

Apple Health (Medicaid) Preferred Drug List

Effective January 1, 2018

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

Drug Class	Label Name	Preferred Status	PA Status
ANAPHYLAXIS AGENTS: EPINEPHRINE, SELF INJECTABLE	ADRENACLICK	Nonpreferred	PA Required
	ADRENALIN	Nonpreferred	PA Required
	EPINEPHRINE	Nonpreferred	PA Required
	EPINEPHRINE (MYLAN)	Preferred	
	EPIPEN 2-PAK	Nonpreferred	PA Required
	EPIPEN-JR 2-PAK	Nonpreferred	PA Required
ANTICOAGULANTS: FACTOR XA & THROMBIN INHIBITORS	BEVYXXA	Nonpreferred	
	ELIQUIS	Preferred	
	PRADAXA	Preferred	
	SAVAYSA	Nonpreferred	
	XARELTO	Preferred	
	XARELTO STARTER PACK	Preferred	
ANTIDIABETICS: INSULIN, INTERMEDIATE-ACTING	HUMULIN N	Preferred	
	HUMULIN N KWIKPEN	Preferred	
	NOVOLIN N	Nonpreferred	
	NOVOLIN N RELION	Nonpreferred	
ANTIDIABETICS: INSULIN, LONG-ACTING	BASAGLAR KWIKPEN	Nonpreferred	PA Required
	LANTUS	Preferred	
	LANTUS SOLOSTAR	Preferred	
	LEVEMIR	Preferred	
	LEVEMIR FLEXTOUCH	Preferred	
	TOUJEO SOLOSTAR	Nonpreferred	
	TRESIBA FLEXTOUCH	Nonpreferred	

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ANTIDIABETICS: INSULIN, PRE-MIXED	HUMALOG MIX 50/50	Preferred	
	HUMALOG MIX 50/50 KWIKPEN	Preferred	
	HUMALOG MIX 75/25	Preferred	
	HUMALOG MIX 75/25 KWIKPEN	Preferred	
	HUMULIN 70/30	Preferred	
	HUMULIN 70/30 KWIKPEN	Preferred	
	NOVOLIN 70/30	Nonpreferred	
	NOVOLIN 70/30 RELION	Nonpreferred	
	NOVOLOG MIX 70/30	Preferred	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	Preferred		
ANTIDIABETICS: INSULIN, RAPID-ACTING	APIDRA	Nonpreferred	
	APIDRA SOLOSTAR	Nonpreferred	
	FIASP	Nonpreferred	
	HUMALOG	Preferred	
	HUMALOG JUNIOR KWIKPEN	Preferred	
	HUMALOG KWIKPEN	Preferred	
	NOVOLOG	Preferred	
	NOVOLOG FLEXPEN	Preferred	
	NOVOLOG PENFILL	Preferred	
ANTIDIABETICS: INSULIN, SHORT-ACTING	AFREZZA	Nonpreferred	
	HUMULIN R	Preferred	
	HUMULIN R U-500 (CONCENTRATED)	Preferred	
	HUMULIN R U-500 KWIKPEN	Preferred	
	NOVOLIN R	Nonpreferred	
	NOVOLIN R RELION	Nonpreferred	
	RELION R	Nonpreferred	

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ANTIEMETICS: 5-HT3 RECEPTOR ANTAGONISTS	ALOXI	Nonpreferred	
	ANZEMET	Nonpreferred	
	GRANISETRON HCL	Preferred	
	ONDANSETRON HCL	Preferred	
	ONDANSETRON ODT	Preferred	
	SANCUSO	Nonpreferred	
	SUSTOL	Nonpreferred	
	ZOFRAN	Nonpreferred	
	ZOFRAN ODT	Nonpreferred	
ZUPLENZ	Nonpreferred		
ANTIEMETICS: OTHER	DICLEGIS	Preferred	PA Required
ANTIEMETICS: SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	APREPITANT	Preferred	
	CINVANTI	Nonpreferred	
	EMEND	Nonpreferred	
	EMEND TRIPACK	Nonpreferred	
	VARUBI	Nonpreferred	
ANTIVIRALS: HIV	ABACAVIR	Preferred	
	ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	Preferred	
	ABACAVIR/LAMIVUDINE	Preferred	
	APTIVUS	Preferred	
	ATRIPLA	Preferred	
	COMBIVIR	Nonpreferred	
	COMPLERA	Preferred	
	CRIXIVAN	Preferred	
	DESCOVY	Preferred	
	DIDANOSINE	Preferred	
	EDURANT	Preferred	
	EFAVIRENZ	Preferred	
	EMTRIVA	Preferred	
	EPIVIR	Nonpreferred	
	EPZICOM	Nonpreferred	
	EVOTAZ	Preferred	
	FOSAMPRENAVIR	Preferred	

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ANTIVIRALS: HIV (continued)	FUZEON	Preferred	
	GENVOYA	Preferred	
	INTELENCE	Preferred	
	INVIRASE	Preferred	
	ISENTRESS	Preferred	
	ISENTRESS HD	Preferred	
	JULUCA	Nonpreferred	PA Required
	KALETRA SOLUTION	Nonpreferred	
	KALETRA TABLETS	Preferred	
	LAMIVUDINE	Preferred	
	LAMIVUDINE/ZIDOVUDINE	Preferred	
	LEXIVA TABLETS	Nonpreferred	
	LEXIVA SUSPENSION	Preferred	
	LOPINAVIR/RITONAVIR	Preferred	
	NEVIRAPINE	Preferred	
	NEVIRAPINE ER	Preferred	
	NORVIR	Preferred	
	ODEFSEY	Preferred	
	PREZCOBIX	Preferred	
	PREZISTA	Preferred	
	RESCRIPTOR	Preferred	
	RETROVIR	Nonpreferred	
	RETROVIR IV INFUSION	Preferred	
	REYATAZ	Preferred	
	SELZENTRY	Preferred	
	STAVUDINE	Preferred	
	STRIBILD	Preferred	
	SUSTIVA	Nonpreferred	
	TENOFOVIR DISOPROXIL	Preferred	
	TIVICAY	Preferred	
TRIUMEQ	Preferred		
TRIZIVIR	Nonpreferred		
TRUVADA	Preferred		

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ANTIVIRALS: HIV (continued)	TYBOST	Preferred	
	VIDEX PEDIATRIC	Preferred	
	VIDEX EC	Nonpreferred	
	VIRACEPT	Preferred	
	VIRAMUNE	Nonpreferred	
	VIRAMUNE SUSPENSION	Preferred	
	VIRAMUNE XR	Nonpreferred	
	VIREAD	Nonpreferred	
	VITEKTA	Nonpreferred	
	ZERIT	Nonpreferred	
	ZIAGEN	Nonpreferred	
ZIDOVUDINE	Preferred		
ASTHMA AND COPD AGENTS: ANTICHOLINERGICS	ATROVENT HFA	Preferred	
	COMBIVENT RESPIMAT	Preferred	
	CROMOLYN SODIUM	Preferred	
	IPRATROPIUM BROMIDE	Preferred	
	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	Preferred	
ASTHMA AND COPD AGENTS: ANTI- INFLAMMATORY & MUSCARINIC AGENTS	ANORO ELLIPTA	Nonpreferred	
	BEVESPI AEROSPHERE	Nonpreferred	
	INCRUSE ELLIPTA	Nonpreferred	
	SEEBRI NEOHALER	Nonpreferred	
	SPIRIVA HANDIHALER	Preferred	
	SPIRIVA RESPIMAT	Nonpreferred	
	STIOLTO RESPIMAT	Preferred	
	TUDORZA PRESSAIR	Nonpreferred	
UTIBRON NEOHALER	Nonpreferred		
ASTHMA AND COPD AGENTS: BETA AGONIST, LONG ACTING	ARCAPTA NEOHALER	Nonpreferred	
	BROVANA	Nonpreferred	
	PERFOROMIST	Nonpreferred	
	SEREVENT DISKUS	Preferred	
	STRIVERDI RESPIMAT	Nonpreferred	

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ASTHMA AND COPD AGENTS: BETA AGONISTS, ORAL	ALBUTEROL SULFATE SYRUP	Preferred	
	ALBUTEROL SULFATE TABLET	Preferred	
	ALBUTEROL SULFATE ER SYRUP AND TABLET	Preferred	
	METAPROTERENOL SULFATE	Nonpreferred	
	TERBUTALINE SULFATE	Nonpreferred	
	VOSPIRE ER	Nonpreferred	
ASTHMA AND COPD AGENTS: BETA AGONISTS, SHORT ACTING	ALBUTEROL SULFATE	Preferred	
	LEVALBUTEROL	Nonpreferred	
	LEVALBUTEROL HCL	Nonpreferred	
	LEVALBUTEROL TARTRATE HFA	Nonpreferred	
	METAPROTERENOL SULFATE	Nonpreferred	
	PROAIR HFA	Preferred	
	PROAIR RESPICLICK	Nonpreferred	
	PROVENTIL HFA	Preferred	
ASTHMA AND COPD AGENTS: BETA AGONISTS, SHORT ACTING (continued)	TERBUTALINE SULFATE	Nonpreferred	
	VENTOLIN HFA	Nonpreferred	
	XOPENEX	Nonpreferred	
	XOPENEX CONCENTRATE	Nonpreferred	
	XOPENEX HFA	Nonpreferred	
ASTHMA AND COPD AGENTS: INHALED CORTICOSTEROID COMBINATIONS	ADVAIR DISKUS	Preferred	
	ADVAIR HFA	Preferred	
	AIRDUO RESPICLICK 113/14	Nonpreferred	PA Required
	AIRDUO RESPICLICK 232/14	Nonpreferred	PA Required
	AIRDUO RESPICLICK 55/14	Nonpreferred	PA Required
	BREO ELLIPTA	Nonpreferred	
	DULERA	Preferred	
	FLUTICASONE PROPIONATE/SALMETEROL	Nonpreferred	PA Required
	SYMBICORT	Preferred	
TRELEGY	Nonpreferred		

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ASTHMA AND COPD AGENTS: INHALED CORTICOSTEROIDS	AEROSPAN	Nonpreferred	
	ALVESCO	Nonpreferred	
	ARMONAIR RESPICLICK	Nonpreferred	PA Required
	ARNUITY ELLIPTA	Nonpreferred	
	ASMANEX HFA	Nonpreferred	
	ASMANEX TWISTHALER	Nonpreferred	
	BUDESONIDE	Preferred	
	FLOVENT DISKUS	Preferred	
	FLOVENT HFA	Preferred	
	FLUNISOLIDE	Nonpreferred	
	PULMICORT	Nonpreferred	
	PULMICORT FLEXHALER	Nonpreferred	
	QVAR	Nonpreferred	
QVAR REDHALER	Nonpreferred		
ASTHMA AND COPD AGENTS: MONOCLONAL ANTIBODIES	CINQAIR	Nonpreferred	PA Required
	FASENRA	Nonpreferred	PA Required
	NUCALA	Nonpreferred	PA Required
	XOLAIR	Nonpreferred	PA Required
ASTHMA AND COPD AGENTS: PHOSPHODIESTERASE 4 INHIBITORS	DALIRESP	Nonpreferred	PA Required
CYTOKINE AND CAM ANTAGONISTS	ACTEMRA	Nonpreferred	PA Required
	ARCALYST	Nonpreferred	PA Required
	CIMZIA	Nonpreferred	PA Required
	CIMZIA STARTER KIT	Nonpreferred	PA Required
	COSENTYX	Nonpreferred	PA Required
	COSENTYX SENSOREADY PEN	Nonpreferred	PA Required
	ENBREL	Preferred	PA Required
	ENBREL SURECLICK	Preferred	PA Required
	ENTYVIO	Nonpreferred	PA Required
	HUMIRA	Preferred	PA Required
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	Preferred	PA Required
HUMIRA PEN	Preferred	PA Required	

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CYTOKINE AND CAM ANTAGONISTS (continued)	HUMIRA PEN-CROHNS DISEASESTARTER	Preferred	PA Required
	HUMIRA PEN-PSORIASIS STARTER	Preferred	PA Required
	ILARIS	Nonpreferred	PA Required
	INFLECTRA	Nonpreferred	PA Required
	KEVZARA	Nonpreferred	PA Required
	KINERET	Nonpreferred	PA Required
	ORENCIA	Nonpreferred	PA Required
	ORENCIA CLICKJECT	Nonpreferred	PA Required
	OTEZLA	Nonpreferred	PA Required
	REMICADE	Nonpreferred	PA Required
	RENFLEXIS	Nonpreferred	PA Required
	SILIQ	Nonpreferred	PA Required
	SIMPONI	Nonpreferred	PA Required
	SIMPONI ARIA	Nonpreferred	PA Required
	STELARA	Nonpreferred	PA Required
	TALTZ	Nonpreferred	PA Required
	TREMFYA	Nonpreferred	PA Required
XELJANZ	Nonpreferred	PA Required	
XELJANZ XR	Nonpreferred	PA Required	
DIGESTIVE ENZYMES: PANCREATIC ENZYMES	CREON	Preferred	
	PANCREAZE	Nonpreferred	
	PERTZYE	Nonpreferred	
	VIOKACE	Nonpreferred	
	ZENPEP	Preferred	
ENDOCRINE AND METABOLIC AGENTS: GROWTH HORMONE	GENOTROPIN	Preferred	PA Required
	GENOTROPIN MINIQUICK	Preferred	PA Required
	HUMATROPE	Nonpreferred	PA Required
	HUMATROPE COMBO PACK	Nonpreferred	PA Required
	NORDITROPIN CARTRIDGE	Preferred	PA Required
	NORDITROPIN FLEXPRO	Preferred	PA Required
	NUTROPIN AQ NUSPIN 10	Nonpreferred	PA Required
	NUTROPIN AQ NUSPIN 20	Nonpreferred	PA Required

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ENDOCRINE AND METABOLIC AGENTS: GROWTH HORMONE (continued)	NUTROPIN AQ NUSPIN 5	Nonpreferred	PA Required
	NUTROPIN AQ PEN	Nonpreferred	PA Required
	OMNITROPE	Nonpreferred	PA Required
	SAIZEN	Nonpreferred	PA Required
	SAIZEN CLICK.EASY	Nonpreferred	PA Required
	SAIZENPREP RECONSTITUTIONKIT	Nonpreferred	PA Required
	SEROSTIM	Nonpreferred	PA Required
	ZOMACTON	Nonpreferred	PA Required
	ZORBTIVE	Nonpreferred	PA Required
MULTIPLE SCLEROSIS AGENTS	AMPYRA	Nonpreferred	PA Required
	AUBAGIO	Nonpreferred	
	AVONEX	Preferred	
	AVONEX PEN	Preferred	
	BETASERON	Preferred	
	COPAXONE	Preferred	
	EXTAVIA	Nonpreferred	
	GILENYA	Preferred	
	GLATIRAMER	Nonpreferred	
	GLATOPA	Nonpreferred	
	LEMTRADA	Nonpreferred	
	OCREVUS	Nonpreferred	
	PLEGRIDY	Nonpreferred	
	PLEGRIDY STARTER PACK	Nonpreferred	
	REBIF	Preferred	
	REBIF REBIDOSE	Preferred	
	REBIF REBIDOSE TITRATION PACK	Preferred	
	REBIF TITRATION PACK	Preferred	
	TECFIDERA	Preferred	
	TECFIDERA STARTER PACK	Preferred	
	TYSABRI	Nonpreferred	
ZINBRYTA	Nonpreferred		

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SUBSTANCE USE DISORDER: OPIOID ANTAGONISTS	NALOXONE HCL	Preferred	
	NALTREXONE HCL	Preferred	
	NARCAN	Preferred	
	VIVITROL	Preferred	
SUBSTANCE USE DISORDER: OPIOID PARTIAL AGONISTS	BUNAVAIL	Nonpreferred	
	BUPRENORPHINE HCL	Nonpreferred	PA Required
	BUPRENORPHINE HCL/NALOXONE HCL	Preferred	
	PROBUPHINE IMPLANT KIT	Nonpreferred	PA Required
	SUBLOCADE	Nonpreferred	PA Required
	SUBOXONE	Preferred	
	ZUBSOLV	Nonpreferred	PA Required