COVERED	COSM	-	-	-	-	
		SALICYLIC ACID	KIT	EX	-	NON-COVERED	COSM	-	-	-	-	
		SALICYLIC ACID CREAM	KIT	EX	-	NON-COVERED	COSM	-	-	-	-	
		SALICYLIC ACID LOTION	KIT	EX	-	NON-COVERED	COSM	-	-	-	-	
	SALICYLIC ACID-LACTIC ACID-RESORCINOL-ALCOHOL	JESSNERS	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-	
DERMATOLOGICS : ROSACEA AGENTS	AZELAIC ACID	AZELAIC ACID	GEL	EX	-	-	-	PREFERRED	-	-	-	
		FINACEA	FOAM	EX	-	-	-	PREFERRED	-	-	-	
		FINACEA	GEL	EX	-	-	-	PREFERRED	-	-	-	
	BRIMONIDINE TARTRATE (TOPICAL)	MIRVASO	GEL	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
	DOXYCYCLINE (ROSACEA)	DOXYCYCLINE	CPDR	OR	-	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		ORACEA	CPDR	OR	-	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
	IVERMECTIN (ROSACEA)	IVERMECTIN	CREA	EX	-	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		SOOLANTRA	CREA	EX	-	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
	IVERMECTIN-METRONIDAZOLE-NIACINAMIDE	IVERMECTIN/METRONIDAZOLE/NIACINAMIDE	GEL	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
	METRONIDAZOLE (TOPICAL)	METROCREAM	CREA	EX	-	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		METROGEL	GEL	EX	-	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		METROLOTION	LOTN	EX	-	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
		METRONIDAZOLE	CREA	EX	-	-	-	-	PREFERRED	-	-	-
		METRONIDAZOLE	GEL	EX	-	-	-	-	PREFERRED	-	-	-
	METRONIDAZOLE	LOTN	EX	-	-	-	-	PREFERRED	-	-	-	
DERMATOLOGICS : ROSACEA AGENTS CONT.		NORITATE	CREA	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
		ROSADAN	CREA	EX	-	-	-	PREFERRED	-	-	-	
		ROSADAN	GEL	EX	-	-	-	PREFERRED	-	-	-	
	METRONIDAZOLE W/ CLEANSER (TOPICAL)	ROSADAN KIT	KIT	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
	OXYMETAZOLINE HCL (TOPICAL)	RHOFADE	CREA	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY	AMCINONIDE	AMCINONIDE	CREA	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
		AMCINONIDE	LOTN	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
		AMCINONIDE	OINT	EX	-	-	-	NON-PREFERRED	2	PA REQUIRED	-	
	BETAMETHASONE DIPROPIONATE (TOPICAL)	BETAMETHASONE DIPROPIONATE	CREA	EX	-	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		BETAMETHASONE DIPROPIONATE	LOTN	EX	-	-	-	-	PREFERRED	-	-	-
		BETAMETHASONE DIPROPIONATE	OINT	EX	-	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		SERNIVO	EMUL	EX	-	-	-	-	NON-PREFERRED	2	PA REQUIRED	-

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	BETAMETHASONE DIPROPIONATE AUGMENTED	AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DIPROLENE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DIPROLENE AF	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	CREA	EX	-	-		PREFERRED	-	-
		BETAMETHASONE VALERATE	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		BETAMETHASONE VALERATE	LOTN	EX	-	-		PREFERRED	-	-	-
		BETAMETHASONE VALERATE	OINT	EX	-	-		PREFERRED	-	-	-
		LUXIQ	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT	EX	-	-		PREFERRED	-	-	-
		CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	SUSP	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ENSTILAR	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TACLONEX	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TACLONEX	SUSP	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	CALCIPOTRIENE-CLOBETASOL PROPIONATE	CALCIPOTRIENE ANHYDROUS/CLOBETASOL PROPIONATE	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLOBETASOL PROPIONATE & CLEANSER	CLODAN KIT	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED
	CLOBETASOL PROPIONATE-LEVOCETIRIZINE DIHCL	CLOBETASOL PROPIONATE/LEVOCETIRIZINE DIHCL	SHAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLOBETASOL PROPIONATE-NIACINAMIDE	CLOBETASOL PROPIONATE/NIACINAMIDE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLOBETASOL PROPIONATE/NIACINAMIDE	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY CONT.	CLOBETASOL PROPIONATE/NIACINAMIDE	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	DESOXIMETASONE	DESOXIMETASONE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	DESOXIMETASONE	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-	

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		DESOXIMETASONE	LIQD	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DESOXIMETASONE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TOPICORT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TOPICORT	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TOPICORT	LIQD	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TOPICORT	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DIFLORASONE DIACETATE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PSORCON	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	DIFLORASONE DIACETATE EMOLLIENT BASE	APEXICON E	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINOLONE ACETONIDE	CAPEX	SHAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DERMA-SMOOTHIE/FS BODY	OIL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DERMA-SMOOTHIE/FS SCALP	OIL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINOLONE ACETONIDE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINOLONE ACETONIDE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINOLONE ACETONIDE	SOLN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINOLONE ACETONIDE BODY	OIL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINOLONE ACETONIDE SCALP	OIL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SYNALAR	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SYNALAR	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SYNALAR	SOLN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINOLONE ACETONIDE & CLEANSER	SYNALAR TS	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINOLONE ACETONIDE-NIACINAMIDE	FLUOCINOLONE ACETONIDE/NIACINAMIDE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FLUOCINOLONE-CLEANSER-SILICONE	XILAPAK	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINOLONE-EMOLLIENT	SYNALAR CREAM KIT	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SYNALAR OINTMENT KIT	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINOLONE-UREA-SILICONE	NOXIPAK	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINONIDE	FLUOCINONIDE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINONIDE	GEL	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINONIDE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINONIDE	SOLN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VANOS	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINONIDE & SILICONE	FLUOVIX	THPK	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUOCINONIDE EMULSIFIED BASE	FLUOCINONIDE EMULSIFIED BASE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUOCINONIDE EMULSIFIED BASE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLURANDRENOLIDE	CORDRAN	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-

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		CORDRAN	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CORDRAN	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLURANDRENOLIDE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLURANDRENOLIDE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLURANDRENOLIDE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY CONT.		NOLIX	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NOLIX	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HALCINONIDE	HALCINONIDE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HALOG	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HALOG	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HALOG	SOLN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LIDOCAINE-HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE/LIDOCAINE HCL	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LIDOSOL-HC	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	NIACINAMIDE-TRIAMCINOLONE ACETONIDE	NIACINAMIDE/TRIAMCINOLONE ACETONIDE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TRIAMCINOLONE ACETONIDE & EMOLLIENT	DERMASORB TA	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TRIAMCINOLONE ACETONIDE (TOPICAL)	KENALOG	AERS	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE	AERS	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE	CREA	EX	-	-		PREFERRED	-	-	-
		TRIAMCINOLONE ACETONIDE	LOTN	EX	-	-		PREFERRED	-	-	-
		TRIAMCINOLONE ACETONIDE	OINT	EX	-	-		PREFERRED	-	-	-
		TRIANEX	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TRIDERM	CREA	EX	-	-		PREFERRED	-	-	-
	TRIAMCINOLONE ACETONIDE-DIMETHICONE	ELLZIA PAK	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TRIAMCINOLONE ACETONIDE-DIMETHICONE-SILICONE	NUTRIARX CREAMPAK	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SANADERMRX SKIN REPAIR SOLUTION	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SCARZEN SKIN REPAIR	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIVIX	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TRIAMCINOLONE ACETONIDE-SILICONE	SILA III	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE-SILICONE	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE-SILICONE	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : TOPICAL STEROIDS - LOW POTENCY	ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	CREA	EX	-	-		NON-PREFERRED	2	-	-
		ALCLOMETASONE DIPROPIONATE	OINT	EX	-	-		NON-PREFERRED	2	-	-
	DESONIDE	DESONATE	GEL	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DESONIDE	CREA	EX	-	-		PREFERRED	-	-	-

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		DESONIDE	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DESONIDE	OINT	EX	-	-		PREFERRED	-	-	-
		DESOWEN	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIDESILON	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VERDESO	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	HYDROCORTISONE & SALICYLIC ACID-SULFUR & SHAMPOO	SCALACORT DK	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	HYDROCORTISONE (TOPICAL)	ADVANCED ALLERGY COLLECTION KIT	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ALA SCALP	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
DERMATOLOGICS : TOPICAL STEROIDS - LOW POTENCY CONT.		ALA-CORT	CREA	EX	-	-		PREFERRED	-	-	-
		ANTI-ITCH INTENSIVE HEALING	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-	-		PREFERRED	-	-	-
		AQUANIL HC	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AVEENO ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-	-		PREFERRED	-	-	-
		BETA HC	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CORTAID MAXIMUM STRENGTH	CREA	EX	-	-		PREFERRED	-	-	-
		CORTIZONE-10	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CORTIZONE-10	OINT	EX	-	-		PREFERRED	-	-	-
		CORTIZONE-10 DIABETICS SKIN	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CORTIZONE-10 ECZEMA	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CORTIZONE-10 HYDRATENSIVEHEALING	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CORTIZONE-10 HYDRATENSIVESOOTHING	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CURAD HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-
		CVS CORTISONE MAXIMUM STRENGTH	CREA	EX	-	-		PREFERRED	-	-	-
		CVS CORTISONE MAXIMUM STRENGTH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-
		CVS CORTISONE MAXIMUM STRENGTH	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CVS CORTISONE MAXIMUM STRENGTH	OINT	EX	-	-		PREFERRED	-	-	-
		DERMAREST ECZEMA	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EQ HYDROCORTISONE PLUS	CREA	EX	-	-		PREFERRED	-	-	-
		EQL ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-	-		PREFERRED	-	-	-
		EQL ANTI-ITCH MAXIMUM STRENGTH	OINT	EX	-	-		PREFERRED	-	-	-
		GNP HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-

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		GNP HYDROCORTISONE MAXIMUM STRENGTH	OINT	EX	-	-		PREFERRED	-	-	-	
		HYCORT	CREA	EX	-	-		PREFERRED	-	-	-	
		HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-	
		HYDROCORTISONE	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		HYDROCORTISONE	OINT	EX	-	-		PREFERRED	-	-	-	
		INSTACORT 5	CREA	EX	-	-		PREFERRED	-	-	-	
		KERICORT 10	CREA	EX	-	-		PREFERRED	-	-	-	
		KP HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-	
		KP HYDROCORTISONE MAXIMUM STRENGTH	OINT	EX	-	-		PREFERRED	-	-	-	
		MEIJER HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-	
		MG217 PSORIASIS ANTI-ITCH	GEL	EX	-	NON-COVERED	OTCS	-	-	-	-	
DERMATOLOGICS : TOPICAL STEROIDS - LOW POTENCY CONT.		MONISTAT SOOTHING CARE ITCH RELIEF	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-	
		NOBLE FORMULA HC	CREA	EX	-	-		PREFERRED	-	-	-	
		NOBLE FORMULA HC PREPARATION H	SOLN CREA	EX EX	- -	NON-COVERED -	OTCS -	- PREFERRED	- -	- -	- -	
		PX HYDROCREAM	CREA	EX	-	-		PREFERRED	-	-	-	
		RA ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-	-		PREFERRED	-	-	-	
		RA ANTI-ITCH/MAXIMUM STRENGTH	OINT	EX	-	-		PREFERRED	-	-	-	
		RA FIRST AID ANTI-ITCH SPRAY	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		RECORT PLUS	CREA	EX	-	-		PREFERRED	-	-	-	
		SARNOL-HC	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		SB HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-	
		SB HYDROCORTISONE MAXIMUM STRENGTH	OINT	EX	-	-		PREFERRED	-	-	-	
		SCALP RELIEF MAXIMUM STRENGTH	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		SCALPICIN MAXIMUM STRENGTH	SOLN	EX	-	NON-COVERED	OTCS	-	-	-	-	
		SM HYDROCORTISONE	CREA	EX	-	-		PREFERRED	-	-	-	
		SM HYDROCORTISONE	OINT	EX	-	-		PREFERRED	-	-	-	
		TEXACORT	SOLN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		TGT ANTI-ITCH PLUS OATMEAL	CREA	EX	-	-		PREFERRED	-	-	-	
		TGT ANTI-ITCH/ALOE/VITAMIN E	CREA	EX	-	-		PREFERRED	-	-	-	
		HYDROCORTISONE ACETATE (TOPICAL)										
		GYNECORT 10	CREA	EX	-	-		PREFERRED	-	-	-	
		HYDROCORTISONE	OINT	EX	-	NON-COVERED	OTCS	-	-	-	-	
		LANACORT 10	CREA	EX	-	-		PREFERRED	-	-	-	
	MICORT-HC	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-		

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		NUCORT	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VAGISIL	CREA	EX	-	-		PREFERRED	-	-	-
	HYDROCORTISONE-ALOE VERA	CORTIZONE-10	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		GNP HYDROCORTISONE/ALOE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		HM HYDROCORTISONE PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		HYDROCORTISONE/ALOE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		KLS HYDROCORTISONE PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		KP HYDROCORTISONE/ALOE	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
		RA HYDROCORTISONE PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
DERMATOLOGICS : TOPICAL STEROIDS - LOW POTENCY CONT.		SM HYDROCORTISONE PLUS	CREA	EX	-	NON-COVERED	OTCS	-	-	-	-
	HYDROCORTISONE-DIPHENHYDRAMINE HCL	HC DERMAPAX	LIQD	EX	-	NON-COVERED	OTCS	-	-	-	-
	HYDROCORTISONE-PRAMOXINE-CHLOROXYLENOL	CORTANE-B	LOTN	EX	-	NON-COVERED	DESI	-	-	-	-
	PRAMOXINE-HC	EPIFOAM	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		HYDROCORTISONE ACETATE/PRAMOXINE HCL	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		NOVACORT	GEL	EX	-	NON-COVERED	DESI	-	-	-	-
		PRAMOSONE	CREA	EX	-	NON-COVERED	DESI	-	-	-	-
		PRAMOSONE	LOTN	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PRAMOSONE	LOTN	EX	-	NON-COVERED	DESI	-	-	-	-
		PRAMOSONE	OINT	EX	-	NON-COVERED	DESI	-	-	-	-
DERMATOLOGICS : TOPICAL STEROIDS - MEDIUM POTENCY	CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLOCORTOLONE PIVALATE PUMP	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLODERM	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLODERM PUMP	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FLUTICASONE PROPIONATE	BESER	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CUTIVATE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUTICASONE PROPIONATE	CREA	EX	-	-		PREFERRED	-	-	-
		FLUTICASONE PROPIONATE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FLUTICASONE PROPIONATE	OINT	EX	-	-		PREFERRED	-	-	-
	FLUTICASONE-EMOLLIENT	BESER	KIT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-

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		HYDROCORTISONE BUTYRATE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HYDROCORTISONE BUTYRATE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HYDROCORTISONE BUTYRATE	SOLN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOCOID	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOCOID	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOCOID	SOLN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE	HYDROCORTISONE BUTYRATE (LIPID)	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HYDROCORTISONE BUTYRATE (LIPOPHILIC)	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOCOID LIPOCREAM	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HYDROCORTISONE PROBUTATE	PANDEL	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HYDROCORTISONE VALERATE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	MOMETASONE FUROATE	ELOCON	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MOMETASONE FUROATE	CREA	EX	-	-		PREFERRED	-	-	-
		MOMETASONE FUROATE	OINT	EX	-	-		PREFERRED	-	-	-
		MOMETASONE FUROATE	SOLN	EX	-	-		PREFERRED	-	-	-
DERMATOLOGICS : TOPICAL STEROIDS - MEDIUM POTENCY CONT.	MOMETASONE FUROATE-DIMETHICONE	QUINIXIL	THPK	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PREDNICARBATE	PREDNICARBATE	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PREDNICARBATE	OINT	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
DERMATOLOGICS : TOPICAL STEROIDS - VERY HIGH POTENCY	CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	CREA	EX	-	-		PREFERRED	-	-	-
		CLOBETASOL PROPIONATE	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLOBETASOL PROPIONATE	GEL	EX	-	-		PREFERRED	-	-	-
		CLOBETASOL PROPIONATE	LIQD	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLOBETASOL PROPIONATE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLOBETASOL PROPIONATE	OINT	EX	-	-		PREFERRED	-	-	-
		CLOBETASOL PROPIONATE	SHAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLOBETASOL PROPIONATE	SOLN	EX	-	-		PREFERRED	-	-	-
		CLOBEX	LIQD	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLOBEX	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLOBEX	SHAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		CLODAN	SHAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		IMPOYZ	CREA	EX	-	-		PREFERRED	-	-	-
		OLUX	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TEMOVATE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TEMOVATE	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CLOBETASOL PROPIONATE EMOLLIENT BASE	CLOBETASOL PROPIONATE EMOLLIENT	CREA	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	CLOBETASOL PROPIONATE EMULSION	CLOBETASOL PROPIONATE	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OLUX-E	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-

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		TOVET	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	CLOBETASOL PROPIONATE EMULSION FOAM W/ MOISTURIZING CREAM	TOVET KIT	KIT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FLURANDRENOLIDE	CORDRAN	TAPE	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
	HALOBETASOL PROPIONATE	BRYHALI	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HALOBETASOL PROPIONATE	CREA	EX	-	-		PREFERRED	-	-	-
		HALOBETASOL PROPIONATE	FOAM	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HALOBETASOL PROPIONATE	OINT	EX	-	-		PREFERRED	-	-	-
		LEXETTE	FOAM	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ULTRAVATE	CREA	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ULTRAVATE	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ULTRAVATE	OINT	EX	-	-		NON-PREFERRED	-	PA REQUIRED	-
	HALOBETASOL PROPIONATE-TAZAROTENE	DUOBRII	LOTN	EX	-	-		NON-PREFERRED	2	PA REQUIRED	-
DERMATOLOGICS : WOUND CARE PRODUCTS - GROWTH FACTOR AGENTS	BECAPLERMIN	REGRANEX	GEL	EX	-	-		PREFERRED	-	PA REQUIRED	-
DIGESTIVE AIDS : PANCREATIC ENZYMES	PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)	CREON	CPEP	OR	-	-		PREFERRED	-	-	-
		PANCREAZE	CPEP	OR	-	-		NON-PREFERRED	2	-	-
		PERTZYE	CPEP	OR	-	-		NON-PREFERRED	2	-	-
		VIOKACE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		ZENPEP	CPEP	OR	-	-		PREFERRED	-	-	-
DIURETICS : CARBONIC ANHYDRASE INHIBITORS	ACETAZOLAMIDE	ACETAZOLAMIDE	TABS	OR	-	-		PREFERRED	-	-	-
		ACETAZOLAMIDE ER	CP12	OR	-	-		PREFERRED	-	-	-
	ACETAZOLAMIDE SODIUM	ACETAZOLAMIDE SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	DICHLORPHENAMIDE	KEVEYIS	TABS	OR	-	-		NON-PREFERRED	2	-	-
	METHAZOLAMIDE	METHAZOLAMIDE	TABS	OR	-	-		PREFERRED	-	-	-
DIURETICS : DIURETIC COMBINATIONS	AMILORIDE & HYDROCHLOROTHIAZIDE	AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	ALDACTAZIDE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		ALDACTAZIDE 25-25MG	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	TRIAMTERENE & HYDROCHLOROTHIAZIDE	DYAZIDE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MAXZIDE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MAXZIDE-25	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	OR	-	-		PREFERRED	-	-	-
		TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
DIURETICS : LOOP DIURETICS	BUMETANIDE	BUMETANIDE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		BUMETANIDE	TABS	OR	-	-		PREFERRED	-	-	-

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		BUMEX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ETHACRYNATE SODIUM	ETHACRYNATE SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		SODIUM EDECRIN	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ETHACRYNIC ACID	EDECRIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ETHACRYNIC ACID	TABS	OR	-	-		PREFERRED	-	-	-
	FUROSEMIDE	FUROSEMIDE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		FUROSEMIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		FUROSEMIDE	TABS	OR	-	-		PREFERRED	-	-	-
		LASIX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TORSEMIDE	DEMADEX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TORSEMIDE	TABS	OR	-	-		PREFERRED	-	-	-
DIURETICS : POTASSIUM SPARING DIURETICS	AMILORIDE HCL	AMILORIDE HCL	TABS	OR	-	-		PREFERRED	-	-	-
	SPIRONOLACTONE	ALDACTONE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CAROSPIR	SUSP	OR	-	-		NON-PREFERRED	2	-	-
		SPIRONOLACTONE	TABS	OR	-	-		PREFERRED	-	-	-
	TRIAMTERENE	DYRENIUM	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		TRIAMTERENE	CAPS	OR	-	-		NON-PREFERRED	2	-	-
DIURETICS : THIAZIDE AND THIAZIDE-LIKE DIURETICS	CHLOROTHIAZIDE	CHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
		DIURIL	SUSP	OR	-	-		NON-PREFERRED	2	-	-
	CHLOROTHIAZIDE SODIUM	CHLOROTHIAZIDE SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		SODIUM DIURIL	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	CHLORTHALIDONE	CHLORTHALIDONE	TABS	OR	-	-		PREFERRED	-	-	-
	HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE	CAPS	OR	-	-		PREFERRED	-	-	-
		HYDROCHLOROTHIAZIDE	TABS	OR	-	-		PREFERRED	-	-	-
DIURETICS : THIAZIDE AND THIAZIDE-LIKE DIURETICS CONT.	INDAPAMIDE	INDAPAMIDE	TABS	OR	-	-		PREFERRED	-	-	-
	METOLAZONE	METOLAZONE	TABS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : ADENOSINE DEAMINASE SCID TREATMENT AGENTS - INJECTABLE	ELAPEGADEMASE-LVLR	REVCIVI	SOLN	IM	YES	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ANABOLIC STEROIDS - ORAL	OXANDROLONE	OXANDROLONE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	OXYMETHOLONE	ANADROL-50	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - OTHER	DANAZOL	DANAZOL	CAPS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE	METHYLTESTOSTERONE	METHITEST	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		METHYLTESTOSTERONE	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	NANDROLONE DECANOATE-TESTOSTERONE CYPIONATE & ENANTHATE	NANDROLONE DECANOATE/TESTOSTERONE CYPIONATE/TESTOSTERONE ENA	OIL	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TESTOSTERONE	ANDRODERM	PT24	TD	-	-		PREFERRED	-	PA REQUIRED	-
		ANDROGEL	GEL	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ANDROGEL	GEL	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ANDROGEL PUMP	GEL	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-

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		EC-RX TESTOSTERONE 0.2%	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		EC-RX TESTOSTERONE 0.4%	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		EC-RX TESTOSTERONE 10%	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		EC-RX TESTOSTERONE 20%	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		FORTESTA	GEL	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		NATESTO	GEL	NA	-	-		NON-PREFERRED	2	PA REQUIRED	-
		STRIANT	MISC	BU	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTIM	GEL	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TESTOPEL	PLLT	IL	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTOSTERONE 2%	GEL	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTOSTERONE	GEL	TD	-	-		PREFERRED	-	PA REQUIRED	-
		TESTOSTERONE	PLLT	IL	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTOSTERONE	SOLN	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTOSTERONE COMPOUNDING KIT	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTOSTERONE PUMP 20.25MG/ACT (1.62)	GEL	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTOSTERONE PUMP	GEL	TD	-	-		PREFERRED	-	PA REQUIRED	-
		TESTOSTERONE TOPICAL SOLUTION	SOLN	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		VOGELXO	GEL	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		VOGELXO PUMP	GEL	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TESTOSTERONE CYPIONATE	DEPO-TESTOSTERONE	SOLN	IM	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TESTONE CIK	KIT	IM	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TESTOSTERONE CYPIONATE	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TESTOSTERONE CYPIONATE	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE CONT.	TESTOSTERONE CYPIONATE & PROPIONATE	TESTOSTERONE CYPIONATE/TESTOSTERONE PROPIONATE	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TESTOSTERONE ENANTHATE	SOLN	IM	-	-		NON-PREFERRED	-	PA REQUIRED	-
		XYOSTED	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TESTOSTERONE PROPIONATE	TESTOSTERONE PROPIONATE	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TESTOSTERONE UNDECANOATE	AVEED	SOLN	IM	-	-		NON-PREFERRED	2	PA REQUIRED	-
		JATENZO	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ANTITHYROID AGENTS	METHIMAZOLE	METHIMAZOLE	TABS	OR	-	-		PREFERRED	-	-	-
		TAPAZOLE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PROPYLTHIOURACIL	PROPYLTHIOURACIL	TABS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - SCLEROSTIN INHIBITORS	ROMOSOZUMAB-AQQG	EVENITY	SOSY	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	OSPEMIFENE	OSPHENA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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	RALOXIFENE HCL	EVISTA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RALOXIFENE HCL	TABS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : CALCIMIMETIC AGENTS - ORAL	CINACALCET HCL	CINACALCET HCL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		SENSIPAR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : CARNITINE REPLENISHER AGENTS - ORAL	LEVOCARNITINE (METABOLIC MODIFIERS)	CARNITOR	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CARNITOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CARNITOR SF	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : CARNITINE REPLENISHER AGENTS - ORAL CONT.		LEVOCARNITINE	SOLN	OR	-	-		PREFERRED	-	-	-
		LEVOCARNITINE	TABS	OR	-	-		PREFERRED	-	-	-
		LEVOCARNITINE SF	SOLN	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : CORTICOTROPIN	CORTICOTROPIN	ACTHAR	GEL	IJ	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : CORTISOL SYNTHESIS INHIBITORS	OSILODROSTAT PHOSPHATE	ISTURISA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / ANDROGEN COMBINATIONS	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE	COVARYX	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		COVARYX HS	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		EEMT	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		EEMT HS	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / ANDROGEN COMBINATIONS CONT.		ESTERIFIED ESTROGENS/METHYLTESTOSTERONE DS	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
	ESTRADIOL-ESTRIOL-TESTOSTERONE-PROGESTERONE MICRONIZED	BI-EST 50:50 PROGESTERONE-TESTOSTERONE COMPOUNDING KIT	CREA	TD	-	-		NON-PREFERRED	1	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / PROGESTIN COMBINATIONS	CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE	PREMPHASE	TABS	OR	-	-		PREFERRED	-	-	-
		PREMPRO	TABS	OR	-	-		PREFERRED	-	-	-
	DROSPIRENONE-ESTRADIOL	ANGELIQ	TABS	OR	-	-		PREFERRED	-	-	-
	ESTRADIOL & NORETHINDRONE ACETATE	ACTIVELLA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AMABELZ	TABS	OR	-	-		PREFERRED	-	-	-
		COMBIPATCH	PTTW	TD	-	-		PREFERRED	-	-	-

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		ESTRADIOL/NORETHINDRONE ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
		LOPREEZA	TABS	OR	-	-		PREFERRED	-	-	-
		MIMVEY	TABS	OR	-	-		PREFERRED	-	-	-
		MIMVEY LO	TABS	OR	-	-		PREFERRED	-	-	-
	ESTRADIOL-ESTRIOL-PROGESTERONE MICRONIZED	BI-EST 80:20 PROGESTERONE COMPOUNDING KIT	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
		BIEST/PROGESTERONE	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ESTRADIOL-LEVONORGESTREL	CLIMARA PRO	PTWK	TD	-	-		PREFERRED	-	-	-
	ESTRADIOL-NORGESTIMATE	PREFEST	TABS	OR	-	-		NON-PREFERRED	2	-	-
	ESTRADIOL-PROGESTERONE	BIJUVA	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	ESTRIOL-ESTRADIOL MICRONIZED	BI-EST 50:50 COMPOUNDING KIT	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ESTRIOL-PROGESTERONE MICRONIZED	ESTRIOL-PROGESTERONE COMPOUNDING KIT	CREA	TD	-	-		NON-PREFERRED	2	PA REQUIRED	-
	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL	FEMHRT LOW DOSE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FYAVOLV	TABS	OR	-	-		PREFERRED	-	-	-
		JINTELI	TABS	OR	-	-		PREFERRED	-	-	-
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS	CONJUGATED ESTROGENS-Bazedoxifene	DUAVEE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - INJECTABLE	ESTRADIOL CYPIONATE	DEPO-ESTRADIOL	OIL	IM	-	-		PREFERRED	-	-	-
	ESTRADIOL VALERATE	DELESTROGEN	OIL	IM	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ESTRADIOL VALERATE	OIL	IM	-	-		PREFERRED	-	-	-
	ESTROGENS, CONJUGATED	PREMARIN	SOLR	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - ORAL	ESTERIFIED ESTROGENS	MENEST	TABS	OR	-	-		PREFERRED	-	-	-
	ESTRADIOL	ESTRACE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - ORAL CONT.		ESTRADIOL	TABS	OR	-	-		PREFERRED	-	-	-
	ESTROGENS, CONJUGATED	PREMARIN	TABS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - TOPICAL	ESTRADIOL	ALORA	PTTW	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CLIMARA	PTWK	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DIVIGEL	GEL	TD	-	-		NON-PREFERRED	1	-	-
		DOTTI	PTTW	TD	-	-		PREFERRED	-	-	-
		ELESTRIN	GEL	TD	-	-		NON-PREFERRED	1	-	-
		ESTRADIOL	PTTW	TD	-	-		PREFERRED	-	-	-
		ESTRADIOL	PTWK	TD	-	-		PREFERRED	-	-	-
		ESTROGEL	GEL	TD	-	-		NON-PREFERRED	1	-	-
		EVAMIST	SOLN	TD	-	-		NON-PREFERRED	1	-	-
		MENOSTAR	PTWK	TD	-	-		NON-PREFERRED	1	-	-
		MINIVELLE	PTTW	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		VIVELLE-DOT	PTTW	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	ESTRADIOL MICRONIZED	EC-RX ESTRADIOL 0.4%	CREA	TD	-	-		NON-PREFERRED	1	-	-	
		EC-RX ESTRADIOL 0.6%	CREA	TD	-	-		NON-PREFERRED	1	-	-	
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - VAGINAL	ESTRADIOL ACETATE VAGINAL	FEMRING	RING	VA	-	-		NON-PREFERRED	2	-	-	
		ESTRADIOL VAGINAL	ESTRACE	CREA	VA	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ESTRADIOL	CREA	VA	-	-		PREFERRED	-	-	-	
		ESTRADIOL	TABS	VA	-	-		PREFERRED	-	-	-	
		ESTRING	RING	VA	-	-		PREFERRED	-	-	-	
		IMVEXXY MAINTENANCE PACK	INST	VA	-	NON-COVERED	SDYS	-	-	-	-	
		IMVEXXY STARTER PACK	INST	VA	-	NON-COVERED	SDYS	-	-	-	-	
		VAGIFEM	TABS	VA	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		YUVAFEM	TABS	VA	-	-		PREFERRED	-	-	-	
		ESTROGENS, CONJUGATED VAGINAL	PREMARIN	CREA	VA	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : FABRY DISEASE AGENTS - ORAL	MIGALASTAT HCL	GALAFOLD	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONE RECEPTOR ANTAGONISTS	PEGVISOMANT	SOMAVERT	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONE RELEASING HORMONES (GHRH)	IPAMORELIN ACETATE	IPAMORELIN ACETATE	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
	TESAMORELIN ACETATE	EGRIFTA	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-	
		EGRIFTA SV	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES	SOMATROPIN	GENOTROPIN	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-	
		GENOTROPIN MINIQUICK	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-	
		HUMATROPE	SOLR	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		HUMATROPE COMBO PACK	SOLR	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		NORDITROPIN CARTRIDGE	SOLN	SC	-	-		PREFERRED	-	PA REQUIRED	-	
		NORDITROPIN FLEXPRO	SOLN	SC	-	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES CONT.		NUTROPIN AQ NUSPIN 10	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		NUTROPIN AQ NUSPIN 20	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		NUTROPIN AQ NUSPIN 5	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		OMNITROPE	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		OMNITROPE	SOLR	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		ZOMACTON	SOLR	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		SOMATROPIN (NON-REFRIGERATED)	SAIZEN	SOLR	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-
			SAIZENPREP RECONSTITUTIONKIT	SOLR	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-
			SEROSTIM	SOLR	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
			ZORBTIVE	SOLR	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-

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ENDOCRINE AND METABOLIC AGENTS : HEREDITARY TYROSINEMIA TYPE 1 (HT-1) AGENTS - ORAL	NITISINONE	NITISINONE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		NITYR	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		ORFADIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		ORFADIN	SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : HOMOCYSTINURIA AGENTS - ORAL	BETAINE	CYSTADANE	POWD	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		URIDINE TRIACETATE	XURIDEN	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : HYPERAMMONEMIA AGENTS - ORAL	CARGLUMIC ACID	CARBAGLU	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : HYPOPHOSPHATASIA AGENTS - INJECTABLE	ASFOTASE ALFA	STRENSIQ	SOLN	SC	-	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : OXYTOCICS - ORAL	METHYLERGONOVINE MALEATE	METHERGINE	TABS	OR	-	-		PREFERRED	-	-	-	
		METHYLERGONOVINE MALEATE	TABS	OR	-	-		PREFERRED	-	-	-	
ENDOCRINE AND METABOLIC AGENTS : PHENYLKETONURIA (PKU) AGENTS - INJECTABLE	PEGVALIASE-PQPZ	PALYNZIQ	SOSY	SC	YES	-		PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : PHENYLKETONURIA (PKU) AGENTS - ORAL	SAPROPTERIN DIHCL	KUVAN	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		KUVAN	TBSO	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : PITUITARY SUPPRESSANTS	ELAGOLIX SODIUM	ORLISSA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		HISTRELIN ACETATE (CPP)	SUPPRELIN LA	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		LEUPROLIDE ACETATE & NORETHINDRONE ACETATE	LUPANETA PACK	KIT	CO	-	-		PREFERRED	-	PA REQUIRED	-
		LEUPROLIDE ACETATE (CPP)	LUPRON DEPOT-PED (1-MONTH)	KIT	IM	-	-		PREFERRED	-	PA REQUIRED	-
		LEUPROLIDE ACETATE (CPP) (3 MONTH)	LUPRON DEPOT-PED (3-MONTH)	KIT	IM	-	-		PREFERRED	-	PA REQUIRED	-
		NAFARELIN ACETATE	SYNAREL	SOLN	NA	-	-		PREFERRED	-	PA REQUIRED	-
		TRIPTORELIN PAMOATE (CPP)	TRIPTODUR	SRER	IM	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - INJECTABLE	DESMOPRESSIN ACETATE	DDAVP	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		DESMOPRESSIN ACETATE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		VASOPRESSIN	VASOSTRICT	SOLN	IV	-	-		X	-	-	
		VASOPRESSIN-DEXTROSE	VASOPRESSIN/DEXTROSE	SOLN	IV	-	-		X	-	-	
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - INJECTABLE CONT.	VASOPRESSIN-SODIUM CHLORIDE	VASOPRESSIN/SODIUM CHLORIDE	SOLN	IV	-	-		X	-	-		
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - NASAL	DESMOPRESSIN ACETATE	NOCTIVA	EMUL	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		STIMATE	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-	

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	DESMOPRESSIN ACETATE REFRIGERATED	DDAVP	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DESMOPRESSIN ACETATE SPRAY	DDAVP	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DESMOPRESSIN ACETATE	SOLN	NA	-	-		PREFERRED	-	-	-
	DESMOPRESSIN ACETATE SPRAY REFRIGERATED	DESMOPRESSIN ACETATE	SOLN	NA	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - ORAL	DESMOPRESSIN ACETATE	DDAVP	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DESMOPRESSIN ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
		NOCURNA	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONE RECEPTOR ANTAGONISTS	MIFEPRISTONE	MIFEPREX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MIFEPRISTONE	TABS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES	HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE	OIL	IM	-	-		PREFERRED	-	PA REQUIRED	-
		MAKENA	OIL	IM	-	-		PREFERRED	-	PA REQUIRED	-
		MAKENA	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
	HYDROXYPROGESTERONE CAPROATE (ANTINEOPLASTIC)	HYDROXYPROGESTERONE CAPROATE	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	-
	MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
		PROVERA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MEDROXYPROGESTERONE ACETATE (ANTINEOPLASTIC)	DEPO-PROVERA	SUSP	IM	-	-		PREFERRED	-	PA REQUIRED	-
	NORETHINDRONE ACETATE	AYGESTIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NORETHINDRONE ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
	PROGESTERONE	PROGESTERONE	OIL	IM	-	-		PREFERRED	-	-	-
	PROGESTERONE MICRONIZED	EC-RX PROGESTERONE 10%	CREA	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EC-RX PROGESTERONE 20%	CREA	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROGESTERONE	CAPS	OR	-	-		PREFERRED	-	-	-
		PROGESTERONE 10% KIT	CREA	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROGESTERONE COMPOUNDING KIT	CREA	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PROMETRIUM	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES - VAGINAL	PRASTERONE VAGINAL	INTRAROSA	INST	VA	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PROGESTERONE (VAGINAL)	CRINONE	GEL	VA	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ENDOMETRIN	INST	VA	-	NON-COVERED	FERT	-	-	-	-
		FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	SUPP	VA	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES - VAGINAL CONT.		FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	SUPP	VA	-	-		NON-PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : PROLACTIN INHIBITORS	CABERGOLINE	CABERGOLINE	TABS	OR	-	-		PREFERRED	-	-	-
ENDOCRINE AND METABOLIC AGENTS : THYROID HORMONE - ORAL	LEVOTHYROXINE SODIUM	EUTHYROX	TABS	OR	-	-		PREFERRED	-	-	-

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		LEVO-T	TABS	OR	-	-		PREFERRED	-	-	-
		LEVOTHYROXINE SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		LEVOXYL	TABS	OR	-	-		PREFERRED	-	-	-
		SYNTHROID	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TIROSINT	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		TIROSINT-SOL	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		UNITHROID	TABS	OR	-	-		PREFERRED	-	-	-
	LIOthyRONINE SODIUM	CYTOMEL	TABS	OR	-	-		NON-PREFERRED	2	-	-
		LIOthyRONINE SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
	THYROID	ARMOUR THYROID	TABS	OR	-	-		PREFERRED	-	-	-
		LEVOTHYROXINE/LIOthyRONINE	TABS	OR	-	-		PREFERRED	-	-	-
		NATURE-THROID	TABS	OR	-	-		PREFERRED	-	-	-
		NATURE-THROID NT-2.5	TABS	OR	-	-		PREFERRED	-	-	-
		NP THYROID 120	TABS	OR	-	-		PREFERRED	-	-	-
		NP THYROID 15	TABS	OR	-	-		PREFERRED	-	-	-
		NP THYROID 30	TABS	OR	-	-		PREFERRED	-	-	-
		NP THYROID 60	TABS	OR	-	-		PREFERRED	-	-	-
		NP THYROID 90	TABS	OR	-	-		PREFERRED	-	-	-
		THYROID	TABS	OR	-	-		PREFERRED	-	-	-
		WESTHROID	TABS	OR	-	-		PREFERRED	-	-	-
	WP THYROID	TABS	OR	-	-		PREFERRED	-	-	-	
ENDOCRINE AND METABOLIC AGENTS : TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY AGENTS	CERLIPONASE ALFA	BRINEURA	KIT	VE	YES	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : UREA CYCLE DISORDER AGENTS - ORAL	GLYCEROL PHENYLbutYRATE	RAVICTI	LIQD	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
	SODIUM PHENYLbutYRATE	BUPHENYL	POWD	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BUPHENYL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SODIUM PHENYLbutYRATE	POWD	OR	-	-		PREFERRED	-	PA REQUIRED	-
		SODIUM PHENYLbutYRATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : VASOPRESSIN RECEPTOR ANTAGONISTS - ORAL	TOLVAPTAN	JYNARQUE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		JYNARQUE	TBPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SAMSCA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : X-LINKED HYPOPHOSPHATEMIA (XLH) AGENTS	BUROSUMAB-TWZA	CRYSVITA	SOLN	SC	YES	-		PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS	CIMETIDINE	CIMETIDINE	TABS	OR	-	-		NON-PREFERRED	1	-	-
		CIMETIDINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS CONT.		CVS HEARTBURN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP HEARTBURN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		HEARTBURN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB CIMETIDINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TAGAMET HB	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CIMETIDINE HCL	CIMETIDINE HCL	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FAMOTIDINE	ACID CONTROL MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		ACID CONTROLLER	TABS	OR	-	-		PREFERRED	-	-	-
		ACID REDUCER	TABS	OR	-	-		PREFERRED	-	-	-
		CVS ACID CONTROLLER	TABS	OR	-	-		PREFERRED	-	-	-
		EQ ACID REDUCER	TABS	OR	-	-		PREFERRED	-	-	-
		FAMOTIDINE	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FAMOTIDINE	SUSR	OR	-	-		PREFERRED	-	-	-
		FAMOTIDINE	TABS	OR	-	-		PREFERRED	-	-	-
		GNP ACID REDUCER	TABS	OR	-	-		PREFERRED	-	-	-
		HEARTBURN RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		HM FAMOTIDINE	TABS	OR	-	-		PREFERRED	-	-	-
		KLS ACID CONTROLLER MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		MM FAMOTIDINE	TABS	OR	-	-		PREFERRED	-	-	-
		PEPCID	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PEPCID AC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEPCID AC MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ACID REDUCER	TABS	OR	-	-		PREFERRED	-	-	-
		QC ACID CONTROLLER	TABS	OR	-	-		PREFERRED	-	-	-
		RA ACID REDUCER	TABS	OR	-	-		PREFERRED	-	-	-
		SB ACID CONTROLLER	TABS	OR	-	-		PREFERRED	-	-	-
		SB ACID REDUCER	TABS	OR	-	-		PREFERRED	-	-	-
		SM ACID REDUCER	TABS	OR	-	-		PREFERRED	-	-	-
	FAMOTIDINE IN NACL	FAMOTIDINE PREMIXED	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FAMOTIDINE/SODIUM CHLORIDE	SOSY	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS CONT.	FAMOTIDINE-CALCIUM CARBONATE-MAGNESIUM HYDROXIDE	ACID CONTROLLER COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACID REDUCER COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS DUAL ACTION COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		DUO FUSION	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ACID REDUCER COMPLETE DUAL ACTION	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL DUAL ACTION COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP DUAL ACTION COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		KLS ACID CONTROLLER COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEPCID COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX DUAL ACTION	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ACID REDUCER PLUS ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	NIZATIDINE	NIZATIDINE	CAPS	OR	-	-	-	NON-PREFERRED	1	-	-
		NIZATIDINE	SOLN	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
	RANITIDINE HCL	ACID CONTROL MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS RANITIDINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DEPRIZINE FUSEPAQ	SUSR	OR	-	-	-	NON-PREFERRED	-	-	-
		EQ ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ RANITIDINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL HEARTBURN RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS CONT.		GNP ACID CONTROL 150 MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ACID REDUCER HEARTBURN RELIEF 150 MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		HM ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KLS ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KLS ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX RANITIDINE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RANITIDINE 150 MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RANITIDINE 75	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RANITIDINE ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RANITIDINE HCL	SOLN	IJ	-	-		NON-PREFERRED	-	-	-
		RANITIDINE HCL	SYRP	OR	-	-		NON-PREFERRED	-	-	-
		RANITIDINE HCL	TABS	OR	-	-		NON-PREFERRED	-	-	-
		RANITIDINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RANITIDINE HCL	CAPS	OR	-	-		NON-PREFERRED	-	-	-
		RANITIDINE HCL	SOLN	IJ	-	-		NON-PREFERRED	-	-	-
		RANITIDINE HCL	SYRP	OR	-	-		NON-PREFERRED	-	-	-
		RANITIDINE HCL	TABS	OR	-	-		NON-PREFERRED	-	-	-
		RANITIDINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RANITIDINE MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS CONT.		SB ACID REDUCER RANITIDINE 75	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT ACID REDUCER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-ZAN 150 MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS	
		WAL-ZAN 75	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ZANTAC	SOLN	IJ	-	-		NON-PREFERRED	-	-	-	
		ZANTAC	TABS	OR	-	-		NON-PREFERRED	-	-	-	
		ZANTAC 150 MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ZANTAC 75	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
GASTROINTESTINAL AGENTS - ULCER DRUGS : PROTON PUMP INHIBITORS (PPI)	DEXLANSOPRAZOLE	DEXILANT	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	ESOMEPRAZOLE MAGNESIUM	CVS ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		ESOMEPRAZOLE MAGNESIUM	KIT	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		ESOMEPRAZOLE MAGNESIUM	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		GNP ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		GOODSENSE ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		KLS ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		NEXIUM	CPDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		NEXIUM	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		NEXIUM 24HR	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		NEXIUM 24HR	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NEXIUM 24HR CLEAR MINIS	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		QC ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		RA ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		SM ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		ESOMEPRAZOLE SODIUM	ESOMEPRAZOLE SODIUM	SOLR	IV	-	-		X	-	PA REQUIRED	-
			NEXIUM I.V.	SOLR	IV	-	-		X	-	PA REQUIRED	-
		ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM	CPDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LANSOPRAZOLE	CVS LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
			EQ LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FIRST-LANSOPRAZOLE		SUSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	GNP LANSOPRAZOLE		CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		GOODSENSE LANSOPRAZOLE HEARTBURN TREATMENT 24 HOUR	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		HEARTBURN TREATMENT 24 HOUR	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : PROTON PUMP INHIBITORS (PPI) CONT.		HM LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		KLS LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LANSOPRAZOLE	TBDD	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LANSOPRAZOLE ODT	TBDD	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LANSOPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PREVACID	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PREVACID 24HR	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		PREVACID SOLUTAB	TBDD	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		QC LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RA LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SM LANSOPRAZOLE	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OMEPRAZOLE CVS OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		CVS OMEPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		EQ OMEPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		FIRST-OMEPRAZOLE	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GNP OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		GNP OMEPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		KLS OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		OMEPRAZOLE 10MG	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OMEPRAZOLE	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-
		OMEPRAZOLE	TBDD	OR	-	NON-COVERED	OTCS	-	-	-	-
		OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		OMEPRAZOLE + SYRSPEND SF ALKA	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OMEPRAZOLE DR 10MG	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OMEPRAZOLE DR	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-
		OMEPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		RA OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
	SB OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	SM OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	TGT OMEPRAZOLE	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-	

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	OMEPRAZOLE MAGNESIUM	ACID REDUCER	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : PROTON PUMP INHIBITORS (PPI) CONT.		KP OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		OMEPRAZOLE	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-
		OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRILOSEC	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PRILOSEC OTC	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
	OMEPRAZOLE-SODIUM BICARBONATE	CVS OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OMEPPi	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OMEPRAZOLE/SODIUM BICARBONATE	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		RA OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZEGERID	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ZEGERID 20-1100 MG	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZEGERID	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ZEGERID OTC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PANTOPRAZOLE SODIUM	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PANTOPRAZOLE SODIUM DR	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PROTONIX	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PROTONIX	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PROTONIX	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
	RABEPRAZOLE SODIUM	ACIPHEX	TBEC	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ACIPHEX SPRINKLE	CPSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RABEPRAZOLE SODIUM	TBEC	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RABEPRAZOLE SODIUM DR SPRINKLE	CPSP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL	BACILLUS COAGULANS-INULIN	PREBIOTIC/PROBIOTIC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC/PREBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	BANANA FLAKES	BANATROL PLUS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.	BIFIDOBACTERIUM BIFIDUM	KIJIMEA IBS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	BIFIDOBACTERIUM LACTIS	GERBER GENTLE EVERYDAY PROBIOTIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	BIFIDOBACTERIUM LONGUM INFANTIS	EVIVO	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		EVIVO REFILL	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		EVIVO STARTER PACK	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
	BIFIDOBACTERIUM LONGUM INFANTIS-MEDIUM CHAIN TRIGLYCERIDES	EVIVO	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	BISMUTH SUBGALLATE	DEVROM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	BISMUTH SUBSALICYLATE	BISMATROL	CHEW	OR	-	-		PREFERRED	-	-	-
		BISMATROL	SUSP	OR	-	-		PREFERRED	-	-	-
		BISMATROL MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		BISMUTH	CHEW	OR	-	-		PREFERRED	-	-	-
		BISMUTH SUBSALICYLATE	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS BISMUTH	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS BISMUTH	TABS	OR	-	-		PREFERRED	-	-	-
		CVS BISMUTH MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		DIARRHEA	SUSP	OR	-	-		PREFERRED	-	-	-
		DIOTAME INSTYDOSE	SUSP	OR	-	-		PREFERRED	-	-	-
		EQ PINK-BISMUTH	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		EQL STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		EQL STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		EQL STOMACH RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		EQL STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERI-PECTATE	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP K-PEC	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP PINK BISMUTH	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP PINK BISMUTH	TABS	OR	-	-		PREFERRED	-	-	-
		GNP STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-

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		GNP STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		GOODSENSE STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		GOODSENSE STOMACH RELIEF/MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		HM STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		HM STOMACH RELIEF MAXIMUMSTRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM STOMACH RELIEF ULTRA	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		KAOPECTATE	SUSP	OR	-	-		PREFERRED	-	-	-
		KAOPECTATE	TABS	OR	-	-		PREFERRED	-	-	-
		KAOPECTATE EXTRA STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		KAO-TIN	SUSP	OR	-	-		PREFERRED	-	-	-
		MEDI-BISMUTH	CHEW	OR	-	-		PREFERRED	-	-	-
		PEPTIC RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		PEPTO BISMOL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEPTO-BISMOL	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEPTO-BISMOL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEPTO-BISMOL MAX STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEPTO-BISMOL TO-GO	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PINK BISMUTH	SUSP	OR	-	-		PREFERRED	-	-	-
		PINK BISMUTH MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PINK BISMUTH REGULAR STRENGTH	SUSP	OR	-	-		PREFERRED	-	-	-
		PX STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		PX STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		PX STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC DIARRHEA RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		QC PINK BISMUTH	CHEW	OR	-	-		PREFERRED	-	-	-
		QC PINK BISMUTH	SUSP	OR	-	-		PREFERRED	-	-	-
		QC PINK BISMUTH	TABS	OR	-	-		PREFERRED	-	-	-
		RA K-PEC	SUSP	OR	-	-		PREFERRED	-	-	-
		RA PINK BISMUTH	CHEW	OR	-	-		PREFERRED	-	-	-
		RA PINK BISMUTH	TABS	OR	-	-		PREFERRED	-	-	-
		RA STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-

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		RA STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		RA STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB BISMUTH	TABS	OR	-	-		PREFERRED	-	-	-
		SM STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		SM STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		SM STOMACH RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
		SM STOMACH RELIEF LIQUID	SUSP	OR	-	-		PREFERRED	-	-	-
		SM STOMACH RELIEF MAX ST SM STOMACH RELIEF MAXIMUMSTRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		SOOTHE	CHEW	OR	-	-		PREFERRED	-	-	-
		SOOTHE	SUSP	OR	-	-		PREFERRED	-	-	-
		SOOTHE	TABS	OR	-	-		PREFERRED	-	-	-
		SOOTHE MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOMACH RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		STOMACH RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		STOMACH RELIEF	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOMACH RELIEF PLUS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT STOMACH RELIEF	TABS	OR	-	-		PREFERRED	-	-	-
	CROFELEMER	MYTESI	TBEC	OR	-	-		NON-PREFERRED	2	-	-
	DIFENOXIN W/ ATROPINE	MOTOFEN	TABS	OR	-	-		NON-PREFERRED	2	-	-
	DIPHENOXYLATE W/ ATROPINE	DIPHENOXYLATE HCL/ATROPINE SULFATE	TABS	OR	-	-		PREFERRED	-	-	-
		DIPHENOXYLATE/ATROPINE	LIQD	OR	-	-		PREFERRED	-	-	-
		DIPHENOXYLATE/ATROPINE	TABS	OR	-	-		PREFERRED	-	-	-
		LOMOTIL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	LACTOBACILLUS	ABATINEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS LACTOBACILLI	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		ACIDOPHILUS PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS PROBIOTIC FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS/BIFIDUS	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS/L-SPOROGENES EXTRA STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS/PECTIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		AZO COMPLETE FEMININE BALANCE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIO-K PLUS STRONG	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOTINEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE DIGESTIVE HEALTH WOMENS HEALTHY BALANCE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ACIDOPHILUS PROBIOTICFORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIGESTIVE HEALTH PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL DIGESTIVE PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORAJEN ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORAJEN WOMEN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORANEX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORANEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FREEZE DRIED ACIDOPHILUS HM ACIDOPHILUS PROBIOTIC FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FREEZE DRIED ACIDOPHILUS HM ACIDOPHILUS PROBIOTIC FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		INTESTINEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTINEX	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		LACTINEX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTOBACILLUS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTOBACILLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTOBACILLUS EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTO-KEY-100	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTO-KEY-600	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MORE-DOPHILUS ACIDOPHILUS	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		PRIMADOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIATA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC ACIDOPHILUS SUPER STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC CHEWABLE CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC GOLD EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC PACKETS CHILDRENS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA DIGESTIVE HEALTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		REPHRESH PRO-B	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ULTIMATE PROBIOTIC FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTOBACILLUS ACIDOPHILUS-PECTIN									
		ACIDOPHILUS PLUS PECTIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS/CITRUS PECTIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS/PECTIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL PROBIOTIC ACIDOPHILUS/PECTIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		KALA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	LACTOBACILLUS BIFIDUS	LACTO-BIFIDUS-600	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	LACTOBACILLUS CASEI-FOLIC ACID	RESTORA RX	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	LACTOBACILLUS REUTERI	BIOGAIA	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOGAIA GASTRUS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOGAIA PROBIOTIC DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOGAIA PROBIOTIC STRAWS	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		BIOGAIA PROTECTIS BABY	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERBER SOOTHE COLIC DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERBER SOOTHE PROBIOTIC COLIC DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOOD START GROW KIDS PROBIOTIC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOOD START GROW TODDLER PROBIOTIC	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIA-LAX PROBIOTIC YUMS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	LACTOBACILLUS REUTERI-VITAMIN D	BIOGAIA PROTECTIS BABY/VITAMIN D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERBER SOOTHE/VITAMIN D/PROBIOTIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	LACTOBACILLUS RHAMNOSUS (GG)	CULTURELLE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE IMMUNITY SUPPORT FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE KIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE KIDS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE KIDS REGULARITY	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE PROBIOTICS KIDS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE PRO-WELL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM PROBIOTIC DIGESTIVE HEALTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MOMMYS BLISS PROBIOTIC	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-

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		MOMMYS BLISS PROBIOTIC DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MOMMYS BLISS PROBIOTIC DROPS 15 DAY BOOST	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC COLIC DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PROBIOTIC DIGESTIVE CARE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	LACTOBACILLUS RHAMNOSUS-CHAMOMILE	CULTURELLE BABY CALM COMFORT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	LACTOBACILLUS RHAMNOSUS-VITAMIN D	MOMMYS BLISS PROBIOTIC DROPS+ VITAMIN D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.	LACTOBACILLUS-INULIN	CULTURELLE ADULT ULTIMATEBALANCE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE DIGESTIVE HEALTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE DIGESTIVE HEALTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE DIGESTIVE HEALTH PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE HEALTH & WELLNESS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VIACTIV DIGESTIVE HEALTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	LOPERAMIDE HCL	ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ANTI-DIARRHEAL	LIQD	OR	-	-		PREFERRED	-	-	-
		ANTI-DIARRHEAL 1MG/7.5ML	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		CVS ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		CVS LOPERAMIDE HCL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIAMODE	TABS	OR	-	-		PREFERRED	-	-	-
		EQ ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ANTI-DIARRHEAL	LIQD	OR	-	-		PREFERRED	-	-	-
		EQ ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		EQ LOPERAMIDE HCL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		EQL LOPERAMIDE HCL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GNP ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		GNP LOPERAMIDE HCL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP LOPERAMIDE HCL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ANTI-DIARRHEAL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ANTI-DIARRHEAL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		HM ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		HM LOPERAMIDE HCL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM LOPERAMIDE HCL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM LOPERAMIDE HCL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		IMODIUM A-D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		IMODIUM A-D	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		IMODIUM A-D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		IMPERIM	TABS	OR	-	-		PREFERRED	-	-	-
		KLS ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		LOPERAMIDE HCL	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		LOPERAMIDE HCL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		LOPERAMIDE HCL	LIQD	OR	-	-		PREFERRED	-	-	-
		LOPERAMIDE HCL 1MG/7.5ML	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		LOPERAMIDE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		MEIJER ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		MM ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		PX ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		QC ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		RA ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTI-DIARRHEAL	LIQD	OR	-	-		PREFERRED	-	-	-
		RA ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		RA LOPERAMIDE HCL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ANTI-DIARRHEA	TABS	OR	-	-		PREFERRED	-	-	-
		SM ANTI-DIARRHEAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SM ANTI-DIARRHEAL	LIQD	OR	-	-		PREFERRED	-	-	-
		SM ANTI-DIARRHEAL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		SM LOPERAMIDE HCL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT ANTI-DIARRHEAL	TABS	OR	-	-		PREFERRED	-	-	-
		TGT LOPERAMIDE HCL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.	LOPERAMIDE-SIMETHICONE	HM ANTI-DIARRHEAL/ANTI-GAS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		IMODIUM MULTI-SYMPATOM RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	OPIUM TINCTURE	OPIUM	TINC	OR	-	-		PREFERRED	-	PA REQUIRED	-
		OPIUM TINCTURE	TINC	OR	-	-		PREFERRED	-	PA REQUIRED	-
	PAREGORIC	PAREGORIC	TINC	OR	-	-		PREFERRED	-	-	-
	PREBIOTIC PRODUCT	PREB-2	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PROBIOTIC PRODUCT	4X PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS HIGH-POTENCY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS PEARLS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS PROBIOTIC BLEND	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS PROBIOTIC BLEND	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS PROBIOTIC COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS SUPER PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS WITH BIFIDUS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS XTRA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS/BIFIDUS	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		ACIDOPHILUS/GOAT MILK	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ADVANCED PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		ADVANCED PROBIOTIC 10	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ADVANCED PROBIOTIC-14	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALIGN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALIGN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		ALIGN EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALIGN JR FOR KIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALOE 10000 & PROBIOTICS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BACID	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOHM CHILDRENS PROBIOTICSUPPLEMENT	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOHM PROBIOTIC SUPPLEMENT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOHM PROBIOTIC SUPPLEMENT/SUPER GREENS	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIO-KULT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIO-KULT INFANTIS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS PROBIOTIC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS PROBIOTIC PEARLS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE ADVANCED IMMUNE DEFENSE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE BABY GROW THRIVE	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE PROBIOTICS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE PROBIOTICS KIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CULTURELLE PRO-WELL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ADULT 50+ PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ADULT PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CVS ADVANCED PROBIOTIC GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS DIGESTIVE PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS MOOD SUPPORT PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		CVS PROBIOTIC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PROBIOTIC CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PROBIOTIC MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PROBIOTIC PEARLS EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SENIOR PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DAILY PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIALYVITE CHEWABLE PROBIOTIC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIFF-STAT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIFF-STAT	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIGESTIVE ADVANTAGE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIGESTIVE ADVANTAGE PROBIOTIC GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL 2 IN 1 PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL 4X PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL DAILY PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL PROBIOTIC COLON SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORA VANCE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORAJEN3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORAJEN4KIDS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		FLORASTOR PLUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORASTOR PRE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FORTIFY DAILY PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FORTIFY OPTIMA PROBIOTIC	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		FORTIFY PROBIOTIC WOMENS EXTRA STRENGTH	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP 4X PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ACIDOPHILUS HIGH POTENCY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP PROBIOTIC COLON SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP PROBIOTIC DIGESTIVE SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE 4X PROBIOTIC	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-
		HIGH POTENCY PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM 4X PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LACTO-PECTIN	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEGA PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		META BIOTIC/BIO-ACTIVE 12	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MVW COMPLETE PROBIOTIC FORMULATION	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		NATRUL PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEXABIOTIC	CPDR	OR	-	NON-COVERED	OTCS	-	-	-	-
		PA PROBIOTIC COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEARLS IC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHILLIPS COLON HEALTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PREORBOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRO NUTRIENTS PROBIOTIC	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-

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		PROBIOMAX DAILY DF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOMAX PLUS DF	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC + COLOSTRUM	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC + OMEGA-3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC ACIDOPHILUS BEADS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC ADVANCED ULTRA POTENCY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRO-BIOTIC BLEND	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC CHOCLATE BEARS CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC COLON SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC COMPLEX/ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC DAILY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC MATURE ADULT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC MULTI-ENZYME	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC PEARLS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC PEARLS ADVANTAGE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC/PREBIOTIC/CRANB ERRY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC+TURMERIC EXTRACT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC-10 CHEWABLE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC-10 ULTIMATE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		PRODIGEN	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		PRO-FLORA IMMUNE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROVAD	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		PROVELLA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QUAD-PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		RA PROBIOTIC COLON CARE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PROBIOTIC COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PROBIOTIC COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PROBIOTIC DIGESTIVE CARE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PROBIOTIC DIGESTIVE SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PROBIOTIC GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA PROBIOTIC MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RE:IIMMUNE	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		RESTORA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RESTORE	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		RISA-BID PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RISAQUAD	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SD PROBIOTIC-10 COMPLEX ULTRA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM 4X PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ACIDOPHILUS PEARLS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SMARTY PANTS KIDS PROBIOTIC COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SOLUBLE FIBER/PROBIOTICS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER PROBIOTIC DIGESTIVE SUPPORT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIPLE PROBIOTIC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		TRUBIOTICS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRUNATURE DIGESTIVE PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRUNATURE PROBIOTIC FOR KIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ULTRAFLORA IMMUNE HEALTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		UP4 PROBIOTICS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		UP4 PROBIOTICS ADULT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		UP4 PROBIOTICS KIDS CUBES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		UP4 PROBIOTICS ULTRA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		UP4 PROBIOTICS WOMENS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VISBIOME PROBIOTIC HIGH POTENCY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VISBIOME PROBIOTIC HIGH POTENCY	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		VSL#3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VSL#3	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		VSL#3 DS	PACK	OR	-	-		NON-PREFERRED	2	-	-
		VSL#3 JUNIOR	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZELAC	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	SACCHAROMYCES BOULARDII	CVS DIGESTIVE PROBIOTIC DAILY PROBIOTIC SUPPLEMENT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORASTOR	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORASTOR BABY	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORASTOR KIDS	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORASTORMAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SACCHAROMYCES BOULARDII	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM PROBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		STABLEGI	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	TELOTTRISTAT ETIPRATE	XERMELO	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS : GALLSTONE SOLUBILIZING AGENTS	CHENODIOL	CHENODAL	TABS	OR	-	-		NON-PREFERRED	1	-	-
	CHOLIC ACID	CHOLBAM	CAPS	OR	-	-		NON-PREFERRED	1	-	-
	OBETICHOLIC ACID	OALIVA	TABS	OR	-	-		NON-PREFERRED	1	-	-
	URSODIOL	ACTIGALL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS : GALLSTONE SOLUBILIZING AGENTS CONT.		URSO 250	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		URSO FORTE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		URSODIOL	CAPS	OR	-	-		PREFERRED	-	-	-
		URSODIOL	TABS	OR	-	-		PREFERRED	-	-	-
		URSODIOL/SYRSPEND SF PH4	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS : INFLAMMATORY BOWEL AGENTS	BALSALAZIDE DISODIUM	BALSALAZIDE DISODIUM	CAPS	OR	-	-		PREFERRED	-	-	-
		COLAZAL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MESALAMINE	APRISO	CP24	OR	-	-		PREFERRED	-	-	-
		ASACOL HD	TBEC	OR	-	-		NON-PREFERRED	2	-	-
		CANASA	SUPP	RE	-	-		PREFERRED	-	-	-
		DELZICOL	CPDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LIALDA	TBEC	OR	-	-		PREFERRED	-	-	-
		MESALAMINE	ENEM	RE	-	-		PREFERRED	-	-	-
		MESALAMINE	SUPP	RE	-	-		PREFERRED	-	-	-
		MESALAMINE DR	CPDR	OR	-	-		PREFERRED	-	-	-
		MESALAMINE DR 800MG	TBEC	OR	-	-		NON-PREFERRED	2	-	-
		MESALAMINE DR	TBEC	OR	-	-		PREFERRED	-	-	-
		MESALAMINE ER	CP24	OR	-	-		PREFERRED	-	-	-
		PENTASA	CPCR	OR	-	-		PREFERRED	-	-	-
		SFROWASA	ENEM	RE	-	-		NON-PREFERRED	2	-	-
	MESALAMINE W/ CLEANSER	MESALAMINE	KIT	RE	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ROWASA	KIT	RE	-	-		NON-PREFERRED	-	PA REQUIRED	-
	OLSALAZINE SODIUM	DIPENTUM	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	SULFASALAZINE	AZULFIDINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AZULFIDINE EN-TABS	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SULFASALAZINE	TABS	OR	-	-		PREFERRED	-	-	-
		SULFASALAZINE	TBEC	OR	-	-		PREFERRED	-	-	-
		SULFAZINE	TABS	OR	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY	ALOSETRON HCL	ALOSETRON HCL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOTRONEX	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	ALVIMOPAN	ENTEREG	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	BELLADONNA ALKALOIDS & OPIUM	BELLADONNA/OPIUM	SUPP	RE	-	-		NON-PREFERRED	2	-	-
	CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE	CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	CAPS	OR	-	-		NON-PREFERRED	2	-	-

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	DICYCLOMINE HCL	CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	CAPS	OR	-	NON-COVERED	DESI	-	-	-	-
		LIBRAX	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		BENTYL	SOLN	IM	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DICYCLOMINE HCL	SOLN	OR	-	-		PREFERRED	-	-	-
		DICYCLOMINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
		DICYCLOMINE HCL	SOLN	IM	-	-		PREFERRED	-	-	-
		DICYCLOMINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		ELUXADOLINE	VIBERZI	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED
GLYCOPYRROLATE	CUVPOSA	SOLN	OR	-	-		NON-PREFERRED	2	-	-	
GASTROINTESTINAL AGENTS : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY CONT.		GLYCATE	TABS	OR	-	-		NON-PREFERRED	-	-	-
		GLYCOPYRROLATE	SOLN	IJ	-	-		PREFERRED	-	-	-
		GLYCOPYRROLATE	SOSY	IJ	-	-		NON-PREFERRED	2	-	-
		GLYCOPYRROLATE	SOSY	IV	-	-		NON-PREFERRED	2	-	-
		GLYCOPYRROLATE	TABS	OR	-	-		PREFERRED	-	-	-
		GLYRX-PF	SOLN	IJ	-	-		NON-PREFERRED	2	-	-
	HYOSCYAMINE SULFATE	ANASPAZ	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ED-SPAZ	TBDP	OR	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE	ELIX	OR	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE	SOLN	IJ	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE	SOLN	OR	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE	SUBL	SL	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE	SUBL	SL	-	NON-COVERED	DESI	-	-	-	-
		HYOSCYAMINE SULFATE	TABS	OR	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		HYOSCYAMINE SULFATE	TBDP	OR	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE ER	TB12	OR	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE ODT	TBDP	OR	-	-		PREFERRED	-	-	-
		HYOSCYAMINE SULFATE ODT	TBDP	OR	-	NON-COVERED	DESI	-	-	-	-
		HYOSCYAMINE SULFATE SR	TB12	OR	-	-		PREFERRED	-	-	-
		HYOSYNE	ELIX	OR	-	NON-COVERED	DESI	-	-	-	-
		HYOSYNE	SOLN	OR	-	NON-COVERED	DESI	-	-	-	-
		LEVBID	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LEVSIN	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LEVSIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LEVSIN/SL	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NULEV	TBDP	OR	-	-		PREFERRED	-	-	-
		OSCIMIN	SUBL	SL	-	-		PREFERRED	-	-	-
		OSCIMIN	TABS	OR	-	-		PREFERRED	-	-	-
		OSCIMIN	TBDP	OR	-	-		PREFERRED	-	-	-
		OSCIMIN SR	TB12	OR	-	-		PREFERRED	-	-	-

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		SYMAX DUOTAB	TBCR	OR	-	-		NON-PREFERRED	2	-	-
		SYMAX-SL	SUBL	SL	-	NON-COVERED	DESI	-	-	-	-
		SYMAX-SR	TB12	OR	-	-		PREFERRED	-	-	-
	LINACLOTIDE	LINZESS	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LUBIPROSTONE	AMITIZA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	METHYLNALTREXONE BROMIDE	RELISTOR	SOLN	SC	-	-		NON-PREFERRED	2	PA REQUIRED	-
		RELISTOR	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	NALDEMEDINE TOSYLATE	SYMPROIC	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	NALOXEGOL OXALATE	MOVANTIK	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY CONT.											
	PLECANATIDE	TRULANCE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	PRUCALOPRIDE SUCCINATE	MOTEGRITY	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TEGASEROD MALEATE	ZELNORM	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
GASTROINTESTINAL AGENTS : LAXATIVES											
	ALOE	COATS ALOE JUICE DRINK	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	BENZOCAINE-DOCUSATE SODIUM	DOCUSOL PLUS MINI-ENEMA	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		ENEMEEZ PLUS	ENEM	RE	-	-		PREFERRED	-	-	-
	BISACODYL	ALOPHEN	TBEC	OR	-	-		PREFERRED	-	-	-
		BISACODYL	SUPP	RE	-	-		PREFERRED	-	-	-
		BISACODYL EC	TBEC	OR	-	-		PREFERRED	-	-	-
		BISACODYL LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		CORRECT	TBEC	OR	-	-		PREFERRED	-	-	-
		CORRECTOL	TBEC	OR	-	-		PREFERRED	-	-	-
		CVS BISACODYL	SUPP	RE	-	-		PREFERRED	-	-	-
		CVS BISACODYL	TBEC	OR	-	-		PREFERRED	-	-	-
		CVS C-LAX LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		CVS GENTLE LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		CVS GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		CVS GENTLE LAXATIVE WOMENS	TBEC	OR	-	-		PREFERRED	-	-	-
		DUCODYL	TBEC	OR	-	-		PREFERRED	-	-	-
		DULCOLAX	SUPP	RE	-	NON-COVERED	OTCS	-	-	-	-
		DULCOLAX	TBEC	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		EQ WOMENS LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		EQL GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		EQL LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		EX-LAX ULTRA	TBEC	OR	-	-		PREFERRED	-	-	-
		FEENAMINT	TBEC	OR	-	-		PREFERRED	-	-	-
		FLEET BISACODYL	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		GENTLE LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		GNP BISA-LAX	TBEC	OR	-	-		PREFERRED	-	-	-

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		GNP GENTLE LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		GNP GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		GNP LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		GNP LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		GNP WOMENS GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		GNP WOMENS LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		GOODSENSE BISACODYL EC	TBEC	OR	-	-		PREFERRED	-	-	-
		GOODSENSE WOMENS LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		HM LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		HM LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		KP BISACODYL LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		PX LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		QC GENTLE LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		QC GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		RA FAST RELIEF LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		RA LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		RA STIMULANT LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		RA WOMENS LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		SB BISACODYL LAXATIVE EC	TBEC	OR	-	-		PREFERRED	-	-	-
		SB GENTLE LAX-WOMEN	TBEC	OR	-	-		PREFERRED	-	-	-
		SB LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		SM GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		SM LAXATIVE	SUPP	RE	-	-		PREFERRED	-	-	-
		SM WOMANS LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		STIMULANT LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		TGT GENTLE LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		TGT WOMENS LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		THE MAGIC BULLET	SUPP	RE	-	-		PREFERRED	-	-	-
		VERACOLATE	TBEC	OR	-	-		PREFERRED	-	-	-
		WOMENS LAXATIVE	TBEC	OR	-	-		PREFERRED	-	-	-
		BISACODYL-PEG 3350-POT CHLORIDE-SOD BICARB-SOD CHLORIDE									
		GAVILYTE-H	KIT	OR	-	-		NON-PREFERRED	2	-	-
		PEG-PREP	KIT	OR	-	-		NON-PREFERRED	2	-	-
	BRAN	BRAN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM POLYCARBOPHIL	CALCIUM POLYCARBOPHIL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		EQL FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQUALACTIN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER TABS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		FIBERCON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER-LAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP FIBER-CAPS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KONSYL FIBER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX FIBER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA FIBER-CAP	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA FIBER-TAB	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM FIBER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CASANTHRANOL	BLACK DRAUGHT DOCUSATE	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	CASANTHRANOL-DOCUSATE SODIUM	SODIUM/CASANTHRANOL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CASCARA SAGRADA	CASCARA SAGRADA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CASCARA SAGRADA	EXTR	OR	-	NON-COVERED	NFDA	-	-	-	-
		CASCARA SAGRADA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CASCARA SAGRADA-SENNA W/ NATURAL LAXATIVES	BIOHM COLON CLEANSER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CASTOR OIL	CASTOR OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CASTOR OIL STIMULANT LAXATIVE	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CASTOR OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CASTOR OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CASTOR OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE CASTOR OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		SM CASTOR OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
	CELLULOSE	UNIFIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
	CO2-RELEASING	CEO-TWO	SUPP	RE	-	NON-COVERED	OTCS	-	-	-	-
	CORN DEXTRIN	CLEAR FIBER POWDER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS EASY FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL FIBER SUPPLEMENT	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER POWDER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
	DOCUSATE CALCIUM	CVS STOOL SOFTENER	CAPS	OR	-	-	-	PREFERRED	-	-	-
		DOCUSATE CALCIUM	CAPS	OR	-	-	-	PREFERRED	-	-	-
		GNP DOCUSATE CALCIUM	CAPS	OR	-	-	-	PREFERRED	-	-	-
		KAO-TIN	CAPS	OR	-	-	-	PREFERRED	-	-	-
		QC DOCUSATE CALCIUM	CAPS	OR	-	-	-	PREFERRED	-	-	-
		SB STOOL SOFTENER	CAPS	OR	-	-	-	PREFERRED	-	-	-
		SM DOCUSATE CALCIUM	CAPS	OR	-	-	-	PREFERRED	-	-	-
		SM STOOL SOFTENER	CAPS	OR	-	-	-	PREFERRED	-	-	-
		STOOL SOFTENER	CAPS	OR	-	-	-	PREFERRED	-	-	-
		SURFAK	CAPS	OR	-	-	-	PREFERRED	-	-	-
	DOCUSATE SODIUM	COLACE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COLACE CLEAR	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORRECTOL EXTRA GENTLE	CAPS	OR	-	-	-	PREFERRED	-	-	-
		CVS MINI ENEMA KIDS	ENEM	RE	-	-	-	PREFERRED	-	-	-
		CVS STOOL SOFTENER	CAPS	OR	-	-	-	PREFERRED	-	-	-
		CVS STOOL SOFTENER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIOCTO	LIQD	OR	-	-	-	PREFERRED	-	-	-
		DIOCTO	SYRP	OR	-	-	-	PREFERRED	-	-	-
		DIOCTYN	CAPS	OR	-	-	-	PREFERRED	-	-	-
		DOCQLACE	CAPS	OR	-	-	-	PREFERRED	-	-	-
		DOCU	LIQD	OR	-	-	-	PREFERRED	-	-	-
		DOCU SOFT	CAPS	OR	-	-	-	PREFERRED	-	-	-

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		DOCUPRENE	TABS	OR	-	-		PREFERRED	-	-	-
		DOCUSATE MINI	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		DOCUSATE SODIUM	CAPS	OR	-	-		PREFERRED	-	-	-
		DOCUSATE SODIUM	LIQD	OR	-	-		PREFERRED	-	-	-
		DOCUSATE SODIUM	SYRP	OR	-	-		PREFERRED	-	-	-
		DOCUSATE SODIUM	TABS	OR	-	-		PREFERRED	-	-	-
		DOCUSATE SODIUM EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		DOCUSIL	CAPS	OR	-	-		PREFERRED	-	-	-
		DOCUSOL KIDS	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		DOCUSOL MINI	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		DOK	CAPS	OR	-	-		PREFERRED	-	-	-
		DOK	TABS	OR	-	-		PREFERRED	-	-	-
		DSS	CAPS	OR	-	-		PREFERRED	-	-	-
		DULCOLAX PINK STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		DULCOLAX STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		EASY-LAX	CAPS	OR	-	-		PREFERRED	-	-	-
		ENEMEEZ MINI	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		EQ STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		EQL STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		GNP STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		GNP STOOL SOFTENER	LIQD	OR	-	-		PREFERRED	-	-	-
		GNP STOOL SOFTENER	SYRP	OR	-	-		PREFERRED	-	-	-
		GNP STOOL SOFTENER EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		GOODSENSE GENTLE STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		HEALTHY MAMA MOVE IT ALONG	TABS	OR	-	-		PREFERRED	-	-	-
		HM STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		HM STOOL SOFTENER	TABS	OR	-	-		PREFERRED	-	-	-
		HM STOOL SOFTENER MAXIMUM STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		KLS STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		KS STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		LAXA BASIC	CAPS	OR	-	-		PREFERRED	-	-	-
		MM STOOL SOFTENER LAXATIVE	CAPS	OR	-	-		PREFERRED	-	-	-
		PEDIA-LAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHILLIPS STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		PROMOLAXIN	TABS	OR	-	-		PREFERRED	-	-	-

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		PX DOCUSATE SODIUM	CAPS	OR	-	-		PREFERRED	-	-	-
		QC STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		RA COL-RITE	CAPS	OR	-	-		PREFERRED	-	-	-
		RA COL-RITE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		SB DOCUSATE SODIUM	CAPS	OR	-	-		PREFERRED	-	-	-
		SILACE	LIQD	OR	-	-		PREFERRED	-	-	-
		SILACE	SYRP	OR	-	-		PREFERRED	-	-	-
		SM STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		STOOL SOFTENER	CAPS	OR	-	-		PREFERRED	-	-	-
		STOOL SOFTENER	LIQD	OR	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		STOOL SOFTENER	TABS	OR	-	-		PREFERRED	-	-	-
		STOOL SOFTENER EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		STOOL SOFTENER LAXATIVE	CAPS	OR	-	-		PREFERRED	-	-	-
		STOOL SOFTENER LAXATIVE EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
	FIBER	ADVANCED FIBER COMPLEX/ACIDOPHILUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS FIBER GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS FIBER GUMMY BEARS CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS YOGURT + FIBER GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FIBER SUPPLEMENT	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER ADULT GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER COMPLETE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER DIET	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER SELECT GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBEREX F15	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM TRUEPLUS FIBER	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		HYFIBER WITH FOS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		LITTLE TUMMYS YUMMY FIBERGUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		PEDIA-LAX FIBER GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PROFIBER	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SOLFIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
	FIBER W/ VITAMINS & MINERALS	PHILLIPS DAILY CARE FIBER GOOD GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	GLYCERIN (LAXATIVE)	CVS GLYCERIN ADULT	SUPP	RE	-	-		PREFERRED	-	-	-
		CVS GLYCERIN CHILD	SUPP	RE	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		FLEET LIQUID GLYCERIN SUPPOSITORIES	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		GLYCERIN ADULT	SUPP	RE	-	-		PREFERRED	-	-	-
		GLYCERIN ADULT	SUPP	RE	-	-		PREFERRED	-	-	-
		GLYCERIN CHILD	SUPP	RE	-	-		PREFERRED	-	-	-
		GLYCERIN CHILDREN	SUPP	RE	-	-		PREFERRED	-	-	-
		GLYCERIN CHILDRENS	SUPP	RE	-	-		PREFERRED	-	-	-
		GLYCERIN INFANT	SUPP	RE	-	-		PREFERRED	-	-	-
		GLYCERIN INFANTS & CHILDREN	SUPP	RE	-	-		PREFERRED	-	-	-
		GLYCERIN PEDIATRIC	SUPP	RE	-	-		PREFERRED	-	-	-
		GNP GLYCERIN ADULT	SUPP	RE	-	-		PREFERRED	-	-	-
		GNP GLYCERIN CHILD	SUPP	RE	-	-		PREFERRED	-	-	-
		GNP GLYCERIN INFANT	SUPP	RE	-	-		PREFERRED	-	-	-
		PEDIA-LAX	SUPP	RE	-	NON-COVERED	OTCS	-	-	-	-
		PX GLYCERIN	SUPP	RE	-	-		PREFERRED	-	-	-
		RA GLYCERIN ADULT	SUPP	RE	-	-		PREFERRED	-	-	-
		RA GLYCERIN CHILD	SUPP	RE	-	-		PREFERRED	-	-	-
		SB GLYCERIN ADULT	SUPP	RE	-	-		PREFERRED	-	-	-
		SB GLYCERIN PEDIATRIC	SUPP	RE	-	-		PREFERRED	-	-	-
		SM GLYCERIN ADULT	SUPP	RE	-	-		PREFERRED	-	-	-
		SM GLYCERIN INFANT	SUPP	RE	-	-		PREFERRED	-	-	-
		SM GLYCERIN LAXATIVE PEDIATRIC	SUPP	RE	-	-		PREFERRED	-	-	-
		SM GLYCERIN PEDIATRIC	SUPP	RE	-	-		PREFERRED	-	-	-
	GUAR GUM	NUTRISOURCE FIBER	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		NUTRISOURCE FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
	HARD SOAP (CASTILE)	DOVER ENEMA BAG AND TUBE/PRE-LUBRICATED TIP/24FRENCH	KIT	RE	-	NON-COVERED	OTCS	-	-	-	-
	INULIN	FIBER CHOICE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER CHOICE FRUITY BITES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER CHOICE PREBIOTIC FIBER	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		FIBERCHOICE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		INULIN FIBER PREBIOTIC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHILLIPS FIBER GOOD	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	INULIN W/ CALCIUM-VITAMIN D	FIBERCHOICE PLUS CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	INULIN-CHOLECALCIFEROL	FIBER/D3 ADULT GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER/D3 GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.	LACTULOSE	CONSTULOSE	SOLN	OR	-	-		PREFERRED	-	-	-
		KRISTALOSE	PACK	OR	-	-		NON-PREFERRED	2	-	-
		LACTULOSE	PACK	OR	-	-		NON-PREFERRED	2	-	-
		LACTULOSE	SOLN	OR	-	-		PREFERRED	-	-	-
	LACTULOSE (ENCEPHALOPATHY)	ENULOSE	SOLN	OR	-	-		PREFERRED	-	-	-
		GENERLAC	SOLN	OR	-	-		PREFERRED	-	-	-
		LACTULOSE	SOLN	OR	-	-		PREFERRED	-	-	-
	MAG CIT-BISACODYL-PETROLAT-PEG 3350-METOCLOPRAMIDE-ELECTROL	PCP 100	KIT	CO	-	-		NON-PREFERRED	2	-	-
	MAGNESIUM CITRATE	CITRATE OF MAGNESIA	SOLN	OR	-	-		PREFERRED	-	-	-
		CITROMA	SOLN	OR	-	-		PREFERRED	-	-	-
		CVS CITRATE OF MAGNESIA	SOLN	OR	-	-		PREFERRED	-	-	-
		CVS MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		EQ MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		EQL MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		GNP MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		GOODSENSE MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		HM MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		QC MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		RA MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		SB MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
		SM MAGNESIUM CITRATE	SOLN	OR	-	-		PREFERRED	-	-	-
	MAGNESIUM HYDROXIDE	CVS MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		DULCOLAX MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		EQL MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		HM MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		MILK OF MAGNESIA CONCENTRATE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIA-LAX	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		PHILLIPS MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		PHILLIPS MILK OF MAGNESIA	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHILLIPS MILK OF MAGNESIA CHEWABLE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHILLIPS MILK OF MAGNESIA CONCENTRATED	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		QC MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		RA MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		SB MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
		SM MILK OF MAGNESIA	SUSP	OR	-	-		PREFERRED	-	-	-
	MAGNESIUM OXIDE (LAXATIVE)	CVS LAXATIVE DIETARY SUPPLEMENT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		PHILLIPS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	MAGNESIUM SULFATE (LAXATIVE)	CVS EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM EPSOM SALT	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
	METHYLCELLULOSE (LAXATIVE)	CITRUCEL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRUCEL FIBER LAXATIVE	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRUCEL FIBER LAXATIVE	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SOLUBLE FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GNP FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE FIBER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM FIBER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC FIBER THERAPY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SOLUBLE FIBER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM FIBER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SOLUBLE FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
	MINERAL OIL	CVS MINERAL OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		CVS MINERAL OIL ENEMA	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		ENEMA MINERAL OIL	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		ENEMA MINERAL OIL READY-TO-USE	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		EQ MINERAL OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLEET OIL	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		GNP ENEMA MINERAL OIL LAXATIVE	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		GNP MINERAL OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE MINERAL OIL LUBRICANT LAXATIVE	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ENEMA MINERAL OIL	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		HM MINERAL OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		KONDREMUL	EMUL	OR	-	NON-COVERED	OTCS	-	-	-	-
		MINERAL OIL	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		MINERAL OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		MINERAL OIL HEAVY	OIL	OR	-	-	-	NON-PREFERRED	2	PA REQUIRED	-
		MINERAL OIL HEAVY	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC MINERAL OIL HEAVY	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MINERAL OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SM ENEMA	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		SM MINERAL OIL	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-
		SM MINERAL OIL	OIL	OR	-	NON-COVERED	OTCS	-	-	-	-
	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-ASCORBIC ACID	MOVIPREP	SOLR	OR	-	-		NON-PREFERRED	2	-	-
		PLENVU	SOLR	OR	-	-		NON-PREFERRED	2	-	-
	PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	COLYTE-FLAVOR PACKS	SOLR	OR	-	-		NON-PREFERRED	2	-	-
		GAVILYTE-C	SOLR	OR	-	-		PREFERRED	-	-	-
		GAVILYTE-G	SOLR	OR	-	-		PREFERRED	-	-	-
		GOLYTELY	SOLR	OR	-	-		NON-PREFERRED	2	-	-
		PEG 3350/ELECTROLYTES	SOLR	OR	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		PEG-3350/ELECTROLYTES	SOLR	OR	-	-		PREFERRED	-	-	-
	PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE	GAVILYTE-N/FLAVOR PACK	SOLR	OR	-	-		PREFERRED	-	-	-
		NULYTELY/FLAVOR PACKS	SOLR	OR	-	-		NON-PREFERRED	2	-	-
		PEG-3350/NACL/NA BICARBONATE/KCL	SOLR	OR	-	-		PREFERRED	-	-	-
		TRILYTE	SOLR	OR	-	-		PREFERRED	-	-	-
	POLYETHYLENE GLYCOL 3350	CLEARLAX	POWD	OR	-	-		PREFERRED	-	-	-
		CVS PURELAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PURELAX	POWD	OR	-	-		PREFERRED	-	-	-
		EQ CLEARLAX	POWD	OR	-	-		PREFERRED	-	-	-
		EQL CLEARLAX	POWD	OR	-	-		PREFERRED	-	-	-
		GAVILAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAVILAX	POWD	OR	-	-		PREFERRED	-	-	-
		GENTLELAX	POWD	OR	-	-		PREFERRED	-	-	-
		GIALAX	KIT	OR	-	-		NON-PREFERRED	2	-	-
		GLYCOLAX	POWD	OR	-	-		PREFERRED	-	-	-
		GNP CLEARLAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CLEARLAX	POWD	OR	-	-		PREFERRED	-	-	-
		GOODSENSE CLEARLAX	POWD	OR	-	-		PREFERRED	-	-	-
		HEALTHYLAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CLEARLAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CLEARLAX	POWD	OR	-	-		PREFERRED	-	-	-
		KLS LAXACLEAR	POWD	OR	-	-		PREFERRED	-	-	-
		MIRALAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-

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		MIRALAX	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEG 3350	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEG 3350	POWD	OR	-	-		PREFERRED	-	-	-
		PEG3350	POWD	OR	-	-		PREFERRED	-	-	-
		POLYETHYLENE GLYCOL	POWD	OR	-	-		PREFERRED	-	-	-
		POLYETHYLENE GLYCOL 3350	PACK	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		POLYETHYLENE GLYCOL 3350	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		POLYETHYLENE GLYCOL 3350	POWD	OR	-	-		PREFERRED	-	-	-
		QC NATURA-LAX	POWD	OR	-	-		PREFERRED	-	-	-
		RA LAXATIVE	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA LAXATIVE	POWD	OR	-	-		PREFERRED	-	-	-
		SB POLYETHYLENE GLYCOL 3350	POWD	OR	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		SM CLEARLAX	POWD	OR	-	-		PREFERRED	-	-	-
		SMOOTH LAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		SMOOTH LAX	POWD	OR	-	-		PREFERRED	-	-	-
		TGT POWDERLAX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT POWDERLAX	POWD	OR	-	-		PREFERRED	-	-	-
	PSYLLIUM	CVS DAILY FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS NATURAL DAILY FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		CVS NATURAL FIBER SUPPLEMENT	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS NATURAL FIBER SUPPLEMENT	POWD	OR	-	-		PREFERRED	-	-	-
		DAILY FIBER	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		DAILY FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		EQ DAILY FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FIBER THERAPY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FIBER THERAPY	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ NATURAL FIBER LAXATIVE	POWD	OR	-	-		PREFERRED	-	-	-
		EQL FIBER THERAPY	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		EQL NATURAL FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		EQL SMOOTH TEXTURE FIBER SUPPLEMENT	POWD	OR	-	-		PREFERRED	-	-	-
		EVAC	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER LAXATIVE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FIBER THERAPY 43%	POWD	OR	-	-		PREFERRED	-	-	-
		FIBER THERAPY	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERI-MUCIL	POWD	OR	-	-		PREFERRED	-	-	-
		GNP NATURAL FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP NATURAL FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		GOODSENSE NATURAL FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		GOODSENSE PSYLLIUM FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		HM FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		HM FIBER POWDER	POWD	OR	-	-		PREFERRED	-	-	-
		HYDROCIL INSTANT	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		HYDROCIL INSTANT	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		KLS NATURAL PSYLLIUM FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		KONSYL	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		KONSYL	POWD	OR	-	-		PREFERRED	-	-	-
		KONSYL	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		KONSYL DAILY FIBER	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		KONSYL DAILY FIBER 28.3%	POWD	OR	-	-		PREFERRED	-	-	-
		KONSYL DAILY FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		KONSYL-D	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-MUCIL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL 28.3%	POWD	OR	-	-		PREFERRED	-	-	-

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		METAMUCIL	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL FIBER	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL FREE & NATURAL	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL MULTIHEALTH FIBER 58.6%	POWD	OR	-	-		PREFERRED	-	-	-
		METAMUCIL MULTIHEALTH FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL MULTIHEALTH FIBER SINGLES	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL ORIGINAL TEXTURE 30.9%	POWD	OR	-	-		PREFERRED	-	-	-
		METAMUCIL ORIGINAL TEXTURE	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL SMOOTH TEXTURE 63%	POWD	OR	-	-		PREFERRED	-	-	-
		METAMUCIL SMOOTH TEXTURE	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		METAMUCIL SMOOTH TEXTURE FIBER SINGLES	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		METAMUCIL SMOOTH TEXTURE SUGAR FREE	POWD	OR	-	-		PREFERRED	-	-	-
		MUCILIN	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCILIN SF	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		MUCILIN SF	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NATURAL FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		NATURAL FIBER LAXATIVE	POWD	OR	-	-		PREFERRED	-	-	-
		NATURAL FIBER THERAPY	POWD	OR	-	-		PREFERRED	-	-	-
		NATURAL PSYLLIUM SEED INDIAN HUSKS	POWD	OR	-	-		PREFERRED	-	-	-
		NATURAL VEGETABLE FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		PSYLDEX	POWD	OR	-	-		PREFERRED	-	-	-
		PSYLLIUM FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PSYLLIUM HUSK	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC FIBER LAXATIVE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC NATURAL VEGETABLE	POWD	OR	-	-		PREFERRED	-	-	-

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		RA FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA FIBER	POWD	OR	-	-		PREFERRED	-	-	-
		RA FIBER LAXATIVE	POWD	OR	-	-		PREFERRED	-	-	-
		RA FIBER SUPPLEMENT	POWD	OR	-	-		PREFERRED	-	-	-
		RA FIBER THERAPY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA MULTIHEALTH FIBER SUPPLEMENT	POWD	OR	-	-		PREFERRED	-	-	-
		REGULOID	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		REGULOID	POWD	OR	-	-		PREFERRED	-	-	-
		REGULOID 55.6%	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB FIB LAX ORANGE	POWD	OR	-	-		PREFERRED	-	-	-
		SB FIBER LAXATIVE	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB NATURAL FIBER LAXATIVE	POWD	OR	-	-		PREFERRED	-	-	-
		SM FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		SM FIBER POWDER 25%	POWD	OR	-	-		PREFERRED	-	-	-
		SM FIBER POWDER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SORBULAX	POWD	OR	-	-		PREFERRED	-	-	-
		TGT FIBER THERAPY	POWD	OR	-	-		PREFERRED	-	-	-
		TGT PSYLLIUM FIBER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-MUCIL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-MUCIL	POWD	OR	-	-		PREFERRED	-	-	-
	PSYLLIUM W/ CALCIUM	METAMUCIL PLUS CALCIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		WAL-MUCIL PLUS CALCIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	SENNA	CORRECTOL HERBAL TEA	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENNA	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENNA	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENNA LEAVES NATURAL VEGETABLE LAXATIVE	LEAV	OR	-	NON-COVERED	OTCS	-	-	-	-
	SENNA-FENNEL		TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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	SENNOSIDES	AGORAL MAXIMUM STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-		
		BLACK DRAUGHT	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
		CHOCOLATED LAXATIVE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
		CHOCOLATED LAXATIVE REGULAR STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
		CVS CHOCOLATE LAXATIVE PIECES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
		CVS LAXATIVE PILLS	TABS	OR	-	-	-	PREFERRED	-	-	-		
		CVS SENNA	TABS	OR	-	-	-	PREFERRED	-	-	-		
		CVS SENNA-EXTRA	TABS	OR	-	-	-	PREFERRED	-	-	-		
		DR EDWARDS OLIVE LAXATIVE	TABS	OR	-	-	-	PREFERRED	-	-	-		
		EQ LAXATIVE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
		EQ LAXATIVE MAXIMUM STRENGTH	TABS	OR	-	-	-	PREFERRED	-	-	-		
		EQ NATURAL LAXATIVE	TABS	OR	-	-	-	PREFERRED	-	-	-		
		EQ NATURAL VEGETABLE LAXATIVE	TABS	OR	-	-	-	PREFERRED	-	-	-		
		EQ VEGETABLE LAXATIVE	TABS	OR	-	-	-	PREFERRED	-	-	-		
		EQL LAXATIVE EQL LAXATIVE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
		GASTROINTESTINAL AGENTS : LAXATIVES CONT.		EQL LAXATIVE MAXIMUM STRENGTH	TABS	OR	-	-	-	PREFERRED	-	-	-
				EQL SENNA LAXATIVE	TABS	OR	-	-	-	PREFERRED	-	-	-
EVAC-U-GEN	CHEW			OR	-	NON-COVERED	OTCS	-	-	-	-		
EVAC-U-GEN	TABS			OR	-	-	-	PREFERRED	-	-	-		
EX-LAX	CHEW			OR	-	NON-COVERED	OTCS	-	-	-	-		
EX-LAX	TABS			OR	-	-	-	PREFERRED	-	-	-		
GERI-KOT	TABS			OR	-	-	-	PREFERRED	-	-	-		
GNP LAXATIVE PILLS	TABS			OR	-	-	-	PREFERRED	-	-	-		
GNP SENNA LAX	TABS			OR	-	-	-	PREFERRED	-	-	-		
GNP SENNA-LAX	TABS			OR	-	-	-	PREFERRED	-	-	-		
GOODSENSE LAXATIVE PILLS	TABS			OR	-	-	-	PREFERRED	-	-	-		
GOODSENSE SENNA LAXATIVE	TABS			OR	-	-	-	PREFERRED	-	-	-		
HM SENNA	TABS			OR	-	-	-	PREFERRED	-	-	-		
KP SENNA LAXATIVE	TABS			OR	-	-	-	PREFERRED	-	-	-		
LAXATIVE MAXIMUM STRENGTH	TABS			OR	-	-	-	PREFERRED	-	-	-		
LAXATIVE PILLS MAXIMUM STRENGTH	TABS			OR	-	-	-	PREFERRED	-	-	-		

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		LAXATIVE PILLS REGULAR STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-		
		LAXATIVE REGULAR STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-		
		LAXATIVE WITH SENNA	TABS	OR	-	-		PREFERRED	-	-	-		
		LITTLE TUMMYS LAXATIVE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-		
		MEDI-LAX	TABS	OR	-	-		PREFERRED	-	-	-		
		MEDI-NATURAL	TABS	OR	-	-		PREFERRED	-	-	-		
		NATURAL SENNA LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-		
		PERDIEM OVERNIGHT RELIEF	TABS	OR	-	-		PREFERRED	-	-	-		
		PX VEGETABLE LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-		
		QC LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-		
		QC NATURAL VEGETABLE LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-		
		QC SENNA	TABS	OR	-	-		PREFERRED	-	-	-		
		RA LAXATIVE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
		RA LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-		
		RA LAXATIVE EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-		
		RA LAXATIVE MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-		
		RA SENNA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-		
		RA SENNA	TABS	OR	-	-		PREFERRED	-	-	-		
		SB SENNA-LAX	TABS	OR	-	-		PREFERRED	-	-	-		
		SENEXON	LIQD	OR	-	-		PREFERRED	-	-	-		
		SENNA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-		
		GASTROINTESTINAL AGENTS : LAXATIVES CONT.		SENNA	LIQD	OR	-	-		PREFERRED	-	-	-
				SENNA	SYRP	OR	-	-		PREFERRED	-	-	-
				SENNA	TABS	OR	-	-		PREFERRED	-	-	-
				SENNA LAX	TABS	OR	-	-		PREFERRED	-	-	-
				SENNA LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-
				SENNA REGULAR STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
				SENNA SMOOTH	TABS	OR	-	-		PREFERRED	-	-	-
				SENNA-GRX	SYRP	OR	-	-		PREFERRED	-	-	-
				SENNA-LAX	TABS	OR	-	-		PREFERRED	-	-	-
SENNA-TABS	TABS			OR	-	-		PREFERRED	-	-	-		
SENNA-TIME	TABS			OR	-	-		PREFERRED	-	-	-		
SENNAZON	SYRP			OR	-	-		PREFERRED	-	-	-		
SENNO	TABS			OR	-	-		PREFERRED	-	-	-		
SENNOSIDES	TABS			OR	-	-		PREFERRED	-	-	-		
SENNOSIDES (SENNA)	TABS			OR	-	-		PREFERRED	-	-	-		
SENOKOT	TABS			OR	-	-		PREFERRED	-	-	-		

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		SENOKOT EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		SM LAXATIVE MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		SM SENNA LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-
		SM SENNA LAXATIVE MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		TGT LAXATIVE PILLS MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		TGT NATURAL LAXATIVE PILLS MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		TGT SENNA	TABS	OR	-	-		PREFERRED	-	-	-
		TGT SENNA LAXATIVE	TABS	OR	-	-		PREFERRED	-	-	-
		SENNOSIDES-DOCUSATE SODIUM	COLACE 2-IN-1	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			CVS SENNA PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			CVS STOOL SOFTENER PLUS STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			DOC-Q-LAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			DOCUSATE SODIUM & SENNA	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			DOCUSATE SODIUM & SENNA STIMULANT LAXATIVE/STOOL SOFTENER	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			DOCUSATE SODIUM/SENNAS	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			DOCUSATE SODIUM/SENNOSIDES	TABS	OR	-	NON-COVERED	OTCS	-	-	-
			DOCUZEN	TABS	OR	-	NON-COVERED	OTCS	-	-	-
	GASTROINTESTINAL AGENTS : LAXATIVES CONT.		DOK PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-
		EASY-LAX PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		EQ SENNA-S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		EQ STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		EQL SENNA-S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	
		EQL STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	

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		EQL STOOL SOFTENER/STIMULANT LAXATIVE OVERNIGHT RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP SENNA PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE STIMULANT LAXATIVE PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM SENNA-S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM STOOL SOFTENER/LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LAXACIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-LAXX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEDI-NATURAL PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC SENNA-S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC STOOL SOFTENER PLUS LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC STOOL SOFTENER PLUS STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA LAXATIVE & STOOL SOFTENER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA P COL-RITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA SENNA PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB DOCUSATE SODIUM/SENN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENXON-S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		SENN PLUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENN PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENN S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENN/DOCUSATE SODIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SENNALAX-S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENNAPLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENNAS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENNATIME S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENNOSIDES/DOCUSATE SODIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENOKOT S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM NATURAL LAXATIVE PLUS STOOL SOFTENER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM SENNA-S	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM STOOL SOFTENER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM STOOL SOFTENER PLUS LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOOL SOFTENER + STIMULANT LAXATIVE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOOL SOFTENER + STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOOL SOFTENER LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOOL SOFTENER PLUS LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOOL SOFTENER PLUS STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STOOL SOFTENER/LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT SENNA LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT SENNA LAXATIVE/STOOL SOFTENER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		TGT STOOL SOFTENER & STIMULANT LAXATIVE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VEGETABLE LAXATIVE+STOOL SOFTENER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	SENNOSIDES-PSYLLIUM	SENNAPROMPT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS	
GASTROINTESTINAL AGENTS : LAXATIVES CONT.	SODIUM PHOSPHATE MONOBASIC-SODIUM PHOSPHATE DIBASIC	OSMOPREP	TABS	OR	-	-		NON-PREFERRED	2	-	-	
	SODIUM PHOSPHATES	CVS ENEMA DISPOSABLE	ENEM	RE	-	-		PREFERRED	-	-	-	
		CVS ENEMA READY-TO-USE	ENEM	RE	-	-		PREFERRED	-	-	-	
		ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		ENEMA DISPOSABLE	ENEM	RE	-	-		PREFERRED	-	-	-	
		ENEMA READY-TO-USE	ENEM	RE	-	-		PREFERRED	-	-	-	
		EQ ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		EQL READY-TO-USE ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		FLEET ENEMA	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-	
		FLEET ENEMA SIX PACK	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-	
		FLEET PEDIATRIC	ENEM	RE	-	NON-COVERED	OTCS	-	-	-	-	
		GNP ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		GOODSENSE READY TO USE ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		HM ENEMA READY-TO-USE	ENEM	RE	-	-		PREFERRED	-	-	-	
		HM ENEMA SALINE LAXATIVE	ENEM	RE	-	-		PREFERRED	-	-	-	
		PEDIATRIC ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		PURE & GENTLE ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		QC ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		RA ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		RA SALINE ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		SM ENEMA	ENEM	RE	-	-		PREFERRED	-	-	-	
		TGT SALINE LAXATIVE	ENEM	RE	-	-		PREFERRED	-	-	-	
		SODIUM PICOSULFATE-MAGNESIUM OXIDE-ANHYDROUS CITRIC ACID	CLENPIQ	SOLN	OR	-	-		NON-PREFERRED	2	-	-
			PREPOPIK	PACK	OR	-	-		NON-PREFERRED	2	-	-
		SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE	SUPREP BOWEL PREP KIT	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		SORBITOL (LAXATIVE)	SORBITOL	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
			SORBITOL	SOLN	RE	-	NON-COVERED	OTCS	-	-	-	-
		WHEAT DEXTRIN	BENEFIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
			BENEFIBER DRINK MIX	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
			BENEFIBER FOR CHILDREN	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
			BENEFIBER ON THE GO	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
			BENEFIBER ON THE GO	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CLEAR SOLUBLE FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ FIBER POWDER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP BEST FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE BEST FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CLEAR FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		TOTAL FIBER	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
	WHEAT DEXTRIN-CALCIUM	BENEFIBER PLUS CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		BENEFIBER PLUS CALCIUM	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS EASY FIBER/CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	WHEAT DEXTRIN-VITAMIN B6-VITAMIN B12-FOLIC ACID	BENEFIBER PLUS B VITAMINS & FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BENEFIBER PLUS HEART HEALTH	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : OTHER	ALPHA-D-GALACTOSIDASE	ANTI-GAS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BEANO	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BEANO MELTAWAYS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BEANO TO GO	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BEANO ULTRA 800	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS BEANAID	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL GAS PREVENTION	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS-X PREVENTION	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTI-GAS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CROMOLYN SODIUM (MASTOCYTOSIS)	CROMOLYN SODIUM	CONC	OR	-	-	-	PREFERRED	-	-	-
		GASTROCROM	CONC	OR	-	-	-	NON-PREFERRED	-	PA REQUIRED	-
	IPECAC	IPECAC	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : OTHER CONT.		SM IPECAC SYRUP	SYRP	OR	-	NON-COVERED	OTCS	-	-	-	-
	SIMETHICONE	BICARSIM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		BICARSIM FORTE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS GAS RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		CVS GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS GAS RELIEF DROPS EXTRA STRENGTH	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		CVS GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS GAS RELIEF INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		CVS GAS RELIEF ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS INFANTS GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		DRX CHOICE GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ GAS RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		EQ GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ INFANTS GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		EQL GAS GONE EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		EQL GAS RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		EQL GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		EQL GAS RELIEF ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL INFANTS GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		GAS RELIEF	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		GAS RELIEF DROPS INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		GAS RELIEF INFANTS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS RELIEF INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		GAS RELIEF ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS-X	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS-X CHILDRENS	STRP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS-X EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-

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		GAS-X EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS-X EXTRA STRENGTH	STRP	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : OTHER CONT.		GAS-X INFANT DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS-X ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ANTI-GAS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		GNP GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP GAS RELIEF MAXIMUM STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP INFANT GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		GNP INFANTS GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		GOODSENSE GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		HM GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		HM GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		HM GAS RELIEF INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		INFANTS GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		INFANTS SIMETHICONE	SUSP	OR	-	-		PREFERRED	-	-	-
		LITTLE REMEDIES FOR TUMMYS GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		LITTLE TUMMYS GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		MI-ACID GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		MOMMYS BLISS GAS RELIEF DROPS	SUSP	OR	-	-		PREFERRED	-	-	-
		MYLANTA GAS MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MYLANTA GAS MINIS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		MYLICON INFANTS GAS RELIEF	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MYLICON INFANTS GAS RELIEF DYE FREE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MYTAB GAS	CHEW	OR	-	-		PREFERRED	-	-	-
		PEDIACARE GAS RELIEF DROPS INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		PHAZYME	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHAZYME	CHEW	OR	-	-		PREFERRED	-	-	-
		PHAZYME MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		PHAZYME ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		PX GAS RELIEF INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		PX GAS RELIEF ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : OTHER CONT.		QC ANTI-GAS ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC GAS RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		QC GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		QC GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		QC GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		RA GAS RELIEF	CAPS	OR	-	-		PREFERRED	-	-	-
		RA GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		RA GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		RA GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		RA GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		RA GAS RELIEF MAXIMUM STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		RA GAS RELIEF ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA GAS RELIEF/INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		SB ANTI-GAS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		SB GAS RELIEF	SUSP	OR	-	-		PREFERRED	-	-	-
		SIMEPED	SUSP	OR	-	-		PREFERRED	-	-	-
		SIMETHICONE	CAPS	OR	-	-		PREFERRED	-	-	-
		SIMETHICONE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SIMETHICONE	CHEW	OR	-	-		PREFERRED	-	-	-
		SIMETHICONE	SUSP	OR	-	-		PREFERRED	-	-	-
		SIMETHICONE EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		SM GAS RELIEF	CHEW	OR	-	-		PREFERRED	-	-	-
		SM GAS RELIEF ANTIFLATUENT	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM GAS RELIEF DROPS INFANTS	SUSP	OR	-	-		PREFERRED	-	-	-
		SM GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
	SM GAS RELIEF INFANTS DROPS	SUSP	OR	-	-		PREFERRED	-	-	-	

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		TGT GAS RELIEF EXTRA STRENGTH	CAPS	OR	-	-		PREFERRED	-	-	-
		TGT GAS RELIEF EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		TGT GAS RELIEF INFANTS DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS : PHOSPHATE BINDER AGENTS	CALCIUM ACETATE (PHOSPHATE BINDER)	CALCIUM ACETATE	CAPS	OR	-	-		PREFERRED	-	-	-
		CALCIUM ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM ACETATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALPHRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHOSLO	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PHOSLYRA	SOLN	OR	-	-		PREFERRED	-	-	-
	FERRIC CITRATE	AURYXIA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LANTHANUM CARBONATE	FOSRENOL	CHEW	OR	-	-		PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS : PHOSPHATE BINDER AGENTS CONT.		FOSRENOL	PACK	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LANTHANUM CARBONATE	CHEW	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	SEVELAMER CARBONATE	REVELA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		SEVELAMER CARBONATE	PACK	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		SEVELAMER CARBONATE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	SEVELAMER HCL	RENAGEL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SEVELAMER HCL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	SUCROFERRIC OXYHYDROXIDE	VELPHORO	CHEW	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
GASTROINTESTINAL AGENTS : SHORT BOWEL SYNDROME	TEDUGLUTIDE (RDNA)	GATTEX	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-
GASTROINTESTINAL AGENTS: ANTACIDS	ALUM & MAG HYDROX-SIMETHICONE	ALMACONE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALMACONE DOUBLE STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALUMINUM/MAGNESIUM/SIMETHICONE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		ANTACID	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		COMFORT GEL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTACID PLUS ANTIGAS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		DI-GEL	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ANTACID	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL ANTACID/ANTI-GAS FAST ACTING ANTACID PLUS ANTI-GAS MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GELUSIL	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERI-LANTA	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERI-MOX	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ANTACID ANTI-GAS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ANTACID	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		HYVEE ADVANCED ANTACID MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAALOX MAX	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAALOX MULTI SYMPTOM MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS: ANTACIDS CONT.		MAG-AL PLUS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		MEIJER ANTACID ANTI-GAS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MI-ACID	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MILANTEX	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MILANTEX EXTRA STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MINTOX	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		MYLANTA MAXIMUM STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ANTACID REGULAR STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC ANTACID	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ANTACID/ANTI-GAS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		RULOX	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ANTACID ANTI-GAS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM ANTACID ANTI-GAS	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT ANTACID ANTI-GAS REGULAR STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
	ALUMINUM & MAGNESIUM HYDROXIDE	MAG-AL	LIQD	OR	-	-		PREFERRED	-	-	-
	ALUMINUM HYDROXIDE GEL	ALUMINUM HYDROXIDE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-

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	ALUMINUM HYDROXIDE-MAG CARB	ACID GONE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ACID GONE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ANTACID EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS HEARTBURN RELIEF	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS HEARTBURN RELIEF EXTRA STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		EQ ANTACID EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GAVIS-CARE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GAVISCON	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-	
GASTROINTESTINAL AGENTS: ANTACIDS CONT.		GAVISCON EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP ANTACID EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP FOAMING ANTACID	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HEARTBURN ANTACID EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HEARTBURN RELIEF EXTRA STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		QC HEARTBURN ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM ANTACID EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ALUMINUM HYDROXIDE-MAG TRISIL	GAVISCON	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			GNP FOAMING ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			SM FOAMING ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CAL CARB & MAG HYDROX-SIMETH	ANTACID MULTI-SYMP TOM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			DI-GEL	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			EQ ANTACID ANTIGAS MULTI-SYMP TOM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			MYLANTA TONIGHT	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
			QC ANTACID MULTI-SYMP TOM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	ROLAIDS ADVANCED	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-		
	CALCIUM CARBONATE (ANTACID)	ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-	

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		ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ANTACID CALCIUM EXTRA STRENGTH	CHEW	OR	-	-		PREFERRED	-	-	-
		CALCIUM CARBONATE	CHEW	OR	-	-		PREFERRED	-	-	-
		CALCIUM CARBONATE	SUSP	OR	-	-		PREFERRED	-	-	-
		CALCIUM CARBONATE	TABS	OR	-	-		PREFERRED	-	-	-
		CAL-GEST ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		CHILDRENS PEPTO	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS SOOTHE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTACID CHILDRENS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
GASTROINTESTINAL AGENTS: ANTACIDS CONT.		CVS ANTACID SOFT CHEWS ULTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		EQL ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		GNP ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		GOODSENSE ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		HEALTHY MAMA TAME THE FLAME	CHEW	OR	-	-		PREFERRED	-	-	-
		HM CALCIUM ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		LONG LASTING ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		MAALOX	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PX ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		QC ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		RA ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		RA STOMACH RELIEF KIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		TGT ANTACID	CHEW	OR	-	-		PREFERRED	-	-	-
		TITRALAC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUMS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUMS SMOOTHIES	CHEW	OR	-	-		PREFERRED	-	-	-
	CALCIUM CARBONATE-MAG HYDROX	ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALICUM RICH SUPREME ANTACID	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTACID SUPREME	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ ANTACID EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GERI-LANTA SUPREME	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROLAIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ROLAIDS ANTACID ULTRA STRENGTH	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		TGT ANTACID EXTRA STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CARBONATE-SIMETHICONE	ALKA-SELTZER HEARTBURN+GAS RELIEFCHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS ANTACID & ANTI-GAS FAST RELIEF	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GAS-X WITH MAALOX EXTRA STRENGTH ANTIGAS PLUS ANTACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
GASTROINTESTINAL AGENTS: ANTACIDS CONT.		GNP ANTACID & ANTI-GAS MAXIMUM STRENGTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAALOX MAX	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		TUMS GAS RELIEF CHEWY BITES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	MAGNESIUM OXIDE	GNP MAGNESIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM MAGNESIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAGNESIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAGNESIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAOX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC MAGNESIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		URO MAG	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	MAGNESIUM OXIDE-ASAFOETIDA	DEWEES CARMINATIVE WITHOUT OPIUM	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	SOD BICARBONATE-POTASSIUM BICARBONATE-CITRIC ACID	ALKA-SELTZER GOLD	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-
	SODIUM BICARB-CITRIC ACID W/ SIMETHICONE	E-Z-GAS II	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
	SODIUM BICARBONATE (ANTACID)	SODIUM BICARBONATE	POWD	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SODIUM BICARBONATE	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SODIUM BICARBONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ALKA-SELTZER HEARTBURN RELIEF	TBEF	OR	-	NON-COVERED	OTCS	-	-	-	-
	SODIUM BICARBONATE-CITRIC ACID										
	SODIUM BICARBONATE-SODIUM CITRATE	CITROCARBONATE	GRF	OR	-	NON-COVERED	OTCS	-	-	-	-
	SODIUM CITRATE DIHYDRATE (ANTACID)	CITRA PH	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
GENITOURINARY AGENTS - MISC : ALKALINIZERS	POT & SOD CITRATES W/CITRIC AC	CYTRA-3	SYRP	OR	-	NON-COVERED	DESI	-	-	-	-
		POTASSIUM CITRATE/SODIUM CITRATE/CITRIC ACID	SOLN	OR	-	-		PREFERRED	-	-	-
		TRICITRATES	SOLN	OR	-	-		PREFERRED	-	-	-
	POTASSIUM CITRATE (ALKALINIZER)	POTASSIUM CITRATE ER	TBCR	OR	-	-		PREFERRED	-	-	-
		UROCIT-K 10	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		UROCIT-K 15	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		UROCIT-K 5	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	POTASSIUM CITRATE-CITRIC ACID	CYTRA K CRYSTALS	PACK	OR	-	-		PREFERRED	-	-	-
GENITOURINARY AGENTS - MISC : ALKALINIZERS CONT.		CYTRA-K	SOLN	OR	-	NON-COVERED	DESI	-	-	-	-
		POTASSIUM CITRATE/CITRIC ACID	SOLN	OR	-	-		PREFERRED	-	-	-
		TARON-CRYSTALS	PACK	OR	-	-		PREFERRED	-	-	-
	SODIUM CITRATE & CITRIC ACID	CYTRA-2	SOLN	OR	-	NON-COVERED	DESI	-	-	-	-
		ORACIT	SOLN	OR	-	-		NON-PREFERRED	2	-	-
		SODIUM CITRATE/CITRIC ACID	SOLN	OR	-	-		PREFERRED	-	-	-
GENITOURINARY AGENTS - MISC : URINARY ANALGESICS	PHENAZOPYRIDINE HCL	AZO TABS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHENAZO	TABS	OR	-	-		PREFERRED	-	-	-
		PHENAZO	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHENAZOPYRIDINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		PHENAZOPYRIDINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PYRIDIUM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		QC AZO	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		SB URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		URISTAT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VH ESSENTIALS UTI RELIEF MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENAZOPYRIDINE HCL & CRANBERRY-VIT C-PROBIOTIC	AZO URINARY TRACT HEALTH SUPPORT PACK	TBPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PHENAZOPYRIDINE HCL & URINARY TRACT INFECTION (UTI) TEST	URISTAT UTI RELIEF PAK	THPK	CO	-	NON-COVERED	OTCS	-	-	-	-
GENITOURINARY AGENTS - MISC : URINARY ANTIINFECTIVES	FOSFOMYCIN TROMETHAMINE	MONUROL	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	METHENAMINE HIPPURATE	HIPREX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHENAMINE HIPPURATE	TABS	OR	-	-		PREFERRED	-	-	-
	METHENAMINE MANDELATE	METHENAMINE MANDELATE	TABS	OR	-	-		PREFERRED	-	-	-
GENITOURINARY AGENTS - MISC : URINARY ANTIINFECTIVES CONT.	METHENAMINE-HYOSCAMINE- METHYLENE BLUE-SODIUM PHOSPHATE	ME/NAPHOS/MB/HYO 1	TABS	OR	-	-		NON-PREFERRED	2	-	-
		UROGESIC-BLUE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		URYL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	METHENAMINE-HYOSC-METHYLENE BLUE-BENZOIC ACID-PHENYL SAL	HYOPHEN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	METHENAMINE-HYOSC-METHYLENE BLUE-SOD PHOS-PHENYL SAL	PHOSPHASAL	TABS	OR	-	-		NON-PREFERRED	2	-	-
		URELLE	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		URETRON D/S	TABS	OR	-	-		NON-PREFERRED	2	-	-
		URIBEL	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		URIMAR-T	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		URIN D/S	TABS	OR	-	-		NON-PREFERRED	2	-	-
		URO-458	TABS	OR	-	-		NON-PREFERRED	2	-	-
		UROAV-81	TABS	OR	-	-		NON-PREFERRED	2	-	-
		UROAV-B	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		URO-MP	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		USTELL	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		UTICAP	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		UTIRA-C	TABS	OR	-	-		NON-PREFERRED	2	-	-
		UTRONA-C	TABS	OR	-	-		NON-PREFERRED	2	-	-
		VILAMIT MB	CAPS	OR	-	-		NON-PREFERRED	2	-	-

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		VILEVEV MB	TABS	OR	-	-		NON-PREFERRED	2	-	-
	METHENAMINE-SODIUM SALICYLATE	AZO URINARY TRACT DEFENSE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CYSTEX URINARY PAIN RELIEF	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	NITROFURANTOIN	FURADANTIN	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NITROFURANTOIN	SUSP	OR	-	-		PREFERRED	-	-	-
	NITROFURANTOIN MACROCRYSTAL	MACRODANTIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NITROFURANTOIN MACROCRYSTALS 25MG	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		NITROFURANTOIN MACROCRYSTALS	CAPS	OR	-	-		PREFERRED	-	-	-
	NITROFURANTOIN MONOHYD MACRO	MACROBID	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	CAPS	OR	-	-		PREFERRED	-	-	-
GENITOURINARY AGENTS : ACIDIFIERS	POTASSIUM & SODIUM ACID PHOSPHATES	K-PHOS NO 2	TABS	OR	-	-		PREFERRED	-	-	-
GENITOURINARY AGENTS : CYSTINOSIS AGENTS	CYSTEAMINE BITARTRATE	CYSTAGON	CAPS	OR	-	-		PREFERRED	-	-	-
		PROCYSBI	CPDR	OR	-	-		NON-PREFERRED	1	-	-
		PROCYSBI	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
GENITOURINARY AGENTS : INTERSTITIAL CYSTITIS AGENTS	DIMETHYL SULFOXIDE	RIMSO-50	SOLN	IS	-	-		PREFERRED	-	PA REQUIRED	-
	PENTOSAN POLYSULFATE SODIUM	ELMIRON	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
GENITOURINARY AGENTS : INTERSTITIAL CYSTITIS AGENTS CONT.		PENTOSAN POLYSULFATE SODIUM DR	CPDR	OR	-	-		PREFERRED	-	PA REQUIRED	-
GENITOURINARY AGENTS : OVERACTIVE BLADDER AGENTS	BETHANECHOL CHLORIDE	BETHANECHOL CHLORIDE	TABS	OR	-	-		PREFERRED	-	-	-
		URECHOLINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DARIFENACIN HYDROBROMIDE	DARIFENACIN HYDROBROMIDE ER	TB24	OR	-	-		NON-PREFERRED	2	-	-
		ENABLEX	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FESOTERODINE FUMARATE	TOVIAZ	TB24	OR	-	-		PREFERRED	-	-	-
	FLAVOXATE HCL	FLAVOXATE HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	MIRABEGRON	MYRBETRIQ	TB24	OR	-	-		NON-PREFERRED	2	-	-
	OXYBUTYNIN	OXYTROL	PTTW	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OXYTROL FOR WOMEN	PTTW	TD	-	NON-COVERED	OTCS	-	-	-	-
	OXYBUTYNIN CHLORIDE	DITROPAN XL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GELNIQUE	GEL	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GELNIQUE PUMP	GEL	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OXYBUTYNIN CHLORIDE	SYRP	OR	-	-		PREFERRED	-	-	-
		OXYBUTYNIN CHLORIDE	TABS	OR	-	-		PREFERRED	-	-	-
		OXYBUTYNIN CHLORIDE ER	TB24	OR	-	-		PREFERRED	-	-	-
	SOLIFENACIN SUCCINATE	SOLIFENACIN SUCCINATE	TABS	OR	-	-		NON-PREFERRED	2	-	-

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		VESICARE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TOLTERODINE TARTRATE	DETROL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DETROL LA	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TOLTERODINE TARTRATE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		TOLTERODINE TARTRATE ER	CP24	OR	-	-		NON-PREFERRED	2	-	-
	TROSPIUM CHLORIDE	TROSPIUM CHLORIDE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		TROSPIUM CHLORIDE ER	CP24	OR	-	-		NON-PREFERRED	2	-	-
GENITOURINARY AGENTS : PROSTATIC HYPERTROPHY AGENTS	ALFUZOSIN HCL	ALFUZOSIN HCL ER	TB24	OR	-	-		PREFERRED	-	-	-
		UROXATRAL	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DOXAZOSIN MESYLATE (BPH)	CARDURA XL	TB24	OR	-	-		NON-PREFERRED	2	-	-
	DUTASTERIDE	AVODART	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DUTASTERIDE	CAPS	OR	-	-		PREFERRED	-	-	-
	DUTASTERIDE-TAMSULOSIN HCL	DUTASTERIDE/TAMSULOSIN HCL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		JALYN	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	FINASTERIDE	FINASTERIDE	TABS	OR	-	-		PREFERRED	-	-	-
		PROSCAR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	SILODOSIN	RAPAFLO	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		SILODOSIN	CAPS	OR	-	-		NON-PREFERRED	2	-	-
	TADALAFIL	CIALIS	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TADALAFIL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
TAMSULOSIN HCL	FLOMAX	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	TAMSULOSIN HCL	CAPS	OR	-	-		PREFERRED	-	-	-	
GENITOURINARY AGENTS : URINARY STONE AGENTS	ACETOHYDROXAMIC ACID	LITHOSTAT	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TIOPRONIN	THIOLA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		THIOLA EC	TBEC	OR	-	-		PREFERRED	-	PA REQUIRED	-
GI ULCER AGENTS : H. PYLORI ANTIBIOTICS	AMOXICILLIN-CLARITHROMYCIN W/ LANSOPRAZOLE	LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	MISC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	AMOXICILLIN-CLARITHROMYCIN W/ OMEPRAZOLE	OMECLAMOX-PAK	MISC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	AMOXICILLIN-RIFABUTIN- OMEPRAZOLE	TALICIA	CPDR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BISMUTH SUBCITRATE POTASSIUM- METRONIDAZOLE-TETRACYCLINE	PYLERA	CAPS	OR	-	-		PREFERRED	-	-	-
GI ULCER AGENTS : MISC	METHSCOPOLAMINE BROMIDE	METHSCOPOLAMINE BROMIDE	TABS	OR	-	-		PREFERRED	-	-	-
		MISOPROSTOL	CYTOTEC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED
		MISOPROSTOL	TABS	OR	-	-		PREFERRED	-	-	-
	PHENOBARBITAL-HYOSCYAMINE- ATROPINE-SCOPOLAMINE	BELLADONNA ALKALOIDS/PHENOBARBITAL	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		DONNATAL	ELIX	OR	-	NON-COVERED	DESI	-	-	-	-
		DONNATAL	TABS	OR	-	NON-COVERED	DESI	-	-	-	-

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		PHENOBARBITAL/BELLADONN A ALKALOIDS	ELIX	OR	-	-		NON-PREFERRED	2	-	-
		PHENOBARBITAL/BELLADONN A ALKALOIDS	ELIX	OR	-	NON-COVERED	DESI	-	-	-	-
		PHENOBARBITAL/HYOSCYAMINE SULFATE/ATROPINE SULFATE/SCOPOLAMIN	ELIX	OR	-	NON-COVERED	DESI	-	-	-	-
		PHENOBARBITAL/HYOSCYAMINE SULFATE/ATROPINE SULFATE/SCOPOLAMIN	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
		PHENOHYTRO	ELIX	OR	-	NON-COVERED	DESI	-	-	-	-
		PHENOHYTRO	TABS	OR	-	NON-COVERED	DESI	-	-	-	-
	PROPANTHELINE BROMIDE	PROPANTHELINE BROMIDE	TABS	OR	-	-		PREFERRED	-	-	-
	SUCRALFATE	CARAFATE	SUSP	OR	-	-		PREFERRED	-	-	-
		CARAFATE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SUCRALFATE	SUSP	OR	-	-		PREFERRED	-	-	-
		SUCRALFATE	TABS	OR	-	-		PREFERRED	-	-	-
GOUT AGENTS :	ALLOPURINOL	ALLOPURINOL	TABS	OR	-	-		PREFERRED	-	-	-
		ZYLOPRIM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ALLOPURINOL SODIUM	ALLOPURINOL SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		ALOPRIM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	COLCHICINE	COLCHICINE	CAPS	OR	-	-		PREFERRED	-	-	-
		COLCHICINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		COLCRYS	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GLOPERBA	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MITIGARE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	COLCHICINE W/ PROBENECID	PROBENECID/COLCHICINE	TABS	OR	-	-		PREFERRED	-	-	-
	FEBUXOSTAT	FEBUXOSTAT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ULORIC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
GOUT AGENTS : CONT.	PEGLOTICASE	KRYSTEXXA	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PROBENECID	PROBENECID	TABS	OR	-	-		PREFERRED	-	-	-
HEMATOLOGICAL AGENTS : OTHER	ALTEPLASE	ACTIVASE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		CATHFLO ACTIVASE	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	HEMIN	PANHEMATIN	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	PENTOXIFYLLINE	PENTOXIFYLLINE CR	TBCR	OR	-	-		PREFERRED	-	-	-
		PENTOXIFYLLINE ER	TBCR	OR	-	-		PREFERRED	-	-	-
	PROTAMINE SULFATE	PROTAMINE SULFATE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	PROTEIN C CONCENTRATE (HUMAN)	CEPROTIN	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	RETEPLASE	RETAVASE	KIT	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RETAVASE HALF-KIT	KIT	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TENECTEPLASE	TNKASE	KIT	IV	-	-		PREFERRED	-	PA REQUIRED	-
HEMATOLOGICAL AGENTS - MISC : AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA	GIVOSIRAN SODIUM	GIVLAARI	SOLN	SC	-	-		X	-	-	-
HEMATOLOGICAL AGENTS - MISC : ANTIHEMOPHILIC PRODUCTS	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOPIL M	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-

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		KOATE	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		KOATE-DVI	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		MONOCLATE-P	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIII)FC	ELOCTATE	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM	NUWIQ	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		NUWIQ	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT PORCINE) (RPFVIII)	OBIZUR	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	HELIXATE FS	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		KOGENATE FS	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		RECOMBINATE	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) GLYCOPEGYLATED-EXEI	ESPEROCT	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED-AUCL	JIVI	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PLASMA/ALBUMIN FREE	XYNTHA	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		XYNTHA SOLOFUSE	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) SINGLE CHAIN	AFSTYLA	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR RAHF-PFM	ADVATE	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		KOVALTRY	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
HEMATOLOGICAL AGENTS - MISC : ANTIHEMOPHILIC PRODUCTS CONT.	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		HUMATE-P	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		WILATE	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	COAGULATION FACTOR IX	ALPHANINE SD	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		MONONINE	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIX)FC	ALPROLIX	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-

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	COAGULATION FACTOR IX (RECOMBINANT)	BENEFIX	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		IXINITY	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		RIXUBIS	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	COAGULATION FACTOR IX (RECOMBINANT) GLYCOPEGYLATED	REBINYN	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP)	IDELVION	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	COAGULATION FACTOR VIIIA (RECOMBINANT)	NOVOSEVEN	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		NOVOSEVEN RT	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	COAGULATION FACTOR X (HUMAN)	COAGADEX	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	COAGULATION FACTOR XIII A-SUBUNIT (RECOMBINANT)	TRETTEN	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	EMICIZUMAB-KXWH	HEMLIBRA	SOLN	SC	YES	-		PREFERRED	-	PA REQUIRED	-
	FACTOR IX COMPLEX	PROFILNINE	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
		PROFILNINE SD	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	FACTOR XIII CONCENTRATE (HUMAN)	CORIFACT	KIT	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	VON WILLEBRAND FACTOR (RECOMBINANT)	VONVENDI	SOLR	IV	YES	-		PREFERRED	-	PA REQUIRED	-
	HEMATOLOGICAL AGENTS - MISC : COMPLIMENT INHIBITORS	ECULIZUMAB	SOLIRIS	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED
RAVULIZUMAB-CWVZ		ULTOMIRIS	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
HEMATOLOGICAL AGENTS : HEREDITARY ANGIOEDEMA AGENTS	C1 ESTERASE INHIBITOR (HUMAN)	BERINERT	KIT	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CINRYZE	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		HAEGARDA	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-
	C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	ECALLANTIDE	KALBITOR	SOLN	SC	-	-		PREFERRED	-	PA REQUIRED	-
	ICATIBANT ACETATE	FIRAZYR	SOLN	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ICATIBANT ACETATE	SOLN	SC	-	-		PREFERRED	-	PA REQUIRED	-
	LANADELUMAB-FLYO	TAKHZYRO	SOLN	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
HEMATOLOGICAL AGENTS : PLATELET AGGREGATION INHIBITORS	ANAGRELIDE HCL	AGRYLIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ANAGRELIDE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
	ASPIRIN (PLATELET AGGREGATION INHIBITOR)	DURLAZA	CP24	OR	-	-		NON-PREFERRED	2	-	-
HEMATOLOGICAL AGENTS : PLATELET AGGREGATION INHIBITORS CONT.	ASPIRIN-DIPYRIDAMOLE	AGGRENOX	CP12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ASPIRIN/DIPYRIDAMOLE	CP12	OR	-	-		PREFERRED	-	-	-
		ASPIRIN/DIPYRIDAMOLE ER	CP12	OR	-	-		PREFERRED	-	-	-
	ASPIRIN-OMEPRAZOLE	ASPIRIN/OMEPRAZOLE	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		YOSPRA LA	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CANGRELOR TETRASODIUM	KENGREAL	SOLR	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-

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	CILOSTAZOL	CILOSTAZOL	TABS	OR	-	-		PREFERRED	-	-	-	
	CLOPIDOGREL BISULFATE	CLOPIDOGREL	TABS	OR	-	-		PREFERRED	-	-	-	
		PLAVIX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	DIPYRIDAMOLE	DIPYRIDAMOLE	TABS	OR	-	-		PREFERRED	-	-	-	
	PRASUGREL HCL	EFFIENT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		PRASUGREL	TABS	OR	-	-		NON-PREFERRED	2	-	-	
	TICAGRELOR	BRILINTA	TABS	OR	-	-		PREFERRED	-	-	-	
	VORAPAXAR SULFATE	ZONTIVITY	TABS	OR	-	-		NON-PREFERRED	2	-	-	
HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS	COBALAMIN COMBINATIONS	B-12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-	
		B-12 + FOLIC ACID	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B-12 1000	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-	
		B12 FOLATE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B-12 PLUS FOLIC ACID	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FOLIC + B12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FOLTRATE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-	
		MTX SUPPORT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		OPURITY B12/FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA B-12	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN B12/FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CYANOCOBALAMIN	B-12	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
			B-12	LOZG	OR	-	NON-COVERED	OTCS	-	-	-	-
			B-12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
			B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			B-12	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS CONT.	B12	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
B12	TBCR		OR	-	NON-COVERED	OTCS	-	-	-	-		
B-12 COMPLIANCE INJECTIONKIT	KIT		IJ	-	-		PREFERRED	-	PA REQUIRED	-		
B-12 DOTS	TBDP		OR	-	NON-COVERED	OTCS	-	-	-	-		

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		B-12 DUAL SPECTRUM	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B12 FAST DISSOLVE	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-12 MICROLOZENGE	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		B-12 SUPER STRENGTH	LIQD	SL	-	NON-COVERED	OTCS	-	-	-	-
		B-12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-12-SL	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		CVS B-12	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS B-12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		CVS B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS B12	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS B12 QUICK DISSOLVE	LOZG	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN B-12	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN B12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN B12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN B-12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN B12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CYANOCOBALAMIN	SOLN	IJ	-	-		PREFERRED	-	-	-
		EQL B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL VITAMIN B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL VITAMIN B-12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS CONT.		GNP B-12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		GNP VITAMIN B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP VITAMIN B-12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM SUPER VITAMIN B12	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		HM VITAMIN B12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN B12	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN B12 ULTRA STRENGTH	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP VITAMIN B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LIQUID B12	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NASCOBAL	SOLN	NA	-	NON-COVERED	VITA	-	-	-	-
		PA VITAMIN B-12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		PHYSICIANS EZ USE B-12 COMPLIANCE KIT	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		QC VITAMIN B12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		QC VITAMIN B12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC VITAMIN B12	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN B-12	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN B12	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		RAPID B-12 ENERGY	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN B12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN B12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		SV VITAMIN B12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMELTS ENERGY VITAMIN B-12	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B 12	LOZG	OR	-	NON-COVERED	OTCS	-	-	-	-
HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS CONT.		VITAMIN B-12	LIQD	SL	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12	LOZG	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		VITAMIN B-12	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B12	LIQD	SL	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B12	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12 CR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12 ER	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12 LA	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B12 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN DEFICIENCY INJECTABLE SYSTEM-B12	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	CYANOCOBALAMIN-METHIONINE-INOSITOL-CHOLINE	LIPO-B	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	-
		METHIONINE/INOSITOL/CHOLINE/CYANOCOBALAMIN	SOLN	IM	-	NON-COVERED	VITA	-	-	-	-
	CYANOCOBALAMIN-METHYLCOBALAMIN	ABANEU-SL	SUBL	SL	-	NON-COVERED	VITA	-	-	-	-
		B-12 ULTRA	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		NATURES TRUTH B-12	LIQD	SL	-	NON-COVERED	OTCS	-	-	-	-
		NEURIN-SL	SUBL	SL	-	NON-COVERED	VITA	-	-	-	-
	HYDROXOCOBALAMIN ACETATE	HYDROXOCOBALAMIN	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	-
HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS CONT.		VB12 MAX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	LIVER EXTRACT	LIVER	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	METHYLCOBALAMIN	B-12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-
		B-12	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-12 FAST DISSOLVE	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-

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		B-12 METHYLCOBALAMIN	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B-12 QUICK DISSOLVE	TBDP	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B12-ACTIVE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FAST ACTING B12	SUBL	SL	-	NON-COVERED	OTCS	-	-	-	-	
		METHYL B-12	LOZG	OR	-	NON-COVERED	OTCS	-	-	-	-	
		METHYLCOBALAMIN	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		METHYLCOBALAMIN	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		MM VITAMIN B12	TBDP	SL	-	NON-COVERED	OTCS	-	-	-	-	
HEMATOPOIETIC AGENTS : ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)	DARBEPOETIN ALFA	ARANESP ALBUMIN FREE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		ARANESP ALBUMIN FREE	SOSY	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
	EPOETIN ALFA	EPOGEN	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		PROCRIT	SOLN	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	EPOETIN ALFA-EPBX	RETACRIT	SOLN	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA	MIRCERA	SOSY	IJ	-	-		NON-PREFERRED	2	PA REQUIRED	-	
HEMATOPOIETIC AGENTS : FOLIC ACID / FOLATE COMBINATIONS	FOLATE-VITAMIN B12-INTRINSIC FACTOR	INTRINSI B12/FOLATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	FOLIC ACID	CVS FOLIC ACID	TABS	OR	-	-		PREFERRED	-	-	-	
		FA-8	CAPS	OR	-	-		PREFERRED	-	-	-	
		FA-8	TABS	OR	-	-		PREFERRED	-	-	-	
		FOLATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FOLIC ACID	CAPS	OR	-	-		PREFERRED	-	-	-	
		FOLIC ACID	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FOLIC ACID	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		FOLIC ACID	TABS	OR	-	-		PREFERRED	-	-	-	
		FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	HEMATOPOIETIC AGENTS : FOLIC ACID / FOLATE COMBINATIONS CONT.	HM FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	-
		KP FOLIC ACID	TABS	OR	-	-		PREFERRED	-	-	-	-
PX FOLIC ACID		TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	-	
QC FOLIC ACID		TABS	OR	-	-		PREFERRED	-	-	-	-	
RA FOLIC ACID		TABS	OR	-	-		PREFERRED	-	-	-	-	
RA FOLIC ACID		TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	-	

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		SM FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		YL FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	FOLIC ACID-CHOLECALCIFEROL	AXIFOL	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		CHOLECAL DF	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		CIFEREX	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		CIFRAZOL	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		DERMACINRX PUREFOLIX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		DURACHOL	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		FOLI-D	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		FOLIKA-D	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		FOLVIK-D	TABS	OR	-	-		PREFERRED	-	-	-
		FOLVITE-D	TABS	OR	-	-		PREFERRED	-	-	-
		GENICIN VITA-D	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		NOXIFOL-D	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		ORTHO DF	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		REVESTA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		ROXIFOL-D	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		ZAVARA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	FOLIC ACID-CYANOCOBALAMIN-VIT B6-VIT D-CALCIUM-ALOE	D 1000 PLUS ALOE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RX SUPPORT HEARTBURN/ACID REFLUX WITH ALOE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
HEMATOPOIETIC AGENTS : FOLIC ACID / FOLATE COMBINATIONS CONT.	FOLIC ACID-VIT B2-VIT B6-VIT B12-VIT C-CHOLINE	FOLIC ACID XTRA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	FOLIC ACID-VIT B2-VIT B6-VIT B12-VIT D-CALCIUM-PHOSPHORUS	FOLGARD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	FOLIC ACID-VIT B6-VIT B12-INTRINSIC FACTOR-ALPHA LIPOIC ACI	ABATREX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BTREX	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-

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FOLIC ACID-VIT B6-VIT B12-VIT D-OMEGA 3 ACIDS-PHYTOSTEROLS	FOLIC ACID-VIT B6-VIT B12-VIT D-OMEGA 3 ACIDS-PHYTOSTEROLS	ANIMI-3	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-	
		ANIMI-3/VITAMIN D	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-	
	FOLIC ACID-VITAMIN B6-VITAMIN B12	FOLIC ACID-VITAMIN B6-VITAMIN B12	AIRAVITE	TABS	OR	-	-		PREFERRED	-	-	-
			B COMPLEX/FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			B-6 FOLIC ACID	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
			CENFOL	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
			FABB	TABS	OR	-	-		PREFERRED	-	-	-
			FOLBEE	TABS	OR	-	-		PREFERRED	-	-	-
			FOLGARD RX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
			FOLIC ACID/B-6/B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			FOLIC ACID/VITAMIN B-6/VITAMIN B-12	TABS	OR	-	-		PREFERRED	-	-	-
			FOLPLEX 2.2	TABS	OR	-	-		PREFERRED	-	-	-
			FOLTABS 800	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			HOMOCYSTEINE FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			MILLGUARD	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			NUFOL	TABS	OR	-	-		PREFERRED	-	-	-
			TL GARD RX	TABS	OR	-	-		PREFERRED	-	-	-
			VIRT-GARD	TABS	OR	-	-		PREFERRED	-	-	-
			WESTAB ONE	TABS	OR	-	-		PREFERRED	-	-	-
			FOLIC ACID-VITAMIN B6-VITAMIN B12-OMEGA 3 ACIDS-PHYTOSTEROL	FOLIC ACID-VITAMIN B6-VITAMIN B12-OMEGA 3 ACIDS-PHYTOSTEROL	BP VIT 3	CAPS	OR	-	NON-COVERED	VITA	-	-
	TALIVA	CAPS			OR	-	NON-COVERED	VITA	-	-	-	-
	VITAMEZ	CAPS			OR	-	NON-COVERED	VITA	-	-	-	-
	FOLIC ACID-VITAMIN D3-MAG CIT-ACETYL CYSTEINE-CA CIT	FOLIC ACID-VITAMIN D3-MAG CIT-ACETYL CYSTEINE-CA CIT	FOLITE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
			FOLINIC-PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	HEMATOPOIETIC AGENTS : GAUCHER DISEASE	HEMATOPOIETIC AGENTS : GAUCHER DISEASE	ELIGLUSTAT TARTRATE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
			IMIGLUCERASE	SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-
			MIGLUSTAT	MIGLUSTAT	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED
ZAVESCA				CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
TALIGLUCERASE ALFA			SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-	
VELAGLUCERASE ALFA			SOLR	IV	-	-		NON-PREFERRED	-	PA REQUIRED	-	

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HEMATOPOIETIC AGENTS : GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)	FILGRASTIM	NEUPOGEN	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		NEUPOGEN	SOSY	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	FILGRASTIM-AAFI	NIVESTYM	SOLN	IJ	-	-		NON-PREFERRED	1	PA REQUIRED	-
		NIVESTYM	SOSY	IJ	-	-		NON-PREFERRED	1	PA REQUIRED	-
	FILGRASTIM-SNDZ	ZARXIO	SOSY	IJ	-	-		NON-PREFERRED	1	PA REQUIRED	-
	PEGFILGRASTIM	NEULASTA	SOSY	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-
		NEULASTA ONPRO KIT	PSKT	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-
	PEGFILGRASTIM-BMEZ	ZIEXTENZO	SOSY	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PEGFILGRASTIM-CBQV	UDENYCA	SOSY	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-
	PEGFILGRASTIM-JMDB	FULPHILA	SOSY	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-
	SARGRAMOSTIM	LEUKINE	SOLR	IJ	-	-		NON-PREFERRED	1	PA REQUIRED	-
	TBO-FILGRASTIM	GRANIX	SOLN	SC	-	-		PREFERRED	-	PA REQUIRED	-
		GRANIX	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS	CARBONYL IRON	EQL CARBONYL IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FEOSOL NATURAL RELEASE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FERRETT'S CHEWABLE IRON	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ICAR PEDIATRIC	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
		IRON CHEWS PEDIATRIC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		WEE CARE	SUSP	OR	-	NON-COVERED	OTCS	-	-	-	-
	FE ASP GLY-FE POLYSACCHARIDE-SUCC ACD-C-THREONIC ACID-B12-F	FERREX 150 FORTE PLUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FE ASP GLY-FE POLYSACCHARIDE-SUCC AC-VIT C	FERREX 150 PLUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-
	FE ASPARTO GLY-FE FUMARATE-SUCC ACD-C-THREONIC ACD-B12-FA	MULTIGEN PLUS	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		FE ASPARTO GLY-FE FUM-B12-FOLIC ACID-VIT C-SUCCINIC ACID	FERREX 28	MISC	OR	-	NON-COVERED	OTCS	-	-	-
	FE ASPARTO GLY-SUCCIN AC-C-THREONIC AC-B12-DES STOM SUBST	MULTIGEN	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		FE ASPARTO GLY-SUCCINIC ACD-VIT C-THREONIC ACD-VIT B12-FA	MULTIGEN FOLIC	TABS	OR	-	NON-COVERED	VITA	-	-	-
	FE ASPARTO GLY-VIT B12-FA-VIT C-DSS-SUCCINIC ACID-ZINC	FERIVA 21/7	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	FE BISGLYC-FE POLYSACCHARIDE-SUCC ACD-B COMPLEX-C-CA-FA	IROSPAN 24/6	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.		IS 24/6	MISC	OR	-	NON-COVERED	VITA	-	-	-

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	FE BISGLYCINATE CHELATE-VIT C-VIT B12-FOLIC ACID	GENTLE IRON	CAPS	OR	-	-		PREFERRED	-	-	-
	FE BISGLYCINATE-FE POLYSACCHARIDE-VIT B12-ZINC	MAXFE DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	FE BISGLYCINATE-FE POLYSACCHARIDE-VIT C-VIT B12-FOLIC ACID	TARON FORTE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	FE BISGLYCINATE-FE POLYSACCHARIDE-VIT B12-MAGNESIUM-ZINC	MAXFE	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	FE BISGLYCINATE-SUCCINIC ACD-VIT C-THREONIC ACD-VIT B12-FA	IRON 21/7	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	FE BISGLYCINATE-VIT C-VIT B12-FOLIC ACID-INULIN-LACTOBACILL	VITABEX IRON	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	FE CARBONYL-FA-B COMPLEX-A-C-D-E-MIN	ACTIVE FE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	FE CARBONYL-FE GLUCONATE-FA-VIT B12-VIT C-DOCUSATE SODIUM	FERRALET 90	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	FE FUMARATE-FE POLYSACCHARIDE-VIT C-LACTOBACILLUS	FUSION	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	FE FUMARATE-FE POLYSACCHARIDE-VIT C-VIT B3	INTEGRA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID	HEMATOGEN FA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		HEMATOGEN FORTE	CAPS	OR	-	-		PREFERRED	-	-	-
		TRIGELS-F FORTE	CAPS	OR	-	-		PREFERRED	-	-	-
	FE FUM-IRON POLYSACCH COMPLEX-FA-B CMPLX-C-BIOTIN-PROBIOTIC	FUSION PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	FE FUM-IRON POLYSACCH COMPLEX-FA-B COMPLEX-C-BIOTIN	FOLIVANE-PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		INTEGRA PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VIRT-FEFA PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	FE FUM-IRON POLYSACCH COMPLEX-FA-B COMPLEX-C-ZN-MN-CU	K-TAN PLUS	CAPS	OR	-	-		PREFERRED	-	-	-
		PUREVIT DUALFE PLUS	CAPS	OR	-	-		PREFERRED	-	-	-
		SE-TAN PLUS	CAPS	OR	-	-		PREFERRED	-	-	-
	FERRIC CARBOXYMALTOSE	INJECTAFER	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	FERRIC PYROPHOSPHATE CITRATE	TRIFERIC	PACK	HM	-	NON-COVERED	VITA	-	-	-	-
		TRIFERIC	SOLN	HM	-	NON-COVERED	VITA	-	-	-	-
	FERROUS BISGLYCINATE CHELATE	EASY IRON	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS	
	FERROUS FUMARATE	FEMIRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.		FERRETTTS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERRIMIN 150	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERROCITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERROUS FUMARATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HEMOCYTE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HIGH POTENCY IRON	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERROUS FUMARATE W/ B12-VIT C-FA-IFC	FEROCON	CAPS	OR	-	-		PREFERRED	-	-	-
			FEROTRINSIC	CAPS	OR	-	-		PREFERRED	-	-	-
			FOLTRIN	CAPS	OR	-	-		PREFERRED	-	-	-
			TRICON	CAPS	OR	-	-		PREFERRED	-	-	-
		FERROUS FUMARATE W/ DSS	FE CAPS/STOOL SOFTENER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C	NEPHRON FA	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		FERROUS FUMARATE-DOCUSATE NA-C-E-B12-IF-FOLIC ACID	FERRO-PLEX HEMATINIC	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		FERROUS FUMARATE-FA-B COMPLEX-C-ZN-MG-MN-CU	CENTRATEX	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
			FERROCITE PLUS	TABS	OR	-	-		PREFERRED	-	-	-
			HEMATINIC PLUS VITAMINS/MINERALS	TABS	OR	-	-		PREFERRED	-	-	-
			HEMOCYTE PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
			HEMOCYTE-PLUS	TABS	OR	-	-		PREFERRED	-	-	-
			PUREFE PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		FERROUS FUMARATE-FOLIC ACID	HEMATINIC/FOLIC ACID	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
			HEMOCYTE-F	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		FERROUS FUMARATE-IRON POLYSACCHARIDE COMPLEX-FA-C-PROBIOTIC	FUSION SPRINKLES	PACK	OR	-	NON-COVERED	VITA	-	-	-	-
		FERROUS FUMARATE-IRON POLYSACCHARIDE COMPLEX-FOLIC ACID-C-B	FOLIVANE-F	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
			INTEGRA F	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-

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HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.	FERROUS FUMARATE-VITAMIN C	FERRO-SEQUELS	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
	FERROUS GLUCONATE	CVS IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FE GLUCONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERGON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERROTABS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERROUS GLUCONATE (37.5MG ELEMENTAL IRON)	TABS	OR	-	-		PREFERRED	-	-	-	
		FERROUS GLUCONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON 27	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		KP FERROUS GLUCONATE	TABS	OR	-	-		PREFERRED	-	-	-	
		FERROUS SULFATE	BPROTECTED PEDIA IRON	SOLN	OR	-	-		PREFERRED	-	-	-
			CVS IRON	TABS	OR	-	-		PREFERRED	-	-	-
	CVS SLOW RELEASE IRON		TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
	EQL IRON SUPPLEMENT THERAPY		TABS	OR	-	-		PREFERRED	-	-	-	
	FE TABS		TBEC	OR	-	-		PREFERRED	-	-	-	
	FER-IN-SOL		SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-	
	FEROSUL		ELIX	OR	-	-		PREFERRED	-	-	-	
	FEROSUL		TABS	OR	-	-		PREFERRED	-	-	-	
	FERROUS SULFATE		ELIX	OR	-	-		PREFERRED	-	-	-	
	FERROUS SULFATE		GRAN	XX	-	NON-COVERED	VITA	-	-	-	-	
	FERROUS SULFATE		LIQD	OR	-	-		PREFERRED	-	-	-	
	FERROUS SULFATE	SOLN	OR	-	-		PREFERRED	-	-	-		
	FERROUS SULFATE	SYRP	OR	-	-		PREFERRED	-	-	-		
	FERROUS SULFATE	TABS	OR	-	-		PREFERRED	-	-	-		
	FERROUS SULFATE 27MG (ELEMENTAL FE)	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-		
	FERROUS SULFATE	TBEC	OR	-	-		PREFERRED	-	-	-		
	FERROUSUL	TABS	OR	-	-		PREFERRED	-	-	-		
	GNP IRON	TABS	OR	-	-		PREFERRED	-	-	-		
	GNP IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-		
	GNP SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-		
	GOODSENSE IRON	TABS	OR	-	-		PREFERRED	-	-	-		

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HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.		HM IRON SLOW RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON	TABS	OR	-	-		PREFERRED	-	-	-	
		IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON ER	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON HIGH-POTENCY	TABS	OR	-	-		PREFERRED	-	-	-	
		IRON HIGH-POTENCY	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON SLOW RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON SUPPLEMENT	ELIX	OR	-	-		PREFERRED	-	-	-	
		IRON SUPPLEMENT CHILDRENS	SOLN	OR	-	-		PREFERRED	-	-	-	
		KP FERROUS SULFATE	TABS	OR	-	-		PREFERRED	-	-	-	
		MEIJER FERROUS SULFATE	TABS	OR	-	-		PREFERRED	-	-	-	
		NAT-RUL IRON	TABS	OR	-	-		PREFERRED	-	-	-	
		PX IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		QC FERROUS SULFATE	TABS	OR	-	-		PREFERRED	-	-	-	
		RA HIGH POTENCY IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA IRON	TABS	OR	-	-		PREFERRED	-	-	-	
		RA IRON 27MG (ELEMENTAL FE)	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SLOW FE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM IRON	TABS	OR	-	-		PREFERRED	-	-	-	
		SM IRON SLOW RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SPATONE PUR-ABSORB IRON	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERROUS SULFATE DRIED	CVS SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
			EQ SLOW-RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
			EQL SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
			FEOSOL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.		FERROUS SULFATE IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HM IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HM SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON SLOW RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PX IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SLOW IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SLOW-RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM IRON SLOW RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM SLOW RELEASE IRON	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERROUS SULFATE-VITAMIN C-FOLIC ACID	FOLITAB 500	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		IRON CARBONYL-SENNA-C-E-B6-B12-IF-FOLIC ACID	IRO-PLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		IRON CARBONYL-VITAMIN C-FRUCTOOLIGOSACCHARIDES (FOS) IRON COMBINATIONS	CHEWABLE IRON	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			CHROMAGEN	CAPS	OR	-	-		PREFERRED	-	-	-
			CORVITE 150	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
			CORVITE FE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
			HEMATOGEN	CAPS	OR	-	-		PREFERRED	-	-	-
			IRON COMPLEX	CAPS	OR	-	-		PREFERRED	-	-	-
			NIFEREX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
			NUFERA	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		IRON DEXTRAN	INFED	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		IRON DEXTRAN W/ FOLIC ACID & VIT B12	IROFOL	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		IRON HEME POLYPEPTIDE	PROFERRIN ES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		IRON HEME POLYPEPTIDE-FOLIC ACID	PROFERRIN-FORTE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.	IRON POLYSACCHARIDE COMPLEX-FA-B COMPLEX-MAGNESIUM-ZINC	ABATRON	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	IRON POLYSACCHARIDE COMPLEX-VIT B12-FOLIC ACID	IFEREX 150 FORTE	CAPS	OR	-	-		PREFERRED	-	-	-
		IROFOL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MYFERON 150 FORTE	CAPS	OR	-	-		PREFERRED	-	-	-
		POLY-IRON 150 FORTE	CAPS	OR	-	-		PREFERRED	-	-	-
		POLYSACCHARIDE IRON FORTE	CAPS	OR	-	-		PREFERRED	-	-	-
	IRON POLYSACCHARIDE-FOLIC ACID-B COMPLEX-VIT C-E & MINERALS	PROTECTIRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	IRON POLYSACCH-SENNA-C-E-B6-B12-IF-FOLIC ACID	IRO-PLEX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	IRON SUCCINYL-PROTEIN COMPLEX	FERRETT'S IPS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
	IRON SUCROSE	VENOFER	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	IRON W/ B12-VIT C-FA-IFC	FERROTRIN	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	IRON-DOCUSATE-B12-FOLIC ACID-VIT C-VIT E-COPPER-BIOTIN	ABATRON AF	TABS	OR	-	-		PREFERRED	-	-	-
		HEMATRON-AF	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		HEMAX	TABS	OR	-	-		PREFERRED	-	-	-
		TL-HEM 150	TABS	OR	-	-		PREFERRED	-	-	-
	IRON-FA-VIT B12-BIOTIN-VIT C-DOCUSATE-MAGNESIUM-ZINC	MAXFE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	IRON-FOLIC ACID-VITAMIN B12-VITAMIN C-DOCUSATE SODIUM	FERRAPLUS 90	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	IRON-FOLIC ACID-VITAMIN C-VITAMIN B6-VITAMIN B12-ZINC	CORVITA 150	TABS	OR	-	-		PREFERRED	-	-	-
		CORVITE 150	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	IRON-VIT C-FA-B12-BIOTIN-COPPER-DOCUSATE	FERIVAFA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	IRON-VITAMIN C	FE C TAB	TABS	OR	-	-		PREFERRED	-	-	-
		ICAR-C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		IRON 100/C	TABS	OR	-	-		PREFERRED	-	-	-
		VITRON-C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	IRON-VITAMIN C-VITAMIN B12-FOLIC ACID	FE C TAB PLUS	TABS	OR	-	-		PREFERRED	-	-	-
		FOLVITE FE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		ICAR-C PLUS	TABS	OR	-	NON-COVERED	VITA	-	-	-	-

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		IRON 100 PLUS	TABS	OR	-	-		PREFERRED	-	-	-	
HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.	POLYSACCHARIDE FE COMPLEX-FE HEME POLYPEPTIDE-FA-VIT B12	HEMETAB	TABS	OR	-	NON-COVERED	VITA	-	-	-	-	
	POLYSACCHARIDE IRON COMPLEX	EZFE 200	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERREX 150	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FERRIC X-150	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HEMATEX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON POLYSACCHARIDE COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		IRON UP	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		MYFERON 150	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NOVAFERRUM 50	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NOVAFERRUM PEDIATRIC DROPS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NU-IRON 150	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		POLY-IRON 150	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		POLYSACCHARIDE-IRON COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PROFE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		POLYSACCHARIDE IRON COMPLEX-CHOLECALCIFEROL (VIT D3)	NOVAFERRUM 125	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		POLYSACCHARIDE IRON COMPLEX-IRON HEME POLYPEPTIDE	BIFERA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			FEOSOL BIFERA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		POLYSACCHARIDE IRON-FOLIC ACID-VIT B12	FERREX 150 FORTE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
HEMATOPOIETIC AGENTS : SICKLE CELL ANEMIA	CRIZANLIZUMAB-TMCA	ADAKVEO	SOLN	IV	-	-		X	-	-	-	
	GLUTAMINE (SICKLE CELL)	ENDARI	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	HYDROXYUREA (SICKLE CELL ANEMIA)	DROXIA	CAPS	OR	-	-		PREFERRED	-	-	-	
		SIKLOS	TABS	OR	-	-		PREFERRED	-	-	-	
	VOXELOTOR	OXBRYTA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
HEMATOPOIETIC AGENTS : THROMBOPOIESIS (TPO) STIMULATING PROTEINS	AVATROMBOPAG MALEATE	DOPTELET	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	ELTROMBOPAG OLAMINE	PROMACTA	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-	
		PROMACTA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	

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	FOSTAMATINIB DISODIUM	TAVALISSE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LUSUTROMBOPAG	MULPLETA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
HEMATOPOIETIC AGENTS : THROMBOPOIESIS (TPO) STIMULATING PROTEINS CONT.	ROMIPLOSTIM	NPLATE	SOLR	SC	-	-		PREFERRED	-	PA REQUIRED	-
HEMOSTATICS : SYSTEMIC - INJECTABLE	AMINOCAPROIC ACID	AMINOCAPROIC ACID	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	TRANEXAMIC ACID	CYKLOKAPRON	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		TRANEXAMIC ACID	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
	TRANEXAMIC ACID-SODIUM CHLORIDE	TRANEXAMIC ACID/SODIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
HEMOSTATICS : SYSTEMIC - ORAL	AMINOCAPROIC ACID	AMICAR	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AMICAR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AMINOCAPROIC ACID	SOLN	OR	-	-		PREFERRED	-	-	-
		AMINOCAPROIC ACID	TABS	OR	-	-		PREFERRED	-	-	-
	TRANEXAMIC ACID	LYSTEDA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRANEXAMIC ACID	TABS	OR	-	-		PREFERRED	-	-	-
IMMUNE MODULATORS : ANTILEPTICS	THALIDOMIDE	THALOMID	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
IMMUNE MODULATORS : MYELODYSPLASTIC SYNDROMES	LENALIDOMIDE	REVLIMID	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
IMMUNOSUPPRESSIVE AGENTS : CYCLOSPORINE ANALOGS - ORAL	CYCLOSPORINE	CYCLOSPORINE	CAPS	OR	-	-		PREFERRED	-	-	-
		SANDIMMUNE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SANDIMMUNE	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CYCLOSPORINE MODIFIED (FOR MICROEMULSION)	CYCLOSPORINE MODIFIED 50MG	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CYCLOSPORINE MODIFIED	CAPS	OR	-	-		PREFERRED	-	-	-
		CYCLOSPORINE MODIFIED	SOLN	OR	-	-		PREFERRED	-	-	-
		GENGRAF	CAPS	OR	-	-		PREFERRED	-	-	-
		GENGRAF	SOLN	OR	-	-		PREFERRED	-	-	-
		NEORAL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NEORAL	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
IMMUNOSUPPRESSIVE AGENTS : INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - ORAL	MYCOPHENOLATE MOFETIL	CELLCEPT	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CELLCEPT	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CELLCEPT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MYCOPHENOLATE MOFETIL	CAPS	OR	-	-		PREFERRED	-	-	-
		MYCOPHENOLATE MOFETIL	SUSR	OR	-	-		PREFERRED	-	-	-
		MYCOPHENOLATE MOFETIL	TABS	OR	-	-		PREFERRED	-	-	-
	MYCOPHENOLATE SODIUM	MYCOPHENOLIC ACID DR	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MYFORTIC	TBEC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
IMMUNOSUPPRESSIVE AGENTS : MACROLIDE IMMUNOSUPPRESSANTS	EVEROLIMUS (IMMUNOSUPPRESSANT)	EVEROLIMUS	TABS	OR	-	-		NON-PREFERRED	2	-	-
		ZORTRESS	TABS	OR	-	-		NON-PREFERRED	2	-	-
	SIROLIMUS	RAPAMUNE	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RAPAMUNE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SIROLIMUS	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SIROLIMUS	TABS	OR	-	-		PREFERRED	-	-	-

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	TACROLIMUS	ASTAGRAF XL	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		ENVARUSUS XR	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		PROGRAF	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
IMMUNOSUPPRESSIVE AGENTS : MACROLIDE IMMUNOSUPPRESSANTS CONT.		PROGRAF	PACK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		PROGRAF	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-	
		TACROLIMUS	CAPS	OR	-	-		PREFERRED	-	-	-	
IMMUNOSUPPRESSIVE AGENTS : MONOCLONAL ANTIBODIES	EMAPALUMAB-LZSG	GAMIFANT	SOLN	IV	YES	-		PREFERRED	-	PA REQUIRED	-	
IMMUNOSUPPRESSIVE AGENTS : PURINE ANALOGS	AZATHIOPRINE	AZASAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		AZATHIOPRINE	TABS	OR	-	-		PREFERRED	-	-	-	
		IMURAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		AZATHIOPRINE SODIUM	AZATHIOPRINE	SOLR	IJ	-	-		X	-	-	-
MIGRAINE AGENTS : CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	ERENUMAB-AOOE FREMANEZUMAB-VFRM	AIMOVIG	SOAJ	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-	
		AJOVY	SOAJ	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-	
		AJOVY	SOSY	SC	-	-		NON-PREFERRED	1	PA REQUIRED	-	
		GALCANEZUMAB-GNLM	EMGALITY	SOAJ	SC	-	-		PREFERRED	-	PA REQUIRED	-
			EMGALITY	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
		RIMEGEPANT SULFATE	NURTEC	TBDP	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
		UBROGEPANT	UBRELVY	TABS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
MIGRAINE AGENTS : ERGOT DERIVATIVES	DIHYDROERGOTAMINE MESYLATE	D.H.E. 45	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		DIHYDROERGOTAMINE MESYLATE	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-	
		DIHYDROERGOTAMINE MESYLATE	SOLN	NA	-	-		PREFERRED	-	PA REQUIRED	-	
		MIGRANAL	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	ERGOTAMINE TARTRATE	ERGOMAR	SUBL	SL	-	-		PREFERRED	-	-	-	
	ERGOTAMINE W/ CAFFEINE	CAFERGOT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		ERGOTAMINE TARTRATE/CAFFEINE	TABS	OR	-	-		PREFERRED	-	-	-	
	MIGERGOT		SUPP	RE	-	-		PREFERRED	-	-	-	
MIGRAINE AGENTS : OTHER	DICLOFENAC POTASSIUM (MIGRAINE)	CAMBIA	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-	
MIGRAINE AGENTS : SELECTIVE SEROTONIN AGONISTS 5-HT(1)	ALMOTRIPTAN MALATE	ALMOTRIPTAN	TABS	OR	-	-		NON-PREFERRED	2	-	-	
		ALMOTRIPTAN MALATE	TABS	OR	-	-		NON-PREFERRED	2	-	-	
	ELETRIPTAN HYDROBROMIDE	ELETRIPTAN HYDROBROMIDE	TABS	OR	-	-		NON-PREFERRED	2	-	-	
		RELPAX	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	FROVATRIPTAN SUCCINATE	FROVA	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		FROVATRIPTAN SUCCINATE	TABS	OR	-	-		NON-PREFERRED	2	-	-	
	LASMIDITAN SUCCINATE	REYVOW	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	NARATRIPTAN HCL	AMERGE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		NARATRIPTAN HCL	TABS	OR	-	-		PREFERRED	-	-	-	

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	RIZATRIPTAN BENZOATE	MAXALT	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		MAXALT-MLT	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		RIZATRIPTAN BENZOATE	TABS	OR	-	-		PREFERRED	-	-	-	
	SUMATRIPTAN	RIZATRIPTAN BENZOATE ODT	TBDP	OR	-	-		PREFERRED	-	-	-	
		IMITREX	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		SUMATRIPTAN	SOLN	NA	-	-		PREFERRED	-	-	-	
	SUMATRIPTAN SUCCINATE	TOSYMRA	SOLN	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		IMITREX	SOLN	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		IMITREX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
MIGRAINE AGENTS : SELECTIVE SEROTONIN AGONISTS 5-HT(1) CONT.		IMITREX STATDOSE REFILL	SOCT	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		IMITREX STATDOSE SYSTEM	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		ONZETRA XSAIL	EXHP	NA	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		SUMATRIPTAN SUCCINATE	SOAJ	SC	-	-		PREFERRED	-	-	-	
		SUMATRIPTAN SUCCINATE	SOLN	SC	-	-		PREFERRED	-	-	-	
		SUMATRIPTAN SUCCINATE	SOSY	SC	-	-		NON-PREFERRED	2	-	-	
		SUMATRIPTAN SUCCINATE	TABS	OR	-	-		PREFERRED	-	-	-	
		SUMATRIPTAN SUCCINATE REFILL	SOCT	SC	-	-		PREFERRED	-	-	-	
		ZEMBRACE SYMTOUCH	SOAJ	SC	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		SUMATRIPTAN SUCCINATE & CAMPHOR-MENTHOL	MIGRANOW	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SUMATRIPTAN SUCCINATE-HOMEOPATHIC PRODUCT	MIGRAINE PACK	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SUMATRIPTAN-NAPROXEN SODIUM	SODIUM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
			TREXIMET	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZOLMITRIPTAN	ZOLMITRIPTAN	TABS	OR	-	-		NON-PREFERRED	2	-	-
			ZOLMITRIPTAN ODT	TBDP	OR	-	-		NON-PREFERRED	2	-	-
			ZOMIG	SOLN	NA	-	-		NON-PREFERRED	2	-	-
			ZOMIG	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
			ZOMIG ZMT 5MG	TBDP	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
			ZOMIG ZMT	TBDP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MINERALS AND ELECTROLYTES : CALCIUM - ORAL	BONE MEAL W/ VITAMIN D	BONE MEAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
CALCIUM		CALCIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-	
		CALCIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CHELATED CALCIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-	
		RA CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-	
		RA CALCIUM HI-CAL	TABS	OR	-	-		PREFERRED	-	-	-	
		RA CALCIUM HIGH POTENCY	TABS	OR	-	-		PREFERRED	-	-	-	

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	CALCIUM & PHOSPHORUS	POSTURE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM & PHOSPHORUS W/ VITAMIN D	CALCIUM GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/D	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/D3 ADULT GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/VITAMIN D3/ADULT GUMMY	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRACAL CALCIUM GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CITRACAL+D3	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		DISNEY CALCIUM + VITAMIN D3 GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RISACAL-D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM & PHOSPHORUS W/ VITAMIN D & MAGNESIUM	CALCIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		POSTURE-D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM ACETATE	CALCIUM ACETATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CARBONATE	CALCI-CHEW	CHEW	OR	-	-		PREFERRED	-	-	-
		CALCIUM	CHEW	OR	-	-		PREFERRED	-	-	-
		CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600 HIGH POTENCY	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM CARBONATE (500MG ELEMENTAL CA)	CHEW	OR	-	-		PREFERRED	-	-	-
		CALCIUM CARBONATE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CARBONATE	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CARBONATE	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM CARBONATE	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM HIGH POTENCY	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM OYSTER SHELL	TABS	OR	-	-		PREFERRED	-	-	-
		CAL-MINT	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALTRATE 600	TABS	OR	-	-		PREFERRED	-	-	-
		CHEWABLE CALCIUM	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS CALCIUM CARBONATE	TABS	OR	-	-		PREFERRED	-	-	-
	GNP CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-	
	HIGH POTENCY CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-	

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		QC CALCIUM FAST DISSOLUTION	TABS	OR	-	-		PREFERRED	-	-	-		
		RA CALCIUM 600	TABS	OR	-	-		PREFERRED	-	-	-		
		SM CALCIUM 600	TABS	OR	-	-		PREFERRED	-	-	-		
		SUPER CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-		
		CALCIUM CARBONATE-CHOLECALCIFEROL	CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CALCIUM + D3	TABS	OR	-	-		PREFERRED	-	-	-		
		CALCIUM 500 + D	TABS	OR	-	-		PREFERRED	-	-	-		
		CALCIUM 500 +D	TABS	OR	-	-		PREFERRED	-	-	-		
		CALCIUM 500 +D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-		
		CALCIUM 500/D	CHEW	OR	-	-		PREFERRED	-	-	-		
		CALCIUM 500/VITAMIN D3	TABS	OR	-	-		PREFERRED	-	-	-		
		MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CALCIUM 500+D	TABS	OR	-	-		PREFERRED	-	-	-
				CALCIUM 500+D3	TABS	OR	-	-		PREFERRED	-	-	-
CALCIUM 600 + D	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM 600 WITH VITAMIN D	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM 600/VITAMIN D	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM 600/VITAMIN D3	TABS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM 600+D	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM 600+D 600MG-800 UNIT	TABS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM 600+D3	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM 600+D3 600MG-800 UNIT	TABS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM 600-D	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM CARBONATE/D3	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM EXTRA D3	TABS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM PETITES/VITAMIN D3	CAPS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM PLUS D3 ABSORBABLE	CAPS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM PLUS VITAMIN D3	CAPS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM PLUS VITAMIN D3	TABS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM/VITAMIN D	CAPS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM/VITAMIN D	TABS			OR	-	-		PREFERRED	-	-	-		
CALCIUM/VITAMIN D	TABS			OR	-	NON-COVERED	OTCS	-	-	-	-		
CALCIUM/VITAMIN D-3	CHEW			OR	-	-		PREFERRED	-	-	-		
CALCIUM/VITAMIN D3	CAPS			OR	-	NON-COVERED	OTCS	-	-	-	-		

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		CALCIUM/VITAMIN D3	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM/VITAMIN D3 600MG-125 UNIT & 500MG-125 UNIT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM+D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CAL-QUICK	LIQD	OR	-	-		PREFERRED	-	PA REQUIRED	-
		CALTRATE 600+D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM 600 & VITAMIND3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM 600+D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS OYSTER SHELL CALCIUM +VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CVS OYSTER SHELL CALCIUM/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ CALCIUM 500+D	TABS	OR	-	-		PREFERRED	-	-	-
		EQ CALCIUM 600+D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALCIUM 600MG/VITAMIND3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALCIUM/VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		GNP CALCIUM 500 +D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM 600 +D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CALCIUM 600 & VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CALCIUM 600 + VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		KP CALCIUM 600+D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP CALCIUM 600+D	TABS	OR	-	-		PREFERRED	-	-	-
		KP CALCIUM 600+D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP CALCIUM 600+D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LIQUID CALCIUM/D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NAT-RUL OYSTER CALCIUM + D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OS-CAL	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		OS-CAL CALCIUM + D3	TABS	OR	-	-		PREFERRED	-	-	-
		OS-CAL EXTRA D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OSTEO-PORETICAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSCO 500+D	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSCO 500+D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER CALCIUM/D3	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM + D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM + D3	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM + VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		OYSTER SHELL CALCIUM 250+D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL CALCIUM 500+D	CHEW	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM PLUS VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL CALCIUM PLUSVITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM/VITAMIN D	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM/VITAMIN D 250MG-125 UNIT & 250MG-250 UNIT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL CALCIUM+D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTERCAL-D	TABS	OR	-	-		PREFERRED	-	-	-
		PA CALCIUM 600/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		PRONUTRIENTS CALCIUM+D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM 600 PLUS VITAMIN D-3	TABS	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM /VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM 600+D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM OYSTER SHELL CALCIUM/VITAMIN D3	TABS	OR	-	-		PREFERRED	-	-	-
	TGT CALCIUM + VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
	CALCIUM CARBONATE- ERGOCALCIFEROL	RA OYSTER SHELL CALCIUM/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CARBONATE-FOLIC ACID- VIT D-B6-B12-BORON-MAGNESIUM	CALCIFOL	WAFR	OR	-	NON-COVERED	VITA	-	-	-	-
		CALCIUM-FOLIC ACID PLUS D	WAFR	OR	-	NON-COVERED	VITA	-	-	-	-
	CALCIUM CARBONATE-MAGNESIUM CARBONATE	MAGNEBIND 300	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CARBONATE-MAGNESIUM OXIDE-VITAMIN C	LOCALNESIUM-C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CARBONATE-VIT D-VIT C- VIT E W/ MINERALS	OS-CAL ULTRA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CARBONATE-VITAMIN D	CALCIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM + D3	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 500 + D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CALCIUM 500/D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 500/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM 500+D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 500+D HIGH POTENCY	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600 + D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600 WITH VITAMIN D	CHEW	OR	-	-		PREFERRED	-	PA REQUIRED	-
		CALCIUM 600/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600+D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600+D HIGH POTENCY	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600+D3	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM CARBONATE/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM CREAMIES	CHEW	OR	-	-		PREFERRED	-	PA REQUIRED	-
		CALCIUM HIGH POTENCY + VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM PLUS VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		CALCIUM/VITAMIN D 60MG- 125 UNIT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM 500/D	TABS	OR	-	-		PREFERRED	-	-	-
		GNP CALCIUM 600/D	TABS	OR	-	-		PREFERRED	-	-	-

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		LIQUID CALCIUM/VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OSCAL 500/200 D-3	TABS	OR	-	-		PREFERRED	-	-	-
		OYST-CAL-D 500	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER CALCIUM/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL CALCIUM 500 + D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM 500 + D 500MG-125 UNIT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL CALCIUM 500/D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM/D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM/D 250MG- 125 UNIT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL CALCIUM/D3	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM/VITAMIN D 250MG-125 UNIT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OYSTER SHELL/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PA OYSTER SHELL CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		PX CALCIUM&D	TABS	OR	-	-		PREFERRED	-	-	-
		RA CALCIUM PLUS VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		RA HI CAL	TABS	OR	-	-		PREFERRED	-	-	-
		RA HI-CAL PLUS VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		RA OYSTER SHELL CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		RA OYSTER SHELL CALCIUM/VITAMIN D 250MG-125 UNIT	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SB CALCIUM + D	TABS	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM 500/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM 500/VITAMIN D3	TABS	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM 600/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		SM CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		SM OYSTER SHELL CALCIUM/VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		SUPER CALCIUM 600 + D3	TABS	OR	-	-		PREFERRED	-	-	-
		SUPER CALCIUM 600+D 400	TABS	OR	-	-		PREFERRED	-	-	-
		SUPER CALCIUM 600+D3 400	TABS	OR	-	-		PREFERRED	-	-	-

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		TGT CALCIUM DIETARY SUPPLEMENT	CHEW	OR	-	-		PREFERRED	-	PA REQUIRED	-
	CALCIUM CARBONATE-VITAMIN D W/ MINERALS	600+D3 PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM 1200	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM 600 + MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM 600+D PLUS MINERALS	CHEW	OR	-	-		PREFERRED	-	-	-
		CALCIUM 600+D PLUS MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM 600+D3 PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM 600+D3 PLUS MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/VITAMIN D/MINERALS	CHEW	OR	-	-		PREFERRED	-	-	-
		CALCIUM/VITAMIN D3 PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALTRATE 600+D PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALTRATE 600+D PLUS MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALTRATE MINIS PLUS MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM 600 + D PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM 600 + D PLUS MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		EQ CALCIUM 600+D+MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM 1200	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM 600 +D/MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM 600 +D3/MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM 600 PLUS D/MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM PLUS 600 +D GNP CALCIUM/VITAMIN D/MINERALS	CHEW	OR	-	-		PREFERRED	-	-	-
		HM CALCIUM 600 + D PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CALCIUM/VITAMIN D/MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		QC CALCIUM 600 +D3 PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC CALCIUM MAGNESIUM & ZINC +D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC CALCIUM/MINERALS/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM 600 PLUS VITAMIN D-3 & MINERALS	CHEW	OR	-	-		PREFERRED	-	-	-
		RA CALCIUM 600/VITAMIN D/MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM/MINERALS/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM 600 + D PLUS MINERALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM 600 + MINERALS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM/VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CITRATE	CALCITRATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE	GRAN	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CITRATE MALATE-CHOLECALCIFEROL	CALCIUM CITRATE MALATE/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CITRATE-VITAMIN D	CALCET CREAMY BITES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCITRATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CALCITRATE PLUS D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CAL-CITRATE PLUS VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE +	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE + D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE + D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE + D3 MAXIMUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE + D3 MAXIMUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE +D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CALCIUM CITRATE CHEWY BITE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE W/D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE W/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE/D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE/VITAMIN D3	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE/VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE+ D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE+D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE+D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE+D3 PETITES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CELEBRATE CALCIUM CITRATE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CELEBRATE CALCIUM PLUS 500	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRACAL + D3 MAXIMUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRACAL MAXIMUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRACAL PETITES/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CITRUS CALCIUM +D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRUS CALCIUM/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM CITRATE + D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM CITRATE +D3 MINIATURES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM CITRATE+D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM CITRATE+D3 PETITES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ CALCIUM CITRATE+D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQ CALCIUM CITRATE+D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		EQ CALCIUM CITRATE+D3/PETITES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALCIUM CITRATE W/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALCIUM CITRATE/VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM CITRATE +D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM CITRATE+D MAXIMUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM CITRATE+D3 MAXIMUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CALCIUM CITRATE + VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CALCIUM CITRATE+D3 PETITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP CALCIUM CITRATE+D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM CITRATE PLUS VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM CITRATE PLUS VITAMIN D-3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM CITRATE/VITAMIN D-3 PETITES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM CITRATE + D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM CITRATE W/VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM CITRATE/VITAMIN D3 PETITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM CITRATE+ W/VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		UPCAL D	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		UPCAL D	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM CITRATE-VITAMIN D-VITAMIN K W/ MINERALS	ADVANCED CALCIUM FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM GLUCONATE	CALCIUM GLUCONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CAL-GLU	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM LACTATE	CALCIUM LACTATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CAL-LAC	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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	CALCIUM PHOSPHATE-CHOLECALCIFEROL	CALCIUM 500 + D3	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/VITAMIN D3 GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALTRATE GUMMY BITES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS YOGURT + CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS YOGURT+CALCIUM GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALCIUM GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM W/ MAGNESIUM	CAL/MAG	TABS	OR	-	NON-COVERED	OTCS	-	-	-
	CAL/MAG CITRATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CALCIUM MAGNESIUM 750	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CALCIUM/MAGNESIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CALCIUM/MAGNESIUM CITRATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CAL-MAG	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CAL-MAG ASPARTATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CAL-MAG CHELA-MAX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	CALMAG THINS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	LOCALNESIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
	MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.	OYSTER SHELL CALCIUM/MAGNESIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER CAL/MAG CALCIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM W/ VITAMIN D	RA CALCIUM HI-CAL/VITAMIND	TABS	OR	-	-		PREFERRED	-	-
SM OYSTER SHELL CALCIUM LIQUID CALCIUM/VITAMINS A & D		TABS	OR	-	-			PREFERRED	-	-	-
CALCIUM W/ VITAMINS A & D			CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
CALCIUM W/ VITAMINS C & D		CALCIUM/C/D	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
CALCIUM W/ VITAMINS D & K		CALCIUM + D	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		CALCIUM + D + K	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM FOR WOMEN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM SOFT CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM+MENAQ7	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHEWABLE CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM SOFT CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL CALCIUM SOFT CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM SOFT CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM SOFT CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		VIACTIV CALCIUM PLUS D	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM-BORON	RA CALCIUM/BORON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM-CHOLECALCIFEROL	CALCET PETITES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC CALCIUM 500MG/D3	TABS	OR	-	-		PREFERRED	-	-	-
		RA CALCIUM HI-CAL/VITAMIND	TABS	OR	-	-		PREFERRED	-	-	-
	CALCIUM-ERGOCALCIFEROL	PARVA-CAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PARVA-CAL 250	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM-IRON-VITAMIN D-VITAMIN K	CALCIUM SOFT CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM-MAGNESIUM W/ VITAMIN D	CALCIUM 500	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CALCIUM 600/MAGNESIUM 300/VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM CITRATE/MAGNESIUM/VITAMIN D CHEWABLE WAFERS	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM+D3 GRADUAL RELEASE	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
		CAL-MAG COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CITRACAL CALCIUM+D SLOW RELEASE	TB24	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORAL CALCIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		LIQUID CALCIUM/MAGNESIUM CITRATE PLUS VITAMIN D3	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		OPURITY CALCIUM CITRATE PLUS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER CAL-MAG-D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM-MAGNESIUM-VITAMIN C- VITAMIN D	AVORIA CAL+D	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORAL CALCIUM PLUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM-MAGNESIUM-ZINC	CALCIUM & MAGNESIUM + ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM MAGNESIUM & ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIUM/MAGNESIUM/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS CALCIUM/MAGNESIUM/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CALCIUM/MAGNESIUM/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM CALCIUM MAGNESIUM & ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP CALCIUM/MAGNESIUM/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CALCIUM/MAGNESIUM/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CALCIUM/MAGNESIUM/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CALCIUM-VITAMIN D-ARGININE- INOSITOL-SILICON	BONE DENSITY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	CORAL CALCIUM	CORAL CALCIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM CORAL CALCIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.	CORAL CALCIUM-MAGNESIUM W/ VITAMIN D	CORAL CALCIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CORAL CALCIUM PLUS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA CORAL CALCIUM	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DOLOMITE	DOLOMITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	OYSTER SHELL	CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-

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		CALCIUM OYSTER SHELL	TABS	OR	-	-		PREFERRED	-	-	-
		OYSCO 500	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTER SHELL CALCIUM 500	TABS	OR	-	-		PREFERRED	-	-	-
		OYSTERCAL	TABS	OR	-	-		PREFERRED	-	-	-
		RA HI-CAL	TABS	OR	-	-		PREFERRED	-	-	-
		RA OYSTER SHELL CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
		SB OYSTER SHELL CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-
MINERALS AND ELECTROLYTES : FLUORIDE - ORAL	SODIUM FLUORIDE	FLUORABON	SOLN	OR	-	NON-COVERED	VITA	-	-	-	-
		FLUORIDE	CHEW	OR	-	-		PREFERRED	-	-	-
		FLUORITAB	CHEW	OR	-	-		PREFERRED	-	-	-
		FLUORITAB	SOLN	OR	-	-		PREFERRED	-	-	-
		FLURA-DROPS	SOLN	OR	-	NON-COVERED	VITA	-	-	-	-
		LUDENT	CHEW	OR	-	-		PREFERRED	-	-	-
		NAFRINSE	CHEW	OR	-	-		PREFERRED	-	-	-
		NAFRINSE DROPS	SOLN	OR	-	-		PREFERRED	-	-	-
		SODIUM FLUORIDE	CHEW	OR	-	-		PREFERRED	-	-	-
		SODIUM FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		SODIUM FLUORIDE	TABS	OR	-	-		PREFERRED	-	-	-
	SODIUM FLUORIDE W/ CALCIUM CARBONATE	FLORICAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLORICAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	SODIUM FLUORIDE-VITAMIN D	FLORIVA	LIQD	OR	-	NON-COVERED	VITA	-	-	-	-
MINERALS AND ELECTROLYTES : PHOSPHATE - ORAL	POT PHOSPHATE MONOBASIC W/ SOD PHOSPHATE DIBASIC & MONOBASI	AV-PHOS 250 NEUTRAL	TABS	OR	-	-		PREFERRED	-	-	-
		K-PHOS NEUTRAL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PHOSPHA 250 NEUTRAL	TABS	OR	-	-		PREFERRED	-	-	-
		PHOSPHOROUS	TABS	OR	-	-		PREFERRED	-	-	-
		PHOSPHO-TRIN 250 NEUTRAL	TABS	OR	-	-		PREFERRED	-	-	-
		VIRT-PHOS 250 NEUTRAL	TABS	OR	-	-		PREFERRED	-	-	-
	POTASSIUM & SODIUM PHOSPHATES	PHOS-NAK POWDER CONCENTRATE	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : PHOSPHATE - ORAL CONT.		PHOSPHORUS SUPPLEMENT	PACK	OR	-	NON-COVERED	OTCS	-	-	-	-
	POTASSIUM PHOSPHATE MONOBASIC	K-PHOS	TABS	OR	-	-		PREFERRED	-	-	-
MINERALS AND ELECTROLYTES : POTASSIUM	POTASSIUM	CHELATED POTASSIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		POTASSIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	POTASSIUM ACETATE	POTASSIUM ACETATE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-

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		EFFERVESCENT									
	POTASSIUM BICARB & CHLORIDE	POTASSIUM/CHLORIDE	TBEF	OR	-	-		PREFERRED	-	-	-
	POTASSIUM BICARBONATE	EFFER-K	TBEF	OR	-	-		PREFERRED	-	-	-
		EFFERVESCENT POTASSIUM	TBEF	OR	-	-		PREFERRED	-	-	-
		K-BICARB	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KLOR-CON/EF	TBEF	OR	-	-		PREFERRED	-	-	-
		K-PRIME	TBEF	OR	-	-		PREFERRED	-	-	-
	POTASSIUM BICARBONATE-CITRIC ACID	EFFER-K	TBEF	OR	-	-		PREFERRED	-	-	-
	POTASSIUM CHLORIDE	KLOR-CON	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		KLOR-CON 10	TBCR	OR	-	-		PREFERRED	-	-	-
		KLOR-CON 8	TBCR	OR	-	-		PREFERRED	-	-	-
		KLOR-CON SPRINKLE	CPCR	OR	-	-		PREFERRED	-	-	-
		K-TAB	TBCR	OR	-	-		NON-PREFERRED	2	-	-
		K-TAB	TBCR	OR	-	-		PREFERRED	-	-	-
		POTASSIUM CHLORIDE	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		POTASSIUM CHLORIDE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		POTASSIUM CHLORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		POTASSIUM CHLORIDE	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		POTASSIUM CHLORIDE CR	TBCR	OR	-	-		PREFERRED	-	-	-
		POTASSIUM CHLORIDE ER	CPCR	OR	-	-		PREFERRED	-	-	-
		POTASSIUM CHLORIDE ER 20 MEQ (1500MG)	TBCR	OR	-	-		NON-PREFERRED	2	-	-
		POTASSIUM CHLORIDE ER	TBCR	OR	-	-		PREFERRED	-	-	-
		POTASSIUM CHLORIDE PROAMP	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		POTASSIUM CHLORIDE SR	TBCR	OR	-	-		PREFERRED	-	-	-
	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER	KLOR-CON M10	TBCR	OR	-	-		PREFERRED	-	-	-
		KLOR-CON M15	TBCR	OR	-	-		PREFERRED	-	-	-
		KLOR-CON M20	TBCR	OR	-	-		PREFERRED	-	-	-
		POTASSIUM CHLORIDE CR	TBCR	OR	-	-		PREFERRED	-	-	-
		POTASSIUM CHLORIDE ER	TBCR	OR	-	-		PREFERRED	-	-	-
	POTASSIUM CITRATE	POTASSIUM CITRATE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	POTASSIUM GLUCONATE	CVS POTASSIUM GLUCONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNC POTASSIUM GLUCONATE 99	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM POTASSIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MINERALS AND ELECTROLYTES : POTASSIUM CONT.		K-99	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		POTASSIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		POTASSIUM GLUCONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		POTASSIUM GLUCONATE ER	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC POTASSIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA POTASSIUM GLUCONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM POTASSIUM	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM POTASSIUM GLUCONATE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
MISCELLANEOUS THERAPEUTIC CLASSES : CHELATING AGENTS - ORAL	PENICILLAMINE	CUPRIMINE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		DEPEN TITRATABS	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		D-PENAMINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PENICILLAMINE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PENICILLAMINE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TRIENTINE HCL	CLOVIQUE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		SYPRINE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIENTINE HCL	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
MISCELLANEOUS THERAPEUTIC CLASSES : POTASSIUM REMOVING AGENTS	PATIROMER SORBITE CALCIUM	VELTASSA	PACK	OR	-	-		PREFERRED	-	-	-
	SODIUM POLYSTYRENE SULFONATE	KIONEX	SUSP	OR	-	-		PREFERRED	-	-	-
		SODIUM POLYSTYRENE SULFONATE	POWD	OR	-	-		PREFERRED	-	-	-
		SODIUM POLYSTYRENE SULFONATE	SUSP	OR	-	-		PREFERRED	-	-	-
		SODIUM POLYSTYRENE SULFONATE	SUSP	RE	-	-		PREFERRED	-	-	-
		SPS	SUSP	OR	-	-		PREFERRED	-	-	-
	SODIUM ZIRCONIUM CYCLOSILICATE	LOKELMA	PACK	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
MOUTH / THROAT / DENTAL AGENTS : ARTIFICIAL SALIVA	ARTIFICIAL SALIVA	ACT DRY MOUTH	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		AQUORAL	SOLN	MT	-	-		PREFERRED	-	-	-
		BIOTENE DRY MOUTH	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		BIOTENE DRY MOUTH GUM	GUM	MT	-	NON-COVERED	OTCS	-	-	-	-
		BIOTENE DRY MOUTH MOISTURIZING SPRAY	SOLN	MT	-	-		PREFERRED	-	-	-
		BIOTENE ORALBALANCE DRY MOUTH MOISTURIZING	GEL	MT	-	NON-COVERED	OTCS	-	-	-	-
		BIOTENE PBF DRY MOUTH GUM	GUM	MT	-	NON-COVERED	OTCS	-	-	-	-
		BOCASAL	PACK	MT	-	-		NON-PREFERRED	2	-	-
		CAPHOSOL	SOLN	MT	-	-		PREFERRED	-	-	-
MOUTH / THROAT / DENTAL AGENTS : ARTIFICIAL SALIVA CONT.		CAPHOSOL	TBEF	MT	-	NON-COVERED	OTCS	-	-	-	-

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		CVS DRY MOUTH SPRAY	SOLN	MT	-	-		PREFERRED	-	-	-
		EQL DRY MOUTH ORAL RINSE	SOLN	MT	-	-		PREFERRED	-	-	-
		MIGHTEAFLOW	GUM	MT	-	NON-COVERED	OTCS	-	-	-	-
		MOI-STIR	SOLN	MT	-	-		PREFERRED	-	-	-
		MOUTH KOTE	SOLN	MT	-	-		PREFERRED	-	-	-
		MOUTH KOTE REMINT	SOLN	MT	-	-		PREFERRED	-	-	-
		MUCOSITISRX	PACK	MT	-	-		NON-PREFERRED	2	-	-
		NEUTRASAL	PACK	MT	-	-		NON-PREFERRED	2	-	-
		NUMOISYN	LIQD	MT	-	-		PREFERRED	-	-	-
		NUMOISYN	LOZG	MT	-	-		NON-PREFERRED	2	-	-
		ORAL RELIEF FOR DRY MOUTH	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		ORAL RELIEF FOR DRY MOUTH& DISCOMFORT	GEL	MT	-	NON-COVERED	OTCS	-	-	-	-
		ORAL RELIEF FOR DRY MOUTH& DISCOMFORT	KIT	MT	-	NON-COVERED	OTCS	-	-	-	-
		ORAL RELIEF FOR DRY MOUTH& DISCOMFORT	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT	SOLN	MT	-	-		PREFERRED	-	-	-
		RA DRY MOUTH	SOLN	MT	-	-		PREFERRED	-	-	-
		SALESE/XYLITOL	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		SALIVAMAX	PACK	MT	-	-		NON-PREFERRED	2	-	-
		SALIVASURE	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		THERABREATH DRY MOUTH XEROSTOMIA RELIEF SPRAY	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		XEROSTOMIA RELIEF SPRAY	SOLN	MT	-	-		PREFERRED	-	-	-
	XYLITOL (MOUTH-THROAT)	XYLIMELTS FOR DRY MOUTH	DISK	MT	-	NON-COVERED	OTCS	-	-	-	-
		XYLIMELTS/MINT FREE	DISK	MT	-	NON-COVERED	OTCS	-	-	-	-
MOUTH / THROAT / DENTAL AGENTS : SALIVA STIMULANTS	CEVIMELINE HCL	CEVIMELINE HCL	CAPS	OR	-	-		PREFERRED	-	-	-
		EVOXAC	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PILOCARPINE HCL (ORAL)	PILOCARPINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
		SALAGEN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
MOVEMENT DISORDER AGENTS :	DEUTETRABENAZINE	AUSTEDO	TABS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
	TETRABENAZINE	TETRABENAZINE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		XENAZINE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	VALBENAZINE TOSYLATE	INGREZZA	CAPS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
		INGREZZA	CPPK	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
MULTIPLE SCLEROSIS AGENTS :	ALEMTUZUMAB (MS)	LEMTRADA	SOLN	IV	-	-		NON-PREFERRED	2	-	-
	CLADRIBINE (MULTIPLE SCLEROSIS)	MAVENCLAD	TBPK	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-

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MULTIPLE SCLEROSIS AGENTS : CONT.	DALFAMPRIDINE	AMPYRA	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		DALFAMPRIDINE ER	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	DIMETHYL FUMARATE	TECFIDERA	CPDR	OR	-	-		PREFERRED	-	-	-	
		TECFIDERA STARTER PACK	MISC	OR	-	-		PREFERRED	-	-	-	
	DIROXIMEL FUMARATE	VUMERITY	CPDR	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	FINGOLIMOD HCL	GILENYA 0.25MG	CAPS	OR	-	-		NON-PREFERRED	2	-	-	
		GILENYA	CAPS	OR	-	-		PREFERRED	-	-	-	
	GLATIRAMER ACETATE	COPAXONE	SOSY	SC	-	-		PREFERRED	-	-	-	
		GLATIRAMER ACETATE	SOSY	SC	-	-		NON-PREFERRED	2	-	-	
		GLATOPA	SOSY	SC	-	-		NON-PREFERRED	2	-	-	
	INTERFERON BETA-1A	AVONEX	PSKT	IM	-	-		PREFERRED	-	-	-	
		AVONEX PEN	AJKT	IM	-	-		PREFERRED	-	-	-	
		REBIF	SOSY	SC	-	-		PREFERRED	-	-	-	
		REBIF REBIDOSE	SOAJ	SC	-	-		PREFERRED	-	-	-	
		REBIF REBIDOSE TITRATION PACK	SOAJ	SC	-	-		PREFERRED	-	-	-	
	INTERFERON BETA-1B	REBIF TITRATION PACK	SOSY	SC	-	-		PREFERRED	-	-	-	
		BETASERON	KIT	SC	-	-		PREFERRED	-	-	-	
		EXTAVIA	KIT	SC	-	-		NON-PREFERRED	2	-	-	
	NATALIZUMAB	TYSABRI	CONC	IV	-	-		NON-PREFERRED	2	-	-	
	OCRELIZUMAB	OCREVUS	SOLN	IV	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	PEGINTERFERON BETA-1A	PLEGRIDY	SOPN	SC	-	-		NON-PREFERRED	2	-	-	
		PLEGRIDY	SOSY	SC	-	-		NON-PREFERRED	2	-	-	
		PLEGRIDY STARTER PACK	SOPN	SC	-	-		NON-PREFERRED	2	-	-	
		PLEGRIDY STARTER PACK	SOSY	SC	-	-		NON-PREFERRED	2	-	-	
	SIPONIMOD FUMARATE	MAYZENT	TABS	OR	-	-		NON-PREFERRED	2	-	-	
		MAYZENT STARTER PACK	TBPK	OR	-	-		NON-PREFERRED	2	-	-	
	TERIFLUNOMIDE	AUBAGIO	TABS	OR	-	-		NON-PREFERRED	2	-	-	
	MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS	BACLOFEN	BACLOFEN	SOLN	IT	-	-		X	-	-	-
			BACLOFEN 5MG	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
			BACLOFEN	TABS	OR	-	-		PREFERRED	-	-	-
FIRST-BACLOFEN 1			SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-	
FIRST-BACLOFEN 5			SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-	
GABLOFEN			SOLN	IT	-	-		X	-	-	-	
GABLOFEN			SOSY	IT	-	-		X	-	-	-	
LIORESAL INTRATHECAL			SOLN	IT	-	-		X	-	-	-	
OZOBAX		OZOBAX	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		CARISOPRODOL	CARISOPRODOL	TABS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
SOMA		SOMA	TABS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-	
		CARISOPRODOL W/ ASPIRIN	CARISOPRODOL/ASPIRIN	TABS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-
CARISOPRODOL W/ ASPIRIN & CODEINE		CARISOPRODOL/ASPIRIN/COD										
		EINE	TABS	OR	-	-		NON-PREFERRED	4	PA REQUIRED	-	
CHLORZOXAZONE		CHLORZOXAZONE	TABS	OR	-	-		NON-PREFERRED	2	-	-	
		LORZONE	TABS	OR	-	-		NON-PREFERRED	2	-	-	
CYCLOBENZAPRINE HCL		ACTIVE-CYCLOBENZAPRINE KIT	CREA	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		AMRIX	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		CYCLOBENZAPRINE HCL	TABS	OR	-	-		PREFERRED	-	-	-	

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		CYCLOBENZAPRINE HCL ER	CP24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS CONT.		CYCLOPHENE RAPIDPAQ	CREA	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ENOVARX-CYCLOBENZAPRINE HCL	CREA	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FEXMID	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CYCLOBENZAPRINE HCL W/ MSM	TABRADOL FUSEPAQ	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TABRADOL RAPIDPAQ	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CYCLOBENZAPRINE-GABAPENTIN	CYCLO/GABA10/300 PACK	THPK	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DANTROLENE SODIUM	DANTRIUM	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		DANTRIUM IV	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		DANTROLENE SODIUM	CAPS	OR	-	-		NON-PREFERRED	2	-	-
		DANTROLENE SODIUM	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		REVONTO	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		RYANODEX	SUSR	IV	-	-		PREFERRED	-	PA REQUIRED	-
	METAXALONE	METAXALL	TABS	OR	-	-		NON-PREFERRED	2	-	-
		METAXALONE	TABS	OR	-	-		NON-PREFERRED	2	-	-
		SKELAXIN	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	METAXALONE-CAPSAICIN	METAXALL CP	KIT	CO	-	-		NON-PREFERRED	2	PA REQUIRED	-
	METHOCARBAMOL	METHOCARBAMOL	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		METHOCARBAMOL	TABS	OR	-	-		PREFERRED	-	-	-
		ROBAXIN	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ROBAXIN-750	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ORPHENADRINE CITRATE	ORPHENADRINE CITRATE	SOLN	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ORPHENADRINE CITRATE CR	TB12	OR	-	-		NON-PREFERRED	2	-	-
		ORPHENADRINE CITRATE ER	TB12	OR	-	-		NON-PREFERRED	2	-	-
	ORPHENADRINE W/ ASPIRIN & CAFF	NORGESIC FORTE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		ORPHENGESIC FORTE	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TIZANIDINE & LINIMENT	TIZANIDINE COMFORT PAC	MISC	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
TIZANIDINE HCL	TIZANIDINE HCL	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	TIZANIDINE HCL	TABS	OR	-	-		PREFERRED	-	-	-	
	ZANAFLEX	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-	
	ZANAFLEX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
NEUROLOGICAL AGENTS : OTHER	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE	NUDEXTA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	ERGOLOID MESYLATES	ERGOLOID MESYLATES	TABS	OR	-	-		PREFERRED	-	-	-
	GABAPENTIN & LIDOCAINE	CONVENIENCE PAK	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GABACAINE	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
		GPL PAK	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GABAPENTIN & LIDOCAINE-PRILOCAINE & TRANSPARENT DRESSING	PRILOPENTIN	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GABAPENTIN (ONCE-DAILY)	GRALISE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-

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		GRALISE STARTER	MISC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GABAPENTIN ENACARBIL	HORIZANT	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GABAPENTIN-LIDOCAINE-SILICONE	LIDO GB-300	THPK	CO	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MILNACIPRAN HCL	SAVELLA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SAVELLA TITRATION PACK	MISC	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
NEUROLOGICAL AGENTS : OTHER CONT.	PIMOZIDE	PIMOZIDE	TABS	OR	-	-		PREFERRED	-	-	-
	PREGABALIN (ONCE-DAILY)	LYRICA CR	TB24	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	SODIUM OXYBATE	XYREM	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
NEUROLOGICAL AGENTS : TRANSTHYRETIN AMYLOIDOSIS AGENTS	INOTERSEN SODIUM	TEGSEDI	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
	PATISIRAN SODIUM	ONPATTRO	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
NEUROMUSCULAR AGENTS : ALS AGENTS - BENZATHIAZOLES	RILUZOLE	RILUTEK	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		RILUZOLE	TABS	OR	-	-		PREFERRED	-	-	-
		TIGLUTIK	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
NEUROMUSCULAR AGENTS : ALS AGENTS - MISC	EDARAVONE	RADICAVA	SOLN	IV	YES	-		PREFERRED	-	PA REQUIRED	-
NEUROMUSCULAR AGENTS : ANTIMYASTHENIC/CHOLINERGIC AGENTS	AMIFAMPRIDINE	RUZURGI	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	AMIFAMPRIDINE PHOSPHATE	FIRDAPSE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GUANIDINE HCL	GUANIDINE HCL	TABS	OR	-	-		NON-PREFERRED	2	-	-
	NEOSTIGMINE METHYLSULFATE	BLOXIVERZ	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		NEOSTIGMINE METHYLSULFATE	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		NEOSTIGMINE METHYLSULFATE	SOSY	IV	-	-		PREFERRED	-	PA REQUIRED	-
	PYRIDOSTIGMINE BROMIDE	MESTINON	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		MESTINON	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MESTINON TIMESPAN	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PYRIDOSTIGMINE BROMIDE	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PYRIDOSTIGMINE BROMIDE	TABS	OR	-	-		PREFERRED	-	-	-
		PYRIDOSTIGMINE BROMIDE ER	TBCR	OR	-	-		PREFERRED	-	-	-
		REGONOL	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
NEUROMUSCULAR AGENTS : MUSCULAR DYSTROPHY AGENTS	ETEPLIRSEN	EXONDYS 51	SOLN	IV	YES	-		X	-	PA REQUIRED	-
	GOLODIRSEN	VYONDYS 53	SOLN	IV	YES	-		X	-	PA REQUIRED	-
NEUROMUSCULAR AGENTS : SPINAL MUSCULAR ATROPHY - GENE THERAPY AGENTS	ONASEMNOGENE ABEPARVOVEC-XIOI	ZOLGENSMA 10.1-10.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 10.6-11.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 11.1-11.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 11.6-12.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 12.1-12.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 12.6-13.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 13.1-13.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 2.6-3.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-

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		ZOLGENSMA 3.1-3.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 3.6-4.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 4.1-4.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 4.6-5.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 5.1-5.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 5.6-6.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 6.1-6.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 6.6-7.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
	ZOLGENSMA 7.1-7.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-	
NEUROMUSCULAR AGENTS : SPINAL MUSCULAR ATROPHY - GENE THERAPY AGENTS CONT.		ZOLGENSMA 7.6-8.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 8.1-8.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 8.6-9.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 9.1-9.5 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
		ZOLGENSMA 9.6-10.0 KG	KIT	IV	YES	-		X	-	PA REQUIRED	-
NEUROMUSCULAR AGENTS : SPINAL MUSCULAR ATROPHY AGENTS - ANTISENSE OLIGONUCLEOTIDES	NUSINERSEN	SPINRAZA	SOLN	IT	YES	-		X	-	PA REQUIRED	-
NEUROMUSCULAR AGENTS : SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	BELIMUMAB	BENLYSTA	SOAJ	SC	-	-		PREFERRED	-	PA REQUIRED	-
		BENLYSTA	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		BENLYSTA	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : ALKYLATING AGENTS - ORAL	BUSULFAN	MYLERAN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : ANDROGEN BIOSYNTHESIS INHIBITORS - ORAL	ABIRATERONE ACETATE	ABIRATERONE ACETATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		YONSA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZYTIGA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : ANTIADRENALS - ORAL	MITOTANE	LYSODREN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : ANTIANDROGENS - ORAL	APALUTAMIDE	ERLEADA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	BICALUTAMIDE	BICALUTAMIDE	TABS	OR	-	-		PREFERRED	-	-	-
		CASODEX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DAROLUTAMIDE	NUBEQA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	ENZALUTAMIDE	XTANDI	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	FLUTAMIDE	FLUTAMIDE	CAPS	OR	-	-		PREFERRED	-	-	-
	NILUTAMIDE	NILANDRON	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
NILUTAMIDE		TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : ANTIESTROGENS - ORAL	TAMOXIFEN CITRATE	SOLTAMOX	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TAMOXIFEN CITRATE	TABS	OR	-	-		PREFERRED	-	-	-
	TOREMIFENE CITRATE	FARESTON	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TOREMIFENE CITRATE	TABS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
ONCOLOGY AGENTS : ANTIMETABOLITES - ORAL	CAPECITABINE	CAPECITABINE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		XELODA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	MERCAPTOPYRINE	MERCAPTOPYRINE	TABS	OR	-	-		PREFERRED	-	-	-

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		PURIXAN	SUSP	OR	-	-		PREFERRED	-	PA REQUIRED	-
	THIOGUANINE	TABLOID	TABS	OR	-	-		PREFERRED	-	-	-
ONCOLOGY AGENTS : ANTINEOPLASTIC PROGESTINS - ORAL	MEGESTROL ACETATE	MEGESTROL ACETATE	SUSP	OR	-	-		PREFERRED	-	-	-
		MEGESTROL ACETATE	TABS	OR	-	-		PREFERRED	-	-	-
	MEGESTROL ACETATE (APPETITE)	MEGACE ES	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MEGESTROL ACETATE	SUSP	OR	-	-		PREFERRED	-	-	-
ONCOLOGY AGENTS : ANTINEOPLASTICS - MISC COMBINATIONS - ORAL	RIBOCICLIB SUCCINATE-LETROZOLE	KISQALI FEMARA 200 DOSE	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		KISQALI FEMARA 400 DOSE	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : ANTINEOPLASTICS - MISC COMBINATIONS - ORAL CONT.		KISQALI FEMARA 600 DOSE	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TRIFLURIDINE-TIPRACIL	LONSURF	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : ANTINEOPLASTICS MISC - ORAL	HYDROXYUREA	HYDREA	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		HYDROXYUREA	CAPS	OR	-	-		PREFERRED	-	-	-
	PROCARBAZINE HCL	MATULANE	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : AROMATASE INHIBITORS - ORAL	ANASTROZOLE	ANASTROZOLE	TABS	OR	-	-		PREFERRED	-	-	-
		ARIMIDEX	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	EXEMESTANE	AROMASIN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EXEMESTANE	TABS	OR	-	-		PREFERRED	-	-	-
	LETROZOLE	FEMARA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LETROZOLE	TABS	OR	-	-		PREFERRED	-	-	-
ONCOLOGY AGENTS : AUTOLOGOUS CELLULAR IMMUNOTHERAPY	SIPULEUCEL-T	PROVENGE	SUSP	IV	-	-		X	-	-	-
ONCOLOGY AGENTS : AUTOLOGOUS CELLULAR IMMUNOTHERAPY (CAR-T)	AXICABTAGENE CILOLEUCEL	YESCARTA	SUSP	IV	YES	-		X	-	PA REQUIRED	-
	TISAGENLECLEUCEL	KYMRIAH	SUSP	IV	YES	-		X	-	PA REQUIRED	-
ONCOLOGY AGENTS : BCL-2 INHIBITORS - ORAL	VENETOCLAX	VENCLEXTA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		VENCLEXTA STARTING PACK	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : BRAF KINASE INHIBITORS - ORAL	DABRAFENIB MESYLATE	TAFINLAR	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	ENCORAFENIB	BRAFTOVI	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	VEMURAFENIB	ZELBORAF	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : CHEMOTHERAPY RESCUE / ANTIDOTE AGENTS - URINARY TRACT PROTECTIVE AGENTS - ORAL	MESNA	MESNEX	TABS	OR	-	-		PREFERRED	-	-	-
ONCOLOGY AGENTS : CYCLIN DEPENDENT KINASES (CDK) INHIBITORS - ORAL	ABEMACICLIB	VERZENIO	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	PALBOCICLIB	IBRANCE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		IBRANCE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	RIBOCICLIB SUCCINATE	KISQALI	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : ESTROGENS-ANTINEOPLASTIC - ORAL	ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-

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ONCOLOGY AGENTS : FGFR KINASE INHIBITORS - ORAL	ERDAFITINIB	BALVERSA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	PEMIGATINIB	PEMAZYRE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : FOLIC ACID ANTAGONISTS RESCUE AGENTS - ORAL	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM 10MG & 15MG	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		LEUCOVORIN CALCIUM	TABS	OR	-	-		PREFERRED	-	-	-	
ONCOLOGY AGENTS : HEDGEHOG PATHWAY INHIBITORS - ORAL	GLASDEGIB MALEATE	DAURISMO	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	SONIDEGIB PHOSPHATE	ODOMZO	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	VISMODEGIB	ERIVEDGE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : HISTONE DEACETYLASE INHIBITORS - ORAL	PANOBINOSTAT LACTATE	FARYDAK	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : HISTONE DEACETYLASE INHIBITORS - ORAL CONT.	VORINOSTAT	ZOLINZA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : IMIDAZOTETRAZINES - ORAL	TEMOZOLOMIDE	TEMODAR	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		TEMOZOLOMIDE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : IMMUNOMODULATORS - ORAL	POMALIDOMIDE	POMALYST	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS - ORAL	IVOSIDENIB	TIBSOVO	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS - ORAL	ENASIDENIB MESYLATE	IDHIFA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : JANUS ASSOCIATED KINASE (JAK) INHIBITORS - ORAL	FEDRATINIB HCL	INREBIC	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	RUXOLITINIB PHOSPHATE	JAKAFI	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
ONCOLOGY AGENTS : LHRH ANALOGS - INJECTABLE	GOSERELIN ACETATE	ZOLADEX	IMPL	SC	-	-		PREFERRED	-	PA REQUIRED	-	
	HISTRELIN ACETATE	VANTAS	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-	
	LEUPROLIDE ACETATE	ELIGARD	ELIGARD	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		LEUPROLIDE ACETATE	LEUPROLIDE ACETATE	KIT	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		LUPRON DEPOT (1-MONTH)	LUPRON DEPOT (1-MONTH)	KIT	IM	-	-		PREFERRED	-	PA REQUIRED	-
	LEUPROLIDE ACETATE (3 MONTH)	ELIGARD	ELIGARD	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		LUPRON DEPOT (3-MONTH)	LUPRON DEPOT (3-MONTH)	KIT	IM	-	-		PREFERRED	-	PA REQUIRED	-
	LEUPROLIDE ACETATE (4 MONTH)	ELIGARD	ELIGARD	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		LUPRON DEPOT (4-MONTH)	LUPRON DEPOT (4-MONTH)	KIT	IM	-	-		PREFERRED	-	PA REQUIRED	-
	LEUPROLIDE ACETATE (6 MONTH)	ELIGARD	ELIGARD	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-
		FENSOLVI	FENSOLVI	KIT	SC	-	-		PREFERRED	-	PA REQUIRED	-
	LUPRON DEPOT (6-MONTH)	LUPRON DEPOT (6-MONTH)	KIT	IM	-	-		PREFERRED	-	PA REQUIRED	-	
	LEUPROLIDE ACETATE-BUPIVACAINE HCL	LEUPROLIDE ACETATE/BUPIVACAINE HCL	SOLN	IM	-	-		PREFERRED	-	PA REQUIRED	-	
TRIPTORELIN PAMOATE	TRELSTAR MIXJECT	SUSR	IM	-	-		PREFERRED	-	PA REQUIRED	-		
ONCOLOGY AGENTS : MEK INHIBITORS - ORAL	BINIMETINIB	MEKTOVI	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	
	COBIMETINIB FUMARATE	COTELLIC	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-	

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	SELUMETINIB SULFATE	KOSELUGO	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : MITOTIC INHIBITORS - ORAL	ETOPOSIDE	ETOPOSIDE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : MTOR KINASE INHIBITORS - ORAL	EVEROLIMUS	AFINITOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		AFINITOR 10MG	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		AFINITOR DISPERZ	TBSO	OR	-	-		PREFERRED	-	PA REQUIRED	-
		EVEROLIMUS	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : MULTIKINASE INHIBITORS - ORAL	MIDOSTAURIN	RYDAPT	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	REGORAFENIB	STIVARGA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	SORAFENIB TOSYLATE	NEXAVAR	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	SUNITINIB MALATE	SUTENT	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : NITROGEN MUSTARDS - ORAL	CHLORAMBUCIL	LEUKERAN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : NITROGEN MUSTARDS - ORAL CONT.	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	CAPS	OR	-	-		PREFERRED	-	-	-
	MELPHALAN	ALKERAN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		MELPHALAN	TABS	OR	-	-		PREFERRED	-	-	-
ONCOLOGY AGENTS : NITROSOUREAS - ORAL	LOMUSTINE	GLEOSTINE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - ORAL	ALPELISIB	PIQRAY 200MG DAILY DOSE	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PIQRAY 250MG DAILY DOSE	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		PIQRAY 300MG DAILY DOSE	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
	DUVELISIB	COPIKTRA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	IDELALISIB	ZYDELIG	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - ORAL	NIRAPARIB TOSYLATE	ZEJULA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	OLAPARIB	LYNPARZA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	RUCAPARIB CAMSYLATE	RUBRACA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TALAZOPARIB TOSYLATE	TALZENNA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : PROTEASOME INHIBITORS - ORAL	IXAZOMIB CITRATE	NINLARO	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : RADIOPHARMACEUTICALS	LUTETIUM LU 177 DOTATATE	LUTATHERA	SOLN	IV	YES	-		X	-	PA REQUIRED	-
ONCOLOGY AGENTS : RETINOIDS - ORAL	TRETINOIN (CHEMOTHERAPY)	TRETINOIN	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : SELECTIVE RETINOID X RECEPTOR AGONISTS - ORAL	BEXAROTENE	BEXAROTENE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		TARGRETIN	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : TOPOISOMERASE INHIBITORS - ORAL	TOPOTECAN HCL	HYCAMTIN	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : TROPOMYOSIN RECEPTOR KINASE INHIBITORS - ORAL	ENTRECTINIB	ROZLYTREK	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LAROTRECTINIB SULFATE	VITRAKVI	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-

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		VITRAKVI	SOLN	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : TYROSINE KINASE INHIBITORS - ORAL	ACALABRUTINIB	CALQUENCE	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	AFATINIB DIMALEATE	GILTRIF	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	ALECTINIB HCL	ALECENSA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	AVAPRITINIB	AYVAKIT	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	AXITINIB	INLYTA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	BOSUTINIB	BOSULIF	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	BRIGATINIB	ALUNBRIG	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ALUNBRIG	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
	CABOZANTINIB S-MALATE	CABOMETYX	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		COMETRIQ	KIT	OR	-	-		PREFERRED	-	PA REQUIRED	-
	CERITINIB	ZYKADIA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ZYKADIA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	CRIZOTINIB	XALKORI	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	DACOMITINIB	VIZIMPRO	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	DASATINIB	SPRYCEL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	ERLOTINIB HCL	ERLOTINIB HCL	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : TYROSINE KINASE INHIBITORS - ORAL CONT.		TARCEVA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	GEFITINIB	IRESSA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	GILTERITINIB FUMARATE	XOSPATA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	IBRUTINIB	IMBRUVICA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		IMBRUVICA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	IMATINIB MESYLATE	GLEEVEC	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		IMATINIB MESYLATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LAPATINIB DITOSYLATE	TYKERB	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LENVATINIB MESYLATE	LENVIMA 10 MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LENVIMA 12MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LENVIMA 14 MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LENVIMA 18 MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LENVIMA 20 MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LENVIMA 24 MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LENVIMA 4 MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LENVIMA 8 MG DAILY DOSE	CPPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LORLATINIB	LORBRENA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	NERATINIB MALEATE	NERLYNX	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	NILOTINIB HCL	TASIGNA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	OSIMERTINIB MESYLATE	TAGRISSE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	PAZOPANIB HCL	VOTRIENT	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	PEXIDARTINIB HCL	TURALIO	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	PONATINIB HCL	ICLUSIG	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TUCATINIB	TUKYSA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-

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	VANDETANIB	CAPRELSA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	ZANUBRUTINIB	BRUKINSA	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
ONCOLOGY AGENTS : XPO1 INHIBITORS - ORAL	SELINEXOR	XPOVIO 100 MG ONCE WEEKLY	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		XPOVIO 60 MG ONCE WEEKLY						PREFERRED	-	PA REQUIRED	-
		XPOVIO 80 MG ONCE WEEKLY						PREFERRED	-	PA REQUIRED	-
		XPOVIO 80 MG TWICE WEEKLY						PREFERRED	-	PA REQUIRED	-
OPHTHALMIC AGENTS : ANTIALLERGIC	ALCAFTADINE	LASTACFT	SOLN	OP	-	-		NON-PREFERRED	1	-	-
	AZELASTINE HCL (OPHTH)	AZELASTINE HCL	SOLN	OP	-	-		NON-PREFERRED	1	-	-
		AZELASTINE HCL	SOLN	OP	-	-		NON-PREFERRED	1	-	-
	BEPOTASTINE BESILATE	BEPREVE	SOLN	OP	-	-		NON-PREFERRED	1	-	-
	CETIRIZINE HCL (OPHTH)	ZERVIAE	SOLN	OP	-	-		NON-PREFERRED	1	-	-
	CROMOLYN SODIUM (OPHTH)	CROMOLYN SODIUM	SOLN	OP	-	-		PREFERRED	-	-	-
	EPINASTINE HCL (OPHTH)	ELESTAT	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		EPINASTINE HCL	SOLN	OP	-	-		NON-PREFERRED	1	-	-
	KETOTIFEN FUMARATE (OPHTH)	ALAWAY	SOLN	OP	-	-		PREFERRED	-	-	-
		ALAWAY CHILDRENS ALLERGY EYE ITCH RELIEF	SOLN	OP	-	-		PREFERRED	-	-	-
		ALLERGY EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-
		CLARITIN EYE	SOLN	OP	-	-		PREFERRED	-	-	-
		CVS ALLERGY EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-
		CVS EYE ITCH RELIEF	SOLN	OP	-	-		PREFERRED	-	-	-
EYE ITCH RELIEF		SOLN	OP	-	-		PREFERRED	-	-	-	
OPHTHALMIC AGENTS : ANTIALLERGIC CONT.		GNP EYE ITCH RELIEF	SOLN	OP	-	-		PREFERRED	-	-	-
		GNP ITCHY EYE	SOLN	OP	-	-		PREFERRED	-	-	-
		HM EYE ITCH RELIEF	SOLN	OP	-	-		PREFERRED	-	-	-
		KETOTIFEN FUMARATE	SOLN	OP	-	-		PREFERRED	-	-	-
		KP KETOTIFEN FUMARATE	SOLN	OP	-	-		PREFERRED	-	-	-
		RA ANTIHISTAMINE EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-
		RA EYE ITCH RELIEF	SOLN	OP	-	-		PREFERRED	-	-	-
		SM EYE ITCH RELIEF	SOLN	OP	-	-		PREFERRED	-	-	-
		THERATEARS ALLERGY EYE ITCH RELIEF	SOLN	OP	-	-		PREFERRED	-	-	-
		ZADITOR	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	LODOXAMIDE TROMETHAMINE	ALOMIDE	SOLN	OP	-	-		NON-PREFERRED	1	-	-
	NEDOCROMIL SODIUM (OPHTH)	ALOCRIAL	SOLN	OP	-	-		NON-PREFERRED	1	-	-
	OLOPATADINE HCL	OLOPATADINE HCL	SOLN	OP	-	-		NON-PREFERRED	1	-	-
		PATADAY	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PATADAY	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
	PATANOL	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	PAZEO	SOLN	OP	-	-		NON-PREFERRED	1	-	-	
OPHTHALMIC AGENTS : ANTIBIOTICS	AZITHROMYCIN (OPHTH)	AZASITE	SOLN	OP	-	-		NON-PREFERRED	2	-	-

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		KLARITY-A	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	BACITRACIN (OPHTHALMIC)	BACITRACIN	OINT	OP	-	-		NON-PREFERRED	2	-	-
	BACITRACIN-POLYMYXIN B (OPHTH)	AK-POLY-BAC	OINT	OP	-	-		NON-PREFERRED	2	-	-
		BACITRACIN/POLYMYXIN B	OINT	OP	-	-		NON-PREFERRED	2	-	-
		POLYCIN	OINT	OP	-	-		NON-PREFERRED	2	-	-
	BESIFLOXACIN HCL	BESIVANCE	SUSP	OP	-	-		NON-PREFERRED	2	-	-
	CIPROFLOXACIN HCL (OPHTH)	CILOXAN	OINT	OP	-	-		NON-PREFERRED	2	-	-
		CILOXAN	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CIPROFLOXACIN HCL	SOLN	OP	-	-		PREFERRED	-	-	-
	ERYTHROMYCIN (OPHTH)	ERYTHROMYCIN	OINT	OP	-	-		PREFERRED	-	-	-
	GATIFLOXACIN (OPHTH)	GATIFLOXACIN	SOLN	OP	-	-		NON-PREFERRED	2	-	-
		ZYMAXID	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
	GENTAMICIN SULFATE (OPHTH)	GENTAK	OINT	OP	-	-		NON-PREFERRED	2	-	-
		GENTAMICIN SULFATE	SOLN	OP	-	-		PREFERRED	-	-	-
	LEVOFLOXACIN (OPHTH)	LEVOFLOXACIN	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	MITOMYCIN (OPHTHALMIC)	MITOSOL	KIT	OP	-	-		NON-PREFERRED	2	-	-
	MOXIFLOXACIN HCL (OPHTH)	MOXEZA	SOLN	OP	-	-		PREFERRED	-	-	-
		MOXIFLOXACIN	SOLN	IO	-	-		X	-	-	-
		MOXIFLOXACIN HCL	SOLN	IO	-	-		X	-	-	-
		MOXIFLOXACIN HCL	SOLN	OP	-	-		PREFERRED	-	-	-
		MOXIFLOXACIN HCL	SOSY	IO	-	-		X	-	-	-
		VIGAMOX	SOLN	OP	-	-		PREFERRED	-	-	-
	NEOMYCIN-BACITRACIN ZN-POLYMYXIN	NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	OP	-	-		NON-PREFERRED	2	-	-
		NEOMYCIN/POLYMYXIN/BACITRACIN	OINT	OP	-	-		NON-PREFERRED	2	-	-
		NEO-POLYCIN	OINT	OP	-	-		NON-PREFERRED	2	-	-
		NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	OP	-	-		NON-PREFERRED	2	-	-
OPHTHALMIC AGENTS : ANTIBIOTICS CONT.	NEOMYCIN-POLYMYXIN-GRAMICIDIN OFLOXACIN (OPHTH)	OCUFLOX	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		OFLOXACIN	SOLN	OP	-	-		PREFERRED	-	-	-
	POLYMYXIN B-TRIMETHOPRIM	POLYMYXIN B SULFATE/TRIMETHOPRIM	SOLN	OP	-	-		PREFERRED	-	-	-
		POLYTRIM	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIMETHOPRIM SULFATE/POLYMYXIN B	SOLN	OP	-	-		PREFERRED	-	-	-
	TOBRAMYCIN (OPHTH)	TOBRAMYCIN	SOLN	OP	-	-		PREFERRED	-	-	-
		TOBRAMYCIN SULFATE	SOLN	OP	-	-		PREFERRED	-	-	-
		TOBREX	OINT	OP	-	-		NON-PREFERRED	2	-	-
		TOBREX	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
OPHTHALMIC AGENTS : ANTIBIOTICS - SULFONAMIDES	SULFACETAMIDE SODIUM (OPHTH)	BLEPH-10	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SODIUM SULFACETAMIDE	SOLN	OP	-	-		PREFERRED	-	-	-
		SULFACETAMIDE SODIUM	OINT	OP	-	-		PREFERRED	-	-	-
		SULFACETAMIDE SODIUM	SOLN	OP	-	-		PREFERRED	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS	
OPHTHALMIC AGENTS : ANTIBIOTIC-STEROID COMBINATIONS	BACITRACIN-POLY-NEOMYCIN-HC	NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE	OINT	OP	-	-		NON-PREFERRED	2	-	-	
		NEO-POLYCYCIN HC	OINT	OP	-	-		NON-PREFERRED	2	-	-	
	DEXAMETHASONE SOD PHOS-MOXIFLOXACIN HCL-KETOROLAC TROMETH	DEXAMETHASONE/MOXIFLOXACIN/KETOROLAC	SOLN	IO	-	-		X	-	-	-	
		DEXAMETHASONE/MOXIFLOXACIN HCL	SOLN	IO	-	-		X	-	-	-	
	GATIFLOXACIN-DEXAMETHASONE	GATIFLOXACIN-DEXAMETHASONE	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-	
		PRED-G	SUSP	OP	-	-		NON-PREFERRED	2	-	-	
	GENTAMICIN-PREDNISOLONE ACETATE	PRED-G S.O.P.	OINT	OP	-	-		NON-PREFERRED	2	-	-	
		LOTEPREDNOL ETABONATE-TOBRAMYCIN	ZYLET	SUSP	OP	-	-		NON-PREFERRED	2	-	-
	NEOMYCIN-POLYMY-DEXAMETH	MAXITROL	OINT	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		MAXITROL	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	NEOMYCIN/POLYMYXIN/DEXA METHASONE	NEOMYCIN/POLYMYXIN/DEXA METHASONE	OINT	OP	-	-		PREFERRED	-	-	-	
		NEOMYCIN/POLYMYXIN/DEXA METHASONE	SUSP	OP	-	-		PREFERRED	-	-	-	
	NEOMYCIN-POLYMYXIN-HC (OPHTH)	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	OP	-	-		NON-PREFERRED	2	-	-	
		PREDNISOLONE ACETATE-MOXIFLOXACIN	PREDNISOLONE ACETATE/MOXIFLOXACIN	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	PREDNISOLONE ACETATE-MOXIFLOXACIN-BROMFENAC	PREDNISOLONE ACETATE/MOXIFLOXACIN/BROMFENAC	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		PREDNISOLONE ACETATE-MOXIFLOXACIN-NEPAFENAC	PREDNISOLONE ACETATE/MOXIFLOXACIN/NEPAFENAC	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	OPHTHALMIC AGENTS : ANTIBIOTIC-STEROID COMBINATIONS CONT.	PREDNISOLONE ACETATE-NEPAFENAC	PREDNISOLONE ACETATE/NEPAFENAC	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
			PREDNISOLONE-BROMFENAC	PREDNISOLONE SODIUM PHOSPHATE/BROMFENAC	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED
		PREDNISOLONE-GATIFLOXACIN	PREDNISOLONE/BROMFENAC	SUSP	OP	-	-		NON-PREFERRED	2	-	-
			PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
PREDNISOLONE-GATIFLOXACIN-BROMFENAC		PREDNISOLONE-GATIFLOXACIN	SUSP	OP	-	-		NON-PREFERRED	2	-	-	
		PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN/BROMFENAC	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-	
PREDNISOLONE-MOXIFLOXACIN		PREDNISOLONE/GATIFLOXACIN/BROMFENAC	SUSP	OP	-	-		NON-PREFERRED	2	-	-	
		DOUBLE PM	SOLR	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-	

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		PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
	PREDNISOLONE-MOXIFLOXACIN-BROMFENAC	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN/BROMFENAC	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TRIPLE PMB	SOLR	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
	PREDNISOLONE-MOXIFLOXACIN-KETOROLAC	TRIPLE PMK	SOLR	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
	SULFACETAMIDE SOD-PREDNISOLONE	BLEPHAMIDE	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BLEPHAMIDE S.O.P.	OINT	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	OP	-	-		PREFERRED	-	-	-
		SULFACETAMIDE/PREDNISOLONE	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TOBRAMYCIN-DEXAMETHASONE	TOBRADEX	OINT	OP	-	-		PREFERRED	-	-	-
		TOBRADEX	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TOBRADEX ST	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TOBRAMYCIN/DEXAMETHASONE	SUSP	OP	-	-		PREFERRED	-	-	-
	TRIAMCINOLONE ACETONIDE-MOXIFLOXACIN HCL	TRIAMCINOLONE/MOXIFLOXACIN HCL	SUSP	IO	-	-		X	-	-	-
OPHTHALMIC AGENTS : ANTIFUNGALS	NATAMYCIN	NATACYN	SUSP	OP	-	-		PREFERRED	-	-	-
OPHTHALMIC AGENTS : ANTIVIRALS	GANCICLOVIR OPHTHALMIC	ZIRGAN	GEL	OP	-	-		NON-PREFERRED	1	PA REQUIRED	-
	TRIFLURIDINE	TRIFLURIDINE	SOLN	OP	-	-		PREFERRED	-	-	-
OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS	ARTIFICIAL TEAR INSERT	LACRISERT	INST	OP	-	-		PREFERRED	-	-	-
	ARTIFICIAL TEAR OINTMENT	AKWA TEARS	OINT	OP	-	-		PREFERRED	-	-	-
		EYE LUBRICANT	OINT	OP	-	-		PREFERRED	-	-	-
		HYPOTEAR	OINT	OP	-	-		PREFERRED	-	-	-
		ULTRA FRESH PM	OINT	OP	-	-		PREFERRED	-	-	-
	ARTIFICIAL TEAR SOLUTION	GENTEAL TEARS LIQUID DROPS MODERATE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		JUST TEARS EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.		SM ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SOOTHE HYDRATION	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SOOTHE XP	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SOOTHE XP/XTRA PROTECTION	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE CONTACTS SOOTHING DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TEARS AGAIN ADVANCED EYELID SPRAY	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-

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	CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)	BIOLLE GEL TEARS	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-		
		BIOLLE TEARS	SOLN	OP	-	-		PREFERRED	-	-	-		
		CVS LUBRICANT EYE DROPS 0.5%	SOLN	OP	-	-		PREFERRED	-	-	-		
		CVS LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-		
		CVS LUBRICANT EYE DROPS PF	SOLN	OP	-	-		PREFERRED	-	-	-		
		CVS LUBRICANT GEL DROPS	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-		
		EQ RESTORE PLUS LUBRICANTEYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		EQ RESTORE TEARS	SOLN	OP	-	-		PREFERRED	-	-	-		
		EQ REVIVE PLUS	SOLN	OP	-	-		PREFERRED	-	-	-		
		EQ REVIVE PLUS LUBRICANT EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		GNP EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		GNP LUBRICATING PLUS EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		GOODSENSE LUBRICATING PLUS EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		HM LUBRICATING PLUS LUBRICANT EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		LUBRICATING PLUS EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		MOISTURIZING LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-		
		RA LUBRICANT EYE DROPS	SOLN	OP	-	-		PREFERRED	-	-	-		
		REFRESH CELLUVISC	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-		
		REFRESH LIQUIGEL	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-		
		REFRESH PLUS	SOLN	OP	-	-		PREFERRED	-	-	-		
		REFRESH TEARS	SOLN	OP	-	-		PREFERRED	-	-	-		
		RETAIN CMC	SOLN	OP	-	-		PREFERRED	-	-	-		
		SM LUBRICATING PLUS	SOLN	OP	-	-		PREFERRED	-	-	-		
		STERILE LUBRICANT DROPS	LIQD	OP	-	NON-COVERED	OTCS	-	-	-	-		
		OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.		THERATEARS	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-
				THERATEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
				THERATEARS LIQUID GEL NIGHTTIME DRY EYE THERAPY	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-
				ULTRA FRESH	SOLN	OP	-	-		PREFERRED	-	-	-

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OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.	CARBOXYMETHYLCELLULOSE-GLYCERIN	CLEAR EYES FOR DRY EYES	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		CVS LUBRICATING EYE DROPS/DRY EYE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		EQ LUBRICATING EYE DROPS MOISTURIZING	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		LUBRICANT EYE DROPS/DUAL-ACTION	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		LUBRICATING EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		REFRESH OPTIVE	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-	
		REFRESH OPTIVE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		REFRESH OPTIVE PRESERVATIVE FREE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		REFRESH RELIEVA	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		REFRESH RELIEVA PF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		REFRESH REPAIR	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		CARBOXYMETHYLCELLULOSE-GLYCERIN-POLYSORBATE 80	REFRESH OPTIVE ADVANCED	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			REFRESH OPTIVE ADVANCED SENSITIVE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			REFRESH OPTIVE MEGA-3	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	CARBOXYMETHYLCELLULOSE-HYPROMELLOSE	CVS LUBRICANT GEL DROPS	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-	
		GENTEAL	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-	
	DEXTRAN 70-HYPROMELLOSE	ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		BION TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		CVS NATURAL TEARS PF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		GENTEAL TEARS MILD	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
	OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.	GENTEAL TEARS MODERATE PF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		GENTEAL TEARS MODERATE PF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		NATURAL BALANCE TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		NATURES TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	

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		RA LUBRICANT EYE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TEARS PURE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	GLYCERIN (OPHTH LUBRICANT)	CLEAR EYES PURE RELIEF FOR DRY EYES	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		COMPUTER EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	HYPROMELLOSE (GONIOSCOPIC)	GONAK	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GONIOSOFT	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GONIOTAIRE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GONIOVISC	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	HYPROMELLOSE (OPHTH)	ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		EQ GENTLE LUBRICANT	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GENTEAL SEVERE	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-
		GENTEAL SEVERE TEARS	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-
		GONIOVISC	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		IMPROVUE	SOSY	OP	-	NON-COVERED	OTCS	-	-	-	-
		ISOPTO TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		PURE & GENTLE LUBRICANT	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		RETAINÉ HPMC	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE OVERNIGHT THERAPY LUBRICANT EYE	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-
	LIGHT MINERAL OIL-MINERAL OIL	RETAINÉ MGD	EMUL	OP	-	NON-COVERED	OTCS	-	-	-	-
	POLYETHYLENE GLYCOL 400 (OPHTH)	BLINK TEARS LUBRICATING EYE DROPS	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-
OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.		BLINK TEARS LUBRICATING EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	POLYETHYLENE GLYCOL-POLYVINYL ALCOHOL (OPHTH)	HYPOTEARs	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	CVS LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CVS LUBRICANT EYE DROPS FAST ACTING	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-

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		CVS LUBRICANT EYE DROPS LONG LASTING	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CVS LUBRICANT EYE DROPS PF EQ LUBRICANT EYE DROPS HIGH PERFORMANCE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		EQ LUBRICANT EYE DROPS LONG LASTING	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GNP EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GNP EYE DROPS LONG LASTING	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GNP LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GNP ULTRA LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ULTRA LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		HM LUBRICATING TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		LUBRICATING EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		RA LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SM LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SM LUBRICATING TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE GEL	GEL	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE HYDRATION PF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE PRESERVATIVE FREE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.		SYSTANE ULTRA	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE ULTRA HOME & AWAY PACK	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE ULTRA PRESERVATIVE FREE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TGT LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-

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		ULTRA LUBRICATING EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	POLYSORBATE 80 (OPHTH)	VIVA DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	POLYVINYL ALCOHOL	ARTIFICIAL TEARS	SOLN	OP	-	-		PREFERRED	-	-	-
		LIQUITEARS	SOLN	OP	-	-		PREFERRED	-	-	-
		NUTRATEAR	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		POLYVINYL ALCOHOL	SOLN	OP	-	-		PREFERRED	-	-	-
		TEARS AGAIN	SOLN	OP	-	-		PREFERRED	-	-	-
	POLYVINYL ALCOHOL-POVIDONE (OPHTH)	ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR EYES ALL SEASONS OUTDOOR DRY EYE PROTECTION	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR EYES NATURAL TEARS LUBRICANT	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		DAKRINA	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		DWELLE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		FRESHKOTE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		FRESHKOTE PF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GNP ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GOODSENSE ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		HM ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		MURINE TEARS FOR DRY EYES	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		PX ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		QC ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		REFRESH	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	PROPYLENE GLYCOL (OPHTH)	CVS LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.		LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		RA LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SYSTANE COMPLETE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TGT LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-

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	PROPYLENE GLYCOL-GLYCERIN	ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CVS ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		EQ ARTIFICIAL TEARS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		MOISTURE EYES	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		RA ARTIFICIAL TEARS EYE CARE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		RA LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SOOTHE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TGT LUBRICANT EYE DROPS/MILD TO MODERATE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		WHITE PETROLATUM-MINERAL OIL	ALTALUBE	OINT	OP	-	-		PREFERRED	-	-
	CVS DRY-EYE RELIEF NIGHTTIME	OINT	OP	-	-		PREFERRED	-	-	-	
	CVS EYE LUBRICANT	OINT	OP	-	-		PREFERRED	-	-	-	
	CVS LUBRICATING EYE OINTMENT/OVERNIGHT	OINT	OP	-	-		PREFERRED	-	-	-	
	EQ RESTORE PM	OINT	OP	-	-		PREFERRED	-	-	-	
	EYE LUBRICANT FOR STY RELIEF	OINT	OP	-	-		PREFERRED	-	-	-	
	GENTEAL TEARS NIGHT-TIME	OINT	OP	-	-		PREFERRED	-	-	-	
	GNP LUBRICANT PM	OINT	OP	-	-		PREFERRED	-	-	-	
	HYPOTEARNS LUBRICANT EYE	OINT	OP	-	-		PREFERRED	-	-	-	
	LUBRICANT EYE FAST ACTING	OINT	OP	-	-		PREFERRED	-	-	-	
	LUBRICANT EYE NIGHTTIME	OINT	OP	-	-		PREFERRED	-	-	-	
	LUBRICANT PM	OINT	OP	-	-		PREFERRED	-	-	-	
	LUBRIFRESH P.M.	OINT	OP	-	-		PREFERRED	-	-	-	
	PURALUBE	OINT	OP	-	-		PREFERRED	-	-	-	
	REFRESH LACRI-LUBE	OINT	OP	-	-		PREFERRED	-	-	-	
	REFRESH P.M.	OINT	OP	-	-		PREFERRED	-	-	-	
	RETAIN PM	OINT	OP	-	-		PREFERRED	-	-	-	
	SOOTHE NIGHTTIME DRY EYE THERAPY	OINT	OP	-	-		PREFERRED	-	-	-	
	STYE	OINT	OP	-	-		PREFERRED	-	-	-	
	SYSTANE NIGHTTIME	OINT	OP	-	-		PREFERRED	-	-	-	
	OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.	TEARS AGAIN	OINT	OP	-	-		PREFERRED	-	-	-
		TGT LUBRICANT EYE NIGHTTIME	OINT	OP	-	-		PREFERRED	-	-	-

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OPHTHALMIC AGENTS : CYCLOPLEGIC MYDRIATICS	ATROPINE SULFATE (OPHTHALMIC)	ATROPINE SULFATE	OINT	OP	-	-		PREFERRED	-	-	-	
		ATROPINE SULFATE	SOLN	OP	-	-		PREFERRED	-	-	-	
		ATROPINE SULFATE MONOHYDRATE	SOLN	OP	-	-		PREFERRED	-	-	-	
		ISOPTO ATROPINE	SOLN	OP	-	-		PREFERRED	-	-	-	
	CYCLOPENTOLATE HCL	CYCLOGYL	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		CYCLOPENTOLATE HCL	SOLN	OP	-	-		PREFERRED	-	-	-	
	CYCLOPENTOLATE W/ PHENYLEPHRINE	CYCLOMYDRIL	SOLN	OP	-	-		PREFERRED	-	-	-	
	PHENYLEPHRINE HCL (MYDRIATIC)	ALTAFRIN	SOLN	OP	-	-		PREFERRED	-	-	-	
		PHENYLEPHRINE HCL	SOLN	OP	-	-		PREFERRED	-	-	-	
	TROPICAMIDE	MYDRIACYL	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-	
		TROPICAMIDE	SOLN	OP	-	-		PREFERRED	-	-	-	
	TROPICAMIDE W/ PHENYLEPHRINE	TROPICAMIDE/PHENYLEPHRINE	SOLN	OP	-	-		PREFERRED	-	-	-	
		TROPICAMIDE-CYCLOPENTOLATE-PHENYLEPRINE	TROPICAMIDE/CYCLOPENTOLATE HCL/PHENYLEPHRINE HYDRO	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TROPICAMIDE-CYCLOPENTOLATE-PHENYLEPRINE	TROPICAMIDE/CYCLOPENTOLATE/PHENYLEPHRINE	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
	TROPICAMIDE-PROPARACAINE-PHENYLEPHRINE-KETOROLAC	TROPICAMIDE/PROPARACAINE /PHENYLEPHRINE/KETOROLAC	SOLN	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-	
OPHTHALMIC AGENTS : CYSTINOSIS AGENTS	CYSTEAMINE HCL	CYSTARAN	SOLN	OP	-	-		PREFERRED	-	PA REQUIRED	-	
OPHTHALMIC AGENTS : DECONGESTANTS	HYPROMELLOSE-GLYCERIN-NAPHAZOLINE	CLEAR EYES FOR DRY EYES PLUS REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		CLEAR EYES PURE RELIEF MULTI-SYMPTOM PF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
	HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE	CLEAR EYES COMPLETE 7 SYMPTOM RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		ALLERGY EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
	NAPHAZOLINE W/ PHENIRAMINE	CVS EYE ALLERGY RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		EQ EYE ALLERGY RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		EYE ALLERGY RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		NAPHCN-A	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		OPCON-A	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		RA EYE ALLERGY RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	

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		TGT EYE ALLERGY RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		VISINE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
OPHTHALMIC AGENTS : DECONGESTANTS	NAPHAZOLINE W/ ZINC SULFATE	VASOCLEAR A	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	NAPHAZOLINE-GLYCERIN	CLEAR EYES COOLING COMFORT REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR EYES MAXIMUM REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR EYES REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CVS REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		EQL REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		GNP REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		HM EYE DROPS REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		REDNESS RELIEF MAXIMUM STRENGTH	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		SM REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	NAPHAZOLINE-GLYCERIN-ZINC SULFATE	CLEAR EYES COOLING COMFORT ITCHY EYE RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR EYES MAXIMUM ITCHY EYE RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		CLEAR EYES SEASONAL RELIEF CVS MAXIMUM REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	NAPHAZOLINE-HYPROMELLOSE	RA STERILE EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TGT LUBRICANT REDNESS RELIEVER EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	NAPHAZOLINE-POLYETHYLENE GLYCOL 300	CVS REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		RA STERILE EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TGT REDNESS RELIEVER LUBRICANT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
	TETRAHYDROZOLINE HCL (OPHTH)	CVS EYE DROPS ORIGINAL	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-

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		EQ EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		EQL EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
OPHTHALMIC AGENTS : DECONGESTANTS		EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		GNP EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		GOODSENSE EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		HM EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		OPTI-CLEAR	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		PX STERILE EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		REDNESS RELIEVER EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		SM EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		TETRAHYDROZOLINE HCL	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		VISINE	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		TETRAHYDROZOLINE W/ POLYETHYLENE GLYCOL	ADVANCED LUBRICANT	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			RA EYE DROPS EXTRA	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TETRAHYDROZOLINE W/ ZINC SULFATE	CVS ASTRINGENT EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			EQL EYE DROPS AC	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			EYE DROPS ALLERGY RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			EYE DROPS AR	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			GOODSENSE EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			RELIEF DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			RELIEF EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			VISINE-AC	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TETRAHYDROZOLINE-DEXTRAN- POLYETHYLENE GLYCOL-POVIDONE	CVS EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
			EQL ADVANCED RELIEF EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-

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		EYE DROPS ADVANCED RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		EYE DROPS MAXIMUM RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
OPHTHALMIC AGENTS : DECONGESTANTS		GNP EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		GOODSENSE EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		HM EYE DROPS ADVANCED RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		QC EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		SM EYE DROPS	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		VISINE ADVANCED REDNESS/IRRITATION RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		VISINE ADVANCED RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
		TETRAHYDROZOLINE-GLYCERIN-HYPROMELLOSE-PEG 400	VISINE MAXIMUM REDNESS RELIEF	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TETRAHYDROZOLINE-GLYCERIN-HYPROMELLOSE-PEG 400-ZINC SULFATE	VISINE TOTALITY MULTI-SYMPTOM/HYDROBLEND	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-
		TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE	CLEAR EYES TRIPLE ACTION RELIEF	SOLN	OP	-	NON-COVERED	DESI	-	-	-	-
			MURINE TEARS PLUS	SOLN	OP	-	NON-COVERED	DESI	-	-	-	-
	OPHTHALMIC AGENTS : GENE THERAPY	VORETIGENE NEPARVOVEC-RZYL	LUXTURN A	SUSP	IO	YES	-	-	X	-	PA REQUIRED	-
	OPHTHALMIC AGENTS : GLAUCOMA AGENTS	ACETYLCHOLINE CHLORIDE	MIOCHOL-E	SOLR	IO	-	-	-	X	-	-	-
APRACLONIDINE HCL		APRACLONIDINE	SOLN	OP	-	-	-	NON-PREFERRED	2	-	-	
		IOPIDINE	SOLN	OP	-	-	-	NON-PREFERRED	2	-	-	
BETAXOLOL HCL (OPHTH)		BETAXOLOL HCL	SOLN	OP	-	-	-	NON-PREFERRED	2	-	-	
		BETOPTIC-S	SUSP	OP	-	-	-	NON-PREFERRED	2	-	-	
BIMATOPROST		BIMATOPROST	SOLN	OP	-	-	-	NON-PREFERRED	2	-	-	
		LUMIGAN	SOLN	OP	-	-	-	NON-PREFERRED	2	-	-	
BRIMONIDINE TARTRATE		ALPHAGAN P	SOLN	OP	-	-	-	PREFERRED	-	-	-	
		BRIMONIDINE TARTRATE	SOLN	OP	-	-	-	PREFERRED	-	-	-	
		LUMIFY	SOLN	OP	-	NON-COVERED	OTCS	-	-	-	-	
BRIMONIDINE TARTRATE-DORZOLAMIDE HCL		BRIMONIDE/DORZOLAMIDE P-F	SOLN	OP	-	-	-	PREFERRED	-	-	-	
BRIMONIDINE TARTRATE-TIMOLOL MALEATE		COMBIGAN	SOLN	OP	-	-	-	PREFERRED	-	-	-	
BRINZOLAMIDE		AZOPT	SUSP	OP	-	-	-	PREFERRED	-	-	-	
BRINZOLAMIDE-BRIMONIDINE TARTRATE		SIMBRINZA	SUSP	OP	-	-	-	PREFERRED	-	-	-	
CARBACHOL (OPHTH)		MIOSTAT	SOLN	IO	-	-	-	X	-	-	-	

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	CARTEOLOL HCL (OPHTH)	CARTEOLOL HCL	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	DORZOLAMIDE HCL	DORZOLAMIDE HCL	SOLN	OP	-	-		PREFERRED	-	-	-
		TRUSOPT	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DORZOLAMIDE HCL-TIMOLOL MALEATE	COSOPT	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		COSOPT PF	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
OPHTHALMIC AGENTS : GLAUCOMA AGENTS CONT.		DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	OP	-	-		PREFERRED	-	-	-
		DORZOLAMIDE HCL/TIMOLOL MALEATE PF	SOLN	OP	-	-		PREFERRED	-	-	-
	ECHOTHIOPHATE IODIDE	PHOSPHOLINE IODIDE	SOLR	OP	-	-		NON-PREFERRED	2	-	-
	LATANOPROST	LATANOPROST	SOLN	OP	-	-		PREFERRED	-	-	-
		XALATAN	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		XELPROS	EMUL	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
	LATANOPROSTENE BUNOD	VYZULTA	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	LATANOPROST-TIMOLOL MALEATE	TIMOLOL/LATANOPROST	SOLN	OP	-	-		PREFERRED	-	-	-
	LEVOBUNOLOL HCL	LEVOBUNOLOL HCL	SOLN	OP	-	-		PREFERRED	-	-	-
	NETARSUDIL DIMESYLATE	RHOPRESSA	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	NETARSUDIL DIMESYLATE-LATANOPROST	ROCKLATAN	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	PILOCARPINE HCL	ISOPTO CARPINE	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PILOCARPINE HCL	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	TAFLUPROST	ZIOPTAN	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	TIMOLOL	BETIMOL	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	TIMOLOL MAL-BRIMONIDINE TART-DORZOLAMIDE HCL-LATANOPROST	TIMOLOL/BRIMONIDINE/DORZOLAMIDE/LATANOPROST	SOLN	OP	-	-		PREFERRED	-	-	-
	TIMOLOL MALEATE (OPHTH)	ISTALOL	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TIMOLOL MALEATE	SOLN	OP	-	-		PREFERRED	-	-	-
		TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	OP	-	-		PREFERRED	-	-	-
		TIMOPTIC	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		TIMOPTIC OCUDOSE	SOLN	OP	-	-		NON-PREFERRED	2	-	-
		TIMOPTIC-XE	SOLG	OP	-	-		PREFERRED	-	-	-
	TIMOLOL MALEATE-BRIMONIDINE TARTRATE-DORZOLAMIDE HCL	TIMOLOL/BRIMONIDE/DORZOLAMIDE	SOLN	OP	-	-		PREFERRED	-	-	-
TIMOLOL MALEATE-DORZOLAMIDE HCL-LATANOPROST	TIMOLOL/DORZOLAMIDE/LATANOPROST	SOLN	OP	-	-		PREFERRED	-	-	-	
TRAVOPROST	TRAVATAN Z	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	TRAVOPROST	SOLN	OP	-	-		PREFERRED	-	-	-	
OPHTHALMIC AGENTS : IMMUNOMODULATORS	CYCLOSPORINE (OPHTH)	CEQUA	SOLN	OP	-	-		NON-PREFERRED	1	PA REQUIRED	-
		CYCLOSPORINE IN KLARITY	EMUL	OP	-	-		NON-PREFERRED	1	PA REQUIRED	-
		RESTASIS	EMUL	OP	-	-		PREFERRED	-	-	-
		RESTASIS MULTIDOSE	EMUL	OP	-	-		PREFERRED	-	-	-
	LIFITEGRAST	XIIDRA	SOLN	OP	-	-		NON-PREFERRED	1	PA REQUIRED	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
OPHTHALMIC AGENTS : LOCAL ANESTHETICS	LIDOCAINE HCL (OPHTH)	AKTEN	GEL	OP	-	-		NON-PREFERRED	2	-	-
	PROPARACAINE HCL	ALCAINE	SOLN	OP	-	-		PREFERRED	-	PA REQUIRED	-
		PROPARACAINE HCL	SOLN	OP	-	-		PREFERRED	-	-	-
	TETRACAINE HCL (OPHTH)	ALTACAINE	SOLN	OP	-	-		PREFERRED	-	-	-
		TETCAINE	SOLN	OP	-	-		PREFERRED	-	-	-
		TETRACAINE HCL	SOLN	OP	-	-		PREFERRED	-	-	-
		TETRAVISC	SOLN	OP	-	-		PREFERRED	-	-	-
	TETRAVISC FORTE	SOLN	OP	-	-		PREFERRED	-	-	-	
OPHTHALMIC AGENTS : NERVE GROWTH FACTORS	CENEGERMIN-BKBJ	OXERVATE	SOLN	OP	-	-		PREFERRED	-	PA REQUIRED	-
OPHTHALMIC AGENTS : NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	BROMFENAC SODIUM (OPHTH)	BROMFENAC	SOLN	OP	-	-		NON-PREFERRED	2	-	-
		BROMSITE	SOLN	OP	-	-		NON-PREFERRED	2	-	-
		PROLENSA	SOLN	OP	-	-		NON-PREFERRED	2	-	-
	DICLOFENAC SODIUM (OPHTH)	DICLOFENAC SODIUM	SOLN	OP	-	-		PREFERRED	-	-	-
	FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM	SOLN	OP	-	-		PREFERRED	-	-	-
	KETOROLAC TROMETHAMINE (OPHTH)	ACULAR	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ACULAR LS	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ACUVAIL	SOLN	OP	-	-		NON-PREFERRED	2	-	-
		KETOROLAC TROMETHAMINE	SOLN	OP	-	-		PREFERRED	-	-	-
	NEPAFENAC	ILEVRO	SUSP	OP	-	-		PREFERRED	-	-	-
NEVANAC		SUSP	OP	-	-		NON-PREFERRED	2	-	-	
OPHTHALMIC AGENTS : STEROIDS - TOPICAL	BETAMETHASONE SODIUM PHOSPHATE (OPHTH)	KLARITY-B	SOLN	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	DEXAMETHASONE (OPHTH)	MAXIDEX	SUSP	OP	-	-		NON-PREFERRED	2	-	-
	DEXAMETHASONE SODIUM PHOSPHATE (OPHTH)	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	OP	-	-		PREFERRED	-	-	-
		DIFLUPREDNATE	DUREZOL	EMUL	OP	-	-		PREFERRED	-	-
	FLUOROMETHOLONE (OPHTH)	FLUOROMETHOLONE	SUSP	OP	-	-		PREFERRED	-	-	-
		FML	OINT	OP	-	-		NON-PREFERRED	2	-	-
		FML FORTE	SUSP	OP	-	-		NON-PREFERRED	2	-	-
		FML LIQUIFILM	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
	FLUOROMETHOLONE ACETATE	FLAREX	SUSP	OP	-	-		NON-PREFERRED	2	-	-
	LOTEPREDNOL ETABONATE	ALREX	SUSP	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
		INVELTYS	SUSP	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
		KLARITY-L	EMUL	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		LOTEMAX	GEL	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOTEMAX	OINT	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOTEMAX	SUSP	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOTEMAX SM	GEL	OP	-	-		NON-PREFERRED	2	PA REQUIRED	-
		LOTEPREDNOL ETABONATE	SUSP	OP	-	-		NON-PREFERRED	2	-	-
	PREDNISOLONE ACETATE (OPHTH)	PRED FORTE	SUSP	OP	-	-		NON-PREFERRED	-	PA REQUIRED	-
		PRED MILD	SUSP	OP	-	-		NON-PREFERRED	2	-	-
		PREDNISOLONE ACETATE	SUSP	OP	-	-		PREFERRED	-	-	-
	PREDNISOLONE ACETATE P-F	SUSP	OP	-	-		PREFERRED	-	-	-	

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	PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	PREDNISOLONE SODIUM PHOSPHATE	SOLN	OP	-	-		NON-PREFERRED	2	-	-	
	TRIAMCINOLONE ACETONIDE (OPHTH)	TRIESENCE	SUSP	IO	-	-		NON-PREFERRED	2	-	-	
OTIC AGENTS : ANALGESICS COMBINATIONS	PRAMOXINE-CHLOROXYLENOL	PRAMOTIC	LIQD	OT	-	-		PREFERRED	-	-	-	
	PRAMOXINE-HC-CHLOROXYLENOL	CORTIC-ND	SOLN	OT	-	NON-COVERED	DESI	-	-	-	-	
		EXOTIC-HC	SOLN	OT	-	NON-COVERED	DESI	-	-	-	-	
		OTICIN HC NR	SOLN	OT	-	NON-COVERED	DESI	-	-	-	-	
OTIC AGENTS : ANTI-INFECTIVES	CIPROFLOXACIN (OTIC)	OTIPRIO	SUSP	TP	-	-		X	-	-	-	
OTIC AGENTS : ANTI-INFECTIVES CONT.	CIPROFLOXACIN HCL (OTIC)	CETRAXAL	SOLN	OT	-	-		X	-	-	-	
		CIPROFLOXACIN	SOLN	OT	-	-		X	-	-	-	
	CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX	SUSP	OT	-	-		PREFERRED	-	-	-	
	CIPROFLOXACIN-FLUOCINOLONE ACETONIDE	CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF	SOLN	OT	-	-		NON-PREFERRED	2	-	-	-
			OTOVEL	SOLN	OT	-	-		NON-PREFERRED	2	-	-
	CIPROFLOXACIN-HYDROCORTISONE	CIPRO HC	SUSP	OT	-	-		PREFERRED	-	-	-	
	NEOMYCIN-COLISTIN-HC-THONZONIUM	COLY-MYCIN S	SUSP	OT	-	-		NON-PREFERRED	2	-	-	-
			CORTISPORIN-TC	SUSP	OT	-	-		NON-PREFERRED	2	-	-
	NEOMYCIN-POLYMYXIN-HC (OTIC)	ANTIBIOTIC EAR	SOLN	OT	-	-		PREFERRED	-	-	-	-
			NEO/POLYMYXIN/HC 5-10000-1	SUSP	OT	-	-		PREFERRED	-	-	-
			NEOMYCIN/POLYMYXIN/HC	SOLN	OT	-	-		PREFERRED	-	-	-
			NEOMYCIN/POLYMYXIN/HYDR	SOLN	OT	-	-		PREFERRED	-	-	-
			NEOMYCIN/POLYMYXIN/HYDR	SUSP	OT	-	-		PREFERRED	-	-	-
OFLOXACIN (OTIC)	FLOXIN OTIC	SOLN	OT	-	-		NON-PREFERRED	-	-	PA REQUIRED	-	
		OFLOXACIN	SOLN	OT	-	-		PREFERRED	-	-	-	
OTIC AGENTS : MISC	ACETIC ACID (OTIC)	ACETIC ACID	SOLN	OT	-	-		PREFERRED	-	-	-	
	CARBAMIDE PEROXIDE & SALINE	CLEARCANAL EAR WAX REMOVAL COMPLETE	KIT	OT	-	NON-COVERED	OTCS	-	-	-	-	
			CVS EAR WAX CLEANSING SYSTEM	KIT	OT	-	NON-COVERED	OTCS	-	-	-	-
			EAR WAX CLEANSING	KIT	OT	-	NON-COVERED	OTCS	-	-	-	-
		RA EAR WAX CLEANSING SYSTEM	KIT	OT	-	NON-COVERED	OTCS	-	-	-	-	
	CARBAMIDE PEROXIDE (OTIC)	AURAPHENE-B	SOLN	OT	-	-		PREFERRED	-	-	-	-
			CLEARCANAL EARWAX SOFTENER	SOLN	OT	-	-		PREFERRED	-	-	-

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		CVS EAR DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		CVS EARWAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		CVS EARWAX REMOVAL SYSTEM	SOLN	OT	-	-		PREFERRED	-	-	-
		DEBROX	SOLN	OT	-	NON-COVERED	OTCS	-	-	-	-
		EAR DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		EAR DROPS EARWAX REMOVAL AID	SOLN	OT	-	-		PREFERRED	-	-	-
		EAR WAX DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		EAR WAX REMOVAL DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		EAR WAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		EAR WAX REMOVAL SYSTEM	SOLN	OT	-	-		PREFERRED	-	-	-
		EARWAX REMOVAL	SOLN	OT	-	-		PREFERRED	-	-	-
		EARWAX REMOVAL AID	SOLN	OT	-	-		PREFERRED	-	-	-
		EARWAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		EARWAX TREATMENT DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		EQ EAR WAX REMOVAL AID	SOLN	OT	-	-		PREFERRED	-	-	-
		GNP EAR DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
OTIC AGENTS : MISC CONT.		GNP EAR SYSTEMS	SOLN	OT	-	-		PREFERRED	-	-	-
		GNP EARWAX REMOVAL DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		GNP EARWAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		GOODSENSE EAR WAX REMOVAL DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		GOODSENSE EAR WAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		HM EARWAX REMOVAL AID	SOLN	OT	-	-		PREFERRED	-	-	-
		HM EARWAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		MURINE EAR	SOLN	OT	-	-		PREFERRED	-	-	-
		MURINE FOR EAR WAX REMOVAL SYSTEM	SOLN	OT	-	-		PREFERRED	-	-	-
		OTIX	SOLN	OT	-	-		PREFERRED	-	-	-
		QC EAR WAX REMOVAL DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		QC EARWAX REMOVAL	SOLN	OT	-	-		PREFERRED	-	-	-
		QC EARWAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		RA EAR DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
		RA EARWAX REMOVAL KIT	SOLN	OT	-	-		PREFERRED	-	-	-
		SM EAR DROPS	SOLN	OT	-	-		PREFERRED	-	-	-
	ISOPROPYL ALCOHOL (OTIC)	CVS SWIMMERS EAR DROPS	LIQD	OT	-	-		PREFERRED	-	-	-
		SM SWIMMERS EAR DROPS	LIQD	OT	-	-		PREFERRED	-	-	-
		SWIM EAR	LIQD	OT	-	NON-COVERED	OTCS	-	-	-	-
		SWIMMERS EAR DROPS	LIQD	OT	-	-		PREFERRED	-	-	-

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		SWIMMERS INSTANT EAR DRY	LIQD	OT	-	-		PREFERRED	-	-	-
	ISOPROPYL ALCOHOL-GLYCERIN	INSTANT EAR-DRY	LIQD	OT	-	-		PREFERRED	-	-	-
		RA EAR DRYING AGENT	LIQD	OT	-	-		PREFERRED	-	-	-
	OLIVE OIL (OTIC)	EAR WAX REMOVAL SYSTEM	OIL	OT	-	NON-COVERED	OTCS	-	-	-	-
OTIC AGENTS : STEROIDS	FLUOCINOLONE ACETONIDE (OTIC)	DERMOTIC	OIL	OT	-	-		NON-PREFERRED	-	PA REQUIRED	-
		FLAC	OIL	OT	-	-		PREFERRED	-	-	-
		FLUOCINOLONE ACETONIDE	OIL	OT	-	-		PREFERRED	-	-	-
		FLUOCINOLONE ACETONIDE EAR DROPS	OIL	OT	-	-		PREFERRED	-	-	-
	HYDROCORTISONE W/ACETIC ACID	ACETASOL HC	SOLN	OT	-	-		PREFERRED	-	-	-
		HYDROCORTISONE/ACETIC ACID	SOLN	OT	-	-		PREFERRED	-	-	-
PULMONARY HYPERTENSION AGENTS : ENDOTHELIN RECEPTOR ANTAGONISTS	AMBRISENTAN	AMBRISENTAN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		LETAIRIS	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	BOSENTAN	BOSENTAN	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		TRACLEER	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		TRACLEER	TBSO	OR	-	-		PREFERRED	-	PA REQUIRED	-
	MACITENTAN	OPSUMIT	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS : PROSTACYCLIN RECEPTOR AGONISTS	SELEXIPAG	UPTRAVI	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		UPTRAVI	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS : PROSTAGLANDIN VASODILATORS	ILOPROST	VENTAVIS	SOLN	IN	-	-		PREFERRED	-	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS : PROSTAGLANDIN VASODILATORS CONT.	TREPROSTINIL	TYVASO	SOLN	IN	-	-		PREFERRED	-	PA REQUIRED	-
		TYVASO REFILL	SOLN	IN	-	-		PREFERRED	-	PA REQUIRED	-
		TYVASO STARTER	SOLN	IN	-	-		PREFERRED	-	PA REQUIRED	-
	TREPROSTINIL DIOLAMINE	ORENITRAM	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS : SGC STIMULATOR	RIOCIGUAT	ADEMPAS	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS-PHOSPHODIESTERASE INHIBITORS (PDEI)	SILDENAFIL CITRATE (PULMONARY HYPERTENSION)	REVATIO	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		REVATIO	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SILDENAFIL CITRATE	SUSR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		SILDENAFIL CITRATE	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TADALAFIL (PULMONARY HYPERTENSION)	ADCIRCA	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ALYQ	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
		TADALAFIL	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
RESPIRATORY AGENTS : ALPHA-PROTEINASE INHIBITOR (HUMAN)	ALPHA1-PROTEINASE INHIBITOR (HUMAN)	ARALAST NP	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		GLASSIA	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-
		PROLASTIN-C	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-

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		PROLASTIN-C	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
		ZEMAIRA	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-
RESPIRATORY AGENTS : CYSTIC FIBROSIS AGENTS	DORNASE ALFA	PULMOZYME	SOLN	IN	-	-		PREFERRED	-	PA REQUIRED	-
	ELEXACAFOTOR-TEZACAFOTOR-IVACAFTOR	TRIKAFTA	TBPK	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	IVACAFTOR	KALYDECO	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		KALYDECO	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	LUMACAFTOR-IVACAFTOR	ORKAMBI	PACK	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ORKAMBI	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	TEZACAFOTOR-IVACAFTOR	SYMDEKO	TBPK	OR	-	-		PREFERRED	-	PA REQUIRED	-
RESPIRATORY AGENTS : PULMONARY FIBROSING AGENTS	NINTEDANIB ESYLATE	OFEV	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
	PIRFENIDONE	ESBRIET	CAPS	OR	-	-		PREFERRED	-	PA REQUIRED	-
		ESBRIET	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	-
SLEEP DISORDER AGENTS : BARBITURATE HYPNOTICS	AMOBARBITAL SODIUM	AMYTAL SODIUM	SOLR	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	BUTABARBITAL SODIUM	BUTISOL SODIUM	TABS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
	PENTOBARBITAL SODIUM	NEMBUTAL SODIUM	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		PENTOBARBITAL SODIUM	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
	PHENOBARBITAL	PHENOBARBITAL	ELIX	OR	-	-		PREFERRED	-	-	-
		PHENOBARBITAL	SOLN	OR	-	-		PREFERRED	-	-	-
		PHENOBARBITAL	TABS	OR	-	-		PREFERRED	-	-	-
	PHENOBARBITAL SODIUM	PHENOBARBITAL SODIUM	SOLN	IJ	-	-		X	-	-	-
	SECOBARBITAL SODIUM	SECONAL SODIUM	CAPS	OR	-	-		NON-PREFERRED	2	PA REQUIRED	-
SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS	ESTAZOLAM	ESTAZOLAM	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	FLURAZEPAM HCL	FLURAZEPAM HCL	CAPS	OR	-	-		NON-PREFERRED	2	-	YES
SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS CONT.	MIDAZOLAM	MIDAZOLAM/SYRSPEND SF PH4	SUSP	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	MIDAZOLAM HCL	MIDAZOLAM HCL	SYRP	OR	-	-		NON-PREFERRED	2	-	YES
	MIDAZOLAM HCL-DEXTROSE	MIDAZOLAM HCL/DEXTROSE	SOLN	IV	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	MIDAZOLAM HCL-SODIUM CHLORIDE	MIDAZOLAM HCL/SODIUM CHLORIDE	SOLN	IV	-	-		X	-	-	-
		MIDAZOLAM HCL/SODIUM CHLORIDE	SOSY	IV	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	MIDAZOLAM-KETAMINE HCL-ONDANSETRON HCL	MIDAZOLAM/KETAMINE HCL/ONDANSETRON HCL	TROC	MT	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		MKO MELT DOSE PACK	TROC	MT	-	-		NON-PREFERRED	-	PA REQUIRED	YES
	QUAZEPAM	DORAL	TABS	OR	-	-		NON-PREFERRED	2	-	YES
		QUAZEPAM	TABS	OR	-	-		NON-PREFERRED	2	-	YES
	TEMAZEPAM	RESTORIL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		TEMAZEPAM	CAPS	OR	-	-		PREFERRED	-	-	YES
	TRIAZOLAM	HALCION	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		TRIAZOLAM	TABS	OR	-	-		PREFERRED	-	-	YES
SLEEP DISORDER AGENTS : NON-BENZODIAZEPINE	ESZOPICLONE	ESZOPICLONE	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		LUNESTA	TABS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	YES

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	ZALEPLON	ZALEPLON	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	ZOLPIDEM TARTRATE	AMBIEN	AMBIEN	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		AMBIEN CR	AMBIEN CR	TBCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		EDLUAR	EDLUAR	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		INTERMEZZO	INTERMEZZO	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	YES
		ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE	SUBL	SL	-	-		PREFERRED	-	-	YES
		ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE	TABS	OR	-	-		PREFERRED	-	-	YES
		ZOLPIDEM TARTRATE ER	ZOLPIDEM TARTRATE ER	TBCR	OR	-	-		PREFERRED	-	-	YES
ZOLPIMIST	ZOLPIMIST	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES		
SLEEP DISORDER AGENTS : SELECTIVE MELATONIN RECEPTOR AGONISTS	RAMELTEON	RAMELTEON	TABS	OR	-	-		PREFERRED	-	PA REQUIRED	YES	
		ROZEREM	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	TASIMELTEON	HETLIOZ	CAPS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	YES	
SLEEP DISORDER AGENTS : TRICYCLIC AGENTS	DOXEPIN HCL (SLEEP)	DOXEPIN HCL	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
		SILENOR	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	LEMBOREXANT	DAYVIGO	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-	
	SUVOREXANT	BELSOMRA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
SMOKING DETERRENTS : MISC - OTHER	BUPROPION HCL (SMOKING DETERRENT)	BUPROPION HCL ER (SR)	TB12	OR	-	-		PREFERRED	-	-	YES	
		ZYBAN	TB12	OR	-	-		NON-PREFERRED	-	PA REQUIRED	YES	
	VARENICLINE TARTRATE	CHANTIX	TABS	OR	-	-		PREFERRED	-	-	YES	
		CHANTIX CONTINUING MONTH PAK	TABS	OR	-	-		PREFERRED	-	-	YES	
SMOKING DETERRENTS : NICOTINE REPLACEMENT PRODUCTS	NICOTINE	CVS NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	-		PREFERRED	-	-	-	
		CVS NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	TD	-	-		PREFERRED	-	-	-	
SMOKING DETERRENTS : NICOTINE REPLACEMENT PRODUCTS CONT.	NICOTINE	CVS NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	-		PREFERRED	-	-	-	
		CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3	PT24	TD	-	-		PREFERRED	-	-	-	
		EQ NICOTINE	PT24	TD	-	-		PREFERRED	-	-	-	
		EQ NICOTINE STEP 3	PT24	TD	-	-		PREFERRED	-	-	-	
		GNP NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	-		PREFERRED	-	-	-	
		GNP NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	-		PREFERRED	-	-	-	
		HM NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	-		PREFERRED	-	-	-	
		HM NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	-		PREFERRED	-	-	-	

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		HM NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	TD	-	-		PREFERRED	-	-	-
		HM NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	-		PREFERRED	-	-	-
		HM NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	TD	-	-		PREFERRED	-	-	-
		NICODERM CQ	PT24	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NICOTINE	PT24	TD	-	-		PREFERRED	-	-	-
		NICOTINE STEP 1	PT24	TD	-	-		PREFERRED	-	-	-
		NICOTINE STEP 3	PT24	TD	-	-		PREFERRED	-	-	-
		NICOTINE TRANSDERMAL SYSTEM	KIT	TD	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	-		PREFERRED	-	-	-
		NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	TD	-	-		PREFERRED	-	-	-
		NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	-		PREFERRED	-	-	-
		NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	TD	-	-		PREFERRED	-	-	-
		NICOTROL INHALER	INHA	IN	-	-		NON-PREFERRED	-	-	-
		NICOTROL NS	SOLN	NA	-	-		NON-PREFERRED	-	-	-
		RA NICOTINE	PT24	TD	-	-		PREFERRED	-	-	-
		RA NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	-		PREFERRED	-	-	-
		RA NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	TD	-	-		PREFERRED	-	-	-
		SM NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	-		PREFERRED	-	-	-
		SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	PT24	TD	-	-		PREFERRED	-	-	-
		SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR	PT24	TD	-	-		PREFERRED	-	-	-
		SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR	PT24	TD	-	-		PREFERRED	-	-	-
		TGT NICOTINE STEP ONE	PT24	TD	-	-		PREFERRED	-	-	-
SMOKING DETERRENTS : NICOTINE REPLACEMENT PRODUCTS CONT.		TGT NICOTINE STEP THREE	PT24	TD	-	-		PREFERRED	-	-	-
		TGT NICOTINE STEP TWO	PT24	TD	-	-		PREFERRED	-	-	-
	NICOTINE POLACRILEX	COMMIT	LOZG	MT	-	-		NON-PREFERRED	-	PA REQUIRED	-
		CVS NICOTINE	GUM	MT	-	-		PREFERRED	-	-	-
		CVS NICOTINE LOZENGE	LOZG	MT	-	-		PREFERRED	-	-	-

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		CVS NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		CVS NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		CVS NICOTINE POLACRILEX STARTER	GUM	MT	-	-		PREFERRED	-	-	-
		EQ NICOTINE	LOZG	MT	-	-		PREFERRED	-	-	-
		EQ NICOTINE GUM REFILL	GUM	MT	-	-		PREFERRED	-	-	-
		EQ NICOTINE GUM STARTER	GUM	MT	-	-		PREFERRED	-	-	-
		EQ NICOTINE LOZENGES	LOZG	MT	-	-		PREFERRED	-	-	-
		EQ NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		EQ NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		EQL NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		EQL NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		GNP NICOTINE GUM	GUM	MT	-	-		PREFERRED	-	-	-
		GNP NICOTINE MINI LOZENGE	LOZG	MT	-	-		PREFERRED	-	-	-
		GNP NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		GNP NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		GNP NICOTINE POLACRILEX MINI	LOZG	MT	-	-		PREFERRED	-	-	-
		GOODSENSE NICOTINE	LOZG	MT	-	-		PREFERRED	-	-	-
		GOODSENSE NICOTINE GUM	GUM	MT	-	-		PREFERRED	-	-	-
		GOODSENSE NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		HM NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		HM NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		KLS QUIT2	GUM	MT	-	-		PREFERRED	-	-	-
		KLS QUIT2	LOZG	MT	-	-		PREFERRED	-	-	-
		KLS QUIT4	GUM	MT	-	-		PREFERRED	-	-	-
		KLS QUIT4	LOZG	MT	-	-		PREFERRED	-	-	-
		NICORELIEF	GUM	MT	-	-		PREFERRED	-	-	-
		NICORETTE	GUM	MT	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NICORETTE	LOZG	MT	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NICORETTE MINI	LOZG	MT	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NICORETTE STARTER KIT	GUM	MT	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NICOTINE	GUM	MT	-	-		PREFERRED	-	-	-
		NICOTINE	LOZG	MT	-	-		PREFERRED	-	-	-
		NICOTINE MINI LOZENGE	LOZG	MT	-	-		PREFERRED	-	-	-
		NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		NICOTINE POLACRILEX REFILL	GUM	MT	-	-		PREFERRED	-	-	-
		NICOTINE POLACRILEX STARTER KIT	GUM	MT	-	-		PREFERRED	-	-	-
		PX STOP SMOKING AID	GUM	MT	-	-		PREFERRED	-	-	-
		PX STOP SMOKING AID	LOZG	MT	-	-		PREFERRED	-	-	-
SMOKING DETERRENTS : NICOTINE REPLACEMENT PRODUCTS CONT.		RA MINI NICOTINE	LOZG	MT	-	-		PREFERRED	-	-	-

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		RA NICOTINE	GUM	MT	-	-		PREFERRED	-	-	-
		RA NICOTINE GUM	GUM	MT	-	-		PREFERRED	-	-	-
		RA NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		RA NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		SM NICOTINE	GUM	MT	-	-		PREFERRED	-	-	-
		SM NICOTINE	LOZG	MT	-	-		PREFERRED	-	-	-
		SM NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		SM NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		SR NICOTINE GUM	GUM	MT	-	-		PREFERRED	-	-	-
		TGT NICOTINE GUM	GUM	MT	-	-		PREFERRED	-	-	-
		TGT NICOTINE POLACRILEX	GUM	MT	-	-		PREFERRED	-	-	-
		TGT NICOTINE POLACRILEX	LOZG	MT	-	-		PREFERRED	-	-	-
		THRIVE	GUM	MT	-	-		PREFERRED	-	-	-
SUBSTANCE USE DISORDER : AGENTS FOR OPIOID WITHDRAWAL	LOFEXIDINE HCL	LUCEMYRA	TABS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
SUBSTANCE USE DISORDER : ALCOHOL DETERRENTS	ACAMPROSATE CALCIUM DISULFIRAM	ACAMPROSATE CALCIUM DR ANTABUSE	TBEC TABS	OR OR	- -	- -		PREFERRED NON-PREFERRED	- -	- PA REQUIRED	- -
		DISULFIRAM	TABS	OR	-	-		PREFERRED	-	-	-
SUBSTANCE USE DISORDER : OPIOID ANTAGONISTS	NALOXONE HCL	EVZIO	SOAJ	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NALOXONE HCL	SOCT	IJ	-	-		PREFERRED	-	-	-
		NALOXONE HCL	SOLN	IJ	-	-		PREFERRED	-	-	-
		NALOXONE HCL	SOSY	IJ	-	-		PREFERRED	-	-	-
		NALOXONE HCL	SOAJ	IJ	-	-		NON-PREFERRED	-	PA REQUIRED	-
		NARCAN	LIQD	NA	-	-		PREFERRED	-	-	-
	NALTREXONE	VIVITROL	SUSR	IM	-	-		PREFERRED	-	-	-
	NALTREXONE HCL	NALTREXONE HCL	TABS	OR	-	-		PREFERRED	-	-	-
SUBSTANCE USE DISORDER : OPIOID PARTIAL AGONISTS - SUBCUTANEOUS	BUPRENORPHINE	SUBLOCADE	SOSY	SC	-	-		PREFERRED	-	PA REQUIRED	-
	BUPRENORPHINE HCL	PROBUPHINE IMPLANT KIT	IMPL	SC	-	-		PREFERRED	-	PA REQUIRED	-
SUBSTANCE USE DISORDER : OPIOID PARTIAL AGONISTS - TRANSMUCOSAL	BUPRENORPHINE HCL	BUPRENORPHINE HCL	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
	BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	BUNAVAIL	FILM	BU	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BUPRENORPHINE HCL/NALOXONE HCL	FILM	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
		BUPRENORPHINE HCL/NALOXONE HCL	SUBL	SL	-	-		PREFERRED	-	-	-
		SUBOXONE	FILM	SL	-	-		PREFERRED	-	-	-
		ZUBSOLV	SUBL	SL	-	-		NON-PREFERRED	-	PA REQUIRED	-
VASOPRESSORS : MISC - ORAL	DROXIDOPA	NORTHERA	CAPS	OR	-	-		NON-PREFERRED	1	PA REQUIRED	-
	MIDODRINE HCL	MIDODRINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
VITAMINS : B-COMPLEX VITAMINS	B COMPLEX W/ C	ALLBEE PLUS VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		B COMPLEX WITH C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B COMPLEX/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		B COMPLEX/VITAMIN C	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BALANCED B COMPLEX TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX PLUS VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX W/C	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX W/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BETTER B COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS B COMPLEX PLUS C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS SUPER B COMPLEX/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM B-COMPLEX WITH VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA B-COMPLEX/VITAMIN C TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM SUPER B COMPLEX-VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN B COMPLEX WITH VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B WITH C	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPERPLEX-T	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TOTAL B/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B COMPLEX-C	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL	RENATABS WITH IRON	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	B COMPLEX W/ IRON	APETIGEN-PLUS	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX/VITAMIN C/IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		SUPER B-COMPLEX/IRON/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	B COMPLEX W/ IRON & MINERALS	GERIATRIC VITAMIN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-

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	B-COMPLEX VITAMINS	APETEX	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-	
		APETIGEN	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B-COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B-COMPLEX	INJ	IJ	-	NON-COVERED	VITA	-	-	-	-	
		B-COMPLEX HIGH POTENCY	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B-COMPLEX WITH B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		B-COMPLEX/B-12	LIQD	SL	-	NON-COVERED	OTCS	-	-	-	-	
		B-COMPLEX/B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		BIOPETIT	ELIX	OR	-	NON-COVERED	OTCS	-	-	-	-	
		CVS BALANCED B100	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PA B-COMPLEX WITH B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA B-COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		RA B-COMPLEX WITH B-12	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN B COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN B COMPLEX/HYDROXOCOBALAMIN	INJ	IJ	-	NON-COVERED	VITA	-	-	-	-	
		VITAMIN B-COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMIN B-COMPLEX 100	INJ	IJ	-	NON-COVERED	VITA	-	-	-	-	
		B-COMPLEX W/ C & CALCIUM	B-COMPLEX PLUS VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			GNP B-COMPLEX PLUS VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			QC B-COMPLEX + VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX W/ C & E	PRONUTRIENTS SUPER B-COMPLEX+ANTIOXIDANTS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
			ADVANCED STRESS FORMULA/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.	B-COMPLEX W/ C & E + ZN	FORMULA/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	
		BEC/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-	

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		CVS STRESS FORMULA/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL STRESS B-COMPLEX/VITAMIN C/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STRESS B/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STRESS B-COMPLEX/VITAMIN C/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STRESS FORMULA/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STRESS PLUS ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ZINC-VITES	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	B-COMPLEX W/ C & FOLIC ACID	ACTIVITE	TABS	OR	-	-		PREFERRED	-	-	-
		B COMPLEX + C TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX BALANCED	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX WITH VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX/FOLIC ACID/VITAMIN C	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX/VITAMIN C/HIGH POTENCY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-PLEX	TABS	OR	-	-		PREFERRED	-	-	-
		DAVITE	TABS	OR	-	-		PREFERRED	-	-	-
		DEXIFOL	TABS	OR	-	-		PREFERRED	-	-	-
		DIALYVITE	TABS	OR	-	-		PREFERRED	-	-	-
		DIALYVITE 800	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIALYVITE 800	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL SUPER B COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		FOLBEE PLUS	TABS	OR	-	-		PREFERRED	-	-	-
		FOLIKA-T	TABS	OR	-	-		PREFERRED	-	-	-
		FULL SPECTRUM B/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GENICIN VITA-S	TABS	OR	-	-		PREFERRED	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		HM SUPER VITAMIN B COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN B COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HYLAVITE	TABS	OR	-	-		PREFERRED	-	-	-

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		KP B COMPLEX/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		LORID	TABS	OR	-	-		PREFERRED	-	-	-
		MYNEPHROCAPS	CAPS	OR	-	-		PREFERRED	-	-	-
		MYNEPHRON	CAPS	OR	-	-		PREFERRED	-	-	-
		NEPHRO VITAMINS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEPHRONEX	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEPHRONEX	TABS	OR	-	-		PREFERRED	-	-	-
		NEPHRO-VITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEPHRO-VITE RX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		PX B COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RENAL CAPS	CAPS	OR	-	-		PREFERRED	-	-	-
		RENAL MULTIVITAMIN FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RENAL VITAMIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RENAL-VITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RENA-VITE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RENA-VITE RX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RENO CAPS	CAPS	OR	-	-		PREFERRED	-	-	-
		RENO CAPS	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM B SUPER VITAMIN COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM B-COMPLEX/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		STRESS FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-COMPLEX/FOLIC ACID/VITAMIN C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-COMPLEX/VITAMIN C & FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		TRIPHROCAPS	CAPS	OR	-	-		PREFERRED	-	-	-
		TRONVITE	TABS	OR	-	-		PREFERRED	-	-	-
		VIRT-CAPS	CAPS	OR	-	-		PREFERRED	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		VITA-BEE/C	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITALINE BIOTIN FORTE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITASURE	TABS	OR	-	-		PREFERRED	-	-	-

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		VP-VITE RX	TABS	OR	-	-		PREFERRED	-	-	-
		WEST-VITE W/FOLIC ACID	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		XVITE	TABS	OR	-	-		PREFERRED	-	-	-
	B-COMPLEX W/ C-BIOTIN-D & FOLIC ACID	DIALYVITE 800 PLUS D	WAFR	OR	-	NON-COVERED	OTCS	-	-	-	-
	B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID	VITAL-D RX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	B-COMPLEX W/ C-BIOTIN-E-MINERALS & FOLIC ACID	DIALYVITE 3000	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		DIALYVITE 5000	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	B-COMPLEX W/ C-BIOTIN-FE & FOLIC ACID	DIALYVITE 800/IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	B-COMPLEX W/ C-BIOTIN-MINERALS & FOLIC ACID	FOLBEE PLUS CZ	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	B-COMPLEX W/ C-BIOTIN-VIT E & FOLIC ACID	B-COMPLEX/VITAMIN C/FOLIC ACID/ BIOTIN	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RENATABS	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	B-COMPLEX W/ C-ZN & FOLIC ACID	DIALYVITE 800/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIALYVITE 800/ZINC 15	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIALYVITE/ZINC	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		NEPHPLEX RX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		VITALINE BIOTIN FORTE/ZINC	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	B-COMPLEX W/ E & FOLIC ACID	FOLICA-V	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		FOLIC-K	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	B-COMPLEX W/ FOLIC ACID	B COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B COMPLEX FORMULA #1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B COMPLEX PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-50 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		BALANCED B-50	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		BENFOTIAMINE MULTI-B NEUROPATHY SUPPORT FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIG 100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP B-100 BALANCED TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		KOBEE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM BALANCED B-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM BALLANCED B-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B COMPLEX MAXI	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID	ACTRIVIT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		NUTRIVIT	LIQD	OR	-	NON-COVERED	VITA	-	-	-	-
	B-COMPLEX W/ LYSINE-ZN & FOLIC ACID	SUPERVITE	LIQD	OR	-	NON-COVERED	VITA	-	-	-	-
	B-COMPLEX W/ MINERALS	APETIGEN-PLUS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		ELDERTONIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GERIATON	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GLYCO-TECH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SENIOR TONIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	B-COMPLEX W/ ZINC	VITONIC	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	B-COMPLEX W/BIOTIN & FOLIC ACID	B COMPLETE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-100 COMPLEX TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-100 HIGH POTENCY BALANCED	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-100 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		B-50 COMPLEX	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		B50 COMPLEX TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		BALANCE B-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		BALANCED B COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BALANCED B-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BALANCED B-100	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		BALANCED B-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEET-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEET-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-COMPLEX 100 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		BIG 100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		COMPLEX B-100	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		COMPLEX B-50 PROLONGED RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		ENDUR-B	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL B COMPLEX 50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL B-100 COMPLEX TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		EXTRESS	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EXTRESS-30	CPCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		EXTRESS-SUPER	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP B-100 COMPLEX PROLONGED RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP B-50 BALANCED	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP B-50 COMPLEX PROLONGED RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		HM VITAMIN B100 COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN B50 COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTI-B COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		POTEN B-150 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC B50 PROLONGED RELEASE	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		QUIN B STRONG B-25	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA BALANCED B-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA BALANCED B-100 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA BALANCED B-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA BALANCED B-50 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM B-COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN B100 COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-50 B-COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-50 COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-COMPLEX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER B-COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER DEC B-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SUPER QUINTS B-50	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B50 COMPLEX TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-COMPLEX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		YL BALANCED B-100	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	BREWERS YEAST	BREWERS YEAST	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		BREWERS YEAST	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : PEDIATRIC - MULTIVITAMINS	PED MULTIVITAMINS W/FL & IRON	ESCAVITE	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		ESCAVITE D	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		ESCAVITE LQ	LIQD	OR	-	-		PREFERRED	-	-	-

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		FLORVITE/IRON	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		FLORVITE/IRON	SOLN	OR	-	-		PREFERRED	-	-	-
		MULTI-VIT/IRON/FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		MULTI-VITAMIN/FLUORIDE/IRON	SOLN	OR	-	-		PREFERRED	-	-	-
		MULTIVITAMIN/FLUORIDE/IRON	SOLN	OR	-	-		PREFERRED	-	-	-
		POLY-VI-FLOR/IRON	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		POLY-VI-FLOR/IRON	SUSP	OR	-	NON-COVERED	VITA	-	-	-	-
		QUFLORA FE PEDIATRIC	LIQD	OR	-	-		PREFERRED	-	-	-
		TL-FLUORIVITE	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
	PEDIATRIC MULTIPLE VITAMIN W/ C	BPROTECTED PEDIA POLY-VITE	SOLN	OR	-	-		PREFERRED	-	-	-
		POLY-VI-SOL	SOLN	OR	-	-		PREFERRED	-	-	-
		POLYVITAMIN	SOLN	OR	-	-		PREFERRED	-	-	-
		POLY-VITE PEDIATRIC	SOLN	OR	-	-		PREFERRED	-	-	-
	PEDIATRIC MULTIPLE VITAMIN W/ C & FA	ANIMAL CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ANIMAL SHAPES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		BITE-A-MINS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		BOUNTY BEARS/C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHEWABLE VITAMINS CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHEWABLE VITE CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS CHEWABLE MULTIVITAMIN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS CHEWABLE VITAMIN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS CHEWABLE VITAMINS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS MULTIVITAMIN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		DINO-LIFE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLINTSTONES GUMMIES PLUS OMEGA-3 DHA	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		FLINTSTONES PLUS CALCIUM	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLINTSTONES/MY FIRST	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		FRUITY CHEWABLES MULTIVITAMIN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		FRUITY CHEWS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP ANIMAL SHAPES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		GNP LITTLE ONES CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		LITTLE ANIMALS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		MULTIVITAMIN CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		POLY VITAMIN	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM ANIMAL SHAPES KIDS FIRST	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ZOO FRIENDS GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PEDIATRIC MULTIPLE VITAMIN W/ EXTRA C & FA	DINO-LIFE W EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			FLINTSTONES PLUS EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			GNP ANIMAL SHAPES PLUS EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			GNP CHILDRENS CHEWABLES W/EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			GNP CHILDRENS CHEWABLES/EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			LAND BEFORE TIME MULTIVITAMIN/VITAMIN C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			QC CHILDRENS CHEWABLE VITAMINS/EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			ZOO FRIENDS GUMMIES PLUS EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			ZOO FRIENDS PLUS EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
			ZOO FRIENDS/EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	DEKAS PLUS	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
			NANOVM 1-3 YEARS	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
			NANOVM 4-8 YEARS	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
			NANOVM 9-18 YEARS	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-

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		NANOVM T/F	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		SOURCECF PEDIATRIC UPSRINGBABY MULTIVITAMIN/IRON	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-
	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C	ABDEK PEDIATRIC	SOLN	OR	-	-		PREFERRED	-	-	-
		ALIVE GUMMIES FOR CHILDREN	CHEW	OR	-	-		PREFERRED	-	-	-
		ALIVE MULTI-VITAMIN CHILDRENS CHEWABLE	CHEW	OR	-	-		PREFERRED	-	-	-
		AQUADEKS	LIQD	OR	-	-		PREFERRED	-	-	-
		CENTRUM KIDS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		CHILDRENS GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-
		COMPLETE MULTI-VITAMIN GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS GUMMY DINOS	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS GUMMY DINOS CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		CVS GUMMY MULTIVITAMIN KIDS	CHEW	OR	-	-		PREFERRED	-	-	-
		DISNEY CARS GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-
		DISNEY PRINCESS GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ MULTIVITAMIN GUMMIES CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		EQ MULTIVITAMINS CHILDRENS GUMMY	CHEW	OR	-	-		PREFERRED	-	-	-
		EQL GUMMIES CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-
		FLINTSTONES GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLINTSTONES GUMMIES COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLINTSTONES GUMMIES PLUS BONE BUILDING SUPPORT	CHEW	OR	-	-		PREFERRED	-	-	-
		FLINTSTONES GUMMIES PLUS IMMUNITY SUPPORT/EXTRA C	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLINTSTONES SOUR GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		FLINTSTONES TODDLER/TASTISMOOTH	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP CHILDRENS COMPLETE CHEWABLES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP ZOOCHEWS GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-

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		GUMMI BEAR MULTIVITAMIN/MINERAL	CHEW	OR	-	-		PREFERRED	-	-	-	
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		HEALTHY KIDS GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		HEALTHY KIDS OVERALL HEALTH MULTIVITAMINS	CHEW	OR	-	-		PREFERRED	-	-	-	
		MULTIVITAMIN GUMMIES CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-	
		MVW COMPLETE FORMULATION	CHEW	OR	-	-		PREFERRED	-	-	-	
		MVW COMPLETE FORMULATION D3000	CHEW	OR	-	-		PREFERRED	-	-	-	
		MVW COMPLETE FORMULATION D5000	CHEW	OR	-	-		PREFERRED	-	-	-	
		MVW COMPLETE FORMULATION PEDIATRIC	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NF FORMULAS CHILDRENS CHEWABLE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ONE-A-DAY SCOOPY-DOO GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ONE-A-DAY/JOLLY RANCHER RA GUMMY VITAMINS & MINERALS CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SEA BUDDIES DAILY MULTIPLE	CHEW	OR	-	-		PREFERRED	-	-	-	
		SMARTY PANTS KIDS COMPLETE AND FIBER	CHEW	OR	-	-		PREFERRED	-	-	-	
		SPIDER-MAN COMPLETE MULTIVITAMIN GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-	
		SPONGEBOB SQUAREPANTS GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-	
		VITACHEW MULTIPLE VITAMINCHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-	
		VITALETS CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMAX	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		VITAMAX PEDIATRIC	SOLN	OR	-	NON-COVERED	VITA	-	-	-	-	
		ZOO FRIENDS	CHEW	OR	-	-		PREFERRED	-	-	-	
		ZOO FRIENDS COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		ZOO FRIENDS GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-	
		ZOO FRIENDS GUMMIES PLUS EXTRA D	CHEW	OR	-	-		PREFERRED	-	-	-	
		ZOO FRIENDS MULTI GUMMIES	CHEW	OR	-	-		PREFERRED	-	-	-	
		PEDIATRIC MULTIPLE VITAMINS	INFUVITE PEDIATRIC	SOLN	IV	-	-		PREFERRED	-	PA REQUIRED	-

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		M.V.I. PEDIATRIC	SOLR	IV	-	-		PREFERRED	-	PA REQUIRED	-	
		MULTI-DELYN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		MULTIVITAMIN INFANT & TODDLER	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NOVAFERRUM PEDIATRIC MULTIVITAMIN	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PEDIAVIT	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE	FLORIVA	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		PEDIATRIC MULTIPLE VITAMINS W/ IRON	ANIMAL SHAPES/IRON	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		BITE-A-MINS/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		BPROTECTED PEDIA POLY-VITE/IRON	SOLN	OR	-	-		PREFERRED	-	-	-	-
		CEROVITE JR	CHEW	OR	-	-		PREFERRED	-	-	-	-
		CHEWABLE VITE WITH IRON/CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-	-
		CHILDRENS ANIMAL SHAPES COMPLETE	CHEW	OR	-	-		PREFERRED	-	-	-	-
		CHILDRENS CHEWABLE MULTIVITAMIN WITH IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		CHILDRENS CHEWABLE VITAMINS/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		CVS CHEWABLE CHILDRENS VITAMIN	CHEW	OR	-	-		PREFERRED	-	-	-	-
		CVS CHILDRENS CHEWABLE COMPLETE	CHEW	OR	-	-		PREFERRED	-	-	-	-
		DINO-LIFE W/IRON & ZINC EQ COMPLETE CHEWABLE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	-
		MULTIVITAMIN CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-	-
		EQL CHILDRENS MULTIVITAMINS/MINERALS	CHEW	OR	-	-		PREFERRED	-	-	-	-
		FLINTSTONES COMPLETE	CHEW	OR	-	-		PREFERRED	-	-	-	-
		FLINTSTONES PLUS IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		FRUITY CHEWS/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		GNP ANIMAL SHAPES PLUS IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		GNP CHILDRENS CHEWABLES/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		HM ANIMAL SHAPES	CHEW	OR	-	-		PREFERRED	-	-	-	-
		HONEY BEARS W/IRON AND ZINC	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	-
		KIDS VITAMINS PLUS IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-
		LAND BEFORE TIME MULTIVITAMIN/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	-

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		LITTLE ANIMALS PLUS IRON	CHEW	OR	-	-		PREFERRED	-	-	-	
		MULTI-DELYN/IRON	LIQD	OR	-	NON-COVERED	OTCS	-	-	-	-	
		MULTIPLE VITAMINS/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		MULTIVITAMIN DROPS/IRON INFANT & TODDLER	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-	
		MULTIVITAMIN PLUS IRON CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		NOVAFERRUM PEDIATRIC MULTI-VITAMIN/IRON	SOLN	OR	-	-		PREFERRED	-	-	-	
		POLY-VI-SOL/IRON	SOLN	OR	-	-		PREFERRED	-	-	-	
		POLYVITAMIN/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	
		POLY-VITAMIN/IRON DROPS	SOLN	OR	-	-		PREFERRED	-	-	-	
		PX CHILDRENS VITAMIN	CHEW	OR	-	-		PREFERRED	-	-	-	
		QC CHILDRENS CHEWABLE COMPLETE	CHEW	OR	-	-		PREFERRED	-	-	-	
		QC CHILDRENS CHEWABLE VITAMINS/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	
		RA CHEWABLE VITAMINS COMPLETE CHILDRENS	CHEW	OR	-	-		PREFERRED	-	-	-	
		RA CHILDRENS CHEWABLE VITAMINS/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	
		SCOOBY-DOO ONE A DAY SM ANIMAL SHAPES COMPLETE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-	
		SM ANIMAL SHAPES/IRON	CHEW	OR	-	-		PREFERRED	-	-	-	
		ULTRA CHOICE MULTIVITAMIN KIDS	CHEW	OR	-	-		PREFERRED	-	-	-	
		ZOO FRIENDS PLUS IRON	CHEW	OR	-	-		PREFERRED	-	-	-	
		PEDIATRIC MULTIVITAMINS W/FL	FLORIVA PLUS	SOLN	OR	-	NON-COVERED	VITA	-	-	-	-
			FLORVITE	CHEW	OR	-	-		PREFERRED	-	-	-
			FLORVITE PEDIATRIC	SOLN	OR	-	-		PREFERRED	-	-	-
			FLORVITE PEDIATRIC	SOLN	OR	-	-		PREFERRED	-	-	-
			MULTIVITAMIN WITH FLUORIDE	CHEW	OR	-	-		PREFERRED	-	-	-
			MULTIVITAMIN WITH FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
			MULTIVITAMIN/FLUORIDE	CHEW	OR	-	-		PREFERRED	-	-	-
			MULTIVITAMIN/FLUORIDE	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
			MULTIVITAMIN/FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
			MULTI-VITAMIN/FLUORIDE DROPS	SOLN	OR	-	-		PREFERRED	-	-	-
			MULTIVITAMINS/FLUORIDE	CHEW	OR	-	-		PREFERRED	-	-	-

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		MVC-FLUORIDE	CHEW	OR	-	-		PREFERRED	-	-	-
		POLY-VI-FLOR	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		POLY-VI-FLOR	SUSP	OR	-	NON-COVERED	VITA	-	-	-	-
		POLY-VI-FLOR FS	STRP	OR	-	NON-COVERED	VITA	-	-	-	-
		POLY-VITAMIN/FLUORIDE	CHEW	OR	-	-		PREFERRED	-	-	-
		POLY-VITAMIN/FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		QUFLORA GUMMIES	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		QUFLORA PEDIATRIC	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		QUFLORA PEDIATRIC	SOLN	OR	-	NON-COVERED	VITA	-	-	-	-
	PEDIATRIC VITAMINS	HONEY BEARS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTIVITAMIN GUMMIES CHILDRENS	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : PEDIATRIC - VITAMINS A/D/C	PEDIATRIC VITAMINS ACD & L-METHYLFOLATE W/ FLUORIDE	TRI-VI-FLOR	SUSP	OR	-	NON-COVERED	VITA	-	-	-	-
		TRI-VI-FLOORO	SUSP	OR	-	NON-COVERED	VITA	-	-	-	-
	PEDIATRIC VITAMINS ACD W/ FLUORIDE	ADC/FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		TRI-VITAMIN/FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		TRI-VITE/FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
		VITAMINS A/C/D/FLUORIDE	SOLN	OR	-	-		PREFERRED	-	-	-
	PEDIATRIC VITAMINS ADC	BPROTECTED PEDIA TRI-VITE	SOLN	OR	-	-		PREFERRED	-	-	-
		TRI-VI-SOL	SOLN	OR	-	-		PREFERRED	-	-	-
		TRI-VITAMIN INFANT & TODDLER	SOLN	OR	-	-		PREFERRED	-	-	-
		TRI-VITE PEDIATRIC	SOLN	OR	-	-		PREFERRED	-	-	-
VITAMINS : PRENATAL VITAMINS	PRENAT VIT W/ IRON CARBONYL-FE ASP GLYC-FA-OMEGA FATTY ACID	OB COMPLETE/DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/ FA	CVS PRENATAL GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/ FOLIC ACID-FISH OIL	CVS PRENATAL GUMMY/DHA/FOLIC ACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/ L-METHYLFOLATE-FA	PRENATE	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/FA-DHA	ALIVE PRENATAL MULTI-VITAMIN/PLANT DHA	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-

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		CVS PRENATAL GUMMIES	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
		ONE A DAY PRENATAL PRENATAL ADULT GUMMY/DHA/FOLIC ACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/FA-OMEGA-3 FATTY ACIDS	PRENATAL GUMMIES/DHA & FOLIC ACID	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL MULTIVIT-MIN W/FE-FA	KPN PRENATAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MYNATAL	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.		PRENATAL AND IRON	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRE-NATAL FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL FORTE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL MV & MIN W/ METHYLFOLATE-CHOLINE-FISH OIL	PRENATAL + COMPLETE MULTI/DHA/CHOLINE/FOLATE	THPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL MV & MIN W/FE BISGLYC- FE PROT SUCC-FA-CA-OMEGA 3	COMPLETE NATAL DHA	MISC	OR	-	-		PREFERRED	-	-	-
		PR NATAL 400	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		PR NATAL 400 EC	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		PR NATAL 430	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		PR NATAL 430 EC	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		TRIVEEN-DUO DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL MV & MIN W/FE CARBONYL-FA-DHA	BRAINSTRONG PRENATAL	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		STUART ONE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL MV & MIN W/FE FUMARATE-FA-DHA	CENTRUM SPECIALIST PRENATAL	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS PRENATAL MULTI+DHA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS WOMENS PRENATAL+DHA	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		ENFAMIL EXPECTA	MISC	OR	-	-		PREFERRED	-	-	-

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		PRENATAL MULTI + DHA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL MULTIVITAMIN + DHA	MISC	OR	-	-		PREFERRED	-	-	-
		PRENATAL MULTIVITAMIN PLUS DHA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL MULTIVITAMIN PLUS DHA	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL+DHA	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		SIMILAC PRENATAL EARLY SHIELD	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERANATAL COMPLETE	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAFOL-OB+DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		WEGMANS COMPLETE PRENATAL+DHA	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.	PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA	SELECT-OB+DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		VITAFOL-ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL MV & MIN W/FE PROT SUCC-L METHYLFOLATE-CA-OMEGA 3	PRENATAL + COMPLETE MULTI/DHA/CHOLINE/FOLATE	THPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL VIT W/ DOCUSATE-FE CARBONYL-FE GLUCONATE-FOLIC ACI	CITRANATAL BLOOM	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID	MYNATE 90 PLUS	TBCR	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATAL 19	TABS	OR	-	-		PREFERRED	-	-	-
		SE-NATAL 19	TABS	OR	-	-		PREFERRED	-	-	-
	PRENATAL VIT W/ DOCUSATE-IRON CARBONYL-FOLIC ACID	ATABEX EC	TBEC	OR	-	NON-COVERED	VITA	-	-	-	-
		INATAL GT	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		MYNATAL ADVANCE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		MYNATAL ULTRACAPLET	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		OBSTETRIX EC	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		OBTREX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID	ATABEX OB	TABS	OR	-	NON-COVERED	VITA	-	-	-	-

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		PREGENNA	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		VINATE II	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FE BISGLYCINATE-FOLIC ACID-OMEGA 3 FATTY AC	HEALTHY MAMA BE WELL ROUNDED	THPK	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL VIT W/ FE FUM-FE BISGLYCINATE CHELATE-FOLIC ACID	NATACHEW	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3	CONCEPT DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		DOTHELLE DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		TARON-C DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VIRT-C DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FE GLYCINE CYSTEINATE-FA-OMEGA 3 FATTY ACID	ENBRACE HR	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FE POLY CMLPX-FE HEME POLYPEPT-FA & OMEGA 3	VP-HEME OB + DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FE POLYSACCH COMPLEX-L METHYLFOLATE-FA-DHA	VITAFOL FE+	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.		VITAFOL ULTRA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FE POLYSACCH COMPLEX-L METHYLFOL-FA-DHA-DSS	VITAFOL FE+	CPPK	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FERRIC PHOSPHATE-FA-OMEGA 3 FATTY ACIDS	VITAFOL GUMMIES	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-FA-FISH OIL	PRENATAL/OMEGA-3/FOLIC ACID/IRON	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		YOUR LIFE MULTI PRENATAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS	C-NATE DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		GNP DAILY PRENATAL	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM ONE DAILY PRENATAL COMBO	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		ONE A DAY WOMENS PRENATAL/DHA	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-

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		ONE-A-DAY WOMENS PRENATAL	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		PNV PRENATAL PLUS MULTIVITAMIN + DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATAL FORMULA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL MULTI +DHA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA ONE DAILY	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		RELNATE DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		SM ONE DAILY PRENATAL	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
		VIRT-NATE DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VIVA DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VP-PNV-DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID	CLASSIC PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		COMPLETENATE	CHEW	OR	-	-		PREFERRED	-	-	-
		CO-NATAL FA	TABS	OR	-	-		PREFERRED	-	-	-
		CVS PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		EQL PRENATAL FORMULA	TABS	OR	-	-		PREFERRED	-	-	-
		GNP PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		GOODSENSE PRENATAL VITAMINS	TABS	OR	-	-		PREFERRED	-	-	-
		HM PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		KP PRENATAL MULTIVITAMINS	TABS	OR	-	-		PREFERRED	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.		M-NATAL PLUS	TABS	OR	-	-		PREFERRED	-	-	-
		MTERYTI	TBPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		MTERYTI FOLIC 5	TBPK	OR	-	NON-COVERED	OTCS	-	-	-	-
		MULTI PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		M-VIT	TABS	OR	-	-		PREFERRED	-	-	-
		MYNATAL PLUS	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		MYNATAL-Z	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		NATALVIT	TABS	OR	-	-		PREFERRED	-	-	-
		NEONATAL COMPLETE	TABS	OR	-	-		PREFERRED	-	-	-
		NEONATAL PLUS	TABS	OR	-	-		PREFERRED	-	-	-
		NEONATAL VITAMIN	TABS	OR	-	-		PREFERRED	-	-	-
		NIVA-PLUS	TABS	OR	-	-		PREFERRED	-	-	-
		O-CAL FA	TABS	OR	-	-		PREFERRED	-	-	-

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		O-CAL PRENATAL	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		PERRY PRENATAL	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PNV FOLIC ACID + IRON MULTIVITAMIN	TABS	OR	-	-		PREFERRED	-	-	-
		PNV PRENATAL PLUS MULTIVITAMIN	TABS	OR	-	-		PREFERRED	-	-	-
		PRENARA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATABS FA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL 19	CHEW	OR	-	-		PREFERRED	-	-	-
		PRENATAL COMPLETE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL LOW IRON	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL MULTIVITAMIN	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL ONE DAILY	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL PLUS	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL PLUS/IRON	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL TABLETS	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL VITAMIN	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL VITAMIN & MINERAL	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL VITAMIN/IRON	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL VITAMINS	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL VITAMINS PLUS LOW IRON	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL/FOLIC ACID	TABS	OR	-	-		PREFERRED	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.		PREPLUS	TABS	OR	-	-		PREFERRED	-	-	-
		PRETAB	TABS	OR	-	-		PREFERRED	-	-	-
		PX PRENATAL MULTIVITAMINS	TABS	OR	-	-		PREFERRED	-	-	-
		QC PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		RA PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		RA PRENATAL FORMULA/FOLICACID	TABS	OR	-	-		PREFERRED	-	-	-
		RIGHT STEP PRENATAL	TABS	OR	-	-		PREFERRED	-	-	-
		SE-NATAL 19	CHEW	OR	-	-		PREFERRED	-	-	-
		SM PRENATAL VITAMINS	TABS	OR	-	-		PREFERRED	-	-	-
		THERANATAL CORE NUTRITION	TABS	OR	-	-		PREFERRED	-	-	-
		TRICARE	TABS	OR	-	-		PREFERRED	-	-	-
		TRINATAL RX 1	TABS	OR	-	-		PREFERRED	-	-	-
		TRINATE	TABS	OR	-	-		PREFERRED	-	-	-
		VINATE ONE	TABS	OR	-	-		PREFERRED	-	-	-

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		VITAFOL-OB	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		VITATHELY/GINGER	TABS	OR	-	-		PREFERRED	-	-	-
		VOL-PLUS	TABS	OR	-	-		PREFERRED	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-L METHYLFOLATE-FA-DHA	CADEAU DHA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-L METHYLFOLATE-FOLIC ACID	PNV-SELECT	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		TL FOLATE	TABS	OR	-	-		PREFERRED	-	-	-
	PRENATAL VIT W/ FERROUS GLUCONATE-FOLIC ACID	AZESCO	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		TRINAZ	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		ZALVIT	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ IRON CARBONYL-FE ASPART GLYC-FA-OMEGA 3	ULTIMATECARE ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ IRON CARBONYL-FE ASPART GLYCINATE-FA	OB COMPLETE PREMIER	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	ELITE-OB	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		KOSHER PRENATAL PLUS IRON	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		OB COMPLETE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		PNV TABS 29-1	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATABS RX	TABS	OR	-	-		PREFERRED	-	-	-
		PRENATAL PLUS IRON	TABS	OR	-	-		PREFERRED	-	-	-
		THRIVITE RX	TABS	OR	-	-		PREFERRED	-	-	-
		VOL-TAB RX	TABS	OR	-	-		PREFERRED	-	-	-
	PRENATAL VIT W/ IRON POLYSACCHARIDE CMLX-L METHYLFOLATE-FA	SELECT-OB	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.	PRENATAL VIT W/ IRON POLYSACCHARIDE COMPLEX-FOLIC ACID	SELECT-OB	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT W/ SELENIUM-FE FUMARATE-FOLIC ACID	PA PRENATAL FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VINATE M	TABS	OR	-	-		PREFERRED	-	-	-
	PRENATAL VIT W/FE CARBONYL-FE BISGLYC-METHYLFOL-DSS & DHA	FOLET DHA	THPK	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT WITHOUT VIT A W/ FE BISGLYCINATE-FA-OMEG 3	NESTABS DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-

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		TRI-TABS DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VIT WITHOUT VIT A W/ FE BISGLYCINATE-FOLIC ACID	NESTABS	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL VITAMIN	CALNA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL VITAMINS W/ FERROUS SUCCINATE-FOLIC ACID	CLINICAL NUTRIENTS PRENATAL FORMULA	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL VITAMINS W/ IRON CARBONYL-FOLIC ACID-OMEGA 3	ONE A DAY WOMENS PRENATAL1	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL W/ CALCIUM-VIT B6-VIT B12-FOLIC ACID-GINGER	PREMESISRX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATE AM	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/ FE ASPARTO GLYCINATE-L METHYLFOLATE-FOLIC ACID	PRENATE ELITE	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/ VIT B2-B6-B12-CHOLECALCIFEROL-FOLIC ACID	PRENA1 CHEW	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		VITAMEDMD REDICHEW RX	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/ VIT B6-B12-CHOLECALCIFEROL-FOLIC ACID	VITAFOL STRIPS	FILM	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/FE CARBONYL-FA-DSS-OMEGA 3 FATTY ACIDS	OBSTETRIX DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		OBTREX DHA	MISC	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL W/FE FUMARATE-FA-DSS-FISH OIL	TL-CARE DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		TRICARE PRENATAL DHA ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/FE POLYSACCH CMLPX-SOD FEREDTATE-FA-OMEGA 3	BAL-CARE DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		DUET DHA 400	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		DUET DHA BALANCED	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		VENA-BAL DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.	PRENATAL W/O A VIT W/ FE FUMARATE-L METHYLFOLATE-FOLIC ACID	VITAFOL-NANO	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O A W/ FE ASPARTO GLYC-L METHYLFOLATE-FA-DHA	PRENATE DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATE ESSENTIAL	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-

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		PRENATE PIXIE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O A W/FE CARBONYL-FE BISGLYC-L METHYLFOL-DHA	NESTABS ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O A W/FE CARBONYL-FE BISGLYC-L METHYLFOL-DSS-DHA	FOLET ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		OBSTETRIX ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-DSS-FA-DHA	PRENAISSANCE PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE ASP GLYC-METHFOL-FA-DH	PRENATE MINI	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE ASPART GLYC-FA-FISH OI	OB COMPLETE ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE ASPART GLYC-FA-OMEGA 3	OB COMPLETE PETITE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE GLUCONATE-DSS-FA-DHA	CITRANATAL 90 DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		CITRANATAL ASSURE	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		CITRANATAL BLOOM DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		CITRANATAL DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		PNV OB+DHA	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE GLUCONATE-FA & VIT B6	CITRANATAL B-CALM	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FOLIC ACID-DHA	R-NATAL OB	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE FUMARATE-DSS-FA-DHA	PNV-DHA+DOCUSATE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENAISSANCE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		TARON-PREX	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		TL-SELECT	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FE FUMARATE-FE CARBONYL-DSS-FA-DHA	CITRANATAL HARMONY	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-

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VITAMINS : PRENATAL VITAMINS CONT.	PRENATAL W/O VIT A W/ FE FUMARATE-FA CARBONYL-FA-DHA	CITRANATAL MEDLEY	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL W/O VIT A W/ FERROUS FUMARATE-FOLIC ACID-DHA	PRENATAL + DHA	THPK	OR	-	NON-COVERED	VITA	-	-	-	-
		THERANATAL ONE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL W/O VIT A W/FE FUMARATE-DOCUSATE CA-FOLIC ACID-DHA	NEXA PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A VIT W/ FE FUMARATE-FOLIC ACID	AZESCHEW PRENATAL/POSTNATAL	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATA	CHEW	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATAL FORMULA A-FREE	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PRENATAL-U	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VINATE CARE	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA	CONCEPT OB	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		FOLIVANE-OB	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		PROVIDA OB	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		PUREFE OB PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A VIT W/ IRON CARBONYL-FOLIC ACID	ATABEX PRENATAL	CHEW	OR	-	NON-COVERED	OTCS	-	-	-	-
	PRENATAL WITHOUT A W/ FE AMINO ACID CHELATE-FA-DHA	PRENA 1 TRUE	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
		VITATRUE	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A W/ FE ASP GLYC-L METHYLFOLATE-FA-OMEGA 3	PRIMACARE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A W/ FE CARBONYL-L METHYLFOLATE-FA-DHA	TRISTART DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		TRISTART ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A W/ FE FUMARATE-L METHYLFOLATE-FA-DHA	PNV-DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		PRENATE ENHANCE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	NUMBER OF PREFERRED	PA STATUS	SUBJECT TO SON LIMITS
		PRENATE RESTORE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VIRT-PN DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VITAMEDMD ONE RX/QUATREFOLIC	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.		ZATEAN-PN DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A W/ FE FUMARATE-L METHYLFOLATE-FA-OMEGA 3	PNV-OMEGA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VIRT-PN PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		ZATEAN-PN PLUS	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A W/ FE FUMARATE-SOD FEREDTATE-FA-DHA	PRENA1 PEARL	CPCR	OR	-	NON-COVERED	VITA	-	-	-	-
		VITAPEARL	CPCR	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT A W/FE FUM-FE POLYSACCH COMPLEX-FA-DHA	PROVIDA DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT VIT A W/ FE CARBONYL-FE GLUC-DOCUSATE-FA	CITRANATAL RX	TABS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT VIT A W/ FE FUMARATE-L METHYLFOLATE-OMEGAS	NEEVO DHA	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		VINATE DHA RF	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT VIT A W/ FE FUM-FA-OMEGA FATTY ACIDS	NATELLE ONE	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT VIT A W/ IRON CARBONYL-FOLIC ACID & VIT B6	TARON-BC	MISC	OR	-	NON-COVERED	VITA	-	-	-	-
	PRENATAL WITHOUT VIT A W/ IRON POLYSACCHARIDE COMPLEX-FA	EZFE FORTE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MARNATAL-F	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
VITAMINS : VITAMIN B-1	BENFOTIAMINE	BENFOTIAMINE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		BENFOTIAMINE-V	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	SULBUTIAMINE	ARKALIOX	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	THIAMINE HCL	B-1	TABS	OR	-	-		PREFERRED	-	-	-

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		B-1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B1 HIGH POTENCY	TABS	OR	-	-		PREFERRED	-	-	-
		CVS B-1	TABS	OR	-	-		PREFERRED	-	-	-
		CVS B1	TABS	OR	-	-		PREFERRED	-	-	-
		GNP VITAMIN B-1	TABS	OR	-	-		PREFERRED	-	-	-
		QC VITAMIN B1	TABS	OR	-	-		PREFERRED	-	-	-
		SM VITAMIN B-1	TABS	OR	-	-		PREFERRED	-	-	-
		THIAMINE	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THIAMINE HCL	SOLN	IJ	-	-		PREFERRED	-	PA REQUIRED	-
		THIAMINE HCL	TABS	OR	-	-		PREFERRED	-	-	-
VITAMINS : VITAMIN B-1 CONT.		VITAMIN B-1	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN B-1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B1	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN B1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
	THIAMINE MONONITRATE	B1 NATURAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CYTO B1	POWD	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP VITAMIN B1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN B1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN B-1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN B1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B1	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : VITAMIN B-6	PYRIDOXAL-5 PHOSPHATE	PYRIDOXAL-5-PHOSPHATE	SOLN	IJ	-	NON-COVERED	VITA	-	-	-	-
	PYRIDOXINE HCL	B-6	TABS	OR	-	-		PREFERRED	-	-	-
		B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B6 NATURAL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		B-NATAL	LOZG	MT	-	NON-COVERED	OTCS	-	-	-	-
		B-NATAL	LPOP	MT	-	NON-COVERED	OTCS	-	-	-	-
		CVS B6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		GNP VITAMIN B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN B6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP VITAMIN B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEURO-K-250 T.D.	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEURO-K-250 VITAMIN B6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NEURO-K-50	TABS	OR	-	-		PREFERRED	-	-	-
VITAMINS : VITAMIN B-6 CONT.		NEURO-K-500	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PYRIDOXINE HCL	SOLN	IJ	-	NON-COVERED	VITA	-	-	-	-
		PYRIDOXINE HCL 50MG	TABS	OR	-	-		PREFERRED	-	-	-
		PYRIDOXINE HCL	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC VITAMIN B6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN B-6 50MG	TABS	OR	-	-		PREFERRED	-	-	-
		RA VITAMIN B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN B-6 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN B6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-6 50MG	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-6	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B6	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN B6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN B-6 TR	TBCR	OR	-	NON-COVERED	OTCS	-	-	-	-
		YL VITAMIN B-6	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL	CALCIFEDIOL	RAYALDEE	CPCR	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CALCITRIOL	CALCITRIOL	CAPS	OR	-	-		PREFERRED	-	-	-
		CALCITRIOL	SOLN	OR	-	-		PREFERRED	-	-	-
		ROCALTROL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ROCALTROL	SOLN	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	CHOLECALCIFEROL	CVS D3 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-

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		CVS D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		CVS VITAMIN D3	CAPS	OR	-	-		PREFERRED	-	-	-
		D 1000	CAPS	OR	-	-		PREFERRED	-	-	-
		D 1000	TABS	OR	-	-		PREFERRED	-	-	-
		D 10000	CAPS	OR	-	-		PREFERRED	-	-	-
		D 2000	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D 400	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL CONT.		D 5000	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D 5000	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D-1000	TABS	OR	-	-		PREFERRED	-	-	-
		D-1000 EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		D-2000 MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D2000 ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3	CAPS	OR	-	-		PREFERRED	-	-	-
		D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3 2000	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3 HIGH POTENCY 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		D3 HIGH POTENCY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3 HIGH POTENCY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3 MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3 SUPER STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3 ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3-1000	CAPS	OR	-	-		PREFERRED	-	-	-
		D3-1000	TABS	OR	-	-		PREFERRED	-	-	-
		D-3-5	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D3-50	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		D-400	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		D-5000	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DECARA 250MCG (10000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		DECARA	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DELTA D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		DIALYVITE VITAMIN D 5000	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL CONT.		DIALYVITE VITAMIN D3 MAX	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		EQL VITAMIN D3 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		EQL VITAMIN D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP D 1000	CAPS	OR	-	-		PREFERRED	-	-	-
		GNP VITAMIN D	TABS	OR	-	-		PREFERRED	-	-	-
		GNP VITAMIN D MAXIMUM STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP VITAMIN D SUPER STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		GNP VITAMIN D3 EXTRA STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		GNP VITAMIN D-400	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN D 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		HM VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		HM VITAMIN D3	TABS	OR	-	-		PREFERRED	-	-	-
		KLS D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP VITAMIN D 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		KP VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		KP VITAMIN D3 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		KP VITAMIN D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		MAXIMUM D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		NAT-RUL VITAMIN D 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		NAT-RUL VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		NATURAL VITAMIN D-3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OPTIMAL D3 M	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OPTIMAL-D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		OPTIMAL-D PACK	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PA VITAMIN D-3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		PA VITAMIN D-3	TABS	OR	-	-		PREFERRED	-	-	-
		PRONUTRIENTS VITAMIN D3	CAPS	OR	-	-		PREFERRED	-	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL CONT.		QC VITAMIN D3 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		QC VITAMIN D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		QC VITAMIN D3 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		QC VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN D-3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		RA VITAMIN D-3 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		RADIANCE PLATINUM VITAMIN D3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN D3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		SM VITAMIN D3 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		SM VITAMIN D3 MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERA-D 2000	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERA-D 4000	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERA-D RAPID REPLETION VITAMIN D 25MCG (1000 UNIT)	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		THERA-D RAPID REPLETION VITAMIN D 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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		VITAMIN D HIGH POTENCY	CAPS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D-1000	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D-1000 MAXIMUM STRENGTH	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D-3 25MCG (1000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D-3	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D-3 25MCG (1000 UNIT)	TABS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D-3	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D3 400	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D3 HIGH POTENCY	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL CONT.		VITAMIN D3 MAXIMUM STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D3 SUPER STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D3 SUPER STRENGTH	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D3 ULTRA POTENCY	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D3 ULTRA STRENGTH	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D-400	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN-D3	TABS	OR	-	-		PREFERRED	-	-	-
		WEEKLY-D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
	DOXERCALCIFEROL	DOXERCALCIFEROL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
	ERGOALCIFEROL	CALCIDOL	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		CALCIFEROL	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		DRISDOL	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		ERGOAL	CAPS	OR	-	NON-COVERED	VITA	-	-	-	-
		ERGOALCIFEROL	CAPS	OR	-	-		PREFERRED	-	-	-
		ERGOALCIFEROL	SOLN	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D 1.25MG (50000 UNIT)	CAPS	OR	-	-		PREFERRED	-	-	-
		VITAMIN D	CAPS	OR	-	NON-COVERED	OTCS	-	-	-	-
		VITAMIN D2	TABS	OR	-	NON-COVERED	OTCS	-	-	-	-

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	PARICALCITOL	PARICALCITOL	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-
		ZEMPLAR	CAPS	OR	-	-		NON-PREFERRED	-	PA REQUIRED	-