

## Apple Health (Medicaid) Preferred Drug List

Effective October 1, 2018

The Apple Health Preferred Drug List (PDL) has products listed in groups by drug class. Unless otherwise indicated, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least two 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.

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ALLERGY : ALLERGENIC EXTRACTS / BIOLOGICALS MISC</b>	<b>ADAGEN</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>GRASTEK</b>	SUBL	<b>PREFERRED</b>	PA REQUIRED
	<b>ORALAIR</b>	SUBL	<b>PREFERRED</b>	PA REQUIRED
	<b>ORALAIR ADULT SAMPLE KIT</b>	SUBL	<b>PREFERRED</b>	PA REQUIRED
	<b>ORALAIR ADULT STARTER PACK</b>	SUBL	<b>PREFERRED</b>	PA REQUIRED
	<b>ORALAIR CHILDREN/ADOLESCENTS SAMPLE KIT</b>	THPK	<b>PREFERRED</b>	PA REQUIRED
	<b>ORALAIR CHILDREN/ADOLESCENTS STARTER PACK</b>	SUBL	<b>PREFERRED</b>	PA REQUIRED
	<b>RAGWITEK</b>	SUBL	<b>PREFERRED</b>	PA REQUIRED
<b>ALLERGY : ANAPHYLAXIS - VASOPRESSOR SELF- INJECTABLES</b>	<b>ADRENALIN</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>EPINEPHRINE</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>EPINEPHRINE (MYLAN)</b>	SOAJ	<b>PREFERRED</b>	-
	<b>EPIPEN 2-PAK</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>EPIPEN-JR 2-PAK</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ALLERGY : NASAL ANTIHISTAMINES</b>	<b>ASTEPRO</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AZELASTINE HCL</b>	SOLN	<b>PREFERRED</b>	-
	<b>AZELASTINE HYDROCHLORIDE</b>	SOLN	<b>PREFERRED</b>	-
	<b>DYMISTA</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>OLOPATADINE HCL</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>PATANASE</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANALGESICS - ANTIINFLAMMATORY : ANTIRHEUMATIC ANTIMETABOLITES</b>	<b>METHOTREXATE</b>	TABS	<b>PREFERRED</b>	-
	<b>METHOTREXATE SODIUM</b>	SOLN	<b>PREFERRED</b>	-
	<b>METHOTREXATE SODIUM</b>	SOLR	<b>PREFERRED</b>	-
	<b>METHOTREXATE SODIUM PF</b>	SOLN	<b>PREFERRED</b>	-
	<b>OTREXUP</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RASUVO</b>	SOAJ	<b>PREFERRED</b>	PA REQUIRED
	<b>TREXALL</b>	TABS	<b>PREFERRED</b>	-

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<b>ANALGESICS - ANTIINFLAMMATORY : ANTIRHEUMATIC ANTIMETABOLITES (CONT.)</b>	XATMEP	SOLN	PREFERRED	-
	ARAVA	TABS	NON-PREFERRED	PA REQUIRED
<b>ANALGESICS - ANTIINFLAMMATORY : OTHER</b>	LEFLUNOMIDE	TABS	PREFERRED	-
	RIDAURA	CAPS	PREFERRED	-
	ARYMO ER	TBEA	NON-PREFERRED	PA REQUIRED
<b>ANALGESICS - OPIOID : LONG ACTING - AGONISTS</b>	CONZIP	CP24	NON-PREFERRED	PA REQUIRED
	DOLOPHINE	TABS	NON-PREFERRED	PA REQUIRED
	DURAGESIC	PT72	NON-PREFERRED	PA REQUIRED
	EMBEDA	CPCR	NON-PREFERRED	PA REQUIRED
	EXALGO	T24A	NON-PREFERRED	PA REQUIRED
	FENTANYL	PT72	PREFERRED	PA REQUIRED
	FENTANYL 37.5 MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 62.5 MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 87.5 MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HCL ER	T24A	NON-PREFERRED	PA REQUIRED
	HYSINGLA ER	T24A	NON-PREFERRED	PA REQUIRED
	KADIAN	CP24	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	CONC	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	SOLN	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	TABS	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	TBSO	NON-PREFERRED	PA REQUIRED
	METHADONE HCL INTENSOL	CONC	NON-PREFERRED	PA REQUIRED
	METHADOSE	CONC	NON-PREFERRED	PA REQUIRED
	METHADOSE	TBSO	NON-PREFERRED	PA REQUIRED
	METHADOSE SUGAR-FREE	CONC	NON-PREFERRED	PA REQUIRED
	MORPHABOND ER	T12A	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	CP24	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	TBCR	PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER BEADS	CP24	NON-PREFERRED	PA REQUIRED

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<b>ANALGESICS - OPIOID : LONG ACTING - AGONISTS (CONT.)</b>	MS CONTIN	TBCR	NON-PREFERRED	PA REQUIRED
	NUCYNTA ER	TB12	NON-PREFERRED	PA REQUIRED
	OPANA ER (CRUSH RESISTANT)	T12A	NON-PREFERRED	PA REQUIRED
	OXYCODONE HCL ER	T12A	NON-PREFERRED	PA REQUIRED
	OXYCONTIN	T12A	NON-PREFERRED	PA REQUIRED
	OXYMORPHONE HYDROCHLORIDE ER	TB12	PREFERRED	PA REQUIRED
	OXYMORPHONE HYDROCHLORIDE ER 15 MG	TB12	NON-PREFERRED	PA REQUIRED
	OXYMORPHONE HYDROCHLORIDE ER 7.5 MG	TB12	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL ER	CP24	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL ER	TB24	PREFERRED	PA REQUIRED
	TRAMADOL HCL ER (BIPHASIC RELEASE)	TB24	NON-PREFERRED	PA REQUIRED
	XTAMPZA ER	C12A	NON-PREFERRED	PA REQUIRED
	ZOXYDOL ER	C12A	NON-PREFERRED	PA REQUIRED
<b>ANALGESICS - OPIOID : LONG ACTING - PARTIAL AGONISTS</b>	BUPRENORPHINE	PTWK	PREFERRED	-
	BUTRANS	PTWK	NON-PREFERRED	PA REQUIRED
<b>ANALGESICS - OPIOID : SHORT ACTING - AGONISTS</b>	ABSTRAL	SUBL	NON-PREFERRED	PA REQUIRED
	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	CAPS	NON-PREFERRED	-
	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	TABS	PREFERRED	-
	ACETAMINOPHEN/CODEINE	SOLN	PREFERRED	-
	ACETAMINOPHEN/CODEINE	TABS	PREFERRED	-
	ACETAMINOPHEN/CODEINE PHOSPHATE	TABS	PREFERRED	-
	ACTIQ	LPOP	NON-PREFERRED	PA REQUIRED
	ASCOMP/CODEINE	CAPS	PREFERRED	-
	ASPIRIN-CAFFEINE-DIHYDROCODEINE	CAPS	NON-PREFERRED	-
	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	PREFERRED	-
	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	PREFERRED	-
	BUTORPHANOL TARTRATE	SOLN	NON-PREFERRED	-
	CODEINE SULFATE	TABS	NON-PREFERRED	PA REQUIRED
	DEMEROL	TABS	NON-PREFERRED	PA REQUIRED
	DILAUDID	LIQD	NON-PREFERRED	PA REQUIRED

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ANALGESICS - OPIOID : SHORT ACTING - AGONISTS (CONT.)	DILAUDID	TABS	NON-PREFERRED	PA REQUIRED
	ENDOCET	TABS	PREFERRED	-
	FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	NON-PREFERRED	PA REQUIRED
	FENTORA	TABS	NON-PREFERRED	PA REQUIRED
	FIORICET/CODEINE	CAPS	NON-PREFERRED	PA REQUIRED
	FIORINAL/CODEINE #3	CAPS	NON-PREFERRED	PA REQUIRED
	HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	PREFERRED	-
	HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	PREFERRED	-
	HYDROCODONE/ACETAMINOPHEN	TABS	PREFERRED	-
	HYDROCODONE/IBUPROFEN	TABS	PREFERRED	-
	HYDROMORPHONE HCL	LIQD	NON-PREFERRED	-
	HYDROMORPHONE HCL	SUPP	PREFERRED	-
	HYDROMORPHONE HCL	TABS	PREFERRED	-
	IBUDONE	TABS	NON-PREFERRED	PA REQUIRED
	IONSYS	PTCH	NON-PREFERRED	PA REQUIRED
	LAZANDA	SOLN	NON-PREFERRED	PA REQUIRED
	LEVORPHANOL TARTRATE	TABS	NON-PREFERRED	PA REQUIRED
	LORCET	TABS	NON-PREFERRED	PA REQUIRED
	LORCET HD	TABS	PREFERRED	-
	LORCET PLUS	TABS	NON-PREFERRED	PA REQUIRED
	LORTAB	ELIX	NON-PREFERRED	-
	MEPERIDINE HCL	SOLN	NON-PREFERRED	PA REQUIRED
	MEPERIDINE HCL	TABS	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE	SOLN	NON-PREFERRED	-
	MORPHINE SULFATE	SUPP	PREFERRED	-
	MORPHINE SULFATE	TABS	PREFERRED	-
	NORCO	TABS	NON-PREFERRED	PA REQUIRED
	NUCYNTA	TABS	NON-PREFERRED	-
	OPANA	TABS	NON-PREFERRED	PA REQUIRED
	OXAYDO	TABA	NON-PREFERRED	-
	OXYCODONE HCL	CAPS	NON-PREFERRED	-
	OXYCODONE HCL	CONC	NON-PREFERRED	-

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<b>ANALGESICS - OPIOID : SHORT ACTING - AGONISTS (CONT.)</b>	OXYCODONE HCL	SOLN	NON-PREFERRED	-	
	OXYCODONE HCL	TABS	PREFERRED	-	
	OXYCODONE HYDROCHLORIDE	CONC	NON-PREFERRED	-	
	OXYCODONE HYDROCHLORIDE	SOLN	NON-PREFERRED	-	
	OXYCODONE/ACETAMINOPHEN	SOLN	NON-PREFERRED	PA REQUIRED	
	OXYCODONE/ACETAMINOPHEN	TABS	PREFERRED	-	
	OXYCODONE/ASPIRIN	TABS	PREFERRED	-	
	OXYCODONE/IBUPROFEN	TABS	NON-PREFERRED	-	
	OXYMORPHONE HYDROCHLORIDE	TABS	NON-PREFERRED	-	
	PANLOR	TABS	NON-PREFERRED	-	
	PENTAZOCINE/NALOXONE HCL	TABS	NON-PREFERRED	-	
	PERCOCET	TABS	NON-PREFERRED	PA REQUIRED	
	PRIMLEV	TABS	NON-PREFERRED	PA REQUIRED	
	ROXICODONE	TABS	NON-PREFERRED	PA REQUIRED	
	ROXYBOND	TABA	NON-PREFERRED	-	
	SUBSYS	LIQD	NON-PREFERRED	PA REQUIRED	
	SYNALGOS-DC	CAPS	NON-PREFERRED	-	
	TRAMADOL HCL	TABS	PREFERRED	-	
	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	PREFERRED	-	
	TYLENOL/CODEINE #3	TABS	NON-PREFERRED	PA REQUIRED	
	TYLENOL/CODEINE #4	TABS	NON-PREFERRED	PA REQUIRED	
	ULTRACET	TABS	NON-PREFERRED	PA REQUIRED	
	ULTRAM	TABS	NON-PREFERRED	PA REQUIRED	
	VERDROCET	TABS	PREFERRED	-	
	VICODIN	TABS	NON-PREFERRED	PA REQUIRED	
	VICODIN ES	TABS	NON-PREFERRED	PA REQUIRED	
	VICODIN HP	TABS	NON-PREFERRED	PA REQUIRED	
	XODOL	TABS	NON-PREFERRED	PA REQUIRED	
	XYLON	TABS	PREFERRED	-	
	ZAMICET	SOLN	NON-PREFERRED	-	
	<b>ANALGESICS - OPIOID : SHORT ACTING - PARTIAL AGONISTS</b>	BELBUCA	FILM	PREFERRED	PA REQUIRED

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ANALGESICS : MIGRAINE AGENTS - 5-HT1 AGONISTS	ALMOTRIPTAN	TABS	NON-PREFERRED	-
	ALMOTRIPTAN MALATE	TABS	NON-PREFERRED	-
	AMERGE	TABS	NON-PREFERRED	PA REQUIRED
	AXERT	TABS	NON-PREFERRED	PA REQUIRED
	ELETRIPTAN HYDROBROMIDE	TABS	NON-PREFERRED	-
	FROVA	TABS	NON-PREFERRED	PA REQUIRED
	FROVATRIPTAN SUCCINATE	TABS	NON-PREFERRED	-
	IMITREX NASAL SPRAY	SOLN	NON-PREFERRED	PA REQUIRED
	IMITREX	SOLN	PREFERRED	PA REQUIRED
	IMITREX	TABS	NON-PREFERRED	PA REQUIRED
	IMITREX STATDOSE REFILL	SOCT	NON-PREFERRED	PA REQUIRED
	IMITREX STATDOSE SYSTEM	SOAJ	NON-PREFERRED	PA REQUIRED
	MAXALT	TABS	NON-PREFERRED	PA REQUIRED
	MAXALT-MLT	TBDP	NON-PREFERRED	PA REQUIRED
	NARATRIPTAN HCL	TABS	PREFERRED	-
	ONZETRA XSAIL	EXHP	NON-PREFERRED	-
	RELPAK	TABS	NON-PREFERRED	PA REQUIRED
	RIZATRIPTAN BENZOATE	TABS	PREFERRED	-
	RIZATRIPTAN BENZOATE ODT	TBDP	PREFERRED	-
	SUMATRIPTAN NASAL SPRAY	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOAJ	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	TABS	PREFERRED	-
	SUMATRIPTAN SUCCINATE REFILL	SOCT	PREFERRED	-
	SUMAVEL DOSEPRO	SOTJ	NON-PREFERRED	-
	ZEMBRACE SYMTOUCH	SOAJ	NON-PREFERRED	PA REQUIRED
	ZOLMITRIPTAN	TABS	NON-PREFERRED	-
	ZOLMITRIPTAN ODT	TBDP	NON-PREFERRED	-
	ZOMIG	SOLN	NON-PREFERRED	-
	ZOMIG	TABS	NON-PREFERRED	PA REQUIRED
	ZOMIG ZMT	TBDP	NON-PREFERRED	PA REQUIRED

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<b>APPLE HEALTH DRUG CLASS</b>	<b>DRUG NAME</b>	<b>DOSE FORM</b>	<b>PREFERRED STATUS</b>	<b>PA STATUS</b>
<b>ANALGESICS : MIGRAINE AGENTS - MISC</b>	<b>CAFERGOT</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>CAMBIA</b>	PACK	<b>PREFERRED</b>	PA REQUIRED
	<b>D.H.E. 45</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>DIHYDROERGOTAMINE MESYLATE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>ERGOMAR</b>	SUBL	<b>PREFERRED</b>	PA REQUIRED
	<b>ISOMETHEPTENE MUCATE/CAFFEINE/ACETAMINOPHEN</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>ISOMETHEPTENE/DICHLORALPHENAZONE/ACETAMINOPHEN</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
	<b>MIGERGOT</b>	SUPP	<b>PREFERRED</b>	PA REQUIRED
	<b>MIGRANAL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>MIGRANOW</b>	THPK	<b>PREFERRED</b>	PA REQUIRED
	<b>NODOLOR</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
	<b>SUMATRIPTAN/NAPROXEN SODIUM</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>TREXIMET</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
<b>ANTI-ANXIETY AGENTS : BENZODIAZEPINES</b>	<b>ALPRAZOLAM</b>	TABS	<b>PREFERRED</b>	-
	<b>ALPRAZOLAM ER</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>ALPRAZOLAM INTENSOL</b>	CONC	<b>NON-PREFERRED</b>	-
	<b>ALPRAZOLAM ODT</b>	TBDP	<b>NON-PREFERRED</b>	-
	<b>ALPRAZOLAM XR</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>ATIVAN</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ATIVAN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CHLORDIAZEPOXIDE HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>CLORAZEPATE DIPOTASSIUM</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>DIAZEPAM</b>	CONC	<b>PREFERRED</b>	-
	<b>DIAZEPAM</b>	SOLN	<b>PREFERRED</b>	-
	<b>DIAZEPAM</b>	TABS	<b>PREFERRED</b>	-
	<b>DIAZEPAM INTENSOL</b>	CONC	<b>PREFERRED</b>	-
	<b>LORAZEPAM</b>	CONC	<b>PREFERRED</b>	-
	<b>LORAZEPAM</b>	SOLN	<b>PREFERRED</b>	-
	<b>LORAZEPAM</b>	TABS	<b>PREFERRED</b>	-
	<b>LORAZEPAM INTENSOL</b>	CONC	<b>PREFERRED</b>	-
	<b>OXAZEPAM</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>TRANXENE T</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>XANAX</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED

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<b>ANTI-ANXIETY AGENTS : BENZODIAZEPINES (CONT.)</b>	XANAX XR	TB24	NON-PREFERRED	PA REQUIRED
	<b>ANTI-ANXIETY AGENTS : MISC</b>	BUSPIRONE HCL	TABS	PREFERRED
	DROPERIDOL	SOLN	PREFERRED	-
	HYDROXYZINE HCL	SOLN	PREFERRED	-
	HYDROXYZINE HCL	SYRP	PREFERRED	-
	HYDROXYZINE HCL	TABS	PREFERRED	-
	HYDROXYZINE HYDROCHLORIDE	TABS	PREFERRED	-
	HYDROXYZINE PAMOATE	CAPS	PREFERRED	-
	MEPROBAMATE	TABS	NON-PREFERRED	PA REQUIRED
	VISTARIL	CAPS	NON-PREFERRED	PA REQUIRED
<b>ANTIBIOTICS : AMINOPENICILLINS</b>	AMOXICILLIN	CAPS	PREFERRED	-
	AMOXICILLIN	CHEW	PREFERRED	-
	AMOXICILLIN	SUSR	PREFERRED	-
	AMOXICILLIN	TABS	PREFERRED	-
	AMPICILLIN	CAPS	PREFERRED	-
	AMPICILLIN SODIUM	SOLR	PREFERRED	-
<b>ANTIBIOTICS : CEPHALOSPORINS - 1ST GENERATION</b>	CEFADROXIL	CAPS	PREFERRED	-
	CEFADROXIL	SUSR	PREFERRED	-
	CEFADROXIL	TABS	PREFERRED	-
	CEFADYL	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEPHALEXIN	CAPS	PREFERRED	-
	CEPHALEXIN	SUSR	PREFERRED	-
	CEPHALEXIN	TABS	PREFERRED	-
	DAXBIA	CAPS	NON-PREFERRED	-
	KEFLEX	CAPS	NON-PREFERRED	PA REQUIRED



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ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION	CEFACLOR	CAPS	PREFERRED	-
	CEFACLOR	SUSR	PREFERRED	PA REQUIRED
	CEFACLOR ER	TB12	NON-PREFERRED	-
	CEFOTAN	SOLR	PREFERRED	PA REQUIRED
	CEFOTETAN	SOLR	PREFERRED	PA REQUIRED
	CEFOTETAN/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEFOXITIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFPROZIL	SUSR	PREFERRED	-
	CEFPROZIL	TABS	PREFERRED	-
	CEFTIN	SUSR	NON-PREFERRED	-
	CEFUROXIME AXETIL	TABS	PREFERRED	-
	CEFUROXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
	ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION	CEDAX	CAPS	NON-PREFERRED
CEDAX		SUSR	NON-PREFERRED	-
CEFDINIR		CAPS	PREFERRED	-
CEFDINIR		SUSR	PREFERRED	-
CEFIXIME		SUSR	PREFERRED	-
CEFOTAXIME SODIUM		SOLR	PREFERRED	PA REQUIRED
CEFPODOXIME PROXETIL		SUSR	PREFERRED	-
CEFPODOXIME PROXETIL		TABS	PREFERRED	-
CEFTAZIDIME		SOLR	PREFERRED	PA REQUIRED
CEFTAZIDIME/DEXTROSE		SOLR	PREFERRED	PA REQUIRED
CEFTIBUTEN		CAPS	NON-PREFERRED	-
CEFTIBUTEN		SUSR	NON-PREFERRED	-
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE		SOLN	PREFERRED	PA REQUIRED
CEFTRIAZONE SODIUM		SOLR	PREFERRED	PA REQUIRED
CEFTRIAZONE/DEXTROSE		SOLR	PREFERRED	PA REQUIRED
SUPRAX		CAPS	PREFERRED	-
SUPRAX		CHEW	PREFERRED	-
SUPRAX 500 MG/5 ML		SUSR	NON-PREFERRED	-
SUPRAX		SUSR	NON-PREFERRED	PA REQUIRED

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ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION (CONT.)	TAZICEF	SOLN	PREFERRED	PA REQUIRED
	TAZICEF	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : CEPHALOSPORINS - 4TH GENERATION	CEFEPIME	SOLN	PREFERRED	PA REQUIRED
	CEFEPIME	SOLR	PREFERRED	PA REQUIRED
	CEFEPIME/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	MAXIPIME IV	SOLR	NON-PREFERRED	PA REQUIRED
	MAXIPIME INJECTION	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : INHALED - AMINOGLYCOSIDES	BETHKIS	NEBU	PREFERRED	PA REQUIRED
	KITABIS PAK	NEBU	PREFERRED	PA REQUIRED
	TOBI	NEBU	NON-PREFERRED	PA REQUIRED
	TOBI PODHALER	CAPS	PREFERRED	PA REQUIRED
	TOBRAMYCIN	NEBU	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : INHALED - OTHER	CAYSTON	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : NATURAL PENICILLINS	BICILLIN L-A	SUSP	PREFERRED	PA REQUIRED
	PENICILLIN G POTASSIUM	SOLR	PREFERRED	PA REQUIRED
	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	PENICILLIN G PROCAINE	SUSP	PREFERRED	PA REQUIRED
	PENICILLIN G SODIUM	SOLR	PREFERRED	PA REQUIRED
	PENICILLIN V POTASSIUM	SOLR	PREFERRED	-
	PENICILLIN V POTASSIUM	TABS	PREFERRED	-
	PFIZERPEN	SOLR	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : PENICILLIN COMBINATIONS	AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	PREFERRED	-
	AMPICILLIN-SULBACTAM	SOLR	PREFERRED	PA REQUIRED
	AUGMENTIN 125-31.25 MG/5ML	SUSR	NON-PREFERRED	-
	AUGMENTIN	SUSR	NON-PREFERRED	PA REQUIRED
	AUGMENTIN	TABS	NON-PREFERRED	PA REQUIRED
	AUGMENTIN ES-600	SUSR	NON-PREFERRED	PA REQUIRED

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<b>ANTIBIOTICS : PENICILLIN COMBINATIONS (CONT.)</b>	<b>AUGMENTIN XR</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BICILLIN C-R</b>	SUSP	<b>PREFERRED</b>	PA REQUIRED
	<b>PIPERACILLIN SODIUM/ TAZOBACTAM SODIUM</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>PIPERACILLIN SODIUM/TAZOBACTAM SODIUM</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>PIPERACILLIN/TAZOBACTAM</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>UNASYN</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>UNASYN BULK PACK</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZOSYN</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>ZOSYN</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIBIOTICS : SULFONAMIDES</b>	<b>BACTRIM</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BACTRIM DS</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SULFADIAZINE</b>	TABS	<b>PREFERRED</b>	-
	<b>SULFAMETHOXAZOLE/TRIMETHOPRIM</b>	SOLN	<b>PREFERRED</b>	-
	<b>SULFAMETHOXAZOLE/TRIMETHOPRIM</b>	SUSP	<b>PREFERRED</b>	-
	<b>SULFAMETHOXAZOLE/TRIMETHOPRIM</b>	TABS	<b>PREFERRED</b>	-
	<b>SULFAMETHOXAZOLE/TRIMETHOPRIM DS</b>	TABS	<b>PREFERRED</b>	-
	<b>SULFATRIM PEDIATRIC</b>	SUSP	<b>PREFERRED</b>	-
	<b>TRIMETHOPRIM</b>	TABS	<b>PREFERRED</b>	-
<b>ANTIBIOTICS : TETRACYCLINES</b>	<b>DEMECLOCYCLINE HCL</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>DEMECLOCYCLINE HYDROCHLORIDE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>DORYX</b>	TBEC	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DORYX MPC</b>	TBEC	<b>NON-PREFERRED</b>	-
	<b>DOXY 100</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>DOXYCYCLINE</b>	SUSR	<b>NON-PREFERRED</b>	-
	<b>DOXYCYCLINE</b>	TABS	<b>PREFERRED</b>	-
	<b>DOXYCYCLINE HYCLATE</b>	CAPS	<b>PREFERRED</b>	-
	<b>DOXYCYCLINE HYCLATE</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>DOXYCYCLINE HYCLATE</b>	TABS	<b>PREFERRED</b>	-
	<b>DOXYCYCLINE HYCLATE DR</b>	TBEC	<b>NON-PREFERRED</b>	-
	<b>DOXYCYCLINE MONOHYDRATE 75MG AND 150MG</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>DOXYCYCLINE MONOHYDRATE</b>	CAPS	<b>PREFERRED</b>	-
	<b>DOXYCYCLINE MONOHYDRATE</b>	TABS	<b>PREFERRED</b>	-

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<b>ANTIBIOTICS : TETRACYCLINES (CONT.)</b>	<b>MINOCIN</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MINOCYCLINE HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>MINOCYCLINE HCL</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>MINOCYCLINE HCL ER</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>MINOCYCLINE HYDROCHLORIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>MINOCYCLINE HYDROCHLORIDE ER</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>MORGIDOX 1X100MG</b>	CAPS	<b>PREFERRED</b>	-
	<b>MORGIDOX 1X100MG</b>	KIT	<b>NON-PREFERRED</b>	-
	<b>MORGIDOX 1X50MG</b>	CAPS	<b>PREFERRED</b>	-
	<b>MORGIDOX 1X50MG KIT</b>	KIT	<b>NON-PREFERRED</b>	-
	<b>MORGIDOX 2X100MG</b>	CAPS	<b>PREFERRED</b>	-
	<b>MORGIDOX 2X100MG</b>	KIT	<b>NON-PREFERRED</b>	-
	<b>SOLODYN</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>SOLODYN 65MG AND 115MG</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TETRACYCLINE HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>TETRACYCLINE HYDROCHLORIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>VIBRAMYCIN</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VIBRAMYCIN</b>	SUSR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VIBRAMYCIN</b>	SYRP	<b>NON-PREFERRED</b>	-
	<b>XIMINO</b>	CP24	<b>NON-PREFERRED</b>	-
<b>ANTIBIOTICS : VAGINAL</b>	<b>AVC</b>	CREA	<b>NON-PREFERRED</b>	-
	<b>CLEOCIN</b>	CREA	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CLEOCIN</b>	SUPP	<b>PREFERRED</b>	-
	<b>CLINDAMYCIN PHOSPHATE</b>	CREA	<b>PREFERRED</b>	-
	<b>CLINDESSE</b>	CREA	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METROGEL-VAGINAL</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METRONIDAZOLE VAGINAL</b>	GEL	<b>PREFERRED</b>	-
	<b>NUVESSA</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VANDAZOLE</b>	GEL	<b>PREFERRED</b>	-
<b>ANTICOAGULANTS : COUMARIN ANTICOAGULANTS</b>	<b>COUMADIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>JANTOVEN</b>	TABS	<b>PREFERRED</b>	-
	<b>WARFARIN SODIUM</b>	TABS	<b>PREFERRED</b>	-

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<b>ANTICOAGULANTS : FACTOR XA AND THROMBIN INHIBITORS</b>	<b>ELIQUIS</b>	TABS	<b>PREFERRED</b>	-
	<b>ELIQUIS STARTER PACK</b>	TABS	<b>PREFERRED</b>	-
	<b>PRADAXA</b>	CAPS	<b>PREFERRED</b>	-
	<b>SAVAYSA</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>XARELTO</b>	TABS	<b>PREFERRED</b>	-
	<b>XARELTO STARTER PACK</b>	TBPK	<b>PREFERRED</b>	-
<b>ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS</b>	<b>ARIXTRA</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ENOXAPARIN SODIUM</b>	SOLN	<b>PREFERRED</b>	-
	<b>FONDAPARINUX SODIUM</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>FRAGMIN</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>HEPARIN LOCK FLUSH</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM DCU</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM LOCK FLUSH</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM/D5W</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM/DEXTROSE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM/NACL 0.45%</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM/NACL 0.9%</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM/SODIUM CHLORIDE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM/SODIUM CHLORIDE 0.9%</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
<b>LOVENOX</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED	
<b>ANTICONVULSANTS : AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>	<b>FYCOMPA</b>	SUSP	<b>PREFERRED</b>	PA REQUIRED
	<b>FYCOMPA</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
<b>ANTICONVULSANTS : BENZODIAZEPINES</b>	<b>CLONAZEPAM</b>	TABS	<b>PREFERRED</b>	-
	<b>CLONAZEPAM ODT</b>	TBDP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DIASTAT ACUDIAL</b>	GEL	<b>PREFERRED</b>	PA REQUIRED
	<b>DIASTAT PEDIATRIC</b>	GEL	<b>PREFERRED</b>	PA REQUIRED
	<b>DIAZEPAM RECTAL GEL</b>	GEL	<b>PREFERRED</b>	PA REQUIRED
	<b>KLONOPIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED

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<b>ANTICONVULSANTS : BENZODIAZEPINES (CONT.)</b>	<b>ONFI</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ONFI</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTICONVULSANTS : CARBAMATES</b>	<b>FELBAMATE</b>	SUSP	<b>PREFERRED</b>	PA REQUIRED
	<b>FELBAMATE</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>FELBATOL</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FELBATOL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FELBATOL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTICONVULSANTS : GABA MODULATORS</b>	<b>GABITRIL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SABRIL</b>	PACK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SABRIL</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>TIAGABINE HYDROCHLORIDE</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>VIGABATRIN</b>	PACK	<b>PREFERRED</b>	PA REQUIRED
	<b>VIGADRONE</b>	PACK	<b>PREFERRED</b>	PA REQUIRED
<b>ANTICONVULSANTS : HYDANTOINS</b>	<b>CEREBYX</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>DILANTIN 100MG</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DILANTIN</b>	CAPS	<b>PREFERRED</b>	-
	<b>DILANTIN INFATABS</b>	CHEW	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DILANTIN-125</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FOSPHENYTOIN SODIUM</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PEGANONE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>PHENYTEK</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PHENYTOIN</b>	CHEW	<b>PREFERRED</b>	-
	<b>PHENYTOIN</b>	SUSP	<b>PREFERRED</b>	-
	<b>PHENYTOIN INFATABS</b>	CHEW	<b>PREFERRED</b>	-
	<b>PHENYTOIN SODIUM</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PHENYTOIN SODIUM EXTENDED</b>	CAPS	<b>PREFERRED</b>	-
	<b>ANTICONVULSANTS : MISC</b>	<b>APTIOM</b>	TABS	<b>NON-PREFERRED</b>
<b>BANZEL</b>		SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
<b>BANZEL</b>		TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>BRIVIACT</b>		SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
<b>BRIVIACT IV</b>		SOLN	<b>PREFERRED</b>	PA REQUIRED
<b>BRIVIACT ORAL</b>		TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>CARBAMAZEPINE</b>		CHEW	<b>PREFERRED</b>	-

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<b>ANTICONVULSANTS : MISC (CONT.)</b>	CARBAMAZEPINE	SUSP	PREFERRED	-
	CARBAMAZEPINE	TABS	PREFERRED	-
	CARBAMAZEPINE ER	CP12	PREFERRED	-
	CARBAMAZEPINE ER	TB12	PREFERRED	-
	CARBATROL	CP12	NON-PREFERRED	PA REQUIRED
	EPITOL	TABS	PREFERRED	-
	GABAPENTIN	CAPS	PREFERRED	-
	GABAPENTIN	SOLN	PREFERRED	-
	GABAPENTIN	TABS	PREFERRED	-
	KEPPRA	SOLN	NON-PREFERRED	PA REQUIRED
	KEPPRA	TABS	NON-PREFERRED	PA REQUIRED
	KEPPRA XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMICTAL	TABS	NON-PREFERRED	PA REQUIRED
	LAMICTAL CHEWABLE DISPERSIBLE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	TBDP	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT VALPROAT	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/TAKING VALPROATE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE	TABS	PREFERRED	-
	LAMOTRIGINE ER	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE ODT	TBDP	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/BLUE	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/GREEN	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/ORANGE	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE TITRATION	KIT	NON-PREFERRED	PA REQUIRED
	LEVETIRACETAM ORAL	SOLN	PREFERRED	-
	LEVETIRACETAM IV AND INJECTION	SOLN	PREFERRED	PA REQUIRED
	LEVETIRACETAM	TABS	PREFERRED	-
	LEVETIRACETAM ER	TB24	PREFERRED	-

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<b>ANTICONVULSANTS : MISC (CONT.)</b>	<b>LEVETIRACETAM/SODIUM CHLORIDE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>LYRICA</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LYRICA</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MYSOLINE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEURONTIN</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEURONTIN</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEURONTIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OXCARBAZEPINE</b>	SUSP	<b>PREFERRED</b>	-
	<b>OXCARBAZEPINE</b>	TABS	<b>PREFERRED</b>	-
	<b>OXTELLAR XR</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PRIMIDONE</b>	TABS	<b>PREFERRED</b>	-
	<b>QUDEXY XR</b>	CS24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ROWEEPRA</b>	TABS	<b>PREFERRED</b>	-
	<b>ROWEEPRA XR</b>	TB24	<b>PREFERRED</b>	-
	<b>SPRITAM</b>	TB3D	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SUBVENITE</b>	TABS	<b>PREFERRED</b>	-
	<b>SUBVENITE STARTER KIT/BLUE</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SUBVENITE STARTER KIT/GREEN</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SUBVENITE STARTER KIT/ORANGE</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TEGRETOL</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TEGRETOL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TEGRETOL-XR</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TOPAMAX</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TOPAMAX SPRINKLE</b>	CPSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TOPIRAMATE</b>	CPSP	<b>PREFERRED</b>	-
	<b>TOPIRAMATE</b>	TABS	<b>PREFERRED</b>	-
	<b>TOPIRAMATE ER</b>	CS24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TRILEPTAL</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TRILEPTAL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TROKENDI XR</b>	CP24	<b>PREFERRED</b>	-
	<b>VIMPAT ORAL</b>	SOLN	<b>PREFERRED</b>	-
	<b>VIMPAT IV</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>VIMPAT</b>	TABS	<b>PREFERRED</b>	-



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ANTICONVULSANTS : MISC (CONT.)	ZONEGRAN	CAPS	NON-PREFERRED	PA REQUIRED
	ZONISAMIDE	CAPS	PREFERRED	-
ANTICONVULSANTS : SUCCUNIMIDES	CELONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	ETHOSUXIMIDE	CAPS	NON-PREFERRED	PA REQUIRED
	ETHOSUXIMIDE	SOLN	NON-PREFERRED	PA REQUIRED
	ZARONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	ZARONTIN	SOLN	NON-PREFERRED	PA REQUIRED
ANTICONVULSANTS : VALPROIC ACID	DEPACON	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKENE	CAPS	NON-PREFERRED	PA REQUIRED
	DEPAKENE	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKOTE	TBEC	NON-PREFERRED	PA REQUIRED
	DEPAKOTE ER	TB24	NON-PREFERRED	PA REQUIRED
	DEPAKOTE SPRINKLES	CSDR	NON-PREFERRED	PA REQUIRED
	DIVALPROEX SODIUM	CSDR	PREFERRED	-
	DIVALPROEX SODIUM DR	TBEC	PREFERRED	-
	DIVALPROEX SODIUM ER	TB24	PREFERRED	-
	VALPROATE SODIUM	SOLN	PREFERRED	-
	VALPROIC ACID	CAPS	PREFERRED	-
	VALPROIC ACID	SOLN	PREFERRED	-
ANTIDIABETICS : ALPHA-GLUCOSIDASE INHIBITORS	ACARBOSE	TABS	PREFERRED	-
	GLYSET	TABS	NON-PREFERRED	PA REQUIRED
	MIGLITOL	TABS	NON-PREFERRED	-
	PRECOSE	TABS	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : BIGUANIDES	FORTAMET	TB24	NON-PREFERRED	PA REQUIRED
	GLUCOPHAGE	TABS	NON-PREFERRED	PA REQUIRED
	GLUCOPHAGE XR	TB24	NON-PREFERRED	PA REQUIRED
	GLUMETZA	TB24	NON-PREFERRED	PA REQUIRED
	METFORMIN HCL	TABS	PREFERRED	-
	METFORMIN HCL ER OSMOTIC RELEASE	TB24	NON-PREFERRED	PA REQUIRED
	METFORMIN HCL ER	TB24	PREFERRED	-
	METFORMIN HYDROCHLORIDE	TABS	PREFERRED	-
	METFORMIN HYDROCHLORIDE ER MODIFIED RELEASE	TB24	NON-PREFERRED	PA REQUIRED

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<b>ANTIDIABETICS : BIGUANIDES (CONT.)</b>	<b>METFORMIN HYDROCHLORIDE ER</b>	TB24	<b>PREFERRED</b>	-
	<b>RIOMET</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : DOPAMINE RECEPTOR AGONISTS</b>	<b>CYCLOSET</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - AMYLIN ANALOGS</b>	<b>SYMLINPEN 120</b>	SOPN	<b>PREFERRED</b>	PA REQUIRED
	<b>SYMLINPEN 60</b>	SOPN	<b>PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / SGLT2 INHIBITOR COMBINATIONS</b>	<b>GLYXAMBI</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>QTERN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>STEGLUJAN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / TZD COMBINATIONS</b>	<b>ALOGLIPTIN/PIOGLITAZONE</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>OSENI</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITORS</b>	<b>ALOGLIPTIN</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>ALOGLIPTIN/METFORMIN HCL</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>JANUMET</b>	TABS	<b>PREFERRED</b>	-
	<b>JANUMET XR</b>	TB24	<b>PREFERRED</b>	-
	<b>JANUVIA</b>	TABS	<b>PREFERRED</b>	-
	<b>JENTADUETO</b>	TABS	<b>PREFERRED</b>	-
	<b>JENTADUETO XR</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>KAZANO</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>KOMBIGLYZE XR</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>NESINA</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>ONGLYZA</b>	TABS	<b>NON-PREFERRED</b>	-
<b>TRADJENTA</b>	TABS	<b>PREFERRED</b>	-	
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONIST / INSULIN COMBINATIONS</b>	<b>SOLIQUA 100/33</b>	SOPN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>XULTOPHY 100/3.6</b>	SOPN	<b>NON-PREFERRED</b>	PA REQUIRED

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ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONISTS	ADLYXIN	SOPN	NON-PREFERRED	-
	ADLYXIN STARTER PACK	PNKT	NON-PREFERRED	-
	BYDUREON	SRER	PREFERRED	-
	BYDUREON BCISE	AUIJ	PREFERRED	-
	BYDUREON PEN	PEN	PREFERRED	-
	BYETTA	SOPN	PREFERRED	-
	OZEMPIC	SOPN	NON-PREFERRED	-
	TANZEUM	PEN	NON-PREFERRED	-
	TRULICITY	SOPN	NON-PREFERRED	-
	VICTOZA	SOPN	PREFERRED	-
ANTIDIABETICS : INSULIN - INTERMEDIATE ACTING	HUMULIN N	SUSP	PREFERRED	-
	HUMULIN N KWIKPEN	SUPN	PREFERRED	-
	NOVOLIN N	SUSP	NON-PREFERRED	-
	NOVOLIN N RELION	SUSP	NON-PREFERRED	-
ANTIDIABETICS : INSULIN - LONG ACTING	BASAGLAR KWIKPEN	SOPN	NON-PREFERRED	PA REQUIRED
	LANTUS	SOLN	PREFERRED	-
	LANTUS SOLOSTAR	SOPN	PREFERRED	-
	LEVEMIR	SOLN	PREFERRED	-
	LEVEMIR FLEXTOUCH	SOPN	PREFERRED	-
	TOUJEO MAX SOLOSTAR	SOPN	NON-PREFERRED	-
	TOUJEO SOLOSTAR	SOPN	NON-PREFERRED	-
	TRESIBA FLEXTOUCH	SOPN	NON-PREFERRED	-
ANTIDIABETICS : INSULIN - PRE-MIXED	HUMALOG MIX 50/50	SUSP	PREFERRED	-
	HUMALOG MIX 50/50 KWIKPEN	SUPN	PREFERRED	-
	HUMALOG MIX 75/25	SUSP	PREFERRED	-
	HUMALOG MIX 75/25 KWIKPEN	SUPN	PREFERRED	-
	HUMULIN 70/30	SUSP	PREFERRED	-
	HUMULIN 70/30 KWIKPEN	SUPN	PREFERRED	-
	NOVOLIN 70/30	SUSP	NON-PREFERRED	-
	NOVOLIN 70/30 RELION	SUSP	NON-PREFERRED	-
	NOVOLOG MIX 70/30	SUSP	PREFERRED	-

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<b>ANTIDIABETICS : INSULIN - PRE-MIXED (CONT.)</b>	<b>NOVOLOG MIX 70/30 PREFILLED FLEXPEN</b>	SUPN	<b>PREFERRED</b>	-
<b>ANTIDIABETICS : INSULIN - RAPID ACTING</b>	<b>ADMELOG</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>ADMELOG SOLOSTAR</b>	SOPN	<b>NON-PREFERRED</b>	-
	<b>APIDRA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>APIDRA SOLOSTAR</b>	SOPN	<b>NON-PREFERRED</b>	-
	<b>FIASP</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>FIASP FLEXTOUCH</b>	SOPN	<b>NON-PREFERRED</b>	-
	<b>HUMALOG</b>	SOCT	<b>PREFERRED</b>	-
	<b>HUMALOG</b>	SOLN	<b>PREFERRED</b>	-
	<b>HUMALOG JUNIOR KWIKPEN</b>	SOPN	<b>PREFERRED</b>	-
	<b>HUMALOG KWIKPEN</b>	SOPN	<b>PREFERRED</b>	-
	<b>NOVOLOG</b>	SOLN	<b>PREFERRED</b>	-
	<b>NOVOLOG FLEXPEN</b>	SOPN	<b>PREFERRED</b>	-
	<b>NOVOLOG PENFILL</b>	SOCT	<b>PREFERRED</b>	-
<b>ANTIDIABETICS : INSULIN - SHORT ACTING</b>	<b>AFREZZA</b>	POWD	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HUMULIN R</b>	SOLN	<b>PREFERRED</b>	-
	<b>HUMULIN R U-500 (CONCENTRATED)</b>	SOLN	<b>PREFERRED</b>	-
	<b>HUMULIN R U-500 KWIKPEN</b>	SOPN	<b>PREFERRED</b>	-
	<b>NOVOLIN R</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>NOVOLIN R RELION</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>RELION R</b>	SOLN	<b>NON-PREFERRED</b>	-
<b>ANTIDIABETICS : MEGLITINIDE ANALOGUES</b>	<b>NATEGLINIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>PRANDIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>REPAGLINIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>REPAGLINIDE/METFORMIN HYDROCHLORIDE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>STARLIX</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : SGLT2 INHIBITORS</b>	<b>FARXIGA</b>	TABS	<b>PREFERRED</b>	-
	<b>INVOKAMET</b>	TABS	<b>PREFERRED</b>	-
	<b>INVOKAMET XR</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>INVOKANA</b>	TABS	<b>PREFERRED</b>	-
	<b>JARDIANCE</b>	TABS	<b>PREFERRED</b>	-
	<b>SEGLUROMET</b>	TABS	<b>NON-PREFERRED</b>	-

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<b>ANTIDIABETICS : SGLT2 INHIBITORS (CONT.)</b>	<b>STEGLATRO</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>SYNJARDY</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>SYNJARDY XR</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>XIGDUO XR</b>	TB24	<b>PREFERRED</b>	-
<b>ANTIDIABETICS : SULFONYLUREAS</b>	<b>AMARYL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CHLORPROPAMIDE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>GLIMEPIRIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>GLIPIZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>GLIPIZIDE ER</b>	TB24	<b>PREFERRED</b>	-
	<b>GLIPIZIDE XL</b>	TB24	<b>PREFERRED</b>	-
	<b>GLIPIZIDE/METFORMIN HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>GLUCOTROL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLUCOTROL XL</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLUCOVANCE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLYBURIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>GLYBURIDE MICRONIZED</b>	TABS	<b>PREFERRED</b>	-
	<b>GLYBURIDE/METFORMIN HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>GLYNASE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TOLAZAMIDE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>TOLBUTAMIDE</b>	TABS	<b>NON-PREFERRED</b>	-
<b>ANTIDIABETICS : THIAZOLIDINEDIONES</b>	<b>ACTOPLUS MET</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACTOPLUS MET XR</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>ACTOS</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AVANDIA</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>DUETACT</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PIOGLITAZONE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>PIOGLITAZONE HCL/METFORMIN HCL</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>PIOGLITAZONE HCL-GLIMEPIRIDE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>PIOGLITAZONE HYDROCHLORIDE</b>	TABS	<b>PREFERRED</b>	-
<b>ANTIEMETICS / ANTIVERTIGO : 5-HT3 RECEPTOR ANTAGONISTS</b>	<b>ALOXI</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>ANZEMET</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>GRANISETRON HCL</b>	SOLN	<b>PREFERRED</b>	-

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<b>ANTIEMETICS / ANTIVERTIGO : 5-HT3 RECEPTOR ANTAGONISTS (CONT.)</b>	GRANISETRON HCL	TABS	PREFERRED	-
	GRANISETRON HYDROCHLORIDE	SOLN	PREFERRED	-
	ONDANSETRON HCL	SOLN	PREFERRED	-
	ONDANSETRON HCL	TABS	PREFERRED	-
	ONDANSETRON HYDROCHLORIDE	TABS	PREFERRED	-
	ONDANSETRON ODT	TBDP	PREFERRED	-
	PALONOSETRON HYDROCHLORIDE	SOLN	NON-PREFERRED	-
	SANCUSO	PTCH	NON-PREFERRED	-
	SUSTOL	PRSY	NON-PREFERRED	-
	ZOFRAN	SOLN	NON-PREFERRED	PA REQUIRED
	ZOFRAN	TABS	NON-PREFERRED	PA REQUIRED
	ZOFRAN ODT	TBDP	NON-PREFERRED	PA REQUIRED
	ZUPLENZ	FILM	NON-PREFERRED	-
	<b>ANTIEMETICS / ANTIVERTIGO : OTHER</b>	BONJESTA	TBCR	NON-PREFERRED
DICLEGIS		TBEC	PREFERRED	PA REQUIRED
<b>ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST COMBINATIONS</b>	AKYNZEO	CAPS	NON-PREFERRED	PA REQUIRED
<b>ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>	APREPITANT	CAPS	PREFERRED	-
	CINVANTI	EMUL	NON-PREFERRED	PA REQUIRED
	EMEND	CAPS	NON-PREFERRED	PA REQUIRED
	EMEND	SOLR	NON-PREFERRED	PA REQUIRED
	EMEND	SUSR	NON-PREFERRED	PA REQUIRED
	EMEND TRIPACK	CAPS	NON-PREFERRED	PA REQUIRED
	VARUBI	EMUL	NON-PREFERRED	-
	VARUBI	TABS	NON-PREFERRED	-

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : PROGESTINS-ANTINEOPLASTIC - ORAL</b>	<b>MEGACE ES</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MEGESTROL ACETATE</b>	SUSP	<b>PREFERRED</b>	-
	<b>MEGESTROL ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>ANTIPARKINSON AGENTS : ANTICHOLINERGICS</b>			
	<b>BENZTROPINE MESYLATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>BENZTROPINE MESYLATE</b>	TABS	<b>PREFERRED</b>	-
	<b>TRIHEXYPHENIDYL HCL</b>	ELIX	<b>PREFERRED</b>	-
	<b>TRIHEXYPHENIDYL HCL</b>	TABS	<b>PREFERRED</b>	-
<b>ANTIPARKINSON AGENTS : COMT INHIBITORS</b>	<b>COMTAN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ENTACAPONE</b>	TABS	<b>PREFERRED</b>	-
	<b>TASMAR</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TOLCAPONE</b>	TABS	<b>PREFERRED</b>	-
<b>ANTIPARKINSON AGENTS : DOPAMINERGICS</b>	<b>AMANTADINE HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>AMANTADINE HCL</b>	SYRP	<b>PREFERRED</b>	-
	<b>AMANTADINE HCL</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>APOKYN</b>	SOCT	<b>NON-PREFERRED</b>	-
	<b>BROMOCRIPTINE MESYLATE</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>BROMOCRIPTINE MESYLATE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>CARBIDOPA</b>	TABS	<b>PREFERRED</b>	-
	<b>CARBIDOPA/LEVODOPA</b>	TABS	<b>PREFERRED</b>	-
	<b>CARBIDOPA/LEVODOPA ER</b>	TBCR	<b>PREFERRED</b>	-
	<b>CARBIDOPA/LEVODOPA ODT</b>	TBDP	<b>NON-PREFERRED</b>	-
	<b>CARBIDOPA/LEVODOPA/ENTACAPONE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>DUOPA</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>GOCOVRI</b>	CP24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LODOSYN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MIRAPEX</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MIRAPEX ER</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEUPRO</b>	PT24	<b>NON-PREFERRED</b>	-

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<b>ANTIPARKINSON AGENTS : DOPAMINERGICS (CONT.)</b>	OSMOLEX ER	TB24	NON-PREFERRED	PA REQUIRED
	PARLODEL	CAPS	NON-PREFERRED	PA REQUIRED
	PARLODEL	TABS	NON-PREFERRED	PA REQUIRED
	PRAMIPEXOLE DIHYDROCHLORIDE	TABS	PREFERRED	-
	PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	NON-PREFERRED	-
	REQUIP	TABS	NON-PREFERRED	PA REQUIRED
	REQUIP XL	TB24	NON-PREFERRED	PA REQUIRED
	ROPINIROLE ER	TB24	NON-PREFERRED	-
	ROPINIROLE HCL	TABS	PREFERRED	-
	RYTARY	CPCR	NON-PREFERRED	-
	SINEMET	TABS	NON-PREFERRED	PA REQUIRED
	SINEMET CR	TBCR	NON-PREFERRED	PA REQUIRED
	STALEVO 100	TABS	NON-PREFERRED	-
	STALEVO 125	TABS	NON-PREFERRED	-
	STALEVO 150	TABS	NON-PREFERRED	-
	STALEVO 200	TABS	NON-PREFERRED	-
	STALEVO 50	TABS	NON-PREFERRED	-
	STALEVO 75	TABS	NON-PREFERRED	-
<b>ANTIPARKINSON AGENTS : MONOAMINE OXIDASE INHIBITORS (MAOI)</b>	AZILECT	TABS	NON-PREFERRED	PA REQUIRED
	ELDEPRYL	CAPS	NON-PREFERRED	PA REQUIRED
	RASAGILINE MESYLATE	TABS	NON-PREFERRED	-
	SELEGILINE HCL	CAPS	PREFERRED	-
	SELEGILINE HCL	TABS	PREFERRED	-
	XADAGO	TABS	NON-PREFERRED	-
	ZELAPAR	TBDP	NON-PREFERRED	-
<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION</b>	ABILIFY	TABS	NON-PREFERRED	PA REQUIRED
	ABILIFY MAINTENA	PRSY	PREFERRED	-
	ABILIFY MAINTENA	SRER	PREFERRED	-
	ARIPIPRAZOLE	SOLN	PREFERRED	-
	ARIPIPRAZOLE	TABS	PREFERRED	-



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

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<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION (CONT.)</b>	RISPERIDONE ODT	TBDP	PREFERRED	-
	SAPHRIS	SUBL	PREFERRED	-
	SEROQUEL	TABS	NON-PREFERRED	PA REQUIRED
	SEROQUEL XR	TB24	NON-PREFERRED	PA REQUIRED
	SYMBYAX	CAPS	NON-PREFERRED	PA REQUIRED
	VERSACLOZ	SUSP	PREFERRED	-
	ZIPRASIDONE HCL	CAPS	PREFERRED	-
	ZYPREXA	SOLR	NON-PREFERRED	PA REQUIRED
	ZYPREXA	TABS	NON-PREFERRED	PA REQUIRED
	ZYPREXA RELPREVV	SUSR	PREFERRED	-
	ZYPREXA ZYDIS	TBDP	NON-PREFERRED	PA REQUIRED
<b>ANTIVIRALS : HEPATITIS C AGENTS</b>	DAKLINZA	TABS	NON-PREFERRED	PA REQUIRED
	EPCLUSA	TABS	PREFERRED	PA REQUIRED
	HARVONI	TABS	NON-PREFERRED	PA REQUIRED
	MAVYRET	TABS	PREFERRED	PA REQUIRED
	OLYSIO	CAPS	NON-PREFERRED	PA REQUIRED
	SOVALDI	TABS	NON-PREFERRED	PA REQUIRED
	TECHNIVIE	TABS	NON-PREFERRED	PA REQUIRED
	VIEKIRA PAK	TBPK	NON-PREFERRED	PA REQUIRED
	VIEKIRA XR	TB24	NON-PREFERRED	PA REQUIRED
	VOSEVI	TABS	PREFERRED	PA REQUIRED
ZEPATIER	TABS	NON-PREFERRED	PA REQUIRED	
<b>ANTIVIRALS : HIV</b>	ABACAVIR	SOLN	PREFERRED	-
	ABACAVIR	TABS	PREFERRED	-
	ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	ABACAVIR/LAMIVUDINE	TABS	PREFERRED	-
	APTIVUS	CAPS	PREFERRED	-
	APTIVUS	SOLN	PREFERRED	-
	ATAZANAVIR	CAPS	PREFERRED	-
	ATAZANAVIR SULFATE	CAPS	PREFERRED	-
	ATRIPLA	TABS	PREFERRED	-

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ANTIVIRALS : HIV (CONT.)	BIKTARVY	TABS	NON-PREFERRED	-
	CIMDUO	TABS	NON-PREFERRED	-
	COMBIVIR	TABS	NON-PREFERRED	PA REQUIRED
	COMPLERA	TABS	PREFERRED	-
	CRIXIVAN	CAPS	PREFERRED	-
	DESCOVY	TABS	PREFERRED	-
	DIDANOSINE	CPDR	PREFERRED	-
	EDURANT	TABS	PREFERRED	-
	EFAVIRENZ	CAPS	PREFERRED	-
	EFAVIRENZ	TABS	PREFERRED	-
	EMTRIVA	CAPS	PREFERRED	-
	EMTRIVA	SOLN	PREFERRED	-
	EPIVIR	SOLN	NON-PREFERRED	PA REQUIRED
	EPIVIR	TABS	NON-PREFERRED	PA REQUIRED
	EPZICOM	TABS	NON-PREFERRED	PA REQUIRED
	EVOTAZ	TABS	PREFERRED	-
	FOSAMPRENAVIR CALCIUM	TABS	PREFERRED	-
	FUZEON	SOLR	PREFERRED	-
	GENVOYA	TABS	PREFERRED	-
	INTELENCE	TABS	PREFERRED	-
	INVIRASE	CAPS	PREFERRED	-
	INVIRASE	TABS	PREFERRED	-
	ISENTRESS	CHEW	PREFERRED	-
	ISENTRESS	PACK	PREFERRED	-
	ISENTRESS	TABS	PREFERRED	-
	ISENTRESS HD	TABS	PREFERRED	-
	JULUCA	TABS	NON-PREFERRED	PA REQUIRED
	KALETRA	SOLN	NON-PREFERRED	PA REQUIRED
	KALETRA	TABS	PREFERRED	-
	LAMIVUDINE	SOLN	PREFERRED	-
	LAMIVUDINE	TABS	PREFERRED	-
	LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	LEXIVA	SUSP	PREFERRED	-

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<b>ANTIVIRALS : HIV (CONT.)</b>	<b>LEXIVA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LOPINAVIR/RITONAVIR</b>	SOLN	<b>PREFERRED</b>	-
	<b>NEVIRAPINE</b>	SUSP	<b>PREFERRED</b>	-
	<b>NEVIRAPINE</b>	TABS	<b>PREFERRED</b>	-
	<b>NEVIRAPINE ER</b>	TB24	<b>PREFERRED</b>	-
	<b>NORVIR</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NORVIR</b>	PACK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NORVIR</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NORVIR</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ODEFSEY</b>	TABS	<b>PREFERRED</b>	-
	<b>PREZCOBIX</b>	TABS	<b>PREFERRED</b>	-
	<b>PREZISTA</b>	SUSP	<b>PREFERRED</b>	-
	<b>PREZISTA</b>	TABS	<b>PREFERRED</b>	-
	<b>RESCRIPTOR</b>	TABS	<b>PREFERRED</b>	-
	<b>RETROVIR</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RETROVIR</b>	SYRP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RETROVIR IV INFUSION</b>	SOLN	<b>PREFERRED</b>	-
	<b>REYATAZ</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>REYATAZ</b>	PACK	<b>PREFERRED</b>	-
	<b>RITONAVIR</b>	TABS	<b>PREFERRED</b>	-
	<b>SELZENTRY</b>	SOLN	<b>PREFERRED</b>	-
	<b>SELZENTRY</b>	TABS	<b>PREFERRED</b>	-
	<b>STAVUDINE</b>	CAPS	<b>PREFERRED</b>	-
	<b>STRIBILD</b>	TABS	<b>PREFERRED</b>	-
	<b>SUSTIVA</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SUSTIVA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SYMFI</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>SYMFI LO</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>SYMTUZA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TENOFOVIR DISOPROXIL FUMARATE</b>	TABS	<b>PREFERRED</b>	-
	<b>TIVICAY</b>	TABS	<b>PREFERRED</b>	-
	<b>TRIUMEQ</b>	TABS	<b>PREFERRED</b>	-
	<b>TRIZIVIR</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED

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ANTIVIRALS : HIV (CONT.)	TROGARZO	SOLN	NON-PREFERRED	-
	TRUVADA	TABS	PREFERRED	-
	TYBOST	TABS	PREFERRED	-
	VIDEX	PEDIATRIC SOLR	PREFERRED	-
	VIDEX EC	CPDR	NON-PREFERRED	PA REQUIRED
	VIDEX EC	CPDR	PREFERRED	-
	VIRACEPT	TABS	PREFERRED	-
	VIRAMUNE	SUSP	PREFERRED	-
	VIRAMUNE	TABS	NON-PREFERRED	PA REQUIRED
	VIRAMUNE XR	TB24	NON-PREFERRED	PA REQUIRED
	VIREAD	POWD	PREFERRED	-
	VIREAD	TABS	NON-PREFERRED	PA REQUIRED
	VIREAD	TABS	PREFERRED	-
	ZERIT	CAPS	NON-PREFERRED	PA REQUIRED
	ZERIT	SOLR	PREFERRED	-
	ZIAGEN	SOLN	NON-PREFERRED	PA REQUIRED
	ZIAGEN	TABS	NON-PREFERRED	PA REQUIRED
	ZIDOVUDINE	CAPS	PREFERRED	-
	ZIDOVUDINE	SYRP	PREFERRED	-
ZIDOVUDINE	TABS	PREFERRED	-	
ASTHMA AND COPD AGENTS : ANTICHOLINERGICS	ATROVENT HFA	AERS	PREFERRED	-
	COMBIVENT RESPIMAT	AERS	PREFERRED	-
	CROMOLYN SODIUM	NEBU	PREFERRED	-
	IPRATROPIUM BROMIDE	SOLN	PREFERRED	-
	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	PREFERRED	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING	ARCAPTA NEOHALER	CAPS	NON-PREFERRED	-
	BROVANA	NEBU	NON-PREFERRED	-
	PERFOROMIST	NEBU	NON-PREFERRED	-
	SEREVENT DISKUS	AEPB	PREFERRED	-
	STRIVERDI RESPIMAT	AERS	NON-PREFERRED	-

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ASTHMA AND COPD AGENTS : BETA AGONISTS - ORAL	ALBUTEROL	TABS	PREFERRED	-
	ALBUTEROL SULFATE	SYRP	PREFERRED	-
	ALBUTEROL SULFATE	TABS	PREFERRED	-
	ALBUTEROL SULFATE ER	TB12	PREFERRED	-
	METAPROTERENOL SULFATE	SYRP	NON-PREFERRED	-
	METAPROTERENOL SULFATE	TABS	NON-PREFERRED	-
	TERBUTALINE SULFATE	TABS	NON-PREFERRED	-
	VOSPIRE ER	TB12	NON-PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : BETA AGONISTS - SHORT ACTING	ALBUTEROL SULFATE	NEBU	PREFERRED	-
	LEVALBUTEROL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL HCL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL HYDROCHLORIDE	NEBU	NON-PREFERRED	-
	LEVALBUTEROL TARTRATE HFA	AERO	NON-PREFERRED	-
	PROAIR HFA	AERS	PREFERRED	-
	PROAIR RESPICLICK	AEPB	NON-PREFERRED	-
	PROVENTIL HFA	AERS	PREFERRED	-
	TERBUTALINE SULFATE	SOLN	NON-PREFERRED	-
	VENTOLIN HFA	AERS	NON-PREFERRED	-
	XOPENEX	NEBU	NON-PREFERRED	-
	XOPENEX CONCENTRATE	NEBU	NON-PREFERRED	-
	XOPENEX HFA	AERO	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS	ADVAIR DISKUS	AEPB	PREFERRED	-
	ADVAIR HFA	AERO	PREFERRED	-
	AIRDUO RESPICLICK 113/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 232/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 55/14	AEPB	NON-PREFERRED	PA REQUIRED
	BREO ELLIPTA	AEPB	NON-PREFERRED	-
	DULERA	AERO	PREFERRED	-
	FLUTICASONE PROPIONATE/SALMETEROL	AEPB	NON-PREFERRED	PA REQUIRED
	SYMBICORT	AERO	PREFERRED	-

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<b>ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS (CONT.)</b>	<b>TRELEGY ELLIPTA</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>AEROSPAN</b>	AERS	<b>NON-PREFERRED</b>	-	
<b>ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROIDS</b>	<b>ALVESCO</b>	AERS	<b>NON-PREFERRED</b>	-	
	<b>ARMONAIR RESPICLICK 113</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ARMONAIR RESPICLICK 232</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ARMONAIR RESPICLICK 55</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ARNUITY ELLIPTA</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ASMANEX HFA</b>	AERO	<b>NON-PREFERRED</b>	-	
	<b>ASMANEX TWISTHALER 120 METERED DOSES</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ASMANEX TWISTHALER 14 METERED DOSES</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ASMANEX TWISTHALER 30 METERED DOSES</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ASMANEX TWISTHALER 60 METERED DOSES</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>ASMANEX TWISTHALER 7 METERED DOSES</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>BUDESONIDE</b>	SUSP	<b>PREFERRED</b>	-	
	<b>FLOVENT DISKUS</b>	AEPB	<b>PREFERRED</b>	-	
	<b>FLOVENT HFA</b>	AERO	<b>PREFERRED</b>	-	
	<b>PULMICORT</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED	
	<b>PULMICORT FLEXHALER</b>	AEPB	<b>PREFERRED</b>	-	
	<b>QVAR</b>	AERS	<b>NON-PREFERRED</b>	-	
	<b>QVAR REDHALER</b>	AERB	<b>NON-PREFERRED</b>	-	
	<b>ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENT / LONG ACTING BETA AGONIST COMBINATIONS</b>	<b>ANORO ELLIPTA</b>	AEPB	<b>NON-PREFERRED</b>	-
		<b>BEVESPI AEROSPHERE</b>	AERO	<b>NON-PREFERRED</b>	-
<b>STIOLTO RESPIMAT</b>		AERS	<b>PREFERRED</b>	-	
<b>UTIBRON NEOHALER</b>		CAPS	<b>NON-PREFERRED</b>	-	
<b>ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS</b>	<b>INCRUSE ELLIPTA</b>	AEPB	<b>NON-PREFERRED</b>	-	
	<b>LONHALA MAGNAIR REFILL KIT</b>	SOLN	<b>NON-PREFERRED</b>	-	
	<b>LONHALA MAGNAIR STARTER KIT</b>	SOLN	<b>NON-PREFERRED</b>	-	
	<b>SEEBRI NEOHALER</b>	CAPS	<b>NON-PREFERRED</b>	-	

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<b>ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS (CONT.)</b>	<b>SPIRIVA HANDIHALER</b>	CAPS	<b>PREFERRED</b>	-
	<b>SPIRIVA RESPIMAT</b>	AERS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TUDORZA PRESSAIR</b>	AEPB	<b>NON-PREFERRED</b>	-
<b>ASTHMA AND COPD AGENTS : MONOCLONAL ANTIBODIES</b>	<b>CINQAIR</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>FASENRA</b>	SOSY	<b>PREFERRED</b>	PA REQUIRED
	<b>NUCALA</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>XOLAIR</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
<b>ASTHMA AND COPD AGENTS : PHOSPHODIESTERASE 4 INHIBITORS</b>	<b>DALIRESP</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERLIPIDEMICS : ANTIHYPERLIPIDEMICS MISC</b>	<b>EZETIMIBE</b>	TABS	<b>PREFERRED</b>	-
	<b>KYNAMRO</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LOVAZA</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OMEGA-3-ACID ETHYL ESTERS</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>VASCEPA</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZETIA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERLIPIDEMICS : BILE ACID SEQUESTRANTS</b>	<b>CHOLESTYRAMINE</b>	PACK	<b>PREFERRED</b>	-
	<b>CHOLESTYRAMINE</b>	POWD	<b>PREFERRED</b>	-
	<b>CHOLESTYRAMINE LIGHT</b>	PACK	<b>PREFERRED</b>	-
	<b>CHOLESTYRAMINE LIGHT</b>	POWD	<b>PREFERRED</b>	-
	<b>COLESEVELAM HYDROCHLORIDE</b>	PACK	<b>NON-PREFERRED</b>	-
	<b>COLESEVELAM HYDROCHLORIDE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>COLESTID</b>	GRAN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COLESTID</b>	PACK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COLESTID</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COLESTID FLAVORED</b>	GRAN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COLESTID FLAVORED</b>	PACK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COLESTIPOL HCL</b>	GRAN	<b>NON-PREFERRED</b>	-



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<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BILE ACID SEQUESTRANTS (CONT.)</b>	COLESTIPOL HCL	PACK	NON-PREFERRED	-
	COLESTIPOL HCL	TABS	PREFERRED	-
	PREVALITE	PACK	PREFERRED	-
	PREVALITE	POWD	PREFERRED	-
	QUESTRAN	PACK	NON-PREFERRED	PA REQUIRED
	QUESTRAN	POWD	NON-PREFERRED	PA REQUIRED
	QUESTRAN LIGHT	POWD	NON-PREFERRED	PA REQUIRED
	WELCHOL	PACK	NON-PREFERRED	PA REQUIRED
	WELCHOL	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : FIBRIC ACID DERIVATIVES</b>	ANTARA	CAPS	NON-PREFERRED	PA REQUIRED
	FENOFIBRATE	CAPS	NON-PREFERRED	PA REQUIRED
	FENOFIBRATE	TABS	PREFERRED	-
	FENOFIBRATE MICRONIZED	CAPS	NON-PREFERRED	PA REQUIRED
	FENOFIBRIC ACID	TABS	NON-PREFERRED	PA REQUIRED
	FENOFIBRIC ACID DR	CPDR	NON-PREFERRED	PA REQUIRED
	FENOGLIDE	TABS	NON-PREFERRED	PA REQUIRED
	FIBRICOR	TABS	NON-PREFERRED	PA REQUIRED
	GEMFIBROZIL	TABS	PREFERRED	-
	LIPOFEN	CAPS	NON-PREFERRED	PA REQUIRED
	LOFIBRA	CAPS	NON-PREFERRED	PA REQUIRED
	LOPID	TABS	NON-PREFERRED	PA REQUIRED
	TRICOR	TABS	NON-PREFERRED	PA REQUIRED
	TRIGLIDE	TABS	NON-PREFERRED	PA REQUIRED
TRILIPIX	CPDR	NON-PREFERRED	PA REQUIRED	
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : HMG COA REDUCTASE INHIBITORS (STATINS) AND COMBINATIONS</b>	ALTOPREV	TB24	NON-PREFERRED	-
	ATORVASTATIN CALCIUM	TABS	PREFERRED	-

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<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : HMG COA REDUCTASE INHIBITORS (STATINS) AND COMBINATIONS (CONT.)</b>	CRESTOR	TABS	NON-PREFERRED	PA REQUIRED
	EZETIMIBE/SIMVASTATIN	TABS	NON-PREFERRED	PA REQUIRED
	FLUVASTATIN	CAPS	NON-PREFERRED	-
	FLUVASTATIN SODIUM ER	TB24	NON-PREFERRED	-
	LESCOL XL	TB24	NON-PREFERRED	PA REQUIRED
	LIPITOR	TABS	NON-PREFERRED	PA REQUIRED
	LIVALO	TABS	NON-PREFERRED	-
	LOVASTATIN	TABS	PREFERRED	-
	PRAVACHOL	TABS	NON-PREFERRED	PA REQUIRED
	PRAVASTATIN SODIUM	TABS	PREFERRED	-
	ROSUVASTATIN CALCIUM	TABS	PREFERRED	-
	SIMVASTATIN	TABS	PREFERRED	-
	VYTORIN	TABS	NON-PREFERRED	PA REQUIRED
	ZOCOR	TABS	NON-PREFERRED	PA REQUIRED
	ZYPITAMAG	TABS	NON-PREFERRED	-
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITOR</b>	JUXTAPID	CAPS	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : NICOTINIC ACID DERIVATIVES</b>	NIACIN ER	TBCR	PREFERRED	-
	NIACOR	TABS	PREFERRED	-
	NIASPAN	TBCR	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : PCSK-9 INHIBITORS</b>	PRALUENT	SOPN	NON-PREFERRED	PA REQUIRED
	REPATHA	SOSY	PREFERRED	PA REQUIRED
	REPATHA PUSHTRONEX SYSTEM	SOCT	PREFERRED	PA REQUIRED
	REPATHA SURECLICK	SOAJ	PREFERRED	PA REQUIRED

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<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITOR COMBINATIONS</b>	ACCURETIC	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	PREFERRED	PA REQUIRED
	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	PREFERRED	PA REQUIRED
	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOTENSIN HCT	TABS	NON-PREFERRED	PA REQUIRED
	LOTREL	CAPS	NON-PREFERRED	PA REQUIRED
	MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	PRESTALIA	TABS	NON-PREFERRED	PA REQUIRED
	QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TARKA	TBCR	NON-PREFERRED	PA REQUIRED
	TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	NON-PREFERRED	PA REQUIRED
	VASERETIC	TABS	NON-PREFERRED	PA REQUIRED
	ZESTORETIC	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITORS</b>	ACCUPRIL	TABS	NON-PREFERRED	PA REQUIRED
	ACEON	TABS	NON-PREFERRED	PA REQUIRED
	ALTACE	CAPS	NON-PREFERRED	PA REQUIRED
	BENAZEPRIL HCL	TABS	PREFERRED	-
	CAPTOPRIL	TABS	PREFERRED	-
	ENALAPRIL MALEATE	TABS	PREFERRED	-
	ENALAPRILAT	INJ	PREFERRED	-
	EPANED	SOLN	NON-PREFERRED	-
	FOSINOPRIL SODIUM	TABS	PREFERRED	-
	LISINOPRIL	TABS	PREFERRED	-
	LOTENSIN	TABS	NON-PREFERRED	PA REQUIRED

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<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITORS (CONT.)</b>	MOEXIPRIL HCL	TABS	NON-PREFERRED	-
	PERINDOPRIL ERBUMINE	TABS	NON-PREFERRED	-
	PRINIVIL	TABS	NON-PREFERRED	PA REQUIRED
	QBRELIS	SOLN	NON-PREFERRED	-
	QUINAPRIL HCL	TABS	NON-PREFERRED	-
	QUINAPRIL HYDROCHLORIDE	TABS	NON-PREFERRED	-
	RAMIPRIL	CAPS	PREFERRED	-
	TRANDOLAPRIL	TABS	NON-PREFERRED	-
	VASOTEC	TABS	NON-PREFERRED	PA REQUIRED
	ZESTRIL	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS</b>	AMLODIPINE BESYLATE/VALSARTAN	TABS	PREFERRED	PA REQUIRED
	AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE/VALSARTAN/HCTZ	TABS	NON-PREFERRED	PA REQUIRED
	ATACAND HCT	TABS	NON-PREFERRED	PA REQUIRED
	AVALIDE	TABS	NON-PREFERRED	PA REQUIRED
	AZOR	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR HCT	TABS	NON-PREFERRED	PA REQUIRED
	BYVALSON	TABS	NON-PREFERRED	PA REQUIRED
	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	DIOVAN HCT	TABS	NON-PREFERRED	PA REQUIRED
	EDARBYCLOR	TABS	NON-PREFERRED	PA REQUIRED
	EXFORGE	TABS	NON-PREFERRED	PA REQUIRED
	EXFORGE HCT	TABS	NON-PREFERRED	PA REQUIRED
	HYZAAR	TABS	NON-PREFERRED	PA REQUIRED
	IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	MICARDIS HCT	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS (CONT.)	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TELMISARTAN/AMLODIPINE	TABS	NON-PREFERRED	PA REQUIRED
	TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	TRIBENZOR	TABS	NON-PREFERRED	PA REQUIRED
	TWYNSTA	TABS	NON-PREFERRED	PA REQUIRED
	VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKERS	ATACAND	TABS	NON-PREFERRED	PA REQUIRED
	AVAPRO	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR	TABS	NON-PREFERRED	PA REQUIRED
	CANDESARTAN CILEXETIL	TABS	NON-PREFERRED	-
	COZAAR	TABS	NON-PREFERRED	PA REQUIRED
	DIOVAN	TABS	NON-PREFERRED	PA REQUIRED
	EDARBI	TABS	NON-PREFERRED	-
	EPROSARTAN MESYLATE	TABS	NON-PREFERRED	-
	IRBESARTAN	TABS	PREFERRED	-
	LOSARTAN POTASSIUM	TABS	PREFERRED	-
	MICARDIS	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL	TABS	PREFERRED	-
	TELMISARTAN	TABS	NON-PREFERRED	-
VALSARTAN	TABS	PREFERRED	-	
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITOR COMBINATIONS	TEKTURNA HCT	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITORS	TEKTURNA	TABS	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMBINATIONS	ENTRESTO	TABS	PREFERRED	PA REQUIRED
	CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGIC COMBINATIONS	CLORPRES	TABS	NON-PREFERRED
	METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGICS	CARDURA	TABS	NON-PREFERRED	PA REQUIRED
	CATAPRES	TABS	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-1	PTWK	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-2	PTWK	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-3	PTWK	NON-PREFERRED	PA REQUIRED
	CLONIDINE HCL	PTWK	PREFERRED	-
	CLONIDINE HCL	TABS	PREFERRED	-
	DOXAZOSIN	TABS	PREFERRED	-
	DOXAZOSIN MESYLATE	TABS	PREFERRED	-
	GUANFACINE HCL	TABS	PREFERRED	-
	METHYLDOPA	TABS	PREFERRED	-
	METHYLDOPATE HCL	SOLN	PREFERRED	PA REQUIRED
	MINIPRESS	CAPS	NON-PREFERRED	PA REQUIRED
	PRAZOSIN HCL	CAPS	PREFERRED	-
TERAZOSIN HCL	CAPS	PREFERRED	-	
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA-ADRENERGIC COMBINATIONS	ATENOLOL/CHLORTHALIDONE	TABS	PREFERRED	-
	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	CORZIDE	TABS	NON-PREFERRED	PA REQUIRED
	DUTOPROL	TB24	NON-PREFERRED	-
	LOPRESSOR HCT	TABS	NON-PREFERRED	PA REQUIRED
	METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-

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<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA-ADRENERGIC COMBINATIONS (CONT)</b>	NADOLOL/BENDROFLUMETHIAZIDE	TABS	NON-PREFERRED	-
	PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TENORETIC 100	TABS	NON-PREFERRED	PA REQUIRED
	TENORETIC 50	TABS	NON-PREFERRED	PA REQUIRED
	ZIAC	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA-ADRENERGICS</b>	ACEBUTOLOL HCL	CAPS	PREFERRED	-
	ACEBUTOLOL HYDROCHLORIDE	CAPS	PREFERRED	-
	ATENOLOL	TABS	PREFERRED	-
	BETAPACE	TABS	NON-PREFERRED	PA REQUIRED
	BETAPACE AF	TABS	NON-PREFERRED	PA REQUIRED
	BETAXOLOL HCL	TABS	PREFERRED	-
	BISOPROLOL FUMARATE	TABS	PREFERRED	-
	BREVIBLOC	SOLN	NON-PREFERRED	PA REQUIRED
	BREVIBLOC 100 MG/10 ML	SOLN	PREFERRED	PA REQUIRED
	BREVIBLOC PREMIXED	SOLN	PREFERRED	PA REQUIRED
	BREVIBLOC PREMIXED DOUBLESTRENGTH	SOLN	PREFERRED	PA REQUIRED
	BYSTOLIC	TABS	NON-PREFERRED	-
	CARVEDILOL	TABS	PREFERRED	-
	CARVEDILOL PHOSPHATE	CP24	PREFERRED	-
	COREG	TABS	NON-PREFERRED	PA REQUIRED
	COREG CR	CP24	NON-PREFERRED	PA REQUIRED
	CORGARD	TABS	NON-PREFERRED	PA REQUIRED
	ESMOLOL HCL	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE IN WATER	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	SOLN	PREFERRED	PA REQUIRED
	HEMANGEOL	SOLN	NON-PREFERRED	-
	INDERAL LA	CP24	NON-PREFERRED	PA REQUIRED
	INDERAL XL	CP24	NON-PREFERRED	-
	INNOPRAN XL	CP24	NON-PREFERRED	-
	KAPSPARGO SPRINKLE	CS24	NON-PREFERRED	PA REQUIRED

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<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA-ADRENERGICS (CONT.)</b>	LABELALOL HCL	SOLN	PREFERRED	PA REQUIRED
	LABELALOL HCL	TABS	PREFERRED	-
	LABELALOL HYDROCHLORIDE	TABS	PREFERRED	-
	LOPRESSOR	TABS	NON-PREFERRED	PA REQUIRED
	METOPROLOL SUCCINATE ER	TB24	PREFERRED	-
	METOPROLOL TARTRATE	SOCT	PREFERRED	PA REQUIRED
	METOPROLOL TARTRATE	SOLN	PREFERRED	PA REQUIRED
	METOPROLOL TARTRATE 37.5 MG AND 75 MG	TABS	NON-PREFERRED	PA REQUIRED
	METOPROLOL TARTRATE	TABS	PREFERRED	-
	NADOLOL	TABS	PREFERRED	-
	PINDOLOL	TABS	NON-PREFERRED	-
	PROPRANOLOL HCL ORAL	SOLN	PREFERRED	-
	PROPRANOLOL HCL INJECTION	SOLN	PREFERRED	PA REQUIRED
	PROPRANOLOL HCL	TABS	PREFERRED	-
	PROPRANOLOL HCL ER	CP24	PREFERRED	-
	PROPRANOLOL HYDROCHLORIDE	TABS	PREFERRED	-
	SORINE	TABS	PREFERRED	-
	SOTALOL HCL	TABS	PREFERRED	-
	SOTALOL HCL (AF)	TABS	PREFERRED	-
	SOTALOL HYDROCHLORIDE	TABS	PREFERRED	-
	SOTALOL HYDROCHLORIDE (AF)	TABS	PREFERRED	-
	SOTALOL HYDROCHLORIDE	TABS	PREFERRED	-
	SOTYLIZE	SOLN	PREFERRED	-
	TENORMIN	TABS	NON-PREFERRED	PA REQUIRED
	TIMOLOL MALEATE	TABS	NON-PREFERRED	-
	TOPROL XL	TB24	NON-PREFERRED	PA REQUIRED
	<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKER COMBINATIONS</b>	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TABS	NON-PREFERRED
CADUET		TABS	NON-PREFERRED	PA REQUIRED



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

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<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS (CONT.)</b>	PROCARDIA	CAPS	NON-PREFERRED	PA REQUIRED
	PROCARDIA XL	TB24	NON-PREFERRED	PA REQUIRED
	SULAR	TB24	NON-PREFERRED	PA REQUIRED
	TAZTIA XT	CP24	NON-PREFERRED	PA REQUIRED
	TIAZAC	CP24	NON-PREFERRED	PA REQUIRED
	VERAPAMIL HCL	SOLN	PREFERRED	PA REQUIRED
	VERAPAMIL HCL	TABS	PREFERRED	-
	VERAPAMIL HCL ER	CP24	NON-PREFERRED	-
	VERAPAMIL HCL ER	TBCR	PREFERRED	-
	VERAPAMIL HCL SR	CP24	NON-PREFERRED	-
	VERAPAMIL HCL SR	CP24	NON-PREFERRED	PA REQUIRED
	VERAPAMIL HYDROCHLORIDE	SOLN	PREFERRED	PA REQUIRED
	VERAPAMIL HYDROCHLORIDE	TABS	PREFERRED	-
	VERELAN	CP24	NON-PREFERRED	PA REQUIRED
	VERELAN PM	CP24	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : OTHER</b>	CORLOPAM	SOLN	PREFERRED	PA REQUIRED
	DEMSER	CAPS	NON-PREFERRED	PA REQUIRED
	DIBENZYLIN	CAPS	NON-PREFERRED	PA REQUIRED
	EPLERENONE	TABS	PREFERRED	-
	HYDRALAZINE HCL	SOLN	PREFERRED	PA REQUIRED
	HYDRALAZINE HCL	TABS	PREFERRED	-
	HYDRALAZINE HYDROCHLORIDE	TABS	PREFERRED	-
	INSPIRA	TABS	NON-PREFERRED	PA REQUIRED
	MINOXIDIL	TABS	PREFERRED	-
	NIPRIDE RTU	SOLN	PREFERRED	PA REQUIRED
	NITROPRESS	SOLN	PREFERRED	PA REQUIRED
	PHENOXYBENZAMINE HYDROCHLORIDE	CAPS	PREFERRED	-
	PHEHOTOLAMINE MESYLATE	SOLR	PREFERRED	-
	SODIUM NITROPRUSSIDE	SOLN	PREFERRED	PA REQUIRED
	VECAMEYL	TABS	NON-PREFERRED	PA REQUIRED

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<b>CARDIOVASCULAR AGENTS - CARDIOTONICS : CARDIAC GLYCOSIDES</b>	DIGITEK	TABS	PREFERRED	-
	DIGOX	TABS	PREFERRED	-
	DIGOXIN INJECTABLE	SOLN	PREFERRED	-
	DIGOXIN ORAL	SOLN	PREFERRED	PA REQUIRED
	DIGOXIN	TABS	PREFERRED	-
	LANOXIN	SOLN	NON-PREFERRED	PA REQUIRED
	LANOXIN	TABS	NON-PREFERRED	-
	LANOXIN	TABS	NON-PREFERRED	PA REQUIRED
	LANOXIN PEDIATRIC	SOLN	NON-PREFERRED	-
	NITROGLYCERIN IN 5% DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	NITROGLYCERIN IN DEXTROSE 5%	SOLN	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - CARDIOTONICS : PHOSPHODIESTERASE INHIBITORS</b>	MILRINONE IN DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	MILRINONE LACTATE	SOLN	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - DIURETICS : CARBONIC ANHYDRASE INHIBITORS</b>	ACETAZOLAMIDE	TABS	PREFERRED	-
	ACETAZOLAMIDE ER	CP12	PREFERRED	-
	ACETAZOLAMIDE SODIUM	SOLR	PREFERRED	PA REQUIRED
	DIAMOX	CP12	NON-PREFERRED	PA REQUIRED
	KEVEYIS	TABS	NON-PREFERRED	-
	METHAZOLAMIDE	TABS	PREFERRED	-
	NEPTAZANE	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - DIURETICS : DIURETIC COMBINATIONS</b>	ALDACTAZIDE	TABS	NON-PREFERRED	-
	ALDACTAZIDE 25 - 25 MG	TABS	NON-PREFERRED	PA REQUIRED
	AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	DYAZIDE	CAPS	NON-PREFERRED	PA REQUIRED
	MAXZIDE	TABS	NON-PREFERRED	PA REQUIRED
	MAXZIDE-25	TABS	NON-PREFERRED	PA REQUIRED
	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	PREFERRED	-

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<b>CARDIOVASCULAR AGENTS - DIURETICS : DIURETIC COMBINATIONS (CONT.)</b>	<b>TRIAMTERENE/HYDROCHLOROTHIAZIDE</b>	TABS	<b>PREFERRED</b>	-
<b>CARDIOVASCULAR AGENTS - DIURETICS : LOOP DIURETICS</b>	<b>BUMETANIDE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>BUMETANIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>DEMADEX</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>EDECIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ETHACRYNATE SODIUM</b>	SOLR	<b>PREFERRED</b>	-
	<b>ETHACRYNIC ACID</b>	TABS	<b>PREFERRED</b>	-
	<b>FUROSEMIDE ORAL</b>	SOLN	<b>PREFERRED</b>	-
	<b>FUROSEMIDE INJECTION</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>FUROSEMIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>LASIX</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SODIUM EDECIN</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TORSEMIDE</b>	TABS	<b>PREFERRED</b>	-
<b>CARDIOVASCULAR AGENTS - DIURETICS : POTASSIUM SPARING DIURETICS</b>	<b>ALDACTONE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AMILORIDE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>CAROSPIR</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>DYRENIUM</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>SPIRONOLACTONE</b>	TABS	<b>PREFERRED</b>	-
<b>CARDIOVASCULAR AGENTS - DIURETICS : THIAZIDE AND THIAZIDE-LIKE DIURETICS</b>	<b>CHLOROTHIAZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>CHLOROTHIAZIDE SODIUM</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>CHLORTHALIDONE</b>	TABS	<b>PREFERRED</b>	-
	<b>DIURIL</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>HYDROCHLOROTHIAZIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>HYDROCHLOROTHIAZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>INDAPAMIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>METHYCLOTHIAZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>METOLAZONE</b>	TABS	<b>PREFERRED</b>	-
	<b>MICROZIDE</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED

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<b>APPLE HEALTH DRUG CLASS</b>	<b>DRUG NAME</b>	<b>DOSE FORM</b>	<b>PREFERRED STATUS</b>	<b>PA STATUS</b>
<b>CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - NITRATES</b>	<b>BIDIL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DILATRATE SR</b>	CPCR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GONITRO</b>	PACK	<b>NON-PREFERRED</b>	-
	<b>ISORDIL TITRADOSE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ISOSORBIDE DINITRATE</b>	TABS	<b>PREFERRED</b>	-
	<b>ISOSORBIDE DINITRATE ER</b>	TBCR	<b>PREFERRED</b>	-
	<b>ISOSORBIDE MONONITRATE</b>	TABS	<b>PREFERRED</b>	-
	<b>ISOSORBIDE MONONITRATE ER</b>	TB24	<b>PREFERRED</b>	-
	<b>MINITRAN</b>	PT24	<b>PREFERRED</b>	-
	<b>NITRO-BID</b>	OINT	<b>PREFERRED</b>	-
	<b>NITRO-DUR</b>	PT24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROGLYCERIN</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>NITROGLYCERIN</b>	SUBL	<b>PREFERRED</b>	-
	<b>NITROGLYCERIN ER</b>	CPCR	<b>PREFERRED</b>	-
	<b>NITROGLYCERIN LINGUAL</b>	AERS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROGLYCERIN LINGUAL</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROGLYCERIN TRANSDERMAL</b>	PT24	<b>PREFERRED</b>	-
	<b>NITROLINGUAL PUMPSPRAY</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROMIST</b>	AERS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROSTAT</b>	SUBL	<b>NON-PREFERRED</b>	PA REQUIRED
<b>NITRO-TIME</b>	CPCR	<b>PREFERRED</b>	-	
<b>CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - OTHER</b>	<b>RANEXA</b>	TB12	<b>PREFERRED</b>	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - MISC : ANTIARRHYTHMICS</b>	<b>ADENOCARD</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>ADENOSINE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>AMIODARONE HCL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>AMIODARONE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>AMIODARONE HYDROCHLORIDE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>AMIODARONE HYDROCHLORIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>CORVERT</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>DISOPYRAMIDE PHOSPHATE</b>	CAPS	<b>PREFERRED</b>	-

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<b>CARDIOVASCULAR AGENTS - MISC : ANTIARRHYTHMICS (CONT.)</b>	<b>DOFETILIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>FLECAINIDE ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>IBUTILIDE FUMARATE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>LIDOCAINE HCL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>LIDOCAINE HCL IN D5W</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>LIDOCAINE HCL/DEXTROSE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>MEXILETINE HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>MULTAQ</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>NEXTERONE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>NORPACE</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NORPACE CR</b>	CP12	<b>NON-PREFERRED</b>	-
	<b>PACERONE</b>	TABS	<b>PREFERRED</b>	-
	<b>PROCAINAMIDE HCL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PROCAINAMIDE HYDROCHLORIDE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PROPAFENONE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>PROPAFENONE HCL ER</b>	CP12	<b>PREFERRED</b>	-
	<b>PROPAFENONE HYDROCHLORIDE ER</b>	CP12	<b>PREFERRED</b>	-
	<b>PROPAFENONE HYDROCHLORIDEER</b>	CP12	<b>PREFERRED</b>	-
	<b>QUINIDINE GLUCONATE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>QUINIDINE GLUCONATE CR</b>	TBCR	<b>PREFERRED</b>	-
	<b>QUINIDINE SULFATE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>RYTHMOL SR</b>	CP12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TIKOSYN</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>XYLOCAINE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>	<b>LETAIRIS</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>OPSUMIT</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TRACLEER</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>TRACLEER</b>	TBSO	<b>PREFERRED</b>	PA REQUIRED

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CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PDEI	ADCIRCA	TABS	PREFERRED	PA REQUIRED
	REVATIO	SUSR	NON-PREFERRED	PA REQUIRED
	REVATIO	TABS	NON-PREFERRED	PA REQUIRED
	SILDENAFIL	TABS	PREFERRED	PA REQUIRED
	SILDENAFIL CITRATE	TABS	PREFERRED	PA REQUIRED
	TADALAFIL	TABS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONISTS	UPTRAVI	TABS	PREFERRED	PA REQUIRED
	UPTRAVI	TBPK	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTAGLANDIN VASODILATORS	ORENITRAM	TBCR	NON-PREFERRED	PA REQUIRED
	TYVASO	SOLN	PREFERRED	PA REQUIRED
	TYVASO REFILL	SOLN	PREFERRED	PA REQUIRED
	TYVASO STARTER	SOLN	PREFERRED	PA REQUIRED
	VENTAVIS	SOLN	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - SGC STIMULATOR	ADEMPAS	TABS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : SINUS NODE INHIBITORS	CORLANOR	TABS	PREFERRED	PA REQUIRED
CYTOKINE AND CAM ANTAGONISTS	ACTEMRA	SOLN	NON-PREFERRED	PA REQUIRED
	ACTEMRA	SOSY	NON-PREFERRED	PA REQUIRED
	ARCALYST	SOLR	NON-PREFERRED	PA REQUIRED
	CIMZIA	KIT	NON-PREFERRED	PA REQUIRED
	CIMZIA STARTER KIT	KIT	NON-PREFERRED	PA REQUIRED
	COSENTYX	SOSY	NON-PREFERRED	PA REQUIRED
	COSENTYX SENSOREADY PEN	SOAJ	NON-PREFERRED	PA REQUIRED
	ENBREL	SOLR	PREFERRED	PA REQUIRED
	ENBREL	SOSY	PREFERRED	PA REQUIRED
	ENBREL MINI	SOCT	NON-PREFERRED	PA REQUIRED

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CYTOKINE AND CAM ANTAGONISTS (CONT.)	ENBREL SURECLICK	SOAJ	PREFERRED	PA REQUIRED
	ENTYVIO	SOLR	NON-PREFERRED	PA REQUIRED
	HUMIRA	PSKT	PREFERRED	PA REQUIRED
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	PREFERRED	PA REQUIRED
	HUMIRA PEN	PNKT	PREFERRED	PA REQUIRED
	HUMIRA PEN-CD/UC/HS STARTER	PNKT	PREFERRED	PA REQUIRED
	HUMIRA PEN-PS/UV STARTER	PNKT	PREFERRED	PA REQUIRED
	ILARIS	SOLN	NON-PREFERRED	PA REQUIRED
	ILARIS	SOLR	NON-PREFERRED	PA REQUIRED
	INFLECTRA	SOLR	NON-PREFERRED	PA REQUIRED
	KEVZARA	SOAJ	NON-PREFERRED	PA REQUIRED
	KEVZARA	SOSY	NON-PREFERRED	PA REQUIRED
	KINERET	SOSY	NON-PREFERRED	PA REQUIRED
	OLUMIANT	TABS	NON-PREFERRED	PA REQUIRED
	ORENCIA	SOLR	NON-PREFERRED	PA REQUIRED
	ORENCIA	SOSY	NON-PREFERRED	PA REQUIRED
	ORENCIA CLICKJECT	SOAJ	NON-PREFERRED	PA REQUIRED
	OTEZLA	TABS	NON-PREFERRED	PA REQUIRED
	OTEZLA	TBPK	NON-PREFERRED	PA REQUIRED
	REMICADE	SOLR	NON-PREFERRED	PA REQUIRED
	RENFLEXIS	SOLR	NON-PREFERRED	PA REQUIRED
	SILIQ	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOAJ	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI ARIA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOSY	NON-PREFERRED	PA REQUIRED
	TALTZ	SOAJ	NON-PREFERRED	PA REQUIRED
	TALTZ	SOSY	NON-PREFERRED	PA REQUIRED
	TREMFYA	SOSY	NON-PREFERRED	PA REQUIRED
	XELJANZ	TABS	NON-PREFERRED	PA REQUIRED
	XELJANZ XR	TB24	NON-PREFERRED	PA REQUIRED



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<b>DERMATOLOGICS : ANTI-PRURITICS - TOPICAL</b>	<b>DOXEPIN HYDROCHLORIDE</b>	CREA	<b>PREFERRED</b>	PA REQUIRED
	<b>PRUDOXIN</b>	CREA	<b>PREFERRED</b>	PA REQUIRED
	<b>ZONALON</b>	CREA	<b>PREFERRED</b>	PA REQUIRED
<b>DERMATOLOGICS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>	<b>ELIDEL</b>	CREA	<b>PREFERRED</b>	PA REQUIRED
	<b>PROTOPIC</b>	OINT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TACROLIMUS</b>	OINT	<b>NON-PREFERRED</b>	PA REQUIRED
<b>DIGESTIVE AIDS : PANCREATIC ENZYMES</b>	<b>CREON</b>	CPEP	<b>PREFERRED</b>	-
	<b>PANCREAZE</b>	CPEP	<b>NON-PREFERRED</b>	-
	<b>PERTZYE</b>	CPEP	<b>NON-PREFERRED</b>	-
	<b>VIOKACE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>ZENPEP</b>	CPEP	<b>PREFERRED</b>	-
<b>ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE</b>	<b>ANDRODERM</b>	PT24	<b>PREFERRED</b>	PA REQUIRED
	<b>ANDROGEL</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANDROGEL PUMP</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANDROID</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AVEED</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DEPO-TESTOSTERONE</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FORTESTA</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METHITEST</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METHYLTESTOSTERONE</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NATESTO</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>STRIANT</b>	MISC	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTIM</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOPEL</b>	PLLT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE 2%</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE</b>	GEL	<b>PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE CYPIONATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>TESTOSTERONE ENANTHATE</b>	SOLN	<b>PREFERRED</b>	-
<b>TESTOSTERONE PUMP</b>	GEL	<b>PREFERRED</b>	PA REQUIRED	

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<b>ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE (CONT.)</b>	<b>TESTOSTERONE TOPICAL SOLUTION</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTRED</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VOGELXO</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VOGELXO PUMP</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES</b>	<b>GENOTROPIN</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>GENOTROPIN MINIQUICK</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>HUMATROPE</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HUMATROPE COMBO PACK</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NORDITROPIN CARTRIDGE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>NORDITROPIN FLEXP</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>NUTROPIN AQ NUSPIN 10</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NUTROPIN AQ NUSPIN 20</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NUTROPIN AQ NUSPIN 5</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OMNITROPE</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OMNITROPE</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SAIZEN</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SAIZEN CLICK.EASY</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SAIZENPREP RECONSTITUTIONKIT</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SEROSTIM</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZOMACTON</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ZORBTIVE</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED	
<b>ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES</b>	<b>AYGESTIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CRINONE</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HYDROXYPROGESTERONE CAPROATE</b>	OIL	<b>PREFERRED</b>	PA REQUIRED
	<b>INTRAROSA</b>	INST	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MAKENA</b>	OIL	<b>PREFERRED</b>	PA REQUIRED
	<b>MAKENA</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MEDROXYPROGESTERONE ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>NORETHINDRONE ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>PROGESTERONE</b>	CAPS	<b>PREFERRED</b>	-

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<b>ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES (CONT.)</b>	<b>PROGESTERONE</b>	OIL	<b>PREFERRED</b>	-
	<b>PROMETRIUM</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROVERA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>GASTROINTESTINAL AGENTS - MISC : INFLAMMATORY BOWEL AGENTS</b>	<b>APRISO</b>	CP24	<b>PREFERRED</b>	-
	<b>ASACOL HD</b>	TBEC	<b>NON-PREFERRED</b>	-
	<b>AZULFIDINE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AZULFIDINE EN-TABS</b>	TBEC	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BALSALAZIDE DISODIUM</b>	CAPS	<b>PREFERRED</b>	-
	<b>CANASA</b>	SUPP	<b>PREFERRED</b>	-
	<b>COLAZAL</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DELZICOL</b>	CPDR	<b>PREFERRED</b>	-
	<b>DIPENTUM</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>GIAZO</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>LIALDA</b>	TBEC	<b>PREFERRED</b>	-
	<b>MESALAMINE</b>	ENEM	<b>PREFERRED</b>	-
	<b>MESALAMINE</b>	KIT	<b>PREFERRED</b>	-
	<b>MESALAMINE DR</b>	TBEC	<b>NON-PREFERRED</b>	-
	<b>PENTASA</b>	CPCR	<b>PREFERRED</b>	-
	<b>ROWASA</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SFROWASA</b>	ENEM	<b>NON-PREFERRED</b>	-
	<b>SULFASALAZINE</b>	TABS	<b>PREFERRED</b>	-
<b>SULFASALAZINE</b>	TBEC	<b>PREFERRED</b>	-	
<b>GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY</b>	<b>ALOSETRON HYDROCHLORIDE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AMITIZA</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
	<b>ANASPAZ</b>	TBDP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BELLADONNA &amp; OPIUM</b>	SUPP	<b>NON-PREFERRED</b>	-
	<b>BELLADONNA ALKALOIDS &amp; OPIUM</b>	SUPP	<b>NON-PREFERRED</b>	-
	<b>BENTYL</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BENTYL</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED

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GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY (CONT.)	CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	CAPS	NON-PREFERRED	-
	CUVPOSA	SOLN	NON-PREFERRED	-
	DICYCLOMINE HCL	CAPS	PREFERRED	-
	DICYCLOMINE HCL	SOLN	PREFERRED	-
	DICYCLOMINE HCL	TABS	PREFERRED	-
	DICYCLOMINE HYDROCHLORIDE	TABS	PREFERRED	-
	ED-SPAZ	TBDP	PREFERRED	-
	ENTEREG	CAPS	NON-PREFERRED	PA REQUIRED
	GLYCATE	TABS	NON-PREFERRED	-
	GLYCOPYRROLATE	SOLN	PREFERRED	-
	GLYCOPYRROLATE	TABS	PREFERRED	-
	HYOSCYAMINE SULFATE	ELIX	PREFERRED	-
	HYOSCYAMINE SULFATE	SOLN	PREFERRED	-
	HYOSCYAMINE SULFATE	SUBL	PREFERRED	-
	HYOSCYAMINE SULFATE	TABS	PREFERRED	-
	HYOSCYAMINE SULFATE	TBDP	PREFERRED	-
	HYOSCYAMINE SULFATE ER	TB12	PREFERRED	-
	HYOSCYAMINE SULFATE ODT	TBDP	PREFERRED	-
	HYOSYNE	ELIX	PREFERRED	-
	HYOSYNE	SOLN	PREFERRED	-
	LEVSIN	SOLN	NON-PREFERRED	-
	LEVSIN	TABS	NON-PREFERRED	PA REQUIRED
	LEVSIN/SL	SUBL	NON-PREFERRED	PA REQUIRED
	LIBRAX	CAPS	NON-PREFERRED	PA REQUIRED
	LINZESS	CAPS	PREFERRED	PA REQUIRED
	LOTRONEX	TABS	NON-PREFERRED	PA REQUIRED
	MOVANTIK	TABS	PREFERRED	PA REQUIRED
	NULEV	TBDP	PREFERRED	-
	OSCIMIN	SUBL	PREFERRED	-
	OSCIMIN	TABS	PREFERRED	-
	OSCIMIN	TBDP	PREFERRED	-

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<b>GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY (CONT.)</b>	<b>OSCIMIN SR</b>	TB12	<b>PREFERRED</b>	-
	<b>RELISTOR</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RELISTOR</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ROBINUL</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ROBINUL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ROBINUL FORTE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SYMAX-SL</b>	SUBL	<b>PREFERRED</b>	-
	<b>SYMPROIC</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TRULANCE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VIBERZI</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>GASTROINTESTINAL AGENTS - MISC : PHOSPHATE BINDER AGENTS</b>	<b>AURYXIA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CALCIUM ACETATE</b>	CAPS	<b>PREFERRED</b>	-
	<b>CALCIUM ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>CALPHRON</b>	TABS	<b>PREFERRED</b>	-
	<b>ELIPHOS</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FOSRENOL</b>	CHEW	<b>PREFERRED</b>	PA REQUIRED
	<b>FOSRENOL</b>	PACK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LANTHANUM CARBONATE</b>	CHEW	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PHOSLYRA</b>	SOLN	<b>PREFERRED</b>	-
	<b>RENAGEL</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>RENVELA</b>	PACK	<b>PREFERRED</b>	PA REQUIRED
	<b>RENVELA</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>SEVELAMER CARBONATE</b>	PACK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SEVELAMER CARBONATE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>VELPHORO</b>	CHEW	<b>NON-PREFERRED</b>	PA REQUIRED	
<b>HEMATOLOGICAL AGENTS - MISC : PLATELET AGGREGATION INHIBITORS</b>	<b>AGGRENOX</b>	CP12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AGRYLIN</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANAGRELIDE HYDROCHLORIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>ASPIRIN/DIPYRIDAMOLE</b>	CP12	<b>PREFERRED</b>	-

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	<b>CILOSTAZOL</b>	TABS	<b>PREFERRED</b>	-
	<b>CLOPIDOGREL</b>	TABS	<b>PREFERRED</b>	-
	<b>DIPYRIDAMOLE</b>	TABS	<b>PREFERRED</b>	-
	<b>DURLAZA</b>	CP24	<b>NON-PREFERRED</b>	-
	<b>EFFIENT</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>KENGREAL</b>	SOLR	<b>NON-PREFERRED</b>	-
	<b>PLAVIX</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PRASUGREL</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>YOSPRALA</b>	TBEC	<b>NON-PREFERRED</b>	-
	<b>ZONTIVITY</b>	TABS	<b>NON-PREFERRED</b>	-
<b>HEMATOPOIETIC AGENTS : ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</b>	<b>ARANESP ALBUMIN FREE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>ARANESP ALBUMIN FREE</b>	SOSY	<b>PREFERRED</b>	PA REQUIRED
	<b>EPOGEN</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>MIRCERA</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROCRIT</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RETACRIT</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RETACRIT</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
<b>HEMATOPOIETIC AGENTS : GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)</b>	<b>FULPHILA</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GRANIX</b>	SOSY	<b>PREFERRED</b>	PA REQUIRED
	<b>LEUKINE</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEULASTA</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEULASTA ONPRO KIT</b>	PSKT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEUPOGEN</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>NEUPOGEN</b>	SOSY	<b>PREFERRED</b>	PA REQUIRED
	<b>ZARXIO</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED

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OPHTHALMIC AGENTS : CYCLOPLEGIC MYDRIATICS	ATROPINE SULFATE	OINT	PREFERRED	-
	ATROPINE SULFATE	SOLN	PREFERRED	-
	CYCLOGYL	SOLN	NON-PREFERRED	PA REQUIRED
	CYCLOMYDRIL	SOLN	PREFERRED	-
	CYCLOPENTOLATE HCL	SOLN	PREFERRED	-
	CYCLOPENTOLATE HYDROCHLORIDE	SOLN	PREFERRED	-
	ISOPTO ATROPINE	SOLN	PREFERRED	-
	MYDRIACYL	SOLN	NON-PREFERRED	PA REQUIRED
	TROPICAMIDE	SOLN	PREFERRED	-
OPHTHALMIC AGENTS : GLAUCOMA AGENTS	ALPHAGAN P	SOLN	PREFERRED	-
	APRACLONIDINE	SOLN	NON-PREFERRED	-
	AZOPT	SUSP	PREFERRED	-
	BETAGAN	SOLN	NON-PREFERRED	PA REQUIRED
	BETAXOLOL HCL	SOLN	NON-PREFERRED	-
	BETOPTIC-S	SUSP	NON-PREFERRED	-
	BIMATOPROST	SOLN	NON-PREFERRED	-
	BRIMONIDINE TARTRATE	SOLN	PREFERRED	-
	CARTEOLOL HCL	SOLN	NON-PREFERRED	-
	COMBIGAN	SOLN	PREFERRED	-
	COSOPT	SOLN	NON-PREFERRED	PA REQUIRED
	COSOPT PF	SOLN	NON-PREFERRED	-
	DORZOLAMIDE HCL	SOLN	PREFERRED	-
	DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	PREFERRED	-
	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE PF	SOLN	PREFERRED	-
	IOPIDINE	SOLN	NON-PREFERRED	-
	IOPIDINE	SOLN	NON-PREFERRED	PA REQUIRED
	ISOPTO CARPINE	SOLN	NON-PREFERRED	PA REQUIRED
	ISTALOL	SOLN	NON-PREFERRED	PA REQUIRED
	LATANOPROST	SOLN	PREFERRED	-
	LEVOBUNOLOL HCL	SOLN	PREFERRED	-
	LUMIGAN	SOLN	NON-PREFERRED	-

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<b>OPHTHALMIC AGENTS : GLAUCOMA AGENTS (CONT.)</b>	<b>METIPRANOLOL</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>MIOCHOL-E</b>	SOLR	<b>NON-PREFERRED</b>	-
	<b>MIOSTAT</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>PHOSPHOLINE IODIDE</b>	SOLR	<b>NON-PREFERRED</b>	-
	<b>PILOCARPINE HCL</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>RHOPRESSA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>SIMBRINZA</b>	SUSP	<b>PREFERRED</b>	-
	<b>TIMOLOL MALEATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>TIMOLOL MALEATE OPHTHALMIC GEL FORMING</b>	SOLG	<b>PREFERRED</b>	-
	<b>TIMOPTIC</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TIMOPTIC OCUDOSE</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>TIMOPTIC-XE</b>	SOLG	<b>PREFERRED</b>	-
	<b>TRAVATAN Z</b>	SOLN	<b>PREFERRED</b>	-
	<b>TRUSOPT</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VYZULTA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>XALATAN</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ZIOPTAN</b>	SOLN	<b>NON-PREFERRED</b>	-	
<b>OPHTHALMIC AGENTS : NONSTEROIDAL ANTI- INFLAMMATORY AGENTS</b>	<b>ACULAR</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACULAR LS</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACUVAIL</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>BROMFENAC</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>BROMSITE</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>DICLOFENAC SODIUM</b>	SOLN	<b>PREFERRED</b>	-
	<b>FLURBIPROFEN SODIUM</b>	SOLN	<b>PREFERRED</b>	-
	<b>ILEVRO</b>	SUSP	<b>PREFERRED</b>	-
	<b>KETOROLAC TROMETHAMINE</b>	SOLN	<b>PREFERRED</b>	-
	<b>NEVANAC</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>PROLENSA</b>	SOLN	<b>NON-PREFERRED</b>	-



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OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS	AK-POLY-BAC	OINT	NON-PREFERRED	-
	AZASITE	SOLN	NON-PREFERRED	-
	BACITRACIN	OINT	NON-PREFERRED	-
	BACITRACIN/POLYMYXIN B	OINT	NON-PREFERRED	-
	BESIVANCE	SUSP	NON-PREFERRED	-
	CILOXAN	OINT	NON-PREFERRED	-
	CILOXAN	SOLN	NON-PREFERRED	PA REQUIRED
	CIPROFLOXACIN HCL	SOLN	PREFERRED	-
	ERYTHROMYCIN	OINT	PREFERRED	-
	GATIFLOXACIN	SOLN	NON-PREFERRED	-
	GENTAK	OINT	NON-PREFERRED	-
	GENTAMICIN SULFATE	SOLN	PREFERRED	-
	LEVOFLOXACIN	SOLN	NON-PREFERRED	-
	MOXEZA	SOLN	PREFERRED	-
	MOXIFLOXACIN HYDROCHLORIDE	SOLN	NON-PREFERRED	-
	NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/BACITRACIN	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	NON-PREFERRED	-
	NEO-POLYCIN	OINT	NON-PREFERRED	-
	NEOSPORIN	SOLN	NON-PREFERRED	PA REQUIRED
	OCUFLOX	SOLN	NON-PREFERRED	PA REQUIRED
	OFLOXACIN	SOLN	PREFERRED	-
	POLYCIN	OINT	NON-PREFERRED	-
	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	PREFERRED	-
	POLYTRIM	SOLN	NON-PREFERRED	PA REQUIRED
	TOBRAMYCIN	SOLN	PREFERRED	-
	TOBRAMYCIN SULFATE	SOLN	PREFERRED	-
	TOBREX	OINT	NON-PREFERRED	-
	TOBREX	SOLN	NON-PREFERRED	PA REQUIRED
	TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	PREFERRED	-
	VIGAMOX	SOLN	PREFERRED	-
	ZYMAXID	SOLN	NON-PREFERRED	PA REQUIRED

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OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS - SULFONAMIDES	BLEPH-10	SOLN	NON-PREFERRED	PA REQUIRED
	SODIUM SULFACETAMIDE	SOLN	PREFERRED	-
	SULFACETAMIDE SODIUM	OINT	PREFERRED	-
	SULFACETAMIDE SODIUM	SOLN	PREFERRED	-
OPHTHALMIC AGENTS : OPHTHALMIC IMMUNOMODULATORS	RESTASIS	EMUL	PREFERRED	-
	RESTASIS MULTIDOSE	EMUL	PREFERRED	-
	XIIDRA	SOLN	NON-PREFERRED	PA REQUIRED
OPHTHALMIC AGENTS : OPHTHALMIC LOCAL ANESTHETICS	AKTEN	GEL	NON-PREFERRED	-
	PROPARACAINE HCL	SOLN	PREFERRED	-
	TETRACAINE HCL	SOLN	PREFERRED	-
OPHTHALMIC AGENTS : OPHTHALMIC STEROIDS - TOPICAL	ALREX	SUSP	NON-PREFERRED	-
	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	PREFERRED	-
	DUREZOL	EMUL	PREFERRED	-
	FLAREX	SUSP	NON-PREFERRED	-
	FLUOROMETHOLONE	SUSP	PREFERRED	-
	FML	OINT	NON-PREFERRED	-
	FML FORTE	SUSP	NON-PREFERRED	-
	FML LIQUIFILM	SUSP	NON-PREFERRED	PA REQUIRED
	LOTEMAX	GEL	NON-PREFERRED	-
	LOTEMAX	OINT	NON-PREFERRED	-
	LOTEMAX	SUSP	NON-PREFERRED	-
	MAXIDEX	SUSP	NON-PREFERRED	-
	OMNIPRED	SUSP	NON-PREFERRED	PA REQUIRED
	PRED FORTE	SUSP	NON-PREFERRED	PA REQUIRED
	PRED MILD	SUSP	NON-PREFERRED	-
	PREDNISOLONE ACETATE	SUSP	PREFERRED	-
	PREDNISOLONE SODIUM PHOSPHATE	SOLN	NON-PREFERRED	-

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<b>OPHTHALMIC AGENTS : OPHTHALMICS - CYSTINOSIS AGENTS</b>	<b>CYSTARAN</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
<b>OTIC AGENTS : OTIC ANALGESICS COMBINATIONS</b>	<b>CORTIC-ND</b>	SOLN	<b>PREFERRED</b>	-
	<b>CYOTIC</b>	SOLN	<b>PREFERRED</b>	-
	<b>PRAMOTIC</b>	LIQD	<b>PREFERRED</b>	-
<b>OTIC AGENTS : OTIC ANTI-INFECTIVES</b>	<b>CIPRO HC</b>	SUSP	<b>PREFERRED</b>	-
	<b>CIPRODEX</b>	SUSP	<b>PREFERRED</b>	-
	<b>CIPROFLOXACIN</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>COLY-MYCIN S</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>FLOXIN OTIC</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEOMYCIN/POLYMYXIN/HC</b>	SOLN	<b>PREFERRED</b>	-
	<b>NEOMYCIN/POLYMYXIN/HYDROCORTISONE</b>	SOLN	<b>PREFERRED</b>	-
	<b>NEOMYCIN/POLYMYXIN/HYDROCORTISONE</b>	SUSP	<b>PREFERRED</b>	-
	<b>OFLOXACIN</b>	SOLN	<b>PREFERRED</b>	-
	<b>OTIPRIO</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>OTOVEL</b>	SOLN	<b>NON-PREFERRED</b>	-
<b>OTIC AGENTS : OTIC STEROIDS</b>	<b>ACETASOL HC</b>	SOLN	<b>PREFERRED</b>	-
	<b>DERMOTIC</b>	OIL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FLUOCINOLONE ACETONIDE</b>	OIL	<b>PREFERRED</b>	-
	<b>FLUOCINOLONE ACETONIDE EAR DROPS</b>	OIL	<b>PREFERRED</b>	-
	<b>HYDROCORTISONE/ACETIC ACID</b>	SOLN	<b>PREFERRED</b>	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - NON-STIMULANTS</b>	<b>ATOMOXETINE</b>	CAPS	<b>PREFERRED</b>	-
	<b>ATOMOXETINE HYDROCHLORIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>CLONIDINE HCL ER</b>	TB12	<b>PREFERRED</b>	-
	<b>CLONIDINE HYDROCHLORIDE</b>	TB12	<b>PREFERRED</b>	-
	<b>CLONIDINE HYDROCHLORIDE ER</b>	TB12	<b>PREFERRED</b>	-
	<b>GUANFACINE ER</b>	TB24	<b>PREFERRED</b>	-
	<b>INTUNIV</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>KAPVAY</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>STRATTERA</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED

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	ADZENYS ER	SUER	NON-PREFERRED	-
	ADZENYS XR-ODT	TBED	NON-PREFERRED	-
	AMPHETAMINE/DEXTROAMPHETAMINE	CP24	PREFERRED	-
	APTENSIO XR	CP24	PREFERRED	-
	CONCERTA	TBCR	NON-PREFERRED	PA REQUIRED
	COTEMPLA XR-ODT	TBED	NON-PREFERRED	PA REQUIRED
	DAYTRANA	PTCH	NON-PREFERRED	PA REQUIRED
	DEXEDRINE	CP24	NON-PREFERRED	PA REQUIRED
	DEXMETHYLPHENIDATE HCL ER	CP24	PREFERRED	-
	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	CP24	PREFERRED	-
	DEXTROAMPHETAMINE SULFATE ER	CP24	PREFERRED	-
	DYANAVEL XR	SUER	NON-PREFERRED	-
	FOCALIN XR	CP24	NON-PREFERRED	PA REQUIRED
	METADATE ER	TBCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE CD	CPCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	CP24	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	CPCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	TB24	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER 72 MG	TBCR	NON-PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	TBCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER (LA)	CP24	PREFERRED	-
	MYDAYIS	CP24	NON-PREFERRED	-
	QUILLICHEW ER	CHER	PREFERRED	-
	QUILLIVANT XR	SUSR	PREFERRED	-
	RELEXXII	TBCR	NON-PREFERRED	-
	RITALIN LA	CP24	NON-PREFERRED	PA REQUIRED
	VYVANSE	CAPS	PREFERRED	-
	VYVANSE	CHEW	PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - MISC	ARMODAFINIL	TABS	PREFERRED	PA REQUIRED
	DESOXYN	TABS	NON-PREFERRED	PA REQUIRED
	METHAMPHETAMINE HCL	TABS	NON-PREFERRED	PA REQUIRED
	MODAFINIL	TABS	PREFERRED	PA REQUIRED
	NUVIGIL	TABS	NON-PREFERRED	PA REQUIRED
	PROVIGIL	TABS	NON-PREFERRED	PA REQUIRED
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - SHORT ACTING	ADDERALL	TABS	NON-PREFERRED	PA REQUIRED
	AMPHETAMINE/DEXTROAMPHETAMINE	TABS	PREFERRED	-
	DEXMETHYLPHENIDATE HCL	TABS	PREFERRED	-
	DEXMETHYLPHENIDATE HYDROCHLORIDE	TABS	PREFERRED	-
	DEXTROAMPHETAMINE SULFATE	SOLN	NON-PREFERRED	-
	DEXTROAMPHETAMINE SULFATE	TABS	NON-PREFERRED	-
	EVEKEO	TABS	NON-PREFERRED	-
	FOCALIN	TABS	NON-PREFERRED	PA REQUIRED
	METHYLIN	SOLN	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE	CHEW	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE	SOLN	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE	TABS	PREFERRED	-
	PROCENTRA	SOLN	NON-PREFERRED	PA REQUIRED
	RITALIN	TABS	NON-PREFERRED	PA REQUIRED
ZENZEDI	TABS	NON-PREFERRED	-	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MULTIPLE SCLEROSIS AGENTS	AMPYRA	TB12	NON-PREFERRED	PA REQUIRED
	AUBAGIO	TABS	NON-PREFERRED	-
	AVONEX	KIT	PREFERRED	-
	AVONEX	PSKT	PREFERRED	-
	AVONEX PEN	AJKT	PREFERRED	-
	BETASERON	KIT	PREFERRED	-

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	<b>EXTAVIA</b>	KIT	<b>NON-PREFERRED</b>	-
	<b>GILENYA 0.25 MG</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>GILENYA</b>	CAPS	<b>PREFERRED</b>	-
	<b>GLATIRAMER ACETATE</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>GLATOPA</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>LEMTRADA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>OCREVUS</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PLEGRIDY</b>	SOPN	<b>NON-PREFERRED</b>	-
	<b>PLEGRIDY</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>PLEGRIDY STARTER PACK</b>	SOPN	<b>NON-PREFERRED</b>	-
	<b>PLEGRIDY STARTER PACK</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>REBIF</b>	SOSY	<b>PREFERRED</b>	-
	<b>REBIF REBIDOSE</b>	SOAJ	<b>PREFERRED</b>	-
	<b>REBIF REBIDOSE TITRATION PACK</b>	SOAJ	<b>PREFERRED</b>	-
	<b>REBIF TITRATION PACK</b>	SOSY	<b>PREFERRED</b>	-
	<b>TECFIDERA</b>	CPDR	<b>PREFERRED</b>	-
	<b>TECFIDERA STARTER PACK</b>	MISC	<b>PREFERRED</b>	-
	<b>TYSABRI</b>	CONC	<b>NON-PREFERRED</b>	-
	<b>ZINBRYTA</b>	SOSY	<b>NON-PREFERRED</b>	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENTS - NICOTINE REPLACEMENT PRODUCTS</b>	<b>COMMIT</b>	LOZG	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GNP NICOTINE GUM</b>	GUM	<b>PREFERRED</b>	-
	<b>GNP NICOTINE MINI LOZENGE</b>	LOZG	<b>PREFERRED</b>	-
	<b>GNP NICOTINE POLACRILEX</b>	GUM	<b>PREFERRED</b>	-
	<b>GNP NICOTINE POLACRILEX</b>	LOZG	<b>PREFERRED</b>	-
	<b>GNP NICOTINE POLACRILEX MINI</b>	LOZG	<b>PREFERRED</b>	-
	<b>GNP NICOTINE TRANSDERMAL SYSTEM</b>	PT24	<b>PREFERRED</b>	-
	<b>GOODSENSE NICOTINE GUM</b>	GUM	<b>PREFERRED</b>	-
	<b>GOODSENSE NICOTINE POLACRILEX</b>	LOZG	<b>PREFERRED</b>	-

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

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<b>RESPIRATORY AGENTS - MISC : ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>	<b>ARALAST NP</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>GLASSIA</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PROLASTIN-C</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PROLASTIN-C</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>ZEMAIRA</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
<b>RESPIRATORY AGENTS - MISC : PULMONARY FIBROSING AGENTS</b>	<b>ESBRIET</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
	<b>ESBRIET</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>OFEV</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
<b>SUBSTANCE USE DISORDER : ALCOHOL DETERRENTS</b>	<b>ACAMPROSATE CALCIUM DR</b>	TBEC	<b>PREFERRED</b>	-
	<b>ANTABUSE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DISULFIRAM</b>	TABS	<b>PREFERRED</b>	-
<b>SUBSTANCE USE DISORDER : OPIOID ANTAGONISTS</b>	<b>NALOXONE HCL</b>	SOCT	<b>PREFERRED</b>	-
	<b>NALOXONE HCL</b>	SOLN	<b>PREFERRED</b>	-
	<b>NALOXONE HCL</b>	SOSY	<b>PREFERRED</b>	-
	<b>NALTREXONE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>NARCAN</b>	LIQD	<b>PREFERRED</b>	-
	<b>VIVITROL</b>	SUSR	<b>PREFERRED</b>	-
<b>SUBSTANCE USE DISORDER : OPIOID PARTIAL AGONISTS</b>	<b>BUNAVAIL</b>	FILM	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BUPRENORPHINE HCL</b>	SUBL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BUPRENORPHINE HCL/NALOXONE HCL</b>	SUBL	<b>PREFERRED</b>	-
	<b>BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORI</b>	FILM	<b>PREFERRED</b>	-
	<b>BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORI</b>	SUBL	<b>PREFERRED</b>	-
	<b>PROBUPHINE IMPLANT KIT</b>	IMPL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SUBLOCADE</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SUBOXONE</b>	FILM	<b>PREFERRED</b>	-
	<b>ZUBSOLV</b>	SUBL	<b>NON-PREFERRED</b>	PA REQUIRED



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<b>VASOPRESSORS : MISC</b>	<b>DOBUTAMINE HCL</b>	SOLN	<b>PREFERRED</b>	-
	<b>DOBUTAMINE HCL/D5W</b>	SOLN	<b>PREFERRED</b>	-
	<b>DOBUTAMINE HYDROCHLORIDE/DEXTROSE</b>	SOLN	<b>PREFERRED</b>	-
	<b>DOBUTAMINE/DEXTROSE 5%</b>	SOLN	<b>PREFERRED</b>	-
	<b>DOPAMINE HCL</b>	SOLN	<b>PREFERRED</b>	-
	<b>DOPAMINE HYDROCHLORIDE/DEXTROSE</b>	SOLN	<b>PREFERRED</b>	-
	<b>DOPAMINE/D5W</b>	SOLN	<b>PREFERRED</b>	-
	<b>EPHEDRINE SULFATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>EPINEPHRINE HCL</b>	SOLN	<b>PREFERRED</b>	-
	<b>EPINEPHRINE HCL</b>	SOSY	<b>PREFERRED</b>	-
	<b>LEVOPHED</b>	SOLN	<b>PREFERRED</b>	-
	<b>MIDODRINE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>NOREPINEPHRINE BITARTRATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>NORTHERA</b>	CAPS	<b>PREFERRED</b>	-
	<b>PHENYLEPHRINE HCL</b>	SOLN	<b>PREFERRED</b>	-
	<b>PHENYLEPHRINE HYDROCHLORIDE</b>	SOLN	<b>PREFERRED</b>	-