

What is new in this version of the preferred drug list?

Due to the implementation of the Apple Health Preferred Drug List (PDL), a PDL that applies to fee-for-service (FFS) clients as well as Apple Health managed care enrollees, the following changes have occurred:

On the Fee-For-Service only Preferred Drug List

- Drug classes that are currently on the Apple Health PDL have been removed. These classes and the drug statuses can be found on the Apple Health Preferred Drug List.
- New drug classes have been added. This means drugs not previously on the PDL have been added with preferred, nonpreferred or noncovered statuses. Some drugs may also have additional prior authorization (PA) requirements.
- For existing drug classes, the preferred, nonpreferred and noncovered statuses may have changed. Some drugs may have additional PA requirements that did not previously require PA.

[For drugs not on the Fee-For-Service only Preferred Drug List, see the Apple Health Preferred Drug List](#)

Apple Health "Medicaid" Fee-for-Service Preferred Drug List
Effective April 1, 2020

The Apple Health Fee-for-Service Preferred Drug List (PDL) has products listed in groups by drug class. Unless otherwise indicated, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least two preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred. Drugs may also have additional clinical criteria that is required for approval, these drugs are indicated with PA Required in the PA status column. Drugs with and X in the Preferred Status column are covered through the medical benefit only. Drugs with SON (Second Opinion Network) limits may be subject to review by an agency-designated mental health specialist from the Second Opinion Network. Products can be designated as non-covered for the following reasons; COLD = Cough and Cold product, COSM = Cosmetic product, OTCS = Over the counter product, VITA = Vitamin product.

APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS		
ADHD / ANTI-NARCOLEPSY : DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	SOLRIAMFETOL HCL	SUNOSI	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-		
	PITOLISANT HCL	WAKIX	TABS	OR	-		PREFERRED	PA REQUIRED	YES		
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS	ACRIVASTINE & PSEUDOEPHEDRINE	SEMPREX-D	CAPS	OR	-		NON-PREFERRED	-	-		
	BROMPHENIRAMINE & PHENYLEPH	BROHIST D	TABS	OR	NON-COVERED	OTCS	-	-	-		
		COLD & ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		CVS COLD & ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		CVS COLD & ALLERGY CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-		
		DIMAPHEN CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		DIMETAPP COLD & ALLERGY	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		GLENMAX PEB	LIQD	OR	NON-COVERED	OTCS	-	-	-		
		GNP COLD & ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		HM COLD & ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		PX DIBROMM COLD/ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		RA CHILDRENS COLD & ALLERGY	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		RU-HIST D	TABS	OR	NON-COVERED	OTCS	-	-	-		
		RYNEX PE	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		SB COLD & ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		SM COLD & ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-		
		TRIAMINIC COLD & ALLERGY	SYRP	OR	NON-COVERED	OTCS	-	-	-		
		WAL-TAP COLD/ALLERGY	LIQD	OR	NON-COVERED	OTCS	-	-	-		
		BROMPHENIRAMINE & PSEUDOEPH	BPM PSEUDO	TB12	OR	-			NON-PREFERRED	-	-
			EQ COLD/ALLERGY CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-	
	LODRANE D		CAPS	OR	NON-COVERED	OTCS	-	-	-		
	RYNEX PSE		LIQD	OR	NON-COVERED	OTCS	-	-	-		
	SM COLD & ALLERGY CHILDRENS		ELIX	OR	NON-COVERED	OTCS	-	-	-		
	WAL-TAP COLD & ALLERGY		ELIX	OR	NON-COVERED	OTCS	-	-	-		
	CETIRIZINE-PSEUDOEPHEDRINE	12 HOUR ALLERGY-D	TB12	OR	-			PREFERRED	-	-	
		ALL DAY ALLERGY D	TB12	OR	-			PREFERRED	-	-	
		ALLERGY RELIEF NASAL DECONGESTANT	TB12	OR	-			PREFERRED	-	-	
		ALLERGY RELIEF-D	TB12	OR	-			PREFERRED	-	-	
		CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER	TB12	OR	-			PREFERRED	-	-	
		CVS ALLERGY RELIEF-D	TB12	OR	-			PREFERRED	-	-	
		EQL ALL DAY ALLERGY-D	TB12	OR	-			PREFERRED	-	-	
		GNP ALL DAY ALLERGY-D	TB12	OR	-			PREFERRED	-	-	
		HM ALLERGY COMPLETE-D	TB12	OR	-			PREFERRED	-	-	
KLS ALLER-TEC D		TB12	OR	-			PREFERRED	-	-		
PX ALLERGY RELIEF D		TB12	OR	-			PREFERRED	-	-		
RA CETIRI-D		TB12	OR	-			PREFERRED	-	-		
SHOPKO ALLERGY RELIEF-D		TB12	OR	-			PREFERRED	-	-		
SM ALL DAY ALLERGY-D		TB12	OR	-			PREFERRED	-	-		

Apple Health "Medicaid" Fee-for-Service Preferred Drug List
Effective April 1, 2020

APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS		
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		SW ALLERGY RELIEF-D	TB12	OR	-		PREFERRED	-	-		
		TGT ALLERGY+ CONGESTION RELIEF-D	TB12	OR	-		PREFERRED	-	-		
		WAL-ZYR D	TB12	OR	-		PREFERRED	-	-		
		ZYRTEC-D ALLERGY/CONGESTION	TB12	OR	NON-COVERED	OTCS	-	-	-		
	CHLORCYCLIZINE & PSEUDOEPHEDRINE		STAHIST AD	LIQD	OR	NON-COVERED	OTCS	-	-	-	
			STAHIST AD	TABS	OR	NON-COVERED	OTCS	-	-	-	
	CHLORPHENIRAMINE & PHENYLEPHRINE		AMBI 10PEH/4CPM	TABS	OR	NON-COVERED	OTCS	-	-	-	
			CVS SINUS & ALLERGY MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
			DOMETUSS-DA/CHILDREN	LIQD	OR	NON-COVERED	OTCS	-	-	-	
			ED A-HIST	LIQD	OR	NON-COVERED	OTCS	-	-	-	
			ED A-HIST	TABS	OR	NON-COVERED	OTCS	-	-	-	
			ED CHLORPED D	LIQD	OR	NON-COVERED	OTCS	-	-	-	
			EQL SINUS & ALLERGY PE	TABS	OR	NON-COVERED	OTCS	-	-	-	
			GILTUSS ALLERGY & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
			GNP COLD & ALLERGY MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
			NOHIST-LQ	LIQD	OR	NON-COVERED	OTCS	-	-	-	
			PHENAGIL	TABS	OR	NON-COVERED	OTCS	-	-	-	
			RA ACTA-TABS PE	TABS	OR	NON-COVERED	OTCS	-	-	-	
			RA SUPHEDRINE PE	TABS	OR	NON-COVERED	OTCS	-	-	-	
			SB ALLERFED COLD & ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-	
			SB SINUS & ALLERGY MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
			SM COLD & ALLERGY PE	TABS	OR	NON-COVERED	OTCS	-	-	-	
			WAL-PHED PE SINUS/ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CHLORPHENIRAMINE & PSEUDOEPH		AMBI 60PSE/4CPM	TABS	OR	NON-COVERED	OTCS	-	-	-
				LOHIST-D	LIQD	OR	NON-COVERED	OTCS	-	-	-
				RA SUPHEDRINE	TABS	OR	NON-COVERED	OTCS	-	-	-
			SM SINUS & ALLERGY MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
			SUDOGEST SINUS & ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-	
			WAL-FINATE-D	TABS	OR	NON-COVERED	OTCS	-	-	-	
			WAL-PHED SINUS/ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-	
	CHLORPHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN			ALLERGY MULTI-SYMP TOM	TABS	OR	NON-COVERED	OTCS	-	-	-
			COMTrex FLU THERAPY MAXIMUM STRENGTH DAY/NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-	
			COMTrex SEVERE COLD & SINUS MAXIMUM STRENGTH DAY/NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-	
			CONTAC COLD/FLU DAY & NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-	
			CONTAC COLD/FLU DAY/NIGHT	TABS	OR	NON-COVERED	OTCS	-	-	-	
			CORICIDIN D COLD/FLU/SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
			CVS SINUS CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-	
			CVS SINUS PAIN & CONGESTION NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-	
			DOMETUSS-NR	TABS	OR	NON-COVERED	OTCS	-	-	-	
			DRISTAN COLD	TABS	OR	NON-COVERED	OTCS	-	-	-	
			EQ ALLERGY RELIEF MULTI-SYMP TOM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		GNP ALLERGY RELIEF MULTI-SYMP TOM/ADULTS	TABS	OR	NON-COVERED	OTCS	-	-	-

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		GNP COLD RELIEF PLUS	TBEF	OR	NON-COVERED	OTCS	-	-	-
		GNP SINUS + HEADACHE DAY/NIGHT FOR ADULTS	MISC	OR	NON-COVERED	OTCS	-	-	-
		GNP SINUS RELIEF CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		GNP SINUS RELIEF CONGESTION & PAIN NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE ALLERGY MULTI-SYMP TOM ADULT	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE SINUS CONGESTION & PAIN	MISC	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE SINUS/HEADACHE DAYTIME/NIGHTTIME ADULT	MISC	OR	NON-COVERED	OTCS	-	-	-
		MEDICIDIN-D	TABS	OR	NON-COVERED	OTCS	-	-	-
		MULTI-SYMP TOM ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		NIGHTTIME SINUS CONGESTION & PAIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		NOREL AD	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX ALLERGY SINUS PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC ALLERGY RELIEF MULTI-SYMP TOM DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA ALLERGY MULTI-SYMP TOM	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA SINUS CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		SB ALLERGY MULTI-SYMP TOM	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB SINUS CONGESTION & PAIN DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		SB SINUS CONGESTION & PAIN NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		TGT SINUS CONGESTION/PAIN/DAY-TIME/NIGHT-TIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		VALIHIST	TABS	OR	NON-COVERED	OTCS	-	-	-
	CHLORPHENIRAMINE-PHENYLEPHRINE-ASA	ALKA-SELTZER PLUS COLD	TBEF	OR	NON-COVERED	OTCS	-	-	-
		COLD RELIEF PLUS	TBEF	OR	NON-COVERED	OTCS	-	-	-
		EFFERVESCENT COLD RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-
		EQL EFFERVESCENT COLD RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE EFFERVESCENT COLD RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-
	CHLORPHENIRAMINE-PHENYLEPHRINE-IBUPROFEN	ADVIL ALLERGY & CONGESTION	TABS	OR	NON-COVERED	OTCS	-	-	-
	CHLORPHENIRAMINE-PSEUDOEPHEDRINE-ACETAMINOPHEN	SM PAIN RELIEVER ALLERGY SINUS MULTI-SYMP TOM	TABS	OR	NON-COVERED	OTCS	-	-	-
	CHLORPHENIRAMINE-PSEUDOEPHEDRINE-IBUPROFEN	ADVIL ALLERGY SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
	DESLORATADINE-PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	TB12	OR	-		NON-PREFERRED	-	-
	DEXBROMPHENIRAMINE & PSEUDOEPHEDRINE	ACTICON	SOLN	OR	NON-COVERED	OTCS	-	-	-
		ACTICON	TABS	OR	NON-COVERED	OTCS	-	-	-
		CONEX COLD/ALLERGY	SOLN	OR	NON-COVERED	OTCS	-	-	-
		CONEX COLD/ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		DRIXORAL COLD/ALLERGY	TB12	OR	NON-COVERED	OTCS	-	-	-
	DEXBROMPHENIRAMINE-PHENYLEPHRINE	ALA-HIST PE	TABS	OR	NON-COVERED	OTCS	-	-	-

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		DEXBROMPHENIRAMINE MALEATE/PHENYLEPHRINE HYDROCHLORIDE	TABS	OR	NON-COVERED	OTCS	-	-	-
		G-HIST PE	TABS	OR	NON-COVERED	OTCS	-	-	-
	DEXBROMPHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	SINADRIN PE COMPLETE SINUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
	DEXCHLORPHENIRAMINE & PSEUDOEPHEDRINE	DELTUSS DP	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RESCON	TABS	OR	NON-COVERED	OTCS	-	-	-
	DEXCHLORPHENIRAMINE-PHENYLEPHRINE	RYMED	TABS	OR	NON-COVERED	OTCS	-	-	-
		STAHIST	LIQD	OR	NON-COVERED	OTCS	-	-	-
	DIPHENHYDRAMINE-PHENYLEPHRINE	BENADRYL ALLERGY PLUS CONGESTION CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-
		BENADRYL-D ALLERGY & SINUS CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY/CONGESTION CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-
		CVS COLD & COUGH NIGHTTIME CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DIMETAPP NIGHTTIME COLD & CONGESTION	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GNP TRIACTING NIGHT TIME COLD & COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RA ALLERGY PLUS SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED PE DAY & NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED PE SINUS CONGESTION DAYTIME/NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		TRIACTING NIGHTTIME COLD& COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TRIAMINIC NIGHT TIME COLD & COUGH	SYRP	OR	NON-COVERED	OTCS	-	-	-
		WAL-DRYL PE ALLERGY/SINU S	TABS	OR	NON-COVERED	OTCS	-	-	-
	DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	ALLERGY MULTI-SYMPTOM NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		COLD & FLU RELIEF MULTI-SYMPTOM NIGHTTIME/MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		COLD CONTROL PE INTENSE COLD & FLU MEDICINE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS FLU & SEVERE COLD NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS SEVERE ALLERGY & SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS SEVERE COLD & FLU NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS SEVERE COUGH & COLD NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		DELSYM COUGH + COLD NIGHTTIME CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DIMETAPP MULTI-SYMPTOM COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		EQ SEVERE ALLERGY & SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		FLU RELIEF THERAPY NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GNP ALLERGY & SINUS HEADACHE DOUBLE STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP ALLERGY PLUS SEVERE SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		GNP FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-

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		GOODSENSE ALLERGY RELIEF PLUS SINUS HEADACHE MAXIMUM STRENGT	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE FLU & SEVERE COLD & COUGH NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		HERBIOMED ALLERGY COLD & SINUS NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM SEVERE COLD COUGH & FLU NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX NIGHT TIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX NIGHT TIME COLD & FLU	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX MULTI-SYMPATOM COLD NIGHT TIME CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX SINUS-MAX NIGHT TIME CONGESTION & COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NIGHTTIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		QC ALLERGY/SINUS HEADACHE	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		QC SEVERE ALLERGY RELIEF PLUS SINUS HEADACHE	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC SEVERE COLD & COUGH NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		RA ALLERGY MULTI-SYMPATOM NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA SEVERE ALLERGY PLUS SINUS HEADACHE MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		ROBITUSSIN SEVERE MULTI-SYMPATOM COUGH/COLD + FLU NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SB ALLERGY & COLD PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SB SEVERE COLD PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SEVERE COLD & COUGH NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		SM FLU RELIEF THERAPY SEVERE COLD NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		THERAFLU POWERPODS NIGHTTIME SEVERE COLD	MISC	OR	NON-COVERED	OTCS	-	-	-
		THERAFLU SEVERE COLD MULTI SYMPTOM NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		THERAFLU WARMING RELIEF SINUS & COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.		WAL-DRYL SEVERE ALLERGY & SINUS HEADACHE	TABS	OR	NON-COVERED	OTCS	-	-	-
		WAL-FLU SEVERE COLD & COUGH NIGHTTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		WAL-FLU WARMING COMFORT SEVERE COLD NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		WAL-PHED PE SEVERE COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
	DIPHENHYDRAMINE-PSEUDOEPHEDRINE- ACETAMINOPHEN	EQ ALLERGY/SINUS HEADACHE	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA NIGHT TIME ACETAMINOPHEN	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM ALLERGY/SINUS HEADACHE	TABS	OR	NON-COVERED	OTCS	-	-	-
	DOXYLAMINE-PHENYLEPHRINE	DOXYLAMINE SUCCINATE/PHENYLEPHRINE HYDROCHLORIDE	TABS	OR	NON-COVERED	OTCS	-	-	-
		G HIST FORTE	TABS	OR	NON-COVERED	OTCS	-	-	-
		POLY HIST FORTE	TABS	OR	NON-COVERED	OTCS	-	-	-

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	DOXYLAMINE-PHENYLEPHRINE-ACETAMINOPHEN	SB NIGHTTIME SINUS MULTI-SYMP TOM	CAPS	OR	NON-COVERED	OTCS	-	-	-		
		SINUS & CONGESTION DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-		
		VICKS NYQUIL SINUS	CAPS	OR	NON-COVERED	OTCS	-	-	-		
		DOXYLAMINE-PSEUDOEPHEDRINE	VICKS SINEX DAYQUIL/NYQUIL DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-	
			SINUS RELIEF	MISC	OR	NON-COVERED	OTCS	-	-	-	
			LORTUSS LQ	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		FEXOFENADINE-PSEUDOEPHEDRINE	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	TB12	OR	NON-COVERED	OTCS	-	-	-	
			ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	TB24	OR	NON-COVERED	OTCS	-	-	-	
			ANTIHISTAMINE/NASAL DECONGESTANT	TB12	OR	NON-COVERED	OTCS	-	-	-	
			CVS ALLERGY RELIEF D ALLERGY & CONGESTION	TB12	OR	NON-COVERED	OTCS	-	-	-	
			RELIEF	TB12	OR	NON-COVERED	OTCS	-	-	-	
			FEXOFENADINE HCL/PSEUDOEPHEDRINE HCL ER	TB24	OR	NON-COVERED	OTCS	-	-	-	
			FEXOFENADINE/PSEUDOEPHEDRINE	TB12	OR	NON-COVERED	OTCS	-	-	-	
			GNP ALLERGY-D 12 HOUR ALLERGY & CONGESTION	TB12	OR	NON-COVERED	OTCS	-	-	-	
			GNP FEXOFENADINE								
			HYDROCHLORIDE/PSEUDOEPHEDRINE								
			HYDROCHLORIDE	TB12	OR	NON-COVERED	OTCS	-	-	-	
			RA ALLERGY & CONGESTION	TB12	OR	NON-COVERED	OTCS	-	-	-	
			TGT ALLERGY+ CONGESTION RELIEF-D	TB12	OR	NON-COVERED	OTCS	-	-	-	
			WAL-FEX D 12 HOUR ALLERGY& CONGESTION	TB12	OR	NON-COVERED	OTCS	-	-	-	
			WAL-FEX D 24 HOUR ALLERGY& CONGESTION	TB24	OR	NON-COVERED	OTCS	-	-	-	
			LORATADINE & PSEUDOEPHEDRINE	ALAVERT ALLERGY/SINUS	TB12	OR	-		PREFERRED	-	-
				ALLERGY & CONGESTION RELIEF	TB12	OR	-		PREFERRED	-	-
				ALLERGY RELIEF D-24	TB24	OR	-		PREFERRED	-	-
				ALLERGY RELIEF-D	TB12	OR	-		PREFERRED	-	-
				ALLERGY RELIEF-D	TB24	OR	-		PREFERRED	-	-
	CLARITIN-D 12 HOUR	TB12		OR	NON-COVERED	OTCS	-	-	-		
	CLARITIN-D 24 HOUR	TB24		OR	NON-COVERED	OTCS	-	-	-		
	CLEAR-ATADINE D	TB24		OR	-		PREFERRED	-	-		
	CVS ALLERGY RELIEF-D	TB24		OR	-		PREFERRED	-	-		
	CVS ALLERGY RELIEF-D12	TB12		OR	-		PREFERRED	-	-		
	EQ ALLERGY & CONGESTION RELIEF	TB12	OR	-		PREFERRED	-	-			
	ALLERGY : ANTIHISTAMINE - DECONGESTANTS COMBINATIONS CONT.	EQ ALLERGY RELIEF D 24 HOUR	TB24	OR	-		PREFERRED	-	-		
EQL ALLERGY/CONGESTION RELIEF		TB24	OR	-		PREFERRED	-	-			
GNP ALLERGY & CONGESTION RELIEF		TB24	OR	-		PREFERRED	-	-			
GNP LORATADINE-D 12HR		TB12	OR	-		PREFERRED	-	-			
HM ALLERGY & CONGESTION		TB12	OR	-		PREFERRED	-	-			
HM ALLERGY RELIEF & NASALDECONGESTANT		TB24	OR	-		PREFERRED	-	-			
KLS ALLERCLEAR D-12 HR		TB12	OR	-		PREFERRED	-	-			
KLS ALLERCLEAR D-24HR		TB24	OR	-		PREFERRED	-	-			
LORATADINE-D 12HR		TB12	OR	-		PREFERRED	-	-			
LORATADINE-D 24HR		TB24	OR	-		PREFERRED	-	-			
MEIJER ALLERGY RELIEF-D		TB12	OR	-		PREFERRED	-	-			
MM LORATADINE-D 24 HOUR		TB24	OR	-		PREFERRED	-	-			
PX ALLERGY RELIEF D		TB12	OR	-		PREFERRED	-	-			
PX ALLERGY RELIEF D		TB24	OR	-		PREFERRED	-	-			
QC LORATADINE-D		TB24	OR	-		PREFERRED	-	-			

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		RA ALLERGY/CONGESTION RELIEF	TB12	OR	-		PREFERRED	-	-
		RA LORATA-D	TB24	OR	-		PREFERRED	-	-
		SB ALLERGY RELIEF/NASAL DECONGESTANT	TB24	OR	-		PREFERRED	-	-
		SHOPKO ALLERGY RELIEF-D	TB12	OR	-		PREFERRED	-	-
		SM LORATA-DINE D	TB24	OR	-		PREFERRED	-	-
		SM LORATADINE D 12HR	TB12	OR	-		PREFERRED	-	-
		TGT ALLERGY & CONGESTION RELIEF	TB24	OR	-		PREFERRED	-	-
		WAL-ITIN D	TB12	OR	-		PREFERRED	-	-
		WAL-ITIN D 24 HOUR	TB24	OR	-		PREFERRED	-	-
	PHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	THERAFLU FLU & SORE THROAT	PACK	OR	NON-COVERED	OTCS	-	-	-
		WAL-FLU COLD & SORE THROAT	PACK	OR	NON-COVERED	OTCS	-	-	-
	PYRILAMINE-PHENYLEPHRINE	GLEN PE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PHENYLEPHRINE HCL/PYRILAMINE MALEATE	TABS	OR	NON-COVERED	OTCS	-	-	-
	THONZYLAMINE-PHENYLEPHRINE	NASOPEN PE	LIQD	OR	NON-COVERED	OTCS	-	-	-
	TRIPROLIDINE & PSEUDOEPHEDRINE	ACTANOL	TABS	OR	NON-COVERED	OTCS	-	-	-
		APRODINE	TABS	OR	NON-COVERED	OTCS	-	-	-
		ED A-HIST PSE	TABS	OR	NON-COVERED	OTCS	-	-	-
		TRIPROLIDINE/PSEUDOEPHEDRINE	TABS	OR	NON-COVERED	OTCS	-	-	-
		WAL-ACT	TABS	OR	NON-COVERED	OTCS	-	-	-
	TRIPROLIDINE-PHENYLEPHRINE	DOCTOR MANZANILLA PE SYRUP							
		ANTIHISTAMINE/DECONGESTANT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HISTEX-PE	SYRP	OR	NON-COVERED	OTCS	-	-	-
ALLERGY : ANTIHISTAMINES	BROMPHENIRAMINE MALEATE	BPM	TB12	OR	-		NON-PREFERRED	-	-
	BROMPHENIRAMINE TANNATE	BROMPHENIRAMINE TANNATE	CHEW	OR	-		NON-PREFERRED	-	-
	CARBINOXAMINE MALEATE	CARBINOXAMINE MALEATE	SOLN	OR	-		NON-PREFERRED	-	-
		CARBINOXAMINE MALEATE	TABS	OR	-		NON-PREFERRED	-	-
		KARBINAL ER	SUER	OR	-		NON-PREFERRED	-	-
		RYVENT	TABS	OR	-		NON-PREFERRED	-	-
	CETIRIZINE HCL	ALL DAY ALLERGY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ALL DAY ALLERGY	TABS	OR	-		PREFERRED	-	-
		ALL DAY ALLERGY CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		ALLERGY 24HOUR INDOOR/OUTDOOR	TABS	OR	-		PREFERRED	-	-
ALLERGY : ANTIHISTAMINES CONT.		ALLERGY RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		ALLERGY RELIEF CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ALLERGY RELIEF CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		CETIRIZINE HCL	TABS	OR	-		PREFERRED	-	-
		CETIRIZINE HCL ALLERGY CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		CETIRIZINE HCL CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CETIRIZINE HCL HIVES RELIEF CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		CETIRIZINE HYDROCHLORIDE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CETIRIZINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		CETIRIZINE HYDROCHLORIDE CHILDRENS ALLERGY	SOLN	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		CVS INDOOR/OUTDOOR ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		EQ ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-

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		EQ ALLERGY RELIEF CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		EQ CETIRIZINE HYDROCHLORIDE CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQL ALL DAY ALLERGY	TABS	OR	-		PREFERRED	-	-
		EQL ALL DAY ALLERGY CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		GNP ALL DAY ALLERGY	TABS	OR	-		PREFERRED	-	-
		GNP ALL DAY ALLERGY CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		GOODSENSE ALL DAY ALLERGY	TABS	OR	-		PREFERRED	-	-
		GOODSENSE ALL DAY ALLERGYCHILDRENS	SOLN	OR	-		PREFERRED	-	-
		HM ALL DAY ALLERGY	TABS	OR	-		PREFERRED	-	-
		HM ALL DAY ALLERGY CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		HM CETIRIZINE HCL CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		HM CETIRIZINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		KLS ALLER-TEC	TABS	OR	-		PREFERRED	-	-
		KLS ALLER-TEC CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		KP CETIRIZINE HCL	TABS	OR	-		PREFERRED	-	-
		MM CETIRIZINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		PX ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		PX CHILDRENS ALLERGY	SOLN	OR	-		PREFERRED	-	-
		QC ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		QC ALLERGY RELIEF CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		QC CHILDRENS ALLERGY	SOLN	OR	-		PREFERRED	-	-
		QUZYTIR	SOLN	IV	-		X	-	-
		RA ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		RA ALLERGY RELIEF CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		RA ALLERGY RELIEF CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		RA CETIRIZINE	TABS	OR	-		PREFERRED	-	-
		RA CETIRIZINE CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RA CETIRIZINE HCL CHILDRENS ALLERGY	SOLN	OR	-		PREFERRED	-	-
		SB ALLERGY	TABS	OR	-		PREFERRED	-	-
		SB CETIRIZINE HCL CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		SM ALL DAY ALLERGY	TABS	OR	-		PREFERRED	-	-
		SM ALL DAY ALLERGY CHILDRENS	SOLN	OR	-		PREFERRED	-	-
ALLERGY : ANTIHISTAMINES CONT.		TGT ALL DAY ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		TGT ALL DAY ALLERGY RELIEF CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		WAL-ZYR	CAPS	OR	NON-COVERED	OTCS	-	-	-
		WAL-ZYR	SOLN	OR	-		PREFERRED	-	-
		WAL-ZYR	TABS	OR	-		PREFERRED	-	-
		WAL-ZYR ALL DAY ALLERGY CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		WAL-ZYR CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		WAL-ZYR CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		ZYRTEC ALLERGY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ZYRTEC ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		ZYRTEC ALLERGY CHILDRENS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		ZYRTEC CHILDRENS ALLERGY	SOLN	OR	NON-COVERED	OTCS	-	-	-
		ZYRTEC CHILDRENS ALLERGY	SYRP	OR	NON-COVERED	OTCS	-	-	-
	CHLORCYCLIZINE HCL	AHIST	TABS	OR	NON-COVERED	OTCS	-	-	-
	CHLORPHENIRAMINE MALEATE	ALLER-CHLOR	TABS	OR	-		PREFERRED	-	-
		ALLERGY	TABS	OR	-		PREFERRED	-	-
		ALLERGY	TBCR	OR	NON-COVERED	OTCS	-	-	-

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		ALLERGY 4 HOUR	TABS	OR	-		PREFERRED	-	-
		ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		ALLERGY-TIME	TABS	OR	-		PREFERRED	-	-
		CHLORHIST	TABS	OR	-		PREFERRED	-	-
		CHLORPHEN SR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		CHLORPHENIRAMINE MALEATE	TABS	OR	-		PREFERRED	-	-
		CHLORPHENIRAMINE MALEATE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		CHLOR-TRIMETON	SYRP	OR	NON-COVERED	OTCS	-	-	-
		CHLOR-TRIMETON	TABS	OR	NON-COVERED	OTCS	-	-	-
		CHLOR-TRIMETON ALLERGY	TBCR	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF	TBCR	OR	NON-COVERED	OTCS	-	-	-
		DIABETIC TUSSIN ALLERGY	SYRP	OR	NON-COVERED	OTCS	-	-	-
		ED CHLORPED JR	SYRP	OR	NON-COVERED	OTCS	-	-	-
		EQ CHLORTABS	TABS	OR	-		PREFERRED	-	-
		EQL ALLERGY	TABS	OR	-		PREFERRED	-	-
		GNP ALLERGY	TABS	OR	-		PREFERRED	-	-
		GOODSENSE ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		HM ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		PHARBECHLOR	TABS	OR	-		PREFERRED	-	-
		QC ALLERGY RELIEF 4-HOUR	TABS	OR	-		PREFERRED	-	-
		QC CHLOR-PHENIRAMINE	TABS	OR	-		PREFERRED	-	-
		RA ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		RA CHLORPHENIRAMINE MALEATE	TABS	OR	-		PREFERRED	-	-
		SB CHLORPHENIRAMINE	TABS	OR	-		PREFERRED	-	-
		SM ALLERGY 4 HOUR	TABS	OR	-		PREFERRED	-	-
		WAL-FINATE	TABS	OR	-		PREFERRED	-	-
	CHLORPHENIRAMINE-ACETAMINOPHEN	CORICIDIN HBP COLD & FLU	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA COLD & FLU	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB COLD & FLU HBP	TABS	OR	NON-COVERED	OTCS	-	-	-
	CLEMASTINE FUMARATE	CLEMASTINE FUMARATE	TABS	OR	-		NON-PREFERRED	-	-
ALLERGY : ANTIHISTAMINES CONT.		CLEMASTINE FUMARATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		DAYHIST ALLERGY 12 HOUR RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ DAYHIST ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP DAYHIST ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX DAYHIST ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
	CYPROHEPTADINE HCL	CYPROHEPTADINE HCL	SYRP	OR	-		PREFERRED	-	-
		CYPROHEPTADINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
	DESLORATADINE	CLARINEX	SYRP	OR	-		NON-PREFERRED	PA REQUIRED	-
		CLARINEX	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		DESLORATADINE	TABS	OR	-		NON-PREFERRED	-	-
		DESLORATADINE ODT	TBDP	OR	-		NON-PREFERRED	PA REQUIRED	-
	DEXBROMPHENIRAMINE MALEATE	ALA-HIST IR	TABS	OR	NON-COVERED	OTCS	-	-	-
		PEDIAVENT	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PEDIAVENT	SYRP	OR	NON-COVERED	OTCS	-	-	-
	DEXBROMPHENIRAMINE-ACETAMINOPHEN	ACTIDOGESIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		DOLOGEN	TABS	OR	NON-COVERED	OTCS	-	-	-

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		DOLOGESIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DOLOGESIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		G-DOLOGEN	TABS	OR	NON-COVERED	OTCS	-	-	-
	DEXCHLORPHENIRAMINE MALEATE	DEXCHLORPHENIRAMINE MALEATE	SOLN	OR	-		NON-PREFERRED	-	-
		RYCLORA	SOLN	OR	-		NON-PREFERRED	-	-
	DIPHENHYDRAMINE HCL	ALER-CAP	CAPS	OR	-		PREFERRED	-	-
		ALER-DRYL	TABS	OR	NON-COVERED	OTCS	-	-	-
		ALERTAB	TABS	OR	-		PREFERRED	-	-
		ALKA-SELTZER PLUS ALLERGY FAST RELIEF FORMULA	TABS	OR	-		PREFERRED	-	-
		ALLERGY	CAPS	OR	-		PREFERRED	-	-
		ALLERGY	TABS	OR	-		PREFERRED	-	-
		ALLERGY CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		ALLERGY RELIEF	CAPS	OR	-		PREFERRED	-	-
		ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		ALLERGY RELIEF CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		ALLERGY RELIEF CHILDRENS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		ANTI-HIST ALLERGY	TABS	OR	-		PREFERRED	-	-
		AURODRYL ALLERGY CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		BANOPHEN	CAPS	OR	-		PREFERRED	-	-
		BANOPHEN	LIQD	OR	-		PREFERRED	-	-
		BANOPHEN	TABS	OR	-		PREFERRED	-	-
		BENADRYL ALLERGY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BENADRYL ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		BENADRYL ALLERGY CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BENADRYL ALLERGY CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS ALLERGY	LIQD	OR	-		PREFERRED	-	-
		COMPLETE ALLERGY MEDICINE	CAPS	OR	-		PREFERRED	-	-
		COMPLETE ALLERGY MEDICINE	TABS	OR	-		PREFERRED	-	-
		CVS ALLERGY	CAPS	OR	-		PREFERRED	-	-
		CVS ALLERGY	LIQD	OR	-		PREFERRED	-	-
ALLERGY : ANTIHISTAMINES CONT.		CVS ALLERGY	TABS	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF	CAPS	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF	LIQD	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF ADULT MAXIMUM STRENGTH	LIQD	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF CHILDRENS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		DICOPANOL FUSEPAQ	SUSR	OR	-		NON-PREFERRED	-	-
		DICOPANOL RAPIDPAQ	SUSR	OR	-		NON-PREFERRED	-	-
		DIPHEN	ELIX	OR	-		PREFERRED	-	-
		DIPHEN	TABS	OR	-		PREFERRED	-	-
		DIPHENHIST	CAPS	OR	-		PREFERRED	-	-
		DIPHENHIST	LIQD	OR	-		PREFERRED	-	-
		DIPHENHYDRAMINE HCL	CAPS	OR	-		PREFERRED	-	-
		DIPHENHYDRAMINE HCL	ELIX	OR	-		PREFERRED	-	-
		DIPHENHYDRAMINE HCL	SOLN	IJ	-		PREFERRED	PA REQUIRED	-
		DIPHENHYDRAMINE HYDROCHLORIDE	LIQD	OR	-		PREFERRED	-	-
		DIPHENHYDRAMINE HYDROCHLORIDE 6.25 MG/ML	LIQD	OR	NON-COVERED	OTCS	-	-	-

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

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		SB ALLERGY MEDICINE	LIQD	OR	-		PREFERRED	-	-
		SB ALLERGY MEDICINE	TABS	OR	-		PREFERRED	-	-
		SILADRYL ALLERGY	LIQD	OR	-		PREFERRED	-	-
		SM ALLERGY RELIEF	CAPS	OR	-		PREFERRED	-	-
		SM ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		SM ALLERGY RELIEF CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		TGT ALLERGY MELTS CHILDRENS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		TGT ALLERGY RELIEF	CAPS	OR	-		PREFERRED	-	-
		TGT ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		TGT ALLERGY RELIEF CHILDRENS DYE FREE	LIQD	OR	-		PREFERRED	-	-
		TOTAL ALLERGY	TABS	OR	-		PREFERRED	-	-
		TOTAL ALLERGY MEDICINE	LIQD	OR	-		PREFERRED	-	-
		VANAMINE PD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		WAL-DRYL ALLERGY	CAPS	OR	-		PREFERRED	-	-
		WAL-DRYL ALLERGY	TABS	OR	-		PREFERRED	-	-
		WAL-DRYL ALLERGY DYE-FREECHILDRENS	LIQD	OR	-		PREFERRED	-	-
		WAL-DRYL ALLERGY RELIEF CHILDRENS	TBDP	OR	NON-COVERED	OTCS	-	-	-
	DIPHENHYDRAMINE-ACETAMINOPHEN	PERCOGESIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		PERCOGESIC EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC COLD RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC SEVERE ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		TYLENOL SEVERE ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
	FEXOFENADINE HCL	24HR ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		ALLEGRA ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		ALLEGRA ALLERGY CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		ALLEGRA ALLERGY CHILDRENS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		ALLER-EASE	TABS	OR	NON-COVERED	OTCS	-	-	-
		ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
ALLERGY : ANTIHISTAMINES CONT.		ALLERGY RELIEF 24HR	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		EQ ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL ALLER-EASE	TABS	OR	NON-COVERED	OTCS	-	-	-
		FEXOFENADINE HYDROCHLORIDE	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE ALLER-EASE	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM FEXOFENADINE HYDROCHLORIDE	TABS	OR	NON-COVERED	OTCS	-	-	-
		KLS ALLER-FEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		KP FEXOFENADINE HCL	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC FEXOFENADINE HYDROCHLORIDE	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA ALLERGY RELIEF 24 HOUR	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM FEXOFENADINE HCL	TABS	OR	NON-COVERED	OTCS	-	-	-
		TGT ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		WAL-FEX 24 HOUR ALLERGY	TABS	OR	NON-COVERED	OTCS	-	-	-
		WAL-FEX ALLERGY 12 HOUR	TABS	OR	NON-COVERED	OTCS	-	-	-

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	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY RELIEF 24HR	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		LEVOCETIRIZINE DIHYDROCHLORIDE	SOLN	OR	-		NON-PREFERRED	-	-
		LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	OR	-		NON-PREFERRED	-	-
		LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	OR	NON-COVERED	OTCS	-	-	-
		XYZAL ALLERGY 24HR	TABS	OR	NON-COVERED	OTCS	-	-	-
		XYZAL ALLERGY 24HR CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-
	LORATADINE	ALAVERT	TBDP	OR	NON-COVERED	OTCS	-	-	-
		ALLERGY NON-DROWSY	TABS	OR	-		PREFERRED	-	-
		ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		ALLERGY RELIEF CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		ALLERGY RELIEF LORATADINE	TABS	OR	-		PREFERRED	-	-
		CHILDRENS LORATADINE	SOLN	OR	-		PREFERRED	-	-
		CHILDRENS LORATADINE	SYRP	OR	-		PREFERRED	-	-
		CLARITIN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CLARITIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		CLARITIN ALLERGY CHILDRENS	SYRP	OR	NON-COVERED	OTCS	-	-	-
		CLARITIN CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CLARITIN REDITABS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		CVS ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS ALLERGY RELIEF CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		EQ ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		EQ ALLERGY RELIEF CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		EQ CHILDRENS LORATADINE	SYRP	OR	-		PREFERRED	-	-
EQ LORATADINE	TABS	OR	-		PREFERRED	-	-		
ALLERGY : ANTIHISTAMINES CONT.	EQ LORATADINE	TBDP	OR	NON-COVERED	OTCS	-	-	-	
	EQ LORATADINE CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	EQL ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-	
	GNP ALLERGY RELIEF FOR KIDS	TBDP	OR	NON-COVERED	OTCS	-	-	-	
	GNP LORATADINE	SYRP	OR	-		PREFERRED	-	-	
	GNP LORATADINE	TABS	OR	-		PREFERRED	-	-	
	GNP LORATADINE	TBDP	OR	NON-COVERED	OTCS	-	-	-	
	GNP LORATADINE CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	GNP LORATADINE CHILDRENS	SOLN	OR	-		PREFERRED	-	-	
	GOODSENSE ALLERGY RELIEF 24 HOUR	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	HM ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-	
	HM LORATADINE	TABS	OR	-		PREFERRED	-	-	
	HM LORATADINE CHILDRENS	SYRP	OR	-		PREFERRED	-	-	
	KLS ALLERCLEAR	TABS	OR	-		PREFERRED	-	-	
	KP LORATADINE	TABS	OR	-		PREFERRED	-	-	
	LORADAMED	TABS	OR	-		PREFERRED	-	-	
	LORATADINE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	LORATADINE	TABS	OR	-		PREFERRED	-	-	
	LORATADINE CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	LORATADINE CHILDRENS	SOLN	OR	-		PREFERRED	-	-	
LORATADINE CHILDRENS	SYRP	OR	-		PREFERRED	-	-		

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		MEIJER ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		MEIJER ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		MEIJER LORATADINE	SYRP	OR	-		PREFERRED	-	-
		PX ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		PX ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		QC ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		QC ALLERGY RELIEF CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		QC LORATADINE ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		RA ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		RA ALLERGY RELIEF 24 HOUR	TABS	OR	-		PREFERRED	-	-
		RA ALLERGY RELIEF CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RA LORATADINE	TABS	OR	-		PREFERRED	-	-
		RA LORATADINE	TBDP	OR	NON-COVERED	OTCS	-	-	-
		RA LORATADINE CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		SB ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		SB LORATADINE	SYRP	OR	-		PREFERRED	-	-
		SB LORATADINE	TABS	OR	-		PREFERRED	-	-
		SM ALLERGY CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		SM ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		SM CHILDRENS LORATADINE	SYRP	OR	-		PREFERRED	-	-
		SM LORATADINE	TABS	OR	-		PREFERRED	-	-
		SM LORATADINE ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		TGT ALLERGY RELIEF	TABS	OR	-		PREFERRED	-	-
		TGT ALLERGY RELIEF	TBDP	OR	NON-COVERED	OTCS	-	-	-
		TGT LORATADINE CHILDRENS	SYRP	OR	-		PREFERRED	-	-
		TRIAMINIC ALLERCHEWS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		WAL-ITIN	SYRP	OR	-		PREFERRED	-	-
		WAL-ITIN	TABS	OR	-		PREFERRED	-	-
ALLERGY : ANTIHISTAMINES CONT.		WAL-ITIN ALLERGY RELIEF REDITABS	TBDP	OR	NON-COVERED	OTCS	-	-	-
		WAL-ITIN CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		WAL-VERT	TBDP	OR	NON-COVERED	OTCS	-	-	-
	PYRILAMINE MALEATE	PEDIACLEAR 8 CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
	TRIPROLIDINE HCL	DOCTOR MANZANILLA ANTIHISTAMINE INFANT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DOCTOR MANZANILLA ANTIHISTAMINE PEDIATRIC	SYRP	OR	NON-COVERED	OTCS	-	-	-
		HISTEX	CHEW	OR	NON-COVERED	OTCS	-	-	-
		HISTEX	SYRP	OR	NON-COVERED	OTCS	-	-	-
		HISTEX PD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HISTEX PDX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		M-HIST PD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PEDIACLEAR ALLERGY CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PEDIACLEAR PD CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TRIPROLIDINE HYDROCHLORIDE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VANACLEAR PD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VANAHIST PD	LIQD	OR	NON-COVERED	OTCS	-	-	-
ALLERGY : MISC	ALLANTOIN-CAMPBOR-MENTHOL	NOSE BETTER	GEL	EX	NON-COVERED	OTCS	-	-	-
	ALOE-SODIUM CHLORIDE	AYR SALINE NASAL GEL	SWAB	NA	NON-COVERED	OTCS	-	-	-
	GLYCERIN-SODIUM CHLORIDE	NOSE BETTER	SOLN	NA	NON-COVERED	OTCS	-	-	-
	HYPERTONIC NASAL WASH	ENTSOL NASAL SPRAY	SOLN	NA	NON-COVERED	OTCS	-	-	-
		NASADOCK PLUS	PACK	NA	NON-COVERED	OTCS	-	-	-

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		NASAFLO NETI POT NASAL WASH SYSTEM	PACK	NA	NON-COVERED	OTCS	-	-	-
		NASAFLO PORCELAIN NASAL RINSE	PACK	NA	NON-COVERED	OTCS	-	-	-
		SALTAIRE	SOLN	NA	NON-COVERED	OTCS	-	-	-
		SINUS RINSE KIT	PACK	NA	NON-COVERED	OTCS	-	-	-
		SINUS RINSE KIT PEDIATRIC	PACK	NA	NON-COVERED	OTCS	-	-	-
		SINUS RINSE REFILL	PACK	NA	NON-COVERED	OTCS	-	-	-
		SINUS RINSE REFILL PEDIATRIC	PACK	NA	NON-COVERED	OTCS	-	-	-
	HYPROMELLOSE (NASAL)	ALZAIR ALLERGY BLOCKER NASAL SPRAY	POWD	NA	-		NON-PREFERRED	PA REQUIRED	-
	MISC NATURAL PRODUCT NASAL	GELONASAL	SOLN	NA	NON-COVERED	OTCS	-	-	-
		NASAL CLEANSE RINSE MIX	PACK	NA	NON-COVERED	OTCS	-	-	-
		NASAL CARE FOR KIDS	PACK	NA	NON-COVERED	OTCS	-	-	-
		PONARIS	SOLN	NA	NON-COVERED	OTCS	-	-	-
	NASAL MOISTURIZER COMBINATION	4-WAY SALINE	SOLN	NA	NON-COVERED	OTCS	-	-	-
		LITTLE NOSES MOISTURIZINGNASAL GEL	GEL	NA	NON-COVERED	OTCS	-	-	-
		LITTLE REMEDIES FOR NOSES	SOLN	NA	NON-COVERED	OTCS	-	-	-
		OCEAN COMPLETE SINUS RINSE	AERS	NA	NON-COVERED	OTCS	-	-	-
		OCEAN NASAL MOISTURIZER	GEL	NA	NON-COVERED	OTCS	-	-	-
		OCEAN ULTRA SALINE NASAL MIST	SOLN	NA	NON-COVERED	OTCS	-	-	-
		RHINASE	GEL	NA	NON-COVERED	OTCS	-	-	-
		RHINASE	SOLN	NA	NON-COVERED	OTCS	-	-	-
	NASAL WASH	ALKALOL	SOLN	NA	NON-COVERED	OTCS	-	-	-
	PROPYLENE GLYCOL-HYDROXYETHYLCELLULOSE	NASAL MOIST GEL	GEL	NA	NON-COVERED	OTCS	-	-	-
	SALINE	AFRIN SALINE NASAL MIST	SOLN	NA	-		PREFERRED	-	-
		ALTAMIST	SOLN	NA	-		PREFERRED	-	-
		AYR	SOLN	NA	-		PREFERRED	-	-
		AYR NASAL DROPS	SOLN	NA	NON-COVERED	OTCS	-	-	-
ALLERGY : MISC CONT.		AYR NASAL MIST ALLERGY & SINUS HYPERTONIC SALINE	SOLN	NA	NON-COVERED	OTCS	-	-	-
		AYR SALINE NASAL	GEL	NA	NON-COVERED	OTCS	-	-	-
		BABY AYR SALINE	SOLN	NA	-		PREFERRED	-	-
		CVS NASAL MIST	AERS	NA	NON-COVERED	OTCS	-	-	-
		CVS SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
		DEEP SEA NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
		EQL SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
		GNP NASAL MOISTURIZING	SOLN	NA	-		PREFERRED	-	-
		HM SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
		LITTLE NOSES SALINE	SOLN	NA	-		PREFERRED	-	-
		LITTLE NOSES STERILE SALINE NASAL MIST	AERS	NA	NON-COVERED	OTCS	-	-	-
		LITTLE NOSES STUFFY NOSE KIT	SOLN	NA	-		PREFERRED	-	-
		LITTLE REMEDIES BABY STERILE SALINE MIST FOR NOSES	AERS	NA	NON-COVERED	OTCS	-	-	-
		MEIJER SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
		NASADROPS SALINE ON THE GO	SOLN	NA	NON-COVERED	OTCS	-	-	-
		NASAL MOISTURIZING SPRAY	SOLN	NA	-		PREFERRED	-	-
		NASOGEL	GEL	NA	NON-COVERED	OTCS	-	-	-
		OCEAN FOR KIDS	SOLN	NA	-		PREFERRED	-	-
		OCEAN NASAL SPRAY	SOLN	NA	NON-COVERED	OTCS	-	-	-
		PX SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-

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		QC SALINE NASAL RELIEF	SOLN	NA	-		PREFERRED	-	-
		RA SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
		RA STERILE SALINE NASAL MIST	SOLN	NA	NON-COVERED	OTCS	-	-	-
		RHINARIS	SOLN	NA	NON-COVERED	OTCS	-	-	-
		SALINE NASAL GEL	GEL	NA	NON-COVERED	OTCS	-	-	-
		SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
		SALINE NASAL SPRAY INFANTS/CHILDRENS	SOLN	NA	-		PREFERRED	-	-
		SB SALINE NOSE	SOLN	NA	-		PREFERRED	-	-
		SIMPLY SALINE	AERS	NA	NON-COVERED	OTCS	-	-	-
		SINUS WASH SALT	CRYS	NA	NON-COVERED	OTCS	-	-	-
		SM NASAL SPRAY SALINE	SOLN	NA	-		PREFERRED	-	-
		SODIUM CHLORIDE	SOLN	NA	-		PREFERRED	-	-
		TGT SALINE NASAL SPRAY	SOLN	NA	-		PREFERRED	-	-
	SODIUM CHLORIDE-SODIUM BICARBONATE								
		AYR SALINE NASAL NETI RINSE KIT	PACK	NA	NON-COVERED	OTCS	-	-	-
		CLASSIC NETI POT SINUS WASH	KIT	NA	NON-COVERED	OTCS	-	-	-
		CVS NASAL WASH SINUS WASH SYSTEM	KIT	NA	NON-COVERED	OTCS	-	-	-
		CVS SINUS WASH SALINE REFILL	PACK	NA	NON-COVERED	OTCS	-	-	-
		GNP SINUS WASH NETI POT	KIT	NA	NON-COVERED	OTCS	-	-	-
		GNP SINUS WASH REFILL	PACK	NA	NON-COVERED	OTCS	-	-	-
		KETTLE NETI POT SINUS WASH	KIT	NA	NON-COVERED	OTCS	-	-	-
		NASAMIST ALL-IN-ONE	AERS	NA	NON-COVERED	OTCS	-	-	-
		NASAMIST HYPERTONIC	AERS	NA	NON-COVERED	OTCS	-	-	-
		NASAMIST ISOTONIC	AERS	NA	NON-COVERED	OTCS	-	-	-
		NETI POT KIT SINUS WASH/CLEAR VIEW KETTLE	KIT	NA	NON-COVERED	OTCS	-	-	-
		RA MICOR-FILTERED SINUS WASH SYSTEM/SALINE PACKETS	KIT	NA	NON-COVERED	OTCS	-	-	-
ALLERGY : MISC CONT.		RA SINUS WASH NETI POT	PACK	NA	NON-COVERED	OTCS	-	-	-
		SALINE PACKETS	PACK	NA	NON-COVERED	OTCS	-	-	-
		SINUCLEANSE NETI POT	KIT	NA	NON-COVERED	OTCS	-	-	-
		SINUCLEANSE REFILL	PACK	NA	NON-COVERED	OTCS	-	-	-
		SINUFLO READYRINSE	KIT	NA	NON-COVERED	OTCS	-	-	-
		SINUGATOR NASAL WASH	PACK	NA	NON-COVERED	OTCS	-	-	-
		SINUS WASH NETI POT	KIT	NA	NON-COVERED	OTCS	-	-	-
		SINUS WASH SQUEEZE BOTTLE	KIT	NA	NON-COVERED	OTCS	-	-	-
		SM SINUS WASH	PACK	NA	NON-COVERED	OTCS	-	-	-
		SM SINUS WASH NETI POT	KIT	NA	NON-COVERED	OTCS	-	-	-
		SQUEEZE BOTTLE KIT SINUS WASH	KIT	NA	NON-COVERED	OTCS	-	-	-
	SODIUM CHLORIDE-XYLITOL	XLEAR SINUS CARE SPRAY	SOLN	NA	NON-COVERED	OTCS	-	-	-
	SODIUM CHLORIDE-YERBA SANTA-GLYCERIN								
		PRETZ	SOLN	NA	NON-COVERED	OTCS	-	-	-
		PRETZ IRRIGATION	SOLN	NA	NON-COVERED	OTCS	-	-	-
		PRETZ NATURAL MOISTURIZING NASAL SPRAY/YERBA SANTA/SEA SALT	SOLN	NA	NON-COVERED	OTCS	-	-	-
ALLERGY : NASAL ANTICHOLINERGICS	CROMOLYN SODIUM (NASAL)	CROMOLYN SODIUM	AERS	NA	NON-COVERED	OTCS	-	-	-
		NASALCROM	AERS	NA	NON-COVERED	OTCS	-	-	-
	IPRATROPIUM BROMIDE (NASAL)	IPRATROPIUM BROMIDE	SOLN	NA	-		PREFERRED	-	-
ALLERGY : NASAL STEROIDS	BECLOMETHASONE DIPROP MONOHYD	BECONASE AQ	SUSP	NA	-		NON-PREFERRED	-	-

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	BECLOMETHASONE DIPROPIONATE (NASAL)	QNASL CHILDRENS	AERS	NA	-		NON-PREFERRED	-	-		
		BUDESONIDE NASAL SPRAY	SUSP	NA	NON-COVERED	OTCS	-	-	-		
	BUDESONIDE (NASAL)	CVS BUDESONIDE NASAL SPRAY	SUSP	NA	NON-COVERED	OTCS	-	-	-		
		EQ BUDESONIDE NASAL SPRAY	SUSP	NA	NON-COVERED	OTCS	-	-	-		
		GNP BUDESONIDE NASAL SPRAY	SUSP	NA	NON-COVERED	OTCS	-	-	-		
		RA BUDESONIDE NASAL SPRAY	SUSP	NA	NON-COVERED	OTCS	-	-	-		
		RHINOCORT ALLERGY	SUSP	NA	NON-COVERED	OTCS	-	-	-		
		OMNARIS	SUSP	NA	-		NON-PREFERRED	-	-		
	CICLESONIDE (NASAL)	ZETONNA	AERS	NA	-		NON-PREFERRED	-	-		
		FLUNISOLIDE	SOLN	NA	-		NON-PREFERRED	-	-		
	FLUNISOLIDE (NASAL)	FLONASE SENSIMIST	SUSP	NA	NON-COVERED	OTCS	-	-	-		
	FLUTICASONE FUROATE	ALLERGY NASAL SPRAY 24 HOUR	SUSP	NA	-		PREFERRED	-	-		
	FLUTICASONE PROPIONATE (NASAL)	ALLERGY RELIEF	SUSP	NA	-		PREFERRED	-	-		
		CLARISPRAY	SUSP	NA	-		PREFERRED	-	-		
		CVS FLUTICASONE PROPRIONATE NASAL SPRAY	SUSP	NA	-		PREFERRED	-	-		
		EQ ALLERGY RELIEF	SUSP	NA	-		PREFERRED	-	-		
		EQL FLUTICASONE PROPIONATE CHILDRENS	SUSP	NA	-		PREFERRED	-	-		
		FLONASE ALLERGY RELIEF CHILDRENS	SUSP	NA	NON-COVERED	OTCS	-	-	-		
		FLUTICASONE PROPIONATE NASAL SPRAY	SUSP	NA	-		PREFERRED	-	-		
		GNP FLUTICASONE PROPIONATE CHILDRENS	SUSP	NA	-		PREFERRED	-	-		
		HM ALLERGY RELIEF NASAL SPRAY 24HR	SUSP	NA	-		PREFERRED	-	-		
		KLS ALLER-FLO	SUSP	NA	-		PREFERRED	-	-		
		QC ALLERGY RELIEF	SUSP	NA	-		PREFERRED	-	-		
		QC FLUTICASONE PROPIONATE	SUSP	NA	-		PREFERRED	-	-		
		SM ALLERGY RELIEF NASAL SPRAY	SUSP	NA	-		PREFERRED	-	-		
		XHANCE	EXHU	NA	-		NON-PREFERRED	-	-		
		ALLERGY : NASAL STEROIDS CONT.		DERMACINRX TICANASE PAK	THPK	NA	-		NON-PREFERRED	PA REQUIRED	-
			FLUTICASONE PROPIONATE-SODIUM CHLORIDE	TICASPRAY	THPK	NA	-		NON-PREFERRED	PA REQUIRED	-
	MOMETASONE FUROATE			SUSP	NA	-		NON-PREFERRED	-	-	
	MOMETASONE FUROATE (NASAL)		NASONEX	SUSP	NA	-		NON-PREFERRED	PA REQUIRED	-	
			ALLERGY NASAL SPRAY 24 HOUR	AERO	NA	-		PREFERRED	-	-	
	TRIAMCINOLONE ACETONIDE (NASAL)		CVS NASAL ALLERGY SPRAY	AERO	NA	-		PREFERRED	-	-	
			EQ NASAL ALLERGY SPRAY	AERO	NA	-		PREFERRED	-	-	
GNP 24 HOUR NASAL ALLERG Y SPRAY			AERO	NA	-		PREFERRED	-	-		
GOODSENSE NASAL ALLERGY SPRAY			AERO	NA	-		PREFERRED	-	-		
NASACORT ALLERGY 24HR CHILDRENS			AERO	NA	NON-COVERED	OTCS	-	-	-		
NASAL ALLERGY 24 HOUR MULTI-SYMP TOM			AERO	NA	-		PREFERRED	-	-		
RA NASAL ALLERGY SPRAY	AERO		NA	-		PREFERRED	-	-			
TRIAMCINOLONE ACETONIDE	AERO		NA	-		PREFERRED	-	-			
ANALGESICS - ANTIINFLAMMATORY : ANTIRHEUMATIC AGENTS	AURANOFIN	RIDAURA	CAPS	OR	-		PREFERRED	-	-		
		ARAVA	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-		
	LEFLUNOMIDE	LEFLUNOMIDE	TABS	OR	-		PREFERRED	-	-		
		XATMEP	SOLN	OR	-		PREFERRED	-	-		
	METHOTREXATE	OTREXUP	SOAJ	SC	-		NON-PREFERRED	PA REQUIRED	-		
	METHOTREXATE (ANTIRHEUMATIC)	RASUVO	SOAJ	SC	-		PREFERRED	PA REQUIRED	-		
METHOTREXATE		SOLN	IJ	-		PREFERRED	-	-			

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	METHOTREXATE SODIUM	METHOTREXATE	TABS	OR	-		PREFERRED	-	-
		METHOTREXATE SODIUM	SOLN	IJ	-		PREFERRED	-	-
		METHOTREXATE SODIUM	SOLR	IJ	-		PREFERRED	-	-
		TREXALL	TABS	OR	-		PREFERRED	-	-
ANALGESICS : MISC - TOPICAL	ALLANTOIN-LIDOCAINE-PETROLATUM	PREMIUM SCAR PATCH	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
	AMANTADINE-AMITRIPTYLINE-GABAPENTIN-CYCLOBENZAPRINE	A.A.G.C. KIT IN TERODERM	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	BACLOFEN (TOPICAL)	BACLOFEN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		ENOVARX-BACLOFEN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	BENZOCAINE (TOPICAL)	AFTERTEST TOPICAL PAIN RELIEF	STCK	EX	NON-COVERED	OTCS	-	-	-
		AMERICAINE	AERO	EX	NON-COVERED	OTCS	-	-	-
		ANACAINE	OINT	EX	-		NON-PREFERRED	PA REQUIRED	-
		BOIL EASE MAXIMUM STRENGTH	OINT	EX	NON-COVERED	OTCS	-	-	-
		BOIL PAIN RELIEF	OINT	EX	NON-COVERED	OTCS	-	-	-
		CVS BOIL RELIEF	OINT	EX	NON-COVERED	OTCS	-	-	-
		OUTGRO PAIN RELIEF	LIQD	EX	NON-COVERED	OTCS	-	-	-
	BENZOCAINE-BENZETHONIUM	DERMOPLAST FIRST AID	AERO	EX	NON-COVERED	OTCS	-	-	-
		LANACANE	CREA	EX	NON-COVERED	OTCS	-	-	-
		LANACANE ANTI-BACTERIAL FIRST AID MAXIMUM STRENGTH	AERO	EX	NON-COVERED	OTCS	-	-	-
		LANACANE ANTI-ITCH 2-IN-1	CREA	EX	NON-COVERED	OTCS	-	-	-
		LANACANE FIRST AID 2-IN1	AERO	EX	NON-COVERED	OTCS	-	-	-
		LANACANE MAXIMUM STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
	BENZOCAINE-CHLOROXYLENOL	FOILLE	OINT	EX	NON-COVERED	OTCS	-	-	-
	BENZOCAINE-ISOPROPYL ALCOHOL	ALCOHOL SWABS WITH BENZOCAINE	PADS	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		GNP PAIN RELIEF WITH BENZOCAINE	PADS	EX	NON-COVERED	OTCS	-	-	-
		SM ALCOHOL PREP PADS/BENZOCAINE	PADS	EX	NON-COVERED	OTCS	-	-	-
	BENZOCAINE-LIDOCAINE-TETRACAINE	BENZOCAINE/LIDOCAINE/TETRACAINE	OINT	EX	-		NON-PREFERRED	PA REQUIRED	-
	BENZOCAINE-MENTHOL	DERMOPLAST	AERO	EX	NON-COVERED	OTCS	-	-	-
	BENZOCAINE-SULFUR	CHIGG AWAY	LOTN	EX	NON-COVERED	OTCS	-	-	-
	BENZOCAINE-TRICLOSAN	COOLING BURN RELIEF	AERO	EX	NON-COVERED	OTCS	-	-	-
		CVS INSTANT MEDICATED FIRST AID SPRAY	AERO	EX	NON-COVERED	OTCS	-	-	-
		FIRST AID ANTISEPTIC SPRAY MEDICATED	AERO	EX	NON-COVERED	OTCS	-	-	-
		GNP MEDICATED FIRST AID SPRAY	AERO	EX	NON-COVERED	OTCS	-	-	-
		RA MEDICATED FIRST AID SPRAY	AERO	EX	NON-COVERED	OTCS	-	-	-
	CAPSAICIN	ARTHRITIS PAIN RELIEVING	CREA	EX	NON-COVERED	OTCS	-	-	-
		ASPERCREME WARMING PAIN RELIEF PATCH	PADS	EX	NON-COVERED	OTCS	-	-	-
		CAPREX	CREA	EX	NON-COVERED	OTCS	-	-	-
		CAPREX +	CREA	EX	NON-COVERED	OTCS	-	-	-
		CAPSAICIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		CAPSAICIN	PADS	EX	NON-COVERED	OTCS	-	-	-
		CAPSAICIN HOT PATCH	PADS	EX	NON-COVERED	OTCS	-	-	-
		CAPSAICIN HP	CREA	EX	NON-COVERED	OTCS	-	-	-
		CAPZASIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CAPZASIN-HP	CREA	EX	NON-COVERED	OTCS	-	-	-
		CAPZASIN-P	CREA	EX	NON-COVERED	OTCS	-	-	-
		CAPZIX	CREA	EX	NON-COVERED	OTCS	-	-	-
		CASTIVA WARMING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS CAPSAICIN	LIQD	EX	NON-COVERED	OTCS	-	-	-

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		CVS CAPSAICIN HP	CREA	EX	NON-COVERED	OTCS	-	-	-
		CVS MEDICATED HEAT PATCH	PADS	EX	NON-COVERED	OTCS	-	-	-
		EQ CAPSAICIN PAIN RELIEVING PATCH	PADS	EX	NON-COVERED	OTCS	-	-	-
		GNP CAPSAICIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		GNP CAPSAICIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GOODSENSE CAPSAICIN ARTHRITIS PAIN RELIEF	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GUADALUPANO PAIN RELIEVING PLASTER	SHEE	EX	NON-COVERED	OTCS	-	-	-
		RA CAPSICUM HOT PATCH	PADS	EX	NON-COVERED	OTCS	-	-	-
		SURE RESULT SR RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		ZOSTRIX HIGH POTENCY	CREA	EX	NON-COVERED	OTCS	-	-	-
		ZOSTRIX NATURAL PAIN RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		ZOSTRIX-HP	STCK	EX	NON-COVERED	OTCS	-	-	-
	CAPSAICIN & CLEANSING GEL	QUTENZA	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	CAPSAICIN IN LIDOCAINE VEHICLE	AXSAIN	CREA	EX	NON-COVERED	OTCS	-	-	-
	CAPSAICIN-MENTHOL	ALIVIO PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		ALLEVESS	PTCH	EX	NON-COVERED	OTCS	-	-	-
		CAPSIDERM	PTCH	EX	NON-COVERED	OTCS	-	-	-
		CAPZASIN QUICK RELIEF	GEL	EX	NON-COVERED	OTCS	-	-	-
		CMX PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		FLEXIN	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		ICY HOT PM	PTCH	EX	NON-COVERED	OTCS	-	-	-
		LEVATIO PATCH	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		MENCAPS PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		MENTHOZEN HYDROGEL PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		RELIEVER	PTCH	EX	NON-COVERED	OTCS	-	-	-
		RENOVO	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
	CAPSAICIN-METHYL NICOTINATE	ARTH ARREST	LOTN	EX	NON-COVERED	OTCS	-	-	-
	DIBUCAINE	CVS HEMORRHOIDAL & TOPICAL ANALGESIC	OINT	EX	NON-COVERED	OTCS	-	-	-
		DIBUCAINE	OINT	EX	NON-COVERED	OTCS	-	-	-
		NUPERCAINAL	OINT	EX	NON-COVERED	OTCS	-	-	-
	DICLOFENAC EPOLAMINE	DICLOFENAC EPOLAMINE	PTCH	TD	-		NON-PREFERRED	PA REQUIRED	-
		FLECTOR	PTCH	TD	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM & ADHESIVE SHEETS	DICLO GEL/XRYLIX SHEETS	THPK	TD	-		NON-PREFERRED	PA REQUIRED	-
		LEXIXRYL	THPK	TD	-		NON-PREFERRED	PA REQUIRED	-
		XRYLIX	THPK	TD	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM & LIDOCAINE HCL & ADHESIVE SHEETS	TRIXYLITRAL	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM & MENTHOL	DICLOSTREAM	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
		DIMENTHO	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
		DITHOL	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM & MENTHOL-METHYL SALICYLATE	DICLOPR	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		VAROPHEN	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM & OCCLUSIVE DRESSING	DICLOZOR	THPK	TD	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM (TOPICAL)	DICLOFENAC SODIUM	GEL	TD	-		PREFERRED	-	-
		DICLOFENAC SODIUM	SOLN	TD	-		PREFERRED	-	-
		DICLOFONO	GEL	TD	-		NON-PREFERRED	PA REQUIRED	-

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		ENOVARX-DICLOFENAC SODIU M	CREA	TD	-		NON-PREFERRED	PA REQUIRED	-
		PENNSAID	SOLN	TD	-		NON-PREFERRED	PA REQUIRED	-
		REXAPHENAC	CREA	TD	-		NON-PREFERRED	PA REQUIRED	-
		VOLTAREN	GEL	TD	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM-CAMPHOR-LIDOCAINE-METHYL SALICYLATE	DICLOVIX	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM-CAMPHOR-MENTHOL-METHYL SALICYLATE	INFLAMMA-K KIT	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM-CANNABINOIDS	DYNABAC 5.0	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM-CAPSAICIN (TOPICAL)	CAPSFENAC PAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		CAPSINAC	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		DERMACINRX LEXITRAL PHARMAPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		DICLOFEX DC	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		DICLOPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		DICLOSAICIN	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		NUDICLO SOLUPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		SURE RESULT DSS PREMIUM PACK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		XELITRAL	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM-METHYL SALICYLATE-MENTHOL-CAPSAICIN	DFS/MS/MENTH/CAP PAK	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	DYCLONINE HCL-BENZETHONIUM CL	GNP LIQUID BANDAGE	LIQD	EX	NON-COVERED	OTCS	-	-	-
		RA LIQUID BANDAGE	LIQD	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.	ETHYL CHLORIDE	ETHYL CHLORIDE	AERO	EX	-		NON-PREFERRED	PA REQUIRED	-
		ETHYL CHLORIDE/FINE PINPOINT	AERO	EX	-		NON-PREFERRED	PA REQUIRED	-
	FLURBIPROFEN-BACLOFEN-CYCLOBENZAPRINE-LIDOCAINE	AIF #3 DRUG PREPARATION KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	FLURBIPROFEN-BACLOFEN-LIDOCAINE HCL	FBL KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	FLURBIPROFEN-CYCLOBENZAPRINE	ACTIVE-PREP KIT I	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		DUAL COMPLEX FORMULA 1 KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		VP FC KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	FLURBIPROFEN-GABAPENTIN-CYCLOBENZAPRINE-LIDO-DEXAMETHASONE	AIF #2 DRUG PREPARATION KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	GABAPENTIN (TOPICAL)	NEURAPTINE	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	IBUPROFEN (TOPICAL)	ENOVARX-IBUPROFEN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	KETOPROFEN (TOPICAL)	ACTIVE-KETOPROFEN KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		FROTEK	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		KETOPHENE RAPIDPAQ	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	KETOPROFEN-BACLOFEN-GABAPENTIN	ACTIVE-PREP KIT II	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	KETOPROFEN-BACLOFEN-GABAPENTIN-LIDOCAINE	K.B.G.L. IN TERODERM CREAM	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	KETOPROFEN-KETAMINE-LIDOCAINE	LIDOPROFEN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		VOPAC KT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	KETOPROFEN-LIDOCAINE HCL-GABAPENTIN	ACTIVE-PREP KIT III	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		VOPAC GB	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		VP GKL KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-

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	KETOPROFEN-LIDOCAINE-GABAPENTIN	TRIPLE COMPLEX FORMULA 3 KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	KETOROLAC TROMETHAMINE (TOPICAL)	KETOROLAC 2% GEL	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE	ALOE VERA BURN RELIEF	AERO	EX	NON-COVERED	OTCS	-	-	-
		ANECREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		ASPERCREME LIDOCAINE MAX STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		ASPERCREME MAX STRENGTH	AERO	EX	NON-COVERED	OTCS	-	-	-
		CVS AFTERSUN ALOE VERA COOLING GEL/LIDOCAINE	GEL	EX	NON-COVERED	OTCS	-	-	-
		CVS INSTANT BURN RELIEF/ALOE EXTRA	AERO	EX	NON-COVERED	OTCS	-	-	-
		CVS PAIN RELIEF MAXIMUM STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		EHA LOTION 4%	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		EQ LIDOCAINE PAIN RELIEVIING MAXIMUM STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		FIRST CARE PAIN RELIEF GEL PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		GEN7T	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		GEN7T	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		GNP BURN RELIEF	AERO	EX	NON-COVERED	OTCS	-	-	-
		GNP LIDOCAINE PAIN RELIEF	PTCH	EX	NON-COVERED	OTCS	-	-	-
		GOODSENSE PAIN RELIEF MAXIMUM STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		HM LIDOCAINE PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		LIDO KING	PTCH	EX	NON-COVERED	OTCS	-	-	-
		LIDOCAINE	CREA	EX	NON-COVERED	OTCS	-	-	-
		LIDOCAINE	OINT	EX	-		PREFERRED	-	-
		LIDOCAINE	PTCH	EX	-		PREFERRED	-	-
		LIDOCAINE	PTCH	EX	NON-COVERED	OTCS	-	-	-
		LIDODERM	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIPOCAINE 5	CREA	EX	NON-COVERED	OTCS	-	-	-
		LMX 4	CREA	EX	NON-COVERED	OTCS	-	-	-
		PAIN RELIEVING LIDOCAINE PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		PREMIUM LIDOCAINE	OINT	EX	-		PREFERRED	-	-
		QC LIDOCAINE PAIN RELIEF	PTCH	EX	NON-COVERED	OTCS	-	-	-
		RA BURN RELIEF ALOE EXTRA	AERO	EX	NON-COVERED	OTCS	-	-	-
		RA LIDOCAINE PAIN RELIEVING PATCHES MAXIMUM STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		RE-LIEVED MAXIMUM STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		SOLARCAINE COOL ALOE	AERO	EX	NON-COVERED	OTCS	-	-	-
		THERACARE PAIN RELIEF MAXIMUM STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		ZTLIDO	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE HCL	7T LIDO GEL	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		AFTERBURN	GEL	EX	NON-COVERED	OTCS	-	-	-
		ALOCANE EMERGENCY BURN MAXIMUM STRENGTH	GEL	EX	NON-COVERED	OTCS	-	-	-
		ALOE GEL/LIDOCAINE	GEL	EX	NON-COVERED	OTCS	-	-	-
		ANASTIA	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		ASPERCREME LIDOCAINE	LIQD	EX	NON-COVERED	OTCS	-	-	-
		ASPERCREME W/LIDOCAINE	CREA	EX	NON-COVERED	OTCS	-	-	-
		ASTERO	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		BENGAY LIDOCAINE	CREA	EX	NON-COVERED	OTCS	-	-	-
		COOLING	GEL	EX	NON-COVERED	OTCS	-	-	-

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		CVS LIDOCAINE MAXIMUM STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		DOLOGESIC PAIN RELIEF ROLL-ON	LIQD	EX	NON-COVERED	OTCS	-	-	-
		ENOVARX-LIDOCAINE HCL	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		EQ LIDOCAINE PAIN RELIEVING/MAX STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		GLYDO	PRSY	EX	-		PREFERRED	-	-
		GOLD BOND MULTI-SYMPOM/ITCH & PAIN RELIEF/MAXIMUM STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		LDO PLUS	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOCAINE	CREA	EX	-		PREFERRED	-	-
		LIDOCAINE	CREA	EX	NON-COVERED	OTCS	-	-	-
		LIDOCAINE HCL	LOTN	EX	-		PREFERRED	-	-
		LIDOCAINE HCL	PRSY	EX	-		PREFERRED	-	-
		LIDOCAINE HCL	SOLN	EX	-		PREFERRED	-	-
		LIDOCAINE HCL JELLY	GEL	EX	-		PREFERRED	-	-
		LIDOCAINE HCL JELLY	PRSY	EX	-		PREFERRED	-	-
		LIDOCAINE HYDROCHLORIDE 4.12%	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOCAINE HYDROCHLORIDE	CREA	EX	-		PREFERRED	-	-
		LIDOCAINE HYDROCHLORIDE	CREA	EX	NON-COVERED	OTCS	-	-	-
		LIDOCAINE PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
		LIDODOSE	GEL	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		LIDO-K	LOTN	EX	-		PREFERRED	-	-
		LIDOPIN 3.25%	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOPIN	CREA	EX	-		PREFERRED	-	-
		LIDORX	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDO-SORB	LOTN	EX	-		PREFERRED	-	-
		LIDOTRAL	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOZION	LOTN	EX	-		PREFERRED	-	-
		LIDTOPIC MAX	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		NEUROMED7	CREA	EX	NON-COVERED	OTCS	-	-	-
		NUMBONEX	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		PAIN RELIEF ROLL-ON LIQUID	LIQD	EX	NON-COVERED	OTCS	-	-	-
		PAIN RELIEVING MAXIMUM STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		PREDATOR	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA ALOE VERA/LIDOCAINE	GEL	EX	NON-COVERED	OTCS	-	-	-
		RA PAIN RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		REGENECARE HA	GEL	EX	NON-COVERED	OTCS	-	-	-
		REGENECARE HA	LIQD	EX	NON-COVERED	OTCS	-	-	-
		SM FIRST AID ANTISEPTIC	SOLN	EX	NON-COVERED	OTCS	-	-	-
		XOLIDO	CREA	EX	NON-COVERED	OTCS	-	-	-
		XOLIDO XP	CREA	EX	NON-COVERED	OTCS	-	-	-
		ZIONODIL	LOTN	EX	-		PREFERRED	-	-
	LIDOCAINE HCL-BLOOD COLLECTION	VEINPUNCTURE PX1 PHLEBOTOMY SYSTEM	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE HCL-EPINEPHRINE-TETRACAINE HCL	L.E.T.	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOCAINE HYDROCHLORIDE/EPINEPHRINE/TETRACAINE HYDROCHLORIDE	SOLN	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE HCL-POST OPERATIVE SYSTEM	SX1 MEDICATED POST-OPERATIVE SYSTEM	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-

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	LIDOCAINE-ADHESIVE SHEETS	LIDOPURE PATCH	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		XRYLIDERM	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		ZEYOCAINE	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-ALOE VERA	BURN RELIEF/LIDOCAINE/ALOE	GEL	EX	NON-COVERED	OTCS	-	-	-
		GNP ALOE VERA/LIDOCAINE	GEL	EX	NON-COVERED	OTCS	-	-	-
	LIDOCAINE-BENZALKONIUM	A+D CRACKED SKIN RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		ALOCANE PLUS	GEL	EX	NON-COVERED	OTCS	-	-	-
		BACTINE	LIQD	EX	NON-COVERED	OTCS	-	-	-
		BAND-AID ANTISEPTIC WASH HURT-FREE	LIQD	EX	NON-COVERED	OTCS	-	-	-
		FIRST AID ANTISEPTIC	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GNP MERCUCLEAR	LIQD	EX	NON-COVERED	OTCS	-	-	-
		LEVIGOSP	LIQD	EX	NON-COVERED	OTCS	-	-	-
		MEDI-FIRST/LIDOCAINE	CREA	EX	NON-COVERED	OTCS	-	-	-
		SM FIRST AID ANTISEPTIC	LIQD	EX	NON-COVERED	OTCS	-	-	-
		TGT FIRST AID CLEANSING SPRAY	LIQD	EX	NON-COVERED	OTCS	-	-	-
	LIDOCAINE-CAMPHOR-MENTHOL	LMR PLUS	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-CANNABINOIDS	ZENEVIX	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-CAPSAICIN	DERMACINRX NEUROTRAL PHARMAPAK	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-CAPSAICIN-MENTHOL-METHYL SALICYLATE	1ST MEDX-PATCH/LIDOCAINE	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		1ST MEDX-PATCH/LIDOCAINE	PTCH	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.	LIDOPRO	OINT	EX	NON-COVERED	OTCS	-	-	-	
	MEDI-DERM/L	CREA	EX	NON-COVERED	OTCS	-	-	-	
	MEDI-DERM/L-RX	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-	
	MEDI-PATCH RX	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-	
	MEDI-PATCH/LIDOCAINE	PTCH	EX	NON-COVERED	OTCS	-	-	-	
	SOOTHEE	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-	
	TEROCIN	LOTN	EX	NON-COVERED	OTCS	-	-	-	
	TRANSDERM-IQ	OINT	EX	NON-COVERED	OTCS	-	-	-	
	LIDOCAINE-DIMETHICONE	DERMACINRX PHN PAK	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
		DERMAZYL	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-EMOLLIENT	DERMACINRX ZRM PAK	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
		NEURCAINE	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-MENTHOL	1ST RELIEF TOPICAL SPRAY	LIQD	EX	NON-COVERED	OTCS	-	-	-
		ALOE VERA PAIN RELIEVING	GEL	EX	NON-COVERED	OTCS	-	-	-
		AVADERM	CREA	EX	NON-COVERED	OTCS	-	-	-
		AVALIN	PTCH	EX	NON-COVERED	OTCS	-	-	-
		CVS COLD & HOT MAXIMUM STRENGTH PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		GEN7T PLUS	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		GEN7T PLUS	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		ICY HOT LIDOCAINE PATCH PLUS MENTHOL/MAX STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
ICY HOT LIDOCAINE PLUS MENTHOL		CREA	EX	NON-COVERED	OTCS	-	-	-	
LENZAPRO		PTCH	EX	NON-COVERED	OTCS	-	-	-	
LEVIGOLT		CREA	EX	NON-COVERED	OTCS	-	-	-	
LIDOCAINE/MENTHOL		LIQD	EX	NON-COVERED	OTCS	-	-	-	
LIDOPATCH PAIN RELIEF	PTCH	EX	NON-COVERED	OTCS	-	-	-		
LIDOSTREAM	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-		
LIDOTHOL	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-		

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		LIDOTHOL	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOZENGEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		LIDOZENPATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		LIMENCIN PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		MENTHO-CAINE KIT	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		MTX TOPICAL PAIN	PTCH	EX	NON-COVERED	OTCS	-	-	-
		NULIDO	GEL	EX	NON-COVERED	OTCS	-	-	-
		NULIDO	PTCH	EX	NON-COVERED	OTCS	-	-	-
		PROLIDA	PTCH	EX	NON-COVERED	OTCS	-	-	-
		RA HOT & COLD LIDOCAINE W/MENTHOL PAIN RELIEVING PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		SITEROL	PTCH	EX	NON-COVERED	OTCS	-	-	-
		SYNVEXIA TC	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		TEROCIN	PTCH	EX	NON-COVERED	OTCS	-	-	-
		VENIA PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		ZERUVIA	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
		ZIMS MAX-FREEZE PAIN RELIEF	PTCH	EX	NON-COVERED	OTCS	-	-	-
	LIDOCAINE-MENTHOL-DIMETHICONE-CAMPHOR	NEPTUNE ICE	GEL	EX	NON-COVERED	OTCS	-	-	-
		NEPTUNE ICE	PTCH	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.	LIDOCAINE-MENTHOL-METHYL SALICYLATE-CAMPHOR	CBD KINGS	PTCH	EX	NON-COVERED	OTCS	-	-	-
	LIDOCAINE-METHYL SALICYLATE-CAMPHOR	CLM	PTCH	EX	NON-COVERED	OTCS	-	-	-
		MLC	PTCH	EX	NON-COVERED	OTCS	-	-	-
		VIVA PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
	LIDOCAINE-PENTAFLUOROPROP-TETRAFLUROETH-ULTRASOUND GEL	ACCUCAINE	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE	AGONEAZE	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		ANODYNE LPT	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		DERMACINRX EMPRICAINE	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		DERMACINRX PRIZOPAK	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOCAINE/PRILOCAINE	CREA	EX	-		PREFERRED	-	-
		LIDOCAINE/PRILOCAINE	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOPRIL	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDO-PRILO CAINE PACK	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIVIXIL PAK	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		NUVAKAAN	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PORT-PREP	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRIKAAN	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRILO PATCH	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRILOLID	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRILOVIX	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRILOXX LP	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRIZOTRAL	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		RELADOR PAK	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		SOLULINE	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		SOLUPICC	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		VEXATROL	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-

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	LIDOCAINE-PRILOCAINE & BENZALKONIUM	MICROVIX LP	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-BLOOD COLLECTION	CADIRAMD	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		VENIPUNCTURE CPI	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-MENTHOL-METHYL SALICYLATE	PAINGO KFT	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-SODIUM CHLORIDE	IV NOVICE PACK	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
		PREPIV SUPPLY	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-PRILOCAINE-TRANSPARENT DRESSING	APRIZIO PAK	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRILOVIXIL	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-SILICONE	ZILACAINE PATCH	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-TETRACAINE	LIDOCAINE AND TETRACAINE CREAM	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		LIDOCAINE/TETRACAINE	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		PLIAGLIS	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		SYNERA	PTCH	EX	-		NON-PREFERRED	PA REQUIRED	-
	LIDOCAINE-TRANSPARENT DRESSING	ANECREAM	KIT	EX	NON-COVERED	OTCS	-	-	-
		LIDOCAINE	KIT	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		LIDOCREAM	KIT	EX	NON-COVERED	OTCS	-	-	-
		LIDOPAC	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		LMX 4 PLUS	KIT	EX	NON-COVERED	OTCS	-	-	-
	LIDOCAINE-TROLAMINE SALICYLATE-CAPSAICIN	BIORX SPONIX ARTHRITIS & MUSCLE PAIN RELIEF	SOLN	EX	NON-COVERED	OTCS	-	-	-
	MENTHOL (TOPICAL ANALGESIC)	ARCTIC RELIEF ROLL-ON PAIN RELIEVING	GEL	EX	NON-COVERED	OTCS	-	-	-
		ARTHRITIS WONDER	CREA	EX	NON-COVERED	OTCS	-	-	-
		ASPERCREME HEAT	GEL	EX	NON-COVERED	OTCS	-	-	-
		ASPERCREME MAX ROLL-ON ARTHRITIS STRENGTH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		BAMA FREEZE	GEL	EX	NON-COVERED	OTCS	-	-	-
		BENGAY COLD THERAPY	GEL	EX	NON-COVERED	OTCS	-	-	-
		BENGAY ULTRA STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		BENGAY VANISHING SCENT	GEL	EX	NON-COVERED	OTCS	-	-	-
		BERRI-FREEZ PAIN RELIEVING	GEL	EX	NON-COVERED	OTCS	-	-	-
		BERRI-FREEZ PAIN RELIEVING	LIQD	EX	NON-COVERED	OTCS	-	-	-
		BIOFREEZE	GEL	EX	NON-COVERED	OTCS	-	-	-
		BLUE GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		BLUE-EMU MAXIMUM STRENGTH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		COLD & HOT MEDICATED PATCH EXTRA STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		COLD THERAPY PAIN RELIEF	GEL	EX	NON-COVERED	OTCS	-	-	-
		COLD/HOT PAIN RELIEF THERAPY PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		COOL 'N HEAT MAXIMUM STRENGTH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		COOL N HEAT PATCH EXTRA STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		CVS COLD & HOT MEDICATED PATCH EXTRA STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		CVS PAIN RELIEVING PATCH ULTRA STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		CVS SORE MUSCLE RUB	GEL	EX	NON-COVERED	OTCS	-	-	-
		CVS THERAPEUTIC MENTHOL	GEL	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN SKIN CALMING ITCHRELIEF TREATMENT	LOTN	EX	NON-COVERED	OTCS	-	-	-

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		FAST FREEZE PRO STYLE THERAPY	GEL	EX	NON-COVERED	OTCS	-	-	-
		FAST FREEZE PRO STYLE THERAPY ROLL-ON	LIQD	EX	NON-COVERED	OTCS	-	-	-
		FLEXALL MAXIMUM STRENGTH	GEL	EX	NON-COVERED	OTCS	-	-	-
		GNP THERAPEUTIC BLUE GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND FOOT SPRAY MAXIMUM STRENGTH	AERP	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND PAIN RELIEVING FOOT	CREA	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND PAIN RELIEVING FOOT ROLL-ON	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GOODSENSE COLD/HOT MEDICATED	PTCH	EX	NON-COVERED	OTCS	-	-	-
		HM PAIN RELIEF THERAPY PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		ICE BLUE GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT	LIQD	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT	MISC	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT ADVANCED RELIEF PAIN RELIEF PATCH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT MEDICATED SPRAY	LIQD	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT NATURALS	CREA	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT PAIN RELIEVING GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT PM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		ICY HOT POWER	GEL	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.		ICY HOT SLEEVE	MISC	EX	NON-COVERED	OTCS	-	-	-
		JOINTFLEX ICE NO MESS ROLL-ON	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MENTHOL	CREA	EX	NON-COVERED	OTCS	-	-	-
		MINERAL FREEZ	GEL	EX	NON-COVERED	OTCS	-	-	-
		MINERAL ICE	GEL	EX	NON-COVERED	OTCS	-	-	-
		MUSCLE & JOINT	GEL	EX	NON-COVERED	OTCS	-	-	-
		PAIN RELIEVING GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		PAIN RELIEVING PATCH ULTRA STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		POLAR FROST	GEL	EX	NON-COVERED	OTCS	-	-	-
		RA COLD & HOT SORE MUSCLESPRAY	LIQD	EX	NON-COVERED	OTCS	-	-	-
		RA COLD/HOT MEDICATED PATCH/EXTRA STRENGTH	PTCH	EX	NON-COVERED	OTCS	-	-	-
		RA PAIN CARE MUSCLE & JOINT	GEL	EX	NON-COVERED	OTCS	-	-	-
		RA THERAPEUTIC BLUE GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		RELIEF PAIN RELIEVING CREM	CREA	EX	NON-COVERED	OTCS	-	-	-
		SM PAIN RELIEF	GEL	EX	NON-COVERED	OTCS	-	-	-
		SOMBRA COOL THERAPY	GEL	EX	NON-COVERED	OTCS	-	-	-
		STOPAIN	GEL	EX	NON-COVERED	OTCS	-	-	-
		STOPAIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		STOPAIN	SOLN	EX	NON-COVERED	OTCS	-	-	-
		TGT COLD & HOT MEDICATED PATCH EXTRA STRENGTH LARGE	PTCH	EX	NON-COVERED	OTCS	-	-	-
		THRITEX	PTCH	EX	NON-COVERED	OTCS	-	-	-
		TWO OLD GOATS ARTHRITIS FORMULA	LOTN	EX	NON-COVERED	OTCS	-	-	-
		ULTRACIN-M	GEL	EX	NON-COVERED	OTCS	-	-	-
		ZIMS MAX-FREEZE	GEL	EX	NON-COVERED	OTCS	-	-	-
		ZIMS MAX-FREEZE	LIQD	EX	NON-COVERED	OTCS	-	-	-
	METHYL SALICYLATE-LIDOCAINE-MENTHOL	DERMACINRX DUOPATCH PHARMAPAK	THPK	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		LIDOPRO PATCH	PTCH	TD	NON-COVERED	OTCS	-	-	-
		SOLUPAK	THPK	EX	-	-	NON-PREFERRED	PA REQUIRED	-

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		WPR PLUS WOUND HEALING SYSTEM	THPK	EX	-		NON-PREFERRED	PA REQUIRED	-
	NAPROXEN (TOPICAL)	ENOVARX-NAPROXEN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		NAPRO 15% COMPOUNDING KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	PENTAFLUOROPROPANE-TETRAFLUOROETHANE	GEBAUERS INSTANT ICE	AERO	EX	NON-COVERED	OTCS	-	-	-
		GEBAUERS PAIN EASE	AERO	EX	-		NON-PREFERRED	PA REQUIRED	-
	PRAMOXINE HCL	CERAVE ITCH RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		CVS ANTI-ITCH SENSITIVE FORMULA	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS FEMININE WIPES MAXIMUM STRENGTH	MISC	EX	NON-COVERED	OTCS	-	-	-
		LUVENA FEMININE WIPES	MISC	EX	NON-COVERED	OTCS	-	-	-
		PRAMEGEL HCL	GEL	EX	NON-COVERED	OTCS	-	-	-
		PRAMOX GEL	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRAX	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA SENSITIVE ANTI-ITCH	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SARNA SENSITIVE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		VAGISIL ANTI-ITCH MEDICATED	MISC	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-BENZALKONIUM CHLORIDE	NEOSPORIN NEO TO GO	LIQD	EX	NON-COVERED	OTCS	-	-	-
		NEOSPORIN NEO TO GO + PAIN RELIEF	LIQD	EX	NON-COVERED	OTCS	-	-	-
ANALGESICS : MISC - TOPICAL CONT.	PRAMOXINE-BENZYL ALCOHOL	ITCH-X	GEL	EX	NON-COVERED	OTCS	-	-	-
		ITCH-X	SOLN	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-CALAMINE	AVEENO ANTI-ITCH	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALADRYL	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALAGESIC	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALAHIST	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALAMINE MEDICATED	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALDYPHEN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS CALAMINE PLUS	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EQL CALAMINE MEDICATED	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GNP CALDYPHEN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOODSENSE MEDICATED CALAMINE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SM CALDYPHEN	LOTN	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-CAMPHOR-ZINC ACETATE	ANTI-ITCH CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-DIMETHICONE	GOLD BOND INTENSIVE HEALING	CREA	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-DIPHENHYDRAMINE	BITE/ITCH	LOTN	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-MENTHOL	CVS MEDICATED ANTI-ITCH	CREA	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND RAPID RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA ANTI-ITCH MEDICATED	CREA	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-MENTHOL-DIMETHICONE	GOLD BOND MEDICATED ANTI-ITCH	LOTN	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-ZINC ACETATE	CALACLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALADRYL CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALAHIST CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALAMINE CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALDYPHEN CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CALLERGY CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CLEAR ANTI-ITCH	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS ITCH RELIEF	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EQL ANTI-ITCH CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GNP CALDYPHEN CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-

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		GOODSENSE CLEAR ANTI-ITCH LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA ANTI-ITCH CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SM CALDYPHEN CLEAR	LOTN	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-ZINC OXIDE-CALAMINE	DERMAGESIC	CREA	EX	NON-COVERED	OTCS	-	-	-
		DERMAGESIC	LIQD	EX	NON-COVERED	OTCS	-	-	-
	TRAMADOL HCL (TOPICAL)	ACTIVE-TRAMADOL KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		ENOVARX-TRAMADOL	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	TRAMADOL-FLURBIPROFEN-AMITRIPTYLIN-GABAPENTIN-CLONIDINE-LID	NP #2 DRUG PREPARATION KIT	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	TRAMADOL-GABAPENTIN-MENTHOL-CAMPHOR	ACTIVE-PREP KIT IV	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
ANALGESICS : NON-NARCOTIC	ACETAMINOPHEN	7T GUMMY ES	CHEW	OR	-		PREFERRED	-	-
		8 HOUR ARTHRITIS PAIN RELIEVER	TBCR	OR	-		PREFERRED	-	-
		ACETAMINOPHEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACETAMINOPHEN	CHEW	OR	-		PREFERRED	-	-
ANALGESICS : NON-NARCOTIC CONT.		ACETAMINOPHEN	LIQD	OR	-		PREFERRED	-	-
		ACETAMINOPHEN	SUPP	RE	-		PREFERRED	-	-
		ACETAMINOPHEN	TABS	OR	-		PREFERRED	-	-
		ACETAMINOPHEN CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		ACETAMINOPHEN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		ACETAMINOPHEN ER	TBCR	OR	-		PREFERRED	-	-
		ACETAMINOPHEN EXTRA STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		ACETAMINOPHEN RAPID TABS CHILDRENS	TBDP	OR	-		PREFERRED	-	-
		AMINOFEN	TABS	OR	-		PREFERRED	-	-
		APAP	ELIX	OR	-		PREFERRED	-	-
		APRA	ELIX	OR	-		PREFERRED	-	-
		ARTHRITIS PAIN RELIEVER	TBCR	OR	-		PREFERRED	-	-
		AUROPHEN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		BETATEMP CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		CHILDRENS ACETAMINOPHEN	SUSP	OR	-		PREFERRED	-	-
		CHILDRENS ACETAMINOPHEN	TBDP	OR	-		PREFERRED	-	-
		CHILDRENS APAP	CHEW	OR	-		PREFERRED	-	-
		CHILDRENS ASPIRIN FREE	ELIX	OR	-		PREFERRED	-	-
		CHILDRENS MEDI-TABS	CHEW	OR	-		PREFERRED	-	-
		CHILDRENS NON-ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		CHILDRENS NON-ASPIRIN	SUSP	OR	-		PREFERRED	-	-
		CHILDRENS NON-ASPIRIN	TBDP	OR	-		PREFERRED	-	-
		CHILDRENS PAIN RELIEVER	CHEW	OR	-		PREFERRED	-	-
		CHILDRENS PAIN RELIEVER	TBDP	OR	-		PREFERRED	-	-
		CHILDRENS SILAPAP	LIQD	OR	-		PREFERRED	-	-
		CHILDRENS TACTINAL	CHEW	OR	-		PREFERRED	-	-
		CHLORASEPTIC SORE THROAT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS 8HR ARTHRITIS PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-
		CVS ACETAMINOPHEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS ACETAMINOPHEN	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		CVS ARTHRITIS PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-

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		CVS CHILDS NON-ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		CVS FEVER REDUCING CHILDRENS	SUPP	RE	-		PREFERRED	-	-
		CVS INFANTS PAIN RELIEF	SUSP	OR	-		PREFERRED	-	-
		CVS NON-ASPIRIN CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		CVS NON-ASPIRIN EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		CVS PAIN & FEVER CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		CVS PAIN RELIEF 8 HOUR	TBCR	OR	-		PREFERRED	-	-
		CVS PAIN RELIEF ADULT/RAPID BURST	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS PAIN RELIEF CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		CVS PAIN RELIEF CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		CVS PAIN RELIEF EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		ED-APAP	LIQD	OR	-		PREFERRED	-	-
		ELIXSURE FEVER/PAIN	GEL	OR	NON-COVERED	OTCS	-	-	-
		EQ 8HR ARTHRITIS PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-
		EQ ACETAMINOPHEN	TABS	OR	-		PREFERRED	-	-
		EQ ACETAMINOPHEN CHILDRENS	TBDP	OR	-		PREFERRED	-	-
ANALGESICS : NON-NARCOTIC CONT.		EQ CHILDRENS PAIN RELIEVER	CHEW	OR	-		PREFERRED	-	-
		EQ PAIN & FEVER CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		EQ PAIN RELIEF ADULT/RAPID BURST	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQL ACETAMINOPHEN	TABS	OR	-		PREFERRED	-	-
		EQL ACETAMINOPHEN	TBDP	OR	-		PREFERRED	-	-
		EQL ACETAMINOPHEN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		EQL ARTHRITIS PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-
		FEVER REDUCER CHILDRENS	SUPP	RE	-		PREFERRED	-	-
		FEVERALL ADULTS	SUPP	RE	-		PREFERRED	-	-
		FEVERALL CHILDRENS	SUPP	RE	-		PREFERRED	-	-
		FEVERALL INFANTS	SUPP	RE	-		PREFERRED	-	-
		FEVERALL JUNIOR STRENGTH	SUPP	RE	-		PREFERRED	-	-
		GNP 8 HOUR ARTHRITIS RELIEF	TBCR	OR	-		PREFERRED	-	-
		GNP ACETAMINOPHEN EXTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GNP CHILDRENS EASY-MELTS	TBDP	OR	-		PREFERRED	-	-
		GNP PAIN & FEVER CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		GNP PAIN RELIEF	CHEW	OR	-		PREFERRED	-	-
		GNP PAIN RELIEF	TABS	OR	-		PREFERRED	-	-
		GNP PAIN RELIEF EXTRA STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE ARTHRITIS PAIN	TBCR	OR	-		PREFERRED	-	-
		GOODSENSE PAIN & FEVER CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		GOODSENSE PAIN RELIEF EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		HEALTHY MAMA SHAKE THAT ACHE	TABS	OR	-		PREFERRED	-	-
		HM ACETAMINOPHEN CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		HM ARTHRITIS PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-
		HM PAIN & FEVER CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		HM PAIN RELIEF EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		INFANTS PAIN & FEVER	SUSP	OR	-		PREFERRED	-	-
		JR STRENGTH NON-ASPIRIN	TBDP	OR	-		PREFERRED	-	-
		KLS ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		KLS RAPID RELEASE PAIN RELIEVER	TABS	OR	-		PREFERRED	-	-
		LIQUID PAIN RELIEF	LIQD	OR	-		PREFERRED	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER							
		CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		MAPAP	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MAPAP	CHEW	OR	-		PREFERRED	-	-
		MAPAP	LIQD	OR	-		PREFERRED	-	-
		MAPAP	TABS	OR	-		PREFERRED	-	-
		MAPAP ARTHRITIS PAIN	TBCR	OR	-		PREFERRED	-	-
		MEDI-TABS CHILDRENS	ELIX	OR	-		PREFERRED	-	-
		MEDI-TABS EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		MEDI-TABS JUNOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		MEIJER ASPIRIN FREE	TABS	OR	-		PREFERRED	-	-
		MEIJER JR STRENGTH ASPIRIN FREE	CHEW	OR	-		PREFERRED	-	-
		MIDOL	TBCR	OR	-		PREFERRED	-	-
		M-PAP	LIQD	OR	-		PREFERRED	-	-
		NON-ASPIRIN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		NON-ASPIRIN EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		NON-ASPIRIN EXTRA STRENGTH	TBDP	OR	NON-COVERED	OTCS	-	-	-
ANALGESICS : NON-NARCOTIC CONT.		NON-ASPIRIN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		NORTEMP	SUSP	OR	-		PREFERRED	-	-
		NORTEMP INFANTS	SUSP	OR	-		PREFERRED	-	-
		PAIN & FEVER CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		PAIN & FEVER CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		PAIN & FEVER CHILDRENS/DYE-FREE	SUSP	OR	-		PREFERRED	-	-
		PAIN & FEVER EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		PAIN RELIEF CHILDRENS	ELIX	OR	-		PREFERRED	-	-
		PAIN RELIEF EXTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PAIN RELIEF EXTRA STRENGTH/ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PAIN RELIEVER/FEVER REDUCER CHILDRENS	SUPP	RE	-		PREFERRED	-	-
		PEDIACARE CHILDREN	SUSP	OR	-		PREFERRED	-	-
		PHARBETOL	TABS	OR	-		PREFERRED	-	-
		PHARBETOL EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		PX ARTHRITIS PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-
		PX CHILDRENS PAIN RELIEF	SUSP	OR	-		PREFERRED	-	-
		PX PAIN RELIEF EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		QC ACETAMINOPHEN 8 HOUR ARTHRITIS PAIN	TBCR	OR	-		PREFERRED	-	-
		QC NON-ASPIRIN 8 HOUR	TBCR	OR	-		PREFERRED	-	-
		QC NON-ASPIRIN CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		QC NON-ASPIRIN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		QC NON-ASPIRIN EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		QC NON-ASPIRIN JR STRENGTH	TBDP	OR	-		PREFERRED	-	-
		QC PAIN RELIEF CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		QC PAIN RELIEF EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		RA 8 HOUR PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-
		RA ACETAMINOPHEN CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		RA ACETAMINOPHEN EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		RA ACETAMINOPHEN RAPID MELTS CHILDRENS	TBDP	OR	-		PREFERRED	-	-
		RA ARTHRITIS PAIN RELIEF	TBCR	OR	-		PREFERRED	-	-
		RA FEVER REDUCER/PAIN RELIEVER CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		RA PAIN RELIEVER EXTRA STRENGTH ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-

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

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	ACETAMINOPHEN-PAMABROM-PYRILAMINE	MENSTRUAL PAIN RELIEF MULTI-SYMP TOM								
		MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		PAMPRIN MAX PAIN FORMULA	TABS	OR	NON-COVERED	OTCS	-	-	-	
		PREMSYN PMS	TABS	OR	NON-COVERED	OTCS	-	-	-	
	ACETAMINOPHEN-PYRILAMINE	RA MENSTRUAL PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		HISTAFLEX	TABS	OR	NON-COVERED	OTCS	-	-	-	
	ACETAMINOPHEN-SALICYLAMIDE-PHENYLTOLOXAMINE	DURAXIN	CAPS	OR	-		NON-PREFERRED	-	-	
	ASPIRIN	ADULT ASPIRIN REGIMEN	TBEC	OR	-			PREFERRED	-	-
		ASPIRIN			-			PREFERRED	-	-
		ASPIRIN	CHEW	OR	-			PREFERRED	-	-
		ASPIRIN	SUPP	RE	NON-COVERED	OTCS	-	-	-	
		ASPIRIN	TABS	OR	-			PREFERRED	-	-
		ASPIRIN 81	TBEC	OR	-			PREFERRED	-	-
		ASPIRIN 81 LOW DOSE	CHEW	OR	-			PREFERRED	-	-
ASPIRIN CHILDRENS		CHEW	OR	-			PREFERRED	-	-	
ASPIRIN DR		TBEC	OR	-			PREFERRED	-	-	
ASPIRIN EC		TBEC	OR	-			PREFERRED	-	-	
ANALGESICS : NON-NARCOTIC CONT.	ASPIRIN ENTERIC COATED ADULT LOW STRENGTH	TBEC	OR	-			PREFERRED	-	-	
	ASPIRIN LOW DOSE	CHEW	OR	-			PREFERRED	-	-	
	ASPIRIN LOW DOSE	TBEC	OR	-			PREFERRED	-	-	
	ASPIRIN REGULAR STRENGTH	TBEC	OR	-			PREFERRED	-	-	
	ASPIRTAB	TBEC	OR	-			PREFERRED	-	-	
	ASPIRTAB MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-		
	BAYER ADVANCED ASPIRIN EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-		
	BAYER ADVANCED ASPIRIN REGULAR STRENGTH	TABS	OR	-			PREFERRED	-	-	
	BAYER ASPIRIN	TABS	OR	-			PREFERRED	-	-	
	BAYER ASPIRIN	TBEC	OR	-			PREFERRED	-	-	
	BAYER ASPIRIN EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-		
	BAYER CHEWABLE LOW DOSE	CHEW	OR	-			PREFERRED	-	-	
	CHILDRENS ASPIRIN	CHEW	OR	-			PREFERRED	-	-	
	CVS ASPIRIN	TABS	OR	-			PREFERRED	-	-	
	CVS ASPIRIN	TBEC	OR	-			PREFERRED	-	-	
	CVS ASPIRIN ADULT LOW DOSE	CHEW	OR	-			PREFERRED	-	-	
	CVS ENTERIC ASPIRIN	TBEC	OR	-			PREFERRED	-	-	
	ECOTRIN	TBEC	OR	-			PREFERRED	-	-	
	ECOTRIN MAXIMUM STRENGTH	TBEC	OR	NON-COVERED	OTCS	-	-	-		
	ECPirin	TBEC	OR	-			PREFERRED	-	-	
	EQ ADULT ASPIRIN LOW STRENGTH	TBEC	OR	-			PREFERRED	-	-	
	EQ ASPIRIN	TABS	OR	-			PREFERRED	-	-	
	EQ ASPIRIN	TBEC	OR	NON-COVERED	OTCS	-	-	-		
	EQ CHILDRENS ASPIRIN	CHEW	OR	-			PREFERRED	-	-	
	EQL ASPIRIN	TABS	OR	-			PREFERRED	-	-	
	EQL ASPIRIN EC	TBEC	OR	-			PREFERRED	-	-	
	EQL ASPIRIN LOW DOSE	CHEW	OR	-			PREFERRED	-	-	
	GNP ADULT ASPIRIN LOW STRENGTH	CHEW	OR	-			PREFERRED	-	-	
	GNP ASPIRIN	TABS	OR	-			PREFERRED	-	-	
	GNP ASPIRIN LOW DOSE	TBEC	OR	-			PREFERRED	-	-	
	GOODSENSE ASPIRIN	CHEW	OR	-			PREFERRED	-	-	

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		GOODSENSE ASPIRIN	TABS	OR	-		PREFERRED	-	-
		GOODSENSE ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		H-E-B ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		HM ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		HM ASPIRIN	TABS	OR	-		PREFERRED	-	-
		HM ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		KLS ASPIRIN EC	TBEC	OR	-		PREFERRED	-	-
		KP ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		MEDIQUE ASPIRIN	TABS	OR	-		PREFERRED	-	-
		MEIJER ASPIRIN EC	TBEC	OR	-		PREFERRED	-	-
		MINIPRIN LOW DOSE	TBEC	OR	-		PREFERRED	-	-
		MM ASPIRIN	TABS	OR	-		PREFERRED	-	-
		NORWICH ASPIRIN	TABS	OR	-		PREFERRED	-	-
		PX ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		PX ASPIRIN	TABS	OR	-		PREFERRED	-	-
ANALGESICS : NON-NARCOTIC CONT.		PX ENTERIC ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		QC ASPIRIN	TABS	OR	-		PREFERRED	-	-
		QC ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		QC CHILDRENS ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		QC ENTERIC ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		RA ASPIRIN	TABS	OR	-		PREFERRED	-	-
		RA ASPIRIN 500MG	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA ASPIRIN CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		RA ASPIRIN EC	TBEC	OR	-		PREFERRED	-	-
		SB ASPIRIN	TABS	OR	-		PREFERRED	-	-
		SB ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		SB CHILDRENS ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		SM ASPIRIN	TABS	OR	-		PREFERRED	-	-
		SM ASPIRIN EC LOW STRENGTH	TBEC	OR	-		PREFERRED	-	-
		SM CHILDRENS ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		ST JOSEPH ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		ST JOSEPH LOW DOSE ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		TGT ASPIRIN	TABS	OR	-		PREFERRED	-	-
		TGT ASPIRIN	TBEC	OR	-		PREFERRED	-	-
		TGT CHILDRENS ASPIRIN	CHEW	OR	-		PREFERRED	-	-
		TGT ENTERIC-COATED ASPIRIN	TBEC	OR	-		PREFERRED	-	-
	ASPIRIN BUFFERED	ASPIRIN BUFFERED	TABS	OR	-		PREFERRED	-	-
		BAYER PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-
	ASPIRIN BUFFERED (AL HYDROX-MG HYDROX-CA CARB)	ASCRIPITIN	TABS	OR	NON-COVERED	OTCS	-	-	-
	ASPIRIN BUFFERED (CAL CARB-MAG CARB-MAG OXIDE)	BUFFERIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		BUFFERIN EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		BUFFERIN LOW DOSE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS BUFFERED ASPIRIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ BUFFERED ASPIRIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA TRI-BUFFERED ASPIRIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM ASPIRIN TRI-BUFFERED	TABS	OR	NON-COVERED	OTCS	-	-	-
		TRI-BUFFERED ASPIRIN	TABS	OR	NON-COVERED	OTCS	-	-	-

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	ASPIRIN EFFERVESCENT	ALKA-SELTZER	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		ALKA-SELTZER EXTRA STRENGTH	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		ALKA-SELTZER ORIGINAL	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		CVS ANTACID & PAIN RELIEVER	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		CVS EFFERVESCENT ANTACID	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		EFFERVESCENT ANTACID/PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		EQ ANTACID & PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		EQ EFFERVESCENT PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		EQL ANTACID/PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		GNP EFFERVESCENT ANTACID/PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		GOODSENSE ANTACID & PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		MEDI-SELTZER	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		NEUTRALIN	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		PX EFFERVESCENT	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		QC EFFERVESCENT ANTACID/PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-		
		ANALGESICS : NON-NARCOTIC CONT.		RA ANTACID PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-
				SB EFFERVESCENT PAIN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-
SM EFFERVESCENT PAIN RELIEF	TBEF			OR	NON-COVERED	OTCS	-	-	-		
ASPIRIN-ACETAMINOPHEN-CAFFEINE	ACETAMINOPHEN/ASPIRIN/CAFFEINE			TABS	OR	NON-COVERED	OTCS	-	-	-	
	ADDED STRENGTH HEADACHE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	BAYER MIGRAINE			TABS	OR	NON-COVERED	OTCS	-	-	-	
	CVS HEADACHE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	CVS MIGRAINE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	EQ HEADACHE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	EQ MIGRAINE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	EQL MIGRAINE FORMULA			TABS	OR	NON-COVERED	OTCS	-	-	-	
	EXCEDRIN MIGRAINE			TABS	OR	NON-COVERED	OTCS	-	-	-	
	EXTRAPRIN			TABS	OR	NON-COVERED	OTCS	-	-	-	
	GNP MIGRAINE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	GOODSENSE MIGRAINE FORMULA			TABS	OR	NON-COVERED	OTCS	-	-	-	
	GOODYS EXTRA STRENGTH			PACK	OR	NON-COVERED	OTCS	-	-	-	
	HEADACHE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	HEADRIN EX STRENGTH PAIN RELIEVER			TABS	OR	NON-COVERED	OTCS	-	-	-	
	HM MIGRAINE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	MEIJER MIGRAINE FORMULA			TABS	OR	NON-COVERED	OTCS	-	-	-	
	MIGRAINE FORMULA			TABS	OR	NON-COVERED	OTCS	-	-	-	
	PAIN RELIEVER PLUS			TABS	OR	NON-COVERED	OTCS	-	-	-	
	PAIN-OFF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	PAMPRIN MAX			TABS	OR	NON-COVERED	OTCS	-	-	-	
	PX MIGRAINE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	QC HEADACHE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	RA MIGRAINE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	SB PAIN RELIEF X-STR			TABS	OR	NON-COVERED	OTCS	-	-	-	
	SM MIGRAINE RELIEF			TABS	OR	NON-COVERED	OTCS	-	-	-	
	SOBA HEADACHE FORMULA			TABS	OR	NON-COVERED	OTCS	-	-	-	
TGT MIGRAINE RELIEF	TABS			OR	NON-COVERED	OTCS	-	-	-		
ASPIRIN-ACETAMINOPHEN-CAFFEINE (BUFFERED)	VANQUISH			TABS	OR	NON-COVERED	OTCS	-	-	-	
	ASPIRIN-APAP-SALICYL-CAFF	PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-		

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	ASPIRIN-CAFFEINE	ANACIN	TABS	OR	NON-COVERED	OTCS	-	-	-	
		BACK & BODY EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		BAYER BACK & BODY	TABS	OR	NON-COVERED	OTCS	-	-	-	
		BC FAST PAIN RELIEF	PACK	OR	NON-COVERED	OTCS	-	-	-	
		BC FAST PAIN RELIEF ARTHRITIS	PACK	OR	NON-COVERED	OTCS	-	-	-	
		COPE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CVS BACK & BODY EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		P-A-C	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA BACK & BODY PAIN RELIEF EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		ASPIRIN-CALCIUM CARBONATE	BAYER WOMENS	TABS	OR	NON-COVERED	OTCS	-	-	-
	ASPIRIN-SALICYLAMIDE-CAFFEINE	BC FAST PAIN RELIEF	PACK	OR	NON-COVERED	OTCS	-	-	-	
		BC FAST PAIN RELIEF ARTHRITIS STRENGTH	PACK	OR	NON-COVERED	OTCS	-	-	-	
		BC HEADACHE TABLETS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		STANBACK HEADACHE POWDERS	PACK	OR	NON-COVERED	OTCS	-	-	-	
	ANALGESICS : NON-NARCOTIC CONT.	BUTALBITAL-ACETAMINOPHEN	ALLZITAL	TABS	OR	-		NON-PREFERRED	-	-
			BUPAP	TABS	OR	-		NON-PREFERRED	-	-
			BUTALBITAL/ACETAMINOPHEN	CAPS	OR	-		NON-PREFERRED	-	-
			BUTALBITAL/ACETAMINOPHEN	TABS	OR	-		NON-PREFERRED	-	-
		TENCON	TABS	OR	-		NON-PREFERRED	-	-	
		BUTALBITAL-ACETAMINOPHEN-CAFFEINE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	OR	-		NON-PREFERRED	-	-
BUTALBITAL/ACETAMINOPHEN/CAFFEINE			TABS	OR	-		PREFERRED	-	-	
ESGIC			CAPS	OR	-		NON-PREFERRED	-	-	
ESGIC			TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
FIORICET			CAPS	OR	-		NON-PREFERRED	-	-	
PHRENILIN FORTE			CAPS	OR	-		NON-PREFERRED	-	-	
REPAN BLUE			CAPS	OR	-		NON-PREFERRED	-	-	
VANATOL LQ			SOLN	OR	-		NON-PREFERRED	-	-	
VTOL LQ			SOLN	OR	-		NON-PREFERRED	-	-	
ZEBUTAL			CAPS	OR	-		NON-PREFERRED	-	-	
BUTALBITAL-ASPIRIN-CAFFEINE		BUTALBITAL/ASA/CAFFEINE	CAPS	OR	-		NON-PREFERRED	-	-	
		BUTALBITAL/ASPIRIN/CAFFEINE	CAPS	OR	-		NON-PREFERRED	-	-	
		BUTALBITAL/ASPIRIN/CAFFEINE	TABS	OR	-		NON-PREFERRED	-	-	
		FIORINAL	CAPS	OR	-		NON-PREFERRED	-	-	
MAGNESIUM SALICYLATE W/ DIPHENHYDRAMINE		DOANS PM EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
	PHENYLTOLOXAMINE-ACETAMINOPHEN	DOLOREX	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RELAGESIC	TABS	OR	NON-COVERED	OTCS	-	-	-	
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY	CELECOXIB	CELEBREX	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		CELECOXIB	CAPS	OR	-		NON-PREFERRED	-	-	
	CELECOXIB-CAPSAICIN-MENTHOL-METHYL SALICYLATE	NUDROXIPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-	
	CHOLINE & MAG SALICYLATE	CHOLINE MAGNESIUM TRISALICYLATE	LIQD	OR	-		NON-PREFERRED	-	-	
	DICLOFENAC	DICLOFENAC SODIUM EC	TBEC	OR	-		PREFERRED	-	-	
		ZORVOLEX	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-	
	DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	TABS	OR	-		PREFERRED	-	-	
		ZIPSOR	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-	
	DICLOFENAC SODIUM	DICLOFENAC SODIUM DR	TBEC	OR	-		PREFERRED	-	-	

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		DICLOFENAC SODIUM ER	TB24	OR	-		PREFERRED	-	-
	DICLOFENAC SODIUM & LIDOCAINE	LIDOVIX	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM & LIDOCAINE-MENTHOL-METHYL SALICYLATE	DERMACINRX ANALGESIC COMBOPAK	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM & RANITIDINE HCL & LIDOCAINE-PRILOCAINE	INFLAMMATION REDUCTION PACK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM W/ LINIMENT	DFS DR/MS/MENTH/CAP PAK	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
		NUDROXIPAK DSDR-50	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
		NUDROXIPAK DSDR-75	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM-CAPSAICIN	FLEXIPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		INFLAMMACIN	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		NUDICLO TABPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		PREVIDOLRX PLUS ANALGESICPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
		XENAFLAMM	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.	DICLOFENAC SODIUM-MENTHOL-CAMPHOR	INFLATHERM	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SODIUM-RANITIDINE HCL-LIDOCAINE	FLEXIZOL COMBIPAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC SOD-OMEPRAZOLE-CAPSICUM OLEORESIN	PREVIDOLRX ANALGESIC PAK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	DICLOFENAC W/ MISOPROSTOL	ARTHROTEC 50	TBEC	OR	-		NON-PREFERRED	PA REQUIRED	-
		ARTHROTEC 75	TBEC	OR	-		NON-PREFERRED	PA REQUIRED	-
		DICLOFENAC SODIUM/MISOPROSTOL	TBEC	OR	-		NON-PREFERRED	PA REQUIRED	-
	DIFLUNISAL	DIFLUNISAL	TABS	OR	-		NON-PREFERRED	-	-
	ETODOLAC	ETODOLAC	CAPS	OR	-		NON-PREFERRED	-	-
		ETODOLAC	TABS	OR	-		NON-PREFERRED	-	-
		ETODOLAC ER	TB24	OR	-		NON-PREFERRED	PA REQUIRED	-
		LODINE	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	ETODOLAC W/ LINIMENT	NUDROXIPAK E-400	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-
	FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		FENOPROFEN CALCIUM	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		FENORTHO	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NALFON	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NALFON	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	FLURBIPROFEN	FLURBIPROFEN	TABS	OR	-		PREFERRED	-	-
	IBUPROFEN	ADDAPRIN	TABS	OR	-		PREFERRED	-	-
		ADVIL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ADVIL	TABS	OR	NON-COVERED	OTCS	-	-	-
		ADVIL JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		ADVIL JUNIOR STRENGTH	TABS	OR	-		PREFERRED	-	-
		CHILDRENS ADVIL	SUSP	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS IBUPROFEN	SUSP	OR	-		PREFERRED	-	-
		CHILDRENS MEDI-PROFEN	SUSP	OR	-		PREFERRED	-	-
		CHILDRENS MOTRIN	SUSP	OR	NON-COVERED	OTCS	-	-	-
		CVS CHILDRENS IBUPROFEN	SUSP	OR	-		PREFERRED	-	-
		CVS IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		CVS IBUPROFEN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		CVS IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-

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		CVS IBUPROFEN LIQUID FILLED	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DYSPEL	TABS	OR	-		PREFERRED	-	-
		EQ CHILDRENS IBUPROFEN	SUSP	OR	-		PREFERRED	-	-
		EQ IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQ IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		EQ IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		EQL CHILDRENS IBUPROFEN	SUSP	OR	-		PREFERRED	-	-
		EQL IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQL IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		EQL IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		GENPRIL	TABS	OR	-		PREFERRED	-	-
		GNP CHILDRENS IBUPROFEN	SUSP	OR	-		PREFERRED	-	-
		GNP IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GNP IBUPROFEN	TABS	OR	-		PREFERRED	-	-
ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		GNP IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		GOODSENSE IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		GOODSENSE IBUPROFEN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		GOODSENSE IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		HM IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HM IBUPROFEN	CHEW	OR	-		PREFERRED	-	-
		HM IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		HM IBUPROFEN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		HYVEE IBUPROFEN CHILDRENS	SUSP	OR	-		PREFERRED	-	-
		IBU	TABS	OR	-		PREFERRED	-	-
		IBU 600-EZS	KIT	OR	-		NON-PREFERRED	PA REQUIRED	-
		IBU-200	TABS	OR	-		PREFERRED	-	-
		IBU-DROPS INFANTS	SUSP	OR	-		PREFERRED	-	-
		IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		IBUPROFEN	SUSP	OR	-		PREFERRED	-	-
		IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		INFANTS ADVIL	SUSP	OR	NON-COVERED	OTCS	-	-	-
		INFANTS IBUPROFEN	SUSP	OR	-		PREFERRED	-	-
		KLS IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		KS IBUPROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MEDI-PROFEN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MEDI-PROFEN	SUSP	OR	-		PREFERRED	-	-
		MEDI-PROFEN	TABS	OR	-		PREFERRED	-	-
		MEIJER IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		MOTRIN CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		MOTRIN IB	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MOTRIN IB	TABS	OR	-		PREFERRED	-	-
		MOTRIN INFANTS DROPS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		PROVIL	TABS	OR	-		PREFERRED	-	-
		PX CHILDRENS PROFEN IB	SUSP	OR	-		PREFERRED	-	-
		PX IBUPROFEN	TABS	OR	-		PREFERRED	-	-
		PX IBUPROFEN JUNIOR STRENGTH	CHEW	OR	-		PREFERRED	-	-

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

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	KETOROLAC TROMETHAMINE & LIDOCAINE HCL	ACTIVE INJECTION KIT KET-L	KIT	IJ	-		PREFERRED	PA REQUIRED	-	
		KETOROCAINE-L	KIT	IJ	-		PREFERRED	PA REQUIRED	-	
	MAGNESIUM SALICYLATE	CVS BACKACHE RELIEF EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		DEWITTS PAIN RELIEVER	TABS	OR	NON-COVERED	OTCS	-	-	-	
		DOANS REGULAR STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SB BACKACHE EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
	MAGNESIUM SALICYLATE TETRAHYDRATE	DOANS EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		MOMENTUM MUSCULAR BACKACHE FORMULA	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA BACKACHE RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-	
	MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	CAPS	OR	-		NON-PREFERRED	-	-	
	MEFENAMIC ACID	MEFENAMIC ACID	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		PONSTEL	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-	
	MELOXICAM	ANJESO	INJ	IV	-		NON-PREFERRED	PA REQUIRED	-	
	ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		MELOXICAM	TABS	OR	-		PREFERRED	-	-
			MOBIC	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		QMIIZ ODT	TBDP	OR	-		NON-PREFERRED	PA REQUIRED	-	
		VIVLODEX	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-	
MELOXICAM W/ LINIMENT		NUDROXIPAK M-15	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-	
NABUMETONE		NABUMETONE	TABS	OR	-		PREFERRED	-	-	
		RELAFEN DS	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
NABUMETONE W/ LINIMENT		NUDROXIPAK N-500	KIT	CO	-		NON-PREFERRED	PA REQUIRED	-	
NAPROXEN		EC-NAPROSYN	TBEC	OR	-		NON-PREFERRED	PA REQUIRED	-	
		EC-NAPROXEN	TBEC	OR	-		NON-PREFERRED	PA REQUIRED	-	
		NAPROSYN	SUSP	OR	-		NON-PREFERRED	PA REQUIRED	-	
		NAPROSYN	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		NAPROXEN	SUSP	OR	-		PREFERRED	-	-	
		NAPROXEN	TABS	OR	-		PREFERRED	-	-	
		NAPROXEN DR	TBEC	OR	-		PREFERRED	-	-	
		NAPROXEN SODIUM	ALEVE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ALEVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		ALL DAY PAIN RELIEF	TABS	OR	-		PREFERRED	-	-	
		ANAPROX DS	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		CVS ALL DAY PAIN RELIEF	TABS	OR	-		PREFERRED	-	-	
		CVS NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		CVS NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		EQ NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		EQ NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		EQL NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		EQL NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		FLANAX PAIN RELIEF	TABS	OR	-		PREFERRED	-	-	
		GNP NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		GNP NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		GOODSENSE NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		HM NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		HM NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		HY-VEE ALL DAY RELIEF	TABS	OR	-		PREFERRED	-	-	

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		KLS NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		MEDIPROXEN	TABS	OR	-		PREFERRED	-	-	
		NAPRELAN	TB24	OR	-		NON-PREFERRED	PA REQUIRED	-	
		NAPROXEN	TABS	OR	-		PREFERRED	-	-	
		NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		NAPROXEN SODIUM	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		NAPROXEN SODIUM 220MG	TABS	OR	-		PREFERRED	-	-	
		NAPROXEN SODIUM ER	TB24	OR	-		NON-PREFERRED	PA REQUIRED	-	
		PAMPRIN ALL DAY MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-	
		PX ALL DAY RELIEF	TABS	OR	-		PREFERRED	-	-	
		QC NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		RA NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		RA NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		SB NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		SM ALL DAY PAIN RELIEF	TABS	OR	-		PREFERRED	-	-	
	ANALGESICS : NON-STEROIDAL ANTIINFLAMMATORY CONT.		SM NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
			SM NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-
		TGT NAPROXEN SODIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		TGT NAPROXEN SODIUM	TABS	OR	-		PREFERRED	-	-	
		WAL-PROXEN	TABS	OR	-		PREFERRED	-	-	
		NAPROXEN W/ LINIMENT	NAPROXEN COMFORT PAC	KIT	CO	-	NON-PREFERRED	PA REQUIRED	-	
		NAPROXEN-ESOMEPRAZOLE MAGNESIUM	NAPROXEN/ESOMEPRAZOLE MAGNESIUM	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-	
		VIMOVO	TBEC	OR	-		NON-PREFERRED	PA REQUIRED	-	
		OXAPROZIN	DAYPRO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		OXAPROZIN	TABS	OR	-		NON-PREFERRED	-	-	
		PIROXICAM	FELDENE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		PIROXICAM	CAPS	OR	-		NON-PREFERRED	-	-	
		PRASTERONE & IBUPROFEN	PRASTERA	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-	
		SALSALATE	SALSALATE	TABS	OR	-	NON-PREFERRED	-	-	
		SULINDAC	SULINDAC	TABS	OR	-	PREFERRED	-	-	
		TOLMETIN SODIUM	TOLMETIN SODIUM	CAPS	OR	-	NON-PREFERRED	-	-	
		TOLMETIN SODIUM	TABS	OR	-		NON-PREFERRED	-	-	
ANTIDEMENTIA AGENTS :		ACETYLCARNITINE HCL	ACETYL L-CARNITINE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		DONEPEZIL HYDROCHLORIDE	ARICEPT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		DONEPEZIL HCL	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		DONEPEZIL HCL 10MG	TABS	OR	-		PREFERRED	-	-	
		DONEPEZIL HCL	TBDP	OR	-		PREFERRED	-	-	
		DONEPEZIL HYDROCHLORIDE 23MG	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		DONEPEZIL HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-	
		DONEPEZIL HYDROCHLORIDE ODT	TBDP	OR	-		PREFERRED	-	-	
		GALANTAMINE HYDROBROMIDE	GALANTAMINE HYDROBROMIDE	CP24	OR	-	NON-PREFERRED	-	-	
		GALANTAMINE HYDROBROMIDE	SOLN	OR	-		NON-PREFERRED	PA REQUIRED	-	
		GALANTAMINE HYDROBROMIDE	TABS	OR	-		NON-PREFERRED	-	-	
		GALANTAMINE HYDROBROMIDE ER	CP24	OR	-		NON-PREFERRED	-	-	
		RAZADYNE	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		RAZADYNE ER	CP24	OR	-		NON-PREFERRED	PA REQUIRED	-	
		MEMANTINE HCL	MEMANTINE HCL TITRATION PAK	TABS	OR	-	PREFERRED	-	-	

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		MEMANTINE HYDROCHLORIDE	SOLN	OR	-		PREFERRED	-	
		MEMANTINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		MEMANTINE HYDROCHLORIDE ER	CP24	OR	-		NON-PREFERRED	-	-
		NAMENDA	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NAMENDA TITRATION PAK	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NAMENDA XR	CP24	OR	-		NON-PREFERRED	PA REQUIRED	-
		NAMENDA XR TITRATION PACK	CP24	OR	-		NON-PREFERRED	PA REQUIRED	-
	MEMANTINE HCL-DONEPEZIL HCL	NAMZARIC	C4PK	OR	-		NON-PREFERRED	PA REQUIRED	-
		NAMZARIC	CP24	OR	-		NON-PREFERRED	PA REQUIRED	-
	RIVASTIGMINE	EXELON	PT24	TD	-		NON-PREFERRED	PA REQUIRED	-
		RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	TD	-		NON-PREFERRED	PA REQUIRED	-
	RIVASTIGMINE TARTRATE	RIVASTIGMINE TARTRATE	CAPS	OR	-		NON-PREFERRED	-	-
ANTIDEPRESSANTS : GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID	BREXANOLONE	ZULRESSO	SOLN	IV	-		X	-	YES
ANTIDIABETICS : DIABETIC OTHER	DEXTROSE (DIABETIC USE)	BD GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-
ANTIDIABETICS : DIABETIC OTHER CONT.		CVS GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		CVS GLUCOSE	GEL	OR	NON-COVERED	OTCS	-	-	-
		CVS GLUCOSE BITS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS GLUCOSE SHOT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DEX4 FAST ACTING GLUCOSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DEX4 FAST ACTING GLUCOSE GO-POUCH	GEL	OR	NON-COVERED	OTCS	-	-	-
		DEX4 QUICK DISSOLVE GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		GLUCO BURST	GEL	OR	NON-COVERED	OTCS	-	-	-
		GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		GLUCOSE	GEL	OR	NON-COVERED	OTCS	-	-	-
		GLUCOSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GLUTOSE 15	GEL	OR	NON-COVERED	OTCS	-	-	-
		GNP GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		GNP QUICK DISSOLVE GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		INSTA-GLUCOSE	GEL	OR	NON-COVERED	OTCS	-	-	-
		LEADER QUICK DISSOLVE GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		MS QUICK DISSOLVE GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		RA GLUCOSE	GEL	OR	NON-COVERED	OTCS	-	-	-
		RA TRUEPLUS GLUCOSE	GEL	OR	NON-COVERED	OTCS	-	-	-
		RELION GLUCOSE	GEL	OR	NON-COVERED	OTCS	-	-	-
		RELION GLUCOSE DRINK	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM GLUCOSE	CHEW	OR	-		PREFERRED	-	-
		TRUEPLUS GLUCOSE GEL	GEL	OR	NON-COVERED	OTCS	-	-	-
		VALUE PLUS GLUCOSE	GEL	OR	NON-COVERED	OTCS	-	-	-
		WALGREENS GLUCOSE	CHEW	OR	-		PREFERRED	-	-
	DIAZOXIDE	DIAZOXIDE	SUSP	OR	-		NON-PREFERRED	PA REQUIRED	-
		PROGLYCEM	SUSP	OR	-		NON-PREFERRED	PA REQUIRED	-
	GLUCAGON	BAQSIMI ONE PACK	POWD	NA	-		PREFERRED	PA REQUIRED	-
		BAQSIMI TWO PACK	POWD	NA	-		PREFERRED	PA REQUIRED	-
		GVOKE PFS	SOSY	SC	-		NON-PREFERRED	PA REQUIRED	-
	GLUCAGON (RDNA)	GLUCAGON EMERGENCY KIT	KIT	IJ	-		NON-PREFERRED	PA REQUIRED	-
	GLUCAGON HCL	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	SOLR	IJ	-		PREFERRED	-	-
	GLUCAGON HCL (RDNA)	GLUCAGEN HYPOKIT	SOLR	IJ	-		PREFERRED	-	-

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	GLUCOSE-VITAMIN C	CVS GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		DEX4 FAST ACTING GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		DEX4 NATURALS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		DRUG MART GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		GLUCOSE INSTANT ENERGY	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		GNP GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		GOODSENSE GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		HM GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		HY-VEE GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		KROGER GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		LEADER GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		LONGS GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		MEDICINE SHOPPE GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		MEIJER GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
ANTIDIABETICS : DIABETIC OTHER CONT.		PREFERRED PLUS GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		PX GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		RA GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		RELION GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		SM GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		SMART SENSE GLUCOSE TABLETS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		TGT GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		UP & UP GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		VALUE PLUS GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		WALGREENS GLUCOSE	CHEW	OR	NON-COVERED	OTCS	-	-	-	
MIFEPRISTONE (HYPERGLYCEMIA)		KORLYM	TABS	OR	-		PREFERRED	PA REQUIRED	-	
ANTIHYPERTENSIVES : VASODILATORS		EPLERENONE	EPLERENONE	TABS	OR	-	PREFERRED	-	-	
			INSPIRA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		FENOLDOPAM MESYLATE	CORLOPAM	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
		HYDRALAZINE HCL	HYDRALAZINE HCL	SOLN	IJ	-	PREFERRED	PA REQUIRED	-	
			HYDRALAZINE HCL	TABS	OR	-	PREFERRED	-	-	
		METYROSINE	DEMSEER	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		MINOXIDIL	MINOXIDIL	TABS	OR	-	PREFERRED	-	-	
		NITROPRUSSIDE SODIUM	NITROPRESS	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
			SODIUM NITROPRUSSIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
		NITROPRUSSIDE SODIUM-SODIUM CHLORIDE	NIPRIDE RTU	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
		PHENOXYBENZAMINE HCL	DIBENZYLIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
			PHENOXYBENZAMINE HYDROCHLORIDE	CAPS	OR	-	PREFERRED	-	-	
		PHENTOLAMINE MESYLATE	PHENTOLAMINE MESYLATE	SOLR	IJ	-	PREFERRED	-	-	
		ANTIPARKINSON AGENTS : ADENOSINE RECEPTOR ANTAGONISTS								
		ISTRADEFYLLINE		NOURIANZ	TABS	OR	-		PREFERRED	PA REQUIRED
ATOPIC DERMATITIS AGENTS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL		PIMECROLIMUS	ELIDEL	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
			PIMECROLIMUS	CREA	EX	-	PREFERRED	PA REQUIRED	-	
		TACROLIMUS (TOPICAL)	PROTOPIC	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
			TACROLIMUS	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
			TACROLIMUS MONOHYDRATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	

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ATOPIC DERMATITIS AGENTS : MONOCLONAL ANTIBODIES	DUPILUMAB	DUPIXENT	SOSY	SC	-		NON-PREFERRED	PA REQUIRED	-
ATOPIC DERMATITIS AGENTS : PHOSPHODIESTERASE 4 INHIBITORS - TOPICAL	CRISABOROLE	EUCRISA	OINT	EX	-		NON-PREFERRED	PA REQUIRED	-
CARDIOVASCULAR AGENTS : PERIPHERAL VASODILATORS - ORAL	INOSITOL NIACINATE	EQL NIACIN FLUSH FREE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NIACIN FLUSH FREE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NIACIN FLUSH FREE FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NO FLUSH NIACIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC NIACIN	CAPS	OR	NON-COVERED	OTCS	-	-	-
	NIACIN	ENDUR-ACIN	TBCR	OR	-		PREFERRED	-	-
		ENDUR-ACIN 250MG	TBCR	OR	NON-COVERED	OTCS	-	-	-
		GNP NIACIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP NIACIN TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		HM NIACIN	TBCR	OR	NON-COVERED	OTCS	-	-	-
		KP NIACIN	TABS	OR	-		PREFERRED	-	-
CARDIOVASCULAR AGENTS : PERIPHERAL VASODILATORS - ORAL CONT.		NIACIN	CPCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN 500MG	TABS	OR	-		PREFERRED	-	-
		NIACIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		NIACIN 500MG	TBCR	OR	-		PREFERRED	-	-
		NIACIN	TBCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN ER 500MG	CPCR	OR	-		PREFERRED	-	-
		NIACIN ER	CPCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN ER	TBCR	OR	-		PREFERRED	-	-
		NIACIN PR	TBCR	OR	-		PREFERRED	-	-
		NIACIN SR 500MG	CPCR	OR	-		PREFERRED	-	-
		NIACIN SR	CPCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN SR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN TD	CPCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN TD	TBCR	OR	-		PREFERRED	-	-
		NIACIN TIME RELEASE	TBCR	OR	-		PREFERRED	-	-
		NIACIN TR 500MG	CPCR	OR	-		PREFERRED	-	-
		NIACIN TR	CPCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN TR 500MG & 750MG	TBCR	OR	-		PREFERRED	-	-
		NIACIN TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		NIACIN-50	TABS	OR	NON-COVERED	OTCS	-	-	-
		PLAIN NIACIN 500MG	TABS	OR	-		PREFERRED	-	-
		PLAIN NIACIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX NIACIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA NIACIN 500MG	TABS	OR	-		PREFERRED	-	-
		RA NIACIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA NO FLUSH NIACIN 500	TABS	OR	-		PREFERRED	-	-
		SLO-NIACIN	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SM NIACIN CR	TBCR	OR	NON-COVERED	OTCS	-	-	-
	NIACIN (ANTHYPERLIPIDEMIC)	NIACIN	TABS	OR	-		PREFERRED	-	-
		NIACIN ER	TBCR	OR	-		PREFERRED	-	-
		NIACOR	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NIASPAN	TBCR	OR	-		NON-PREFERRED	PA REQUIRED	-

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	NIACIN W/ INOSITOL	CVS NIACIN FLUSH FREE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		GNP NIACIN FLUSH FREE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		NIACIN FLUSH FREE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		NO FLUSH NIACIN	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	NIACINAMIDE	ENDUR-AMIDE	TBCR	OR	-		PREFERRED	-	-	
		NIACIN	TABS	OR	-		PREFERRED	-	-	
		NIACINAMIDE 500MG	TABS	OR	-		PREFERRED	-	-	
		NIACINAMIDE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		NIACINAMIDE PROLONGED RELEASE	TBCR	OR	-		PREFERRED	-	-	
	QC NIACIN	TABS	OR	NON-COVERED	OTCS	-	-	-		
CARDIOVASCULAR AGENTS : TRANSTHYRETIN STABILIZERS	TAFAMIDIS	VYNDAMAX	CAPS	OR	-		PREFERRED	PA REQUIRED	-	
	TAFAMIDIS MEGLUMINE (CARDIAC)	VYNDAQEL	CAPS	OR	-		PREFERRED	PA REQUIRED	-	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS	ACETAMINOPHEN W/ DM	CVS COUGH & SORE THROAT CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-	
		DAYTIME COLD MEDICINE	LIQD	OR	NON-COVERED	OTCS	-	-	-	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		DRIXORAL COUGH & SORE THROAT	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		SM COUGH & SORE THROAT DAYTIME PAIN RELIEVER	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TRIAMINIC COUGH & SORE THROAT	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		TYLENOL COLD/COUGH/SORE THROAT CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL HBP COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		ACETAMINOPHEN-GUAIFENESIN	COMTrex DEEP CHEST COLD MULTI-SYMP TOM	TABS	OR	NON-COVERED	OTCS	-	-	-
			REFENESEN CHEST CONGESTION & PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		BENZONATATE	BENZONATATE	CAPS	OR	NON-COVERED	COLD	-	-	-
			TESSALON PERLES	CAPS	OR	NON-COVERED	COLD	-	-	-
		CHLOPHEDIANOL-DEXBROMPHENIRAMINE	CHLO HIST	SOLN	OR	NON-COVERED	OTCS	-	-	-
		CHLOPHEDIANOL-PSEUDOEPHEDRINE	RONDEC-D	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CHLOPHEDIANOL-PYRILAMINE	DAY CLEAR ALLERGY/COUGH	CHEW	OR	NON-COVERED	OTCS	-	-	-
			DAYCLEAR ALLERGY RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
			NINJACOF	LIQD	OR	NON-COVERED	OTCS	-	-	-
			VANACOF AC	LIQD	OR	NON-COVERED	OTCS	-	-	-
			VANACOF-8	LIQD	OR	NON-COVERED	OTCS	-	-	-
			VANATAB AC	TABS	OR	NON-COVERED	OTCS	-	-	-
		CHLOPHEDIANOL-PYRILAMINE-ACETAMINOPHEN	NINJACOF-A	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CHLORPHENIRAMINE W/ CODEINE	TUXARIN ER	TB12	OR	NON-COVERED	COLD	-	-	-
			Z-TUSS AC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CHLORPHENIRAMINE W/ DM-GG	CVS COUGH/CHEST CONGESTION DM CHILDRENS	SOPK	OR	NON-COVERED	OTCS	-	-	-
		CHLORPHENIRAMINE-DM	CORICIDIN HBP COUGH & COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
			CVS CHILDRENS TRIACTING COUGH/RUNNY NOSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
			CVS COUGH & COLD HBP	TABS	OR	NON-COVERED	OTCS	-	-	-
			DIMETAPP LONG ACTING COUGH PLUS COLD	SYRP	OR	NON-COVERED	OTCS	-	-	-
			EQL COUGH & COLD RELIEF HBP	TABS	OR	NON-COVERED	OTCS	-	-	-
			MAXI-TUSS DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
	QC COUGH & COLD HBP		TABS	OR	NON-COVERED	OTCS	-	-	-	

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		ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SB COLD & COUGH HBP	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SCOT-TUSSIN DM	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SM COUGH & RUNNY NOSE CHILDRENS TRIACTING FORMULA	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TRIAMINIC COUGH & RUNNY NOSE CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		VICKS NYQUIL CHILDRENS COLD/COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		CODEINE POLISTIREX- CHLORPHENIRAMINE POLISTIREX DEXTROMETHORPHAN HBR	TUZISTRA XR	SUER	OR	NON-COVERED	COLD	-	-	-
			BUCKLEYS COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
	COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		COUGH RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CREO-TERPIN	SYRP	OR	NON-COVERED	OTCS	-	-	-	
		CVS TUSSIN COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		CVS TUSSIN LONG-ACTING	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		CVS TUSSIN MAXIMUM STRENGTH	SYRP	OR	-		PREFERRED	-	-	
		DAYTIME COUGH	LIQD	OR	-		PREFERRED	-	-	
		ELIXSURE COUGH	GEL	OR	NON-COVERED	OTCS	-	-	-	
		EQL TUSSIN COUGH LONG-ACTING	SYRP	OR	-		PREFERRED	-	-	
		FATHER JOHNS MEDICINE	SYRP	OR	NON-COVERED	OTCS	-	-	-	
		GNP COUGH GELS	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		GNP COUGH RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		GNP TUSSIN COUGH LONG ACTING	SYRP	OR	-		PREFERRED	-	-	
		HM COUGH RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		HOLD	LOZG	MT	NON-COVERED	OTCS	-	-	-	
		LITTLE COLDS COUGH FORMULA	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		PEDIACARE CHILDRENS LONG-ACTING COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		PX TUSSIN MAX	SYRP	OR	-		PREFERRED	-	-	
		QC COUGH RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		RA TUSSIN COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		RA TUSSIN LONG ACTING COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		RA TUSSIN MAXIMUM STRENGTH	SYRP	OR	-		PREFERRED	-	-	
		ROBAFEN COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		ROBITUSSIN CHILDRENS COUGH LONG-ACTING	SYRP	OR	NON-COVERED	OTCS	-	-	-	
		ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		SCOT-TUSSIN DIABETES	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SILPHEN DM COUGH	SYRP	OR	NON-COVERED	OTCS	-	-	-	
		SM COUGH RELIEF	SYRP	OR	-		PREFERRED	-	-	
		SOBA TUSSIN MAX STR COUGHSYRUP	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TRIAMINIC LONG ACTING COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TRIAMINIC LONG ACTING COUGH	STRP	OR	NON-COVERED	OTCS	-	-	-	
		TUSSIN COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		TUSSIN COUGH	SYRP	OR	-		PREFERRED	-	-	
		VICKS DAYQUIL COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		VICKS FORMULA 44 COUGH RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	

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	DEXTROMETHORPHAN POLISTIREX	WAL-TUSSIN COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-		
		WAL-TUSSIN COUGH LONG ACTING	LIQD	OR	NON-COVERED	OTCS	-	-	-		
		WAL-TUSSIN COUGH LONG ACTING	SYRP	OR	-		PREFERRED	-	-		
		WAL-TUSSIN COUGH RELIEF CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-		
		COUGH DM CHILDRENS	SUER	OR	NON-COVERED	OTCS	-	-	-		
		CVS COUGH DM CHILDRENS	SUER	OR	NON-COVERED	OTCS	-	-	-		
		DELSYM COUGH CHILDRENS	SUER	OR	NON-COVERED	OTCS	-	-	-		
		DEXTROMETHORPHAN POLISTIREX	SUER	OR	NON-COVERED	OTCS	-	-	-		
		EQ COUGH DM	SUER	OR	NON-COVERED	OTCS	-	-	-		
		EQL COUGH DM	SUER	OR	NON-COVERED	OTCS	-	-	-		
		GNP COUGH DM ER	SUER	OR	NON-COVERED	OTCS	-	-	-		
		GOODSENSE COUGH DM CHILDRENS	SUER	OR	NON-COVERED	OTCS	-	-	-		
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		HM COUGH DM	SUER	OR	NON-COVERED	OTCS	-	-	-		
		RA COUGH DM	SUER	OR	NON-COVERED	OTCS	-	-	-		
		ROBITUSSIN 12 HOUR COUGH RELIEF CHILDRENS	SUER	OR	NON-COVERED	OTCS	-	-	-		
		DEXTROMETHORPHAN-ACETAMINOPHEN-CHLORPHENIRAMINE		CHILDRENS PLUS COUGH/RUNNY NOSE	SUSP	OR	NON-COVERED	OTCS	-	-	-
				CORICIDIN HBP	TABS	OR	NON-COVERED	OTCS	-	-	-
				CORICIDIN HBP FLU	TABS	OR	NON-COVERED	OTCS	-	-	-
				CVS COUGH & RUNNY NOSE CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-
				DIABETIC TUSSIN COLD/FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-
				FLU HBP	TABS	OR	NON-COVERED	OTCS	-	-	-
				PEDIACARE COUGH & RUNNY NOSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
				RA CHILDRENS PLUS COUGH/RUNNY NOSE	SUSP	OR	NON-COVERED	OTCS	-	-	-
				RA FLU MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
				SB CHILDRENS PLUS COUGH/RUNNY NOSE	SUSP	OR	NON-COVERED	OTCS	-	-	-
				SB FLU MAXIMUM STRENGTH HBP	TABS	OR	NON-COVERED	OTCS	-	-	-
				TRIAMINIC FLU COUGH & FEVER	SYRP	OR	NON-COVERED	OTCS	-	-	-
				TRIAMINIC FLU/COUGH/FEVER	LIQD	OR	NON-COVERED	OTCS	-	-	-
				TYLENOL COLD/COUGH/RUNNY NOSE CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-
				VICKS FORMULA 44M MULTI-SYMPTOM	LIQD	OR	NON-COVERED	OTCS	-	-	-
				VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DEXTROMETHORPHAN-DIPHENHYDRAMINE-ACETAMINOPHEN-DEXTROMETHORPHAN-DOXYLAMINE-ACETAMINOPHEN		DIABETIC TUSSIN COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
				ALL-NITE COLD & FLU NIGHTTIME RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
				CLEAR COUGH PM MULTI-SYMPTOM	LIQD	OR	NON-COVERED	OTCS	-	-	-
				COLD & FLU MULTI-SYMPTOM NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
				COLD & FLU NIGHTTIME RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
				CORICIDIN HBP NIGHTTIME MULTI-SYMPTOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
				COUGH & SORE THROAT NIGHT TIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
				CVS COLD/FLU RELIEF NIGHTTIME/MULTI-SYMPTOM	CAPS	OR	NON-COVERED	OTCS	-	-	-
				CVS NIGHTTIME COLD/FLU RELIEF MULTI-SYMPTOM	LIQD	OR	NON-COVERED	OTCS	-	-	-
				EQ NITETIME COLD & FLU MULTI-SYMPTOM RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-

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		EQL NIGHTTIME COLD & FLU RELIEF MULTI-SYMPTOM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		EQL NIGHTTIME COLD & FLU RELIEF MULTI-SYMPTOM	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		GNP NIGHT TIME COLD & FLU MULTI-SYMPTOM	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		GNP NIGHT TIME COLD & FLU MULTISYMPTOM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		GOODSENSE NIGHTTIME COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		HM NIGHT TIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		HM NIGHT TIME MULTI-SYMPTOM COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		NIGHT TIME MULTI-SYMPTOM COLD/FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		NIGHT-TIME COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		NIGHTTIME COLD/FLU/MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		NITE TIME MULTI-SYMPTOM COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		PX NITETIME COLD/FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		PX NITETIME COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		QC NIGHTTIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		QC NIGHTTIME COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		QC NIGHTTIME MULTI-SYMPTOM COLD/FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		RA COLD/FLU RELIEF NIGHTTIME	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		RA NIGHTTIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		RA NIGHTTIME COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SB NIGHT TIME COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SM NITE TIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SM NITE TIME COLD & FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		SM NITE TIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
			TGT COLD/FLU RELIEF MULTI-SYMPTOM NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
			VICKS NYQUIL COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-
			VICKS NYQUIL COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
			VICKS NYQUIL HBP COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DEXTROMETHORPHAN-GG-POT CITRATE-CITRIC ACID	SORBUTUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DEXTROMETHORPHAN-GG-POTASSIUM CITRATE	SORBUTUSS NR	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DEXTROMETHORPHAN-GUAIFENESIN	ALKA-SELTZER PLUS MUCUS & CONGESTION BREAK UP FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-
			ALTARUSSIN DM	SYRP	OR	-		PREFERRED	-	-
			BIOCOTRON	LIQD	OR	-		PREFERRED	-	-
			BIOSPEC DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
			CHERACOL PLUS	LIQD	OR	NON-COVERED	OTCS	-	-	-
			CHEST CONGESTION & COUGH RELIEF DM	TABS	OR	NON-COVERED	OTCS	-	-	-
			CHILDRENS COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			CORICIDIN HBP CHEST CONGESTION & COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-
			COUGH & CHEST CONGESTION DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
			COUGH & CHEST CONGESTION DM	SYRP	OR	-		PREFERRED	-	-
		CVS CHEST CONGESTION PLUS COUGH/CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		CVS CHEST CONGESTION RELIEF DM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CVS DM MAXIMUM ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-	

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

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		G-ZYNCOF	SYRP	OR	NON-COVERED	OTCS	-	-	-
		HM ADULT TUSSIN COUGH & CONGESTION DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM CHEST CONGESTION RELIEF DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM MUCUS RELIEF DM MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		HM TUSSIN ADULT COUGH & CHEST CONGESTION DM	LIQD	OR	-		PREFERRED	-	-
		HM TUSSIN COUGH/CHEST CONGESTION DM MAX/ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		INTENSE COUGH RELIEVER	LIQD	OR	NON-COVERED	OTCS	-	-	-
		INTENSE COUGH RELIEVER EXTRA STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MEDI-TUSSIN DM	SYRP	OR	-		PREFERRED	-	-
		MEDI-TUSSIN DM DOUBLE STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX COUGH FOR KIDS	PACK	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX DM	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX DM MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX DM MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCOSA DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS & COUGH RELIEF CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS DM	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF DM	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF DM MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF DM MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS-DM	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS-DM MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		NEOTUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PEGGEN DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PEDIACARE COUGH & CONGESTION	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PEDIATRIC FORMULA COUGH AND CONGESTION AID	LIQD	OR	-		PREFERRED	-	-
		PHARBINEX-DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX TUSSIN DM	LIQD	OR	-		PREFERRED	-	-
		QC MEDIFIN DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC TUSSIN DM COUGH & CHEST CONGESTION/ADULT	LIQD	OR	-		PREFERRED	-	-
		Q-TUSSIN DM	SYRP	OR	-		PREFERRED	-	-
		RA MUCUS RELIEF DM	TB12	OR	NON-COVERED	OTCS	-	-	-
		RA TUSSIN COUGH	LIQD	OR	-		PREFERRED	-	-
		RA TUSSIN COUGH DM SUGAR FREE	SYRP	OR	-		PREFERRED	-	-
		RA TUSSIN COUGH/CHEST CONGESTION DM	LIQD	OR	-		PREFERRED	-	-
		RA TUSSIN DM	LIQD	OR	-		PREFERRED	-	-
		RECOFEN "D"	LIQD	OR	NON-COVERED	OTCS	-	-	-
		REFENESEN DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		ROBAFEN DM	SYRP	OR	-		PREFERRED	-	-
		ROBAFEN DM COUGH	LIQD	OR	-		PREFERRED	-	-
		ROBITUSSIN COUGH & CHEST CONGESTION DM ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		ROBITUSSIN COUGH+CHEST CONGESTION DM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		ROBITUSSIN COUGH+CHEST CONGESTION DM	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM	LIQD	OR	-		PREFERRED	-	-	
		ROBITUSSIN PEAK COLD DM	SYRP	OR	NON-COVERED	OTCS	-	-	-	
		SAFE TUSSIN DM ADULT	LIQD	OR	-		PREFERRED	-	-	
		SB COUGH CONTROL DM	LIQD	OR	-		PREFERRED	-	-	
		SB COUGH CONTROL DM MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SB MUCUS RELIEF DM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SB TAB TUSSIN DM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SCOT-TUSSIN SENIOR	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SILTUSSIN DM DAS	LIQD	OR	-		PREFERRED	-	-	
		SILTUSSIN-DM	SYRP	OR	-		PREFERRED	-	-	
		SM CHEST CONGESTION RELIEF DM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SM MUCUS RELIEF COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SM TUSSIN DM	SYRP	OR	-		PREFERRED	-	-	
		SM TUSSIN DM MAX COUGH/CHEST CONGESTION	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SORBUGEN NR	LIQD	OR	-		PREFERRED	-	-	
		SUPRESS DM PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TGT COUGH FORMULA DM	LIQD	OR	-		PREFERRED	-	-	
		TGT MUCUS/COUGH RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-	
		TRISPEC DMX PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TUSNEL DIABETIC	LIQD	OR	-		PREFERRED	-	-	
		TUSSIN DM	LIQD	OR	-		PREFERRED	-	-	
		TUSSIN DM	SYRP	OR	-		PREFERRED	-	-	
		TUSSIN DM MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TUSSIN DM MAXIMUM STRENGTH/ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL MUCUS CONTROL DM	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		VICKS FORMULA 44E PEDIATRIC COUGH/CHEST CONGESTION RELIEF	SYRP	OR	NON-COVERED	OTCS	-	-	-	
		WAL-TUSSIN COUGH & CHEST CONGESTION DM	SYRP	OR	-		PREFERRED	-	-	
		WAL-TUSSIN COUGH/CHEST CONGESTION DM MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		WAL-TUSSIN DM	LIQD	OR	-		PREFERRED	-	-	
		WAL-TUSSIN DM CLEAR	SYRP	OR	-		PREFERRED	-	-	
		ZYNCOF	SYRP	OR	NON-COVERED	OTCS	-	-	-	
		ZYNCOF	TABS	OR	NON-COVERED	OTCS	-	-	-	
		DEXTROMETHORPHAN-GUAIFENESIN-CHLORPHENIRAMINE-ACETAMINOPHEN	CORICIDIN HBP DAY & NIGHTMULTI-SYMPTOM COLD	MISC	OR	NON-COVERED	OTCS	-	-	-
		DEXTROMETHORPHAN-PHENYLEPHRINE-ACETAMINOPHEN	666 COLD PREPARATION	LIQD	OR	NON-COVERED	OTCS	-	-	-
			ALKA-SELTZER PLUS DAY COLD & FLU FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-
			ALKA-SELTZER PLUS SEVERE SINUS CONGESTION & COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-
			COLD HEAD CONGESTION DAYTIME/NON-DROWSY	TABS	OR	NON-COVERED	OTCS	-	-	-
			COLD MULTI-SYMPTOM DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		COLD RELIEF/NON-DROWSY/DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-	
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		COLD/FLU DAYTIME RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-	

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		COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		COMTREX COLD & COUGH MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS SEVERE COLD & FLU DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DAYTIME COLD & FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DAYTIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DAYTIME MULTI-SYMPTOM COLD & FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DAYTIME MULTI-SYMPTOM COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DAY-TIME PE COLD/FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQ COLD MULTI-SYMPTOM DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ DAYTIME COLD & FLU MULTI-SYMPTOM RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQ DAYTIME COLD & FLU MULTI-SYMPTOM RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ DAYTIME COLD & FLU RELIEF MULTI-SYMPTOM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQL COLD MULTI-SYMPTOM DAYTIME RAPID RELEASE	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL FLU & SEVERE COLD MULTI-SYMPTOM DAYTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		EQL MULTI-SYMPTOM DAYTIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		FLU RELIEF THERAPY DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		FLU/SEVERE COLD & COUGH DAYTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		GNP COLD RELIEF MULTI-SYMPTOM DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP DAY TIME COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GNP DAY TIME COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GNP FLU/SEVERE COLD & COUGH DAYTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE COLD MAX	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE DAYTIME COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE DAYTIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE FLU & SEVERE COLD DAYTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		HERBIOMED FAST ACTING BODY ACHES & SINUS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM DAY TIME	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HM DAYTIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM SEVERE COLD/COUGH/FLU DAYTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		LITTLE REMEDIES FOR COLD MULTI SYMPTOM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MAPAP COLD FORMULA MULTI-SYMPTOM	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX SEVERE COLD & SINUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MULTI SYMPTOM FLU & SEVERE COLD/DAYTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		PX DAYTIME COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX DAYTIME COLD/FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PX DAYTIME PE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		QC DAYTIME COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		QC DAYTIME MULTI-SYMPTOM COLD/FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-
		QC SEVERE COLD & COUGH DAYTIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		RA COLD MULTI-SYMPTOM DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		RA DAYTIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RA DAYTIME MULTI-SYMPTOM COLD	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA SEVERE COLD & COUGH DAY TIME	PACK	OR	NON-COVERED	OTCS	-	-	-
		ROBITUSSIN COLD+FLU DAYTIME	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SB DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM DAY TIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-

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COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		SM DAYTIME LIQUID CAPS	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		SUDAFED PE PRESSURE+PAIN+COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TGT COLD/FLU RELIEF DAY TIME MULTI-SYMP TOM	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-	
		THERAFLU EXPRESSMAX SEVERE COLD & COUGH/DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		THERAFLU POWERPODS DAYTIME SEVERE COLD	MISC	OR	NON-COVERED	OTCS	-	-	-	
		THERAFLU SEVERE COLD MULTI SYMPTOM	PACK	OR	NON-COVERED	OTCS	-	-	-	
		TYLENOL COLD MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TYLENOL COLD MAX	TABS	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL COLD & FLU MULTI-SYMP TOM RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		WAL-FLU SEVERE COLD & COUGH	PACK	OR	NON-COVERED	OTCS	-	-	-	
		WAL-FLU SEVERE COLD & COUGH/WARMING COMFORT/DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		DEXTROMETHORPHAN-PYRILAMINE	CAPRON DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
			CAPRON DMT	TABS	OR	NON-COVERED	OTCS	-	-	-
		DOXYLAMINE W/ DM-GG	CVS TUSSIN DM DAY/NIGHT PACK	LQPK	OR	NON-COVERED	OTCS	-	-	-
		DOXYLAMINE-DM	CVS DAYTIME/NIGHTTIME COUGH RELIEF	LQPK	OR	NON-COVERED	OTCS	-	-	-
			CVS NIGHTTIME COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			CVS NIGHTTIME TUSSIN DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
			EQ NIGHT TIME COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			EQL NIGHTTIME COUGH RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
			GNP NIGHT TIME COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			GNP TUSSIN DM MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-
			NIGHTTIME COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			PX NITETIME COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			QC NIGHTTIME COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			RA NIGHTTIME COUGH RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
			RA TUSSIN NIGHTTIME COUGHDM/MAXIMUM STRENGTH/ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-
			ROBITUSSIN NIGHTTIME COUGHDM MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			SAFE TUSSIN PM	LIQD	OR	NON-COVERED	OTCS	-	-	-
			SB NIGHTTIME COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
			VICKS DAYQUIL/NYQUIL COUGH	LQPK	OR	NON-COVERED	OTCS	-	-	-
			VICKS NYQUIL COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EPHEDRINE-GUAIFENESIN	BRONCHIAL ASTHMA RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
			BRONKAID	TABS	OR	NON-COVERED	OTCS	-	-	-
			PRIMATENE ASTHMA	TABS	OR	NON-COVERED	OTCS	-	-	-
			SB BRONCHIAL	TABS	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN	ALTARUSSIN	SYRP	OR	-		PREFERRED	-	-
			BIDEX	TABS	OR	NON-COVERED	OTCS	-	-	-
			BUCKLEYS CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		CHEST CONGESTION CHILDRENS	LIQD	OR	-		PREFERRED	-	-	
		CHEST CONGESTION RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-	

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		CHILDRENS MUCUS RELIEF EXPECTORANT	LIQD	OR	-		PREFERRED	-	-
		COUGH SYRUP	SYRP	OR	-		PREFERRED	-	-
		COUGHTAB	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CHEST CONGESTION CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		CVS CHEST CONGESTION RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS MUCUS EXTENDED RELEASE	TB12	OR	NON-COVERED	OTCS	-	-	-
		DIABETIC TUSSIN	LIQD	OR	-		PREFERRED	-	-
		DIABETIC TUSSIN EX	SYRP	OR	-		PREFERRED	-	-
		EQ MUCUS ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		EQL MUCUS-ER MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		EQL TUSSIN CHEST CONGESTION	SYRP	OR	-		PREFERRED	-	-
		EQL TUSSIN MUCUS+CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		FENESIN IR	TABS	OR	NON-COVERED	OTCS	-	-	-
		GERI-TUSSIN	LIQD	OR	-		PREFERRED	-	-
		GERI-TUSSIN	SYRP	OR	-		PREFERRED	-	-
		G-FEN EX	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS RELIEF CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		GNP TAB TUSSIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP TUSSIN MUCUS & CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		GOODSENSE MUCUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN	LIQD	OR	-		PREFERRED	-	-
		GUAIFENESIN	SOLN	OR	-		PREFERRED	-	-
		GUAIFENESIN	SYRP	OR	-		PREFERRED	-	-
		GUAIFENESIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		GUIATUSS	SYRP	OR	-		PREFERRED	-	-
		HERBAL EXPEC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM CHEST CONGESTION RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM MUCUS ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		HM MUCUS RELIEF	TB12	OR	NON-COVERED	OTCS	-	-	-
		HM TUSSIN ADULT	LIQD	OR	-		PREFERRED	-	-
		KLS MUCUS RELIEF CHEST	TABS	OR	NON-COVERED	OTCS	-	-	-
		LIQUIBID	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX CHEST CONGESTION CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		MUCINEX FOR KIDS	PACK	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		MUCOSA	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS & CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		MUCUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS+CHEST CONGESTION/ADULT	LIQD	OR	-		PREFERRED	-	-
		MUCUS-ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS-ER MAX	TB12	OR	NON-COVERED	OTCS	-	-	-
		ORGAN-I NR	TABS	OR	NON-COVERED	OTCS	-	-	-

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		PA MUCUS RELIEF	TB12	OR	NON-COVERED	OTCS	-	-	-
		PHARBINEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX TUSSIN	SOLN	OR	-		PREFERRED	-	-
		QC MEDIFIN 400	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC MEDIFIN MUCUS RELIEF CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		QC MUCUS RELIEF	TB12	OR	NON-COVERED	OTCS	-	-	-
		QC MUCUS RELIEF ER 12 HOUR MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		QC TUSSIN MUCUS + CHEST CONGESTION ADULT	LIQD	OR	-		PREFERRED	-	-
		RA MUCUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA MUCUS RELIEF	TB12	OR	NON-COVERED	OTCS	-	-	-
		RA MUCUS RELIEF MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		RA TUSSIN CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		RA TUSSIN CHEST CONGESTION	SYRP	OR	-		PREFERRED	-	-
		REFENESEN	TABS	OR	NON-COVERED	OTCS	-	-	-
		REFENESEN 400	TABS	OR	NON-COVERED	OTCS	-	-	-
		ROBAFEN	SYRP	OR	-		PREFERRED	-	-
		ROBAFEN MUCUS/CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		ROBITUSSIN MUCUS+CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		SB COUGH CONTROL	SYRP	OR	-		PREFERRED	-	-
		SB COUGHTAB	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB MUCUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		SCOT-TUSSIN EXPECTORANT	LIQD	OR	-		PREFERRED	-	-
		SILTUSSIN DAS	LIQD	OR	-		PREFERRED	-	-
		SILTUSSIN SA	SYRP	OR	-		PREFERRED	-	-
		SM CHEST CONGESTION RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM MUCUS RELIEF	TB12	OR	NON-COVERED	OTCS	-	-	-
		SM MUCUS RELIEF CHILDRENS	LIQD	OR	-		PREFERRED	-	-
		SM MUCUS RELIEF MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		TUSSIN	SYRP	OR	-		PREFERRED	-	-
		TUSSIN MUCUS + CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		TUSSIN MUCUS + CHEST CONGESTION	SYRP	OR	-		PREFERRED	-	-
		VICKS CASERO	LIQD	OR	NON-COVERED	OTCS	-	-	-
		WAL-TUSSIN	SYRP	OR	-		PREFERRED	-	-
		WAL-TUSSIN CHEST CONGESTION	LIQD	OR	-		PREFERRED	-	-
		XPECT	TABS	OR	NON-COVERED	OTCS	-	-	-
	GUAIFENESIN-CODEINE	CHERATUSSIN AC	SOLN	OR	NON-COVERED	OTCS	-	-	-
		CHERATUSSIN AC	SYRP	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		CODEINE/GUAIFENESIN	SOLN	OR	NON-COVERED	OTCS	-	-	-
		CODITUSSIN AC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		G TUSSIN AC	SOLN	OR	NON-COVERED	OTCS	-	-	-
		GUAIATUSSIN AC	SYRP	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN AC	SYRP	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN/CODEINE	SOLN	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN/CODEINE	SYRP	OR	NON-COVERED	OTCS	-	-	-
		MAR-COF CG EXPECTORANT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		M-CLEAR WC	SOLN	OR	NON-COVERED	OTCS	-	-	-
		NINJACOF-XG	LIQD	OR	NON-COVERED	OTCS	-	-	-

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		TRYMINE CG	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VIRTUSSIN A/C	SOLN	OR	NON-COVERED	OTCS	-	-	-
		VIRTUSSIN AC/ALC	LIQD	OR	NON-COVERED	OTCS	-	-	-
	HYDROCODONE POLISTIREX- CHLORPHENIRAMINE POLISTIREX	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE							
		POLISTIREX	SUER	OR	NON-COVERED	COLD	-	-	-
		TUSSICAPS	CP12	OR	NON-COVERED	COLD	-	-	-
		TUSSIONEX PENNKINETIC EXTENDED RELEASE	SUER	OR	NON-COVERED	COLD	-	-	-
	HYDROCODONE W/ HOMATROPINE	HYDROCODONE BITARTRATE/HOMATROPINE							
		METHYLBROMIDE	SYRP	OR	NON-COVERED	COLD	-	-	-
		HYDROCODONE BITARTRATE/HOMATROPINE							
		METHYLBROMIDE	TABS	OR	NON-COVERED	COLD	-	-	-
		HYDROCODONE/HOMATROPINE	SYRP	OR	NON-COVERED	COLD	-	-	-
		HYDROMET	SYRP	OR	NON-COVERED	COLD	-	-	-
	HYDROCODONE-GUAIFENESIN	HYDROCODONE BITARTRATE/GUAIFENESIN	SOLN	OR	NON-COVERED	COLD	-	-	-
	PHENYLEPHRINE W/ DM-GG	ACTIDOM DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ACTINEL DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		AMBI 10PEH/400GFN/20DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		AQUANAZ	TABS	OR	NON-COVERED	OTCS	-	-	-
		BIODESP DM	SYRP	OR	NON-COVERED	OTCS	-	-	-
		BIOGTUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BRONCOTRON PED	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BRONCOTRON PED DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BRONTUSS DX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BRONTUSS SF NR	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS MULTI-SYMPTOMS COLD CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS SEVERE COUGH & CONGESTION MAXIMUM STRENGTH/ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS TUSSIN COUGH/COLD CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DECONEX DMX	TABS	OR	NON-COVERED	OTCS	-	-	-
		DESGEN DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DESGEN PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DESPEC DM	SYRP	OR	NON-COVERED	OTCS	-	-	-
		DESPEC EDA	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DEXTROMETHORPHAN							
		HYDROBROMIDE/GUAIFENESIN/PHENYLEPHRINE							
		HYDR	TABS	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		DEXTROMETHORPHAN/GUAIFENESIN/PHENYLEPHRINE							
		E	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DOMETUSS-DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DURAVENT DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ MUCUS RELIEF SEVERE CONGESTION/COUGH							
		MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ MULTI-SYMPTOM COLD CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ TUSSIN CF MULTI-SYMPTOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQL MUCUS RELIEF CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GCON DMX	TABS	OR	NON-COVERED	OTCS	-	-	-
		GILTUSS COUGH & COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GILTUSS COUGH & COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		GILTUSS TR	TABS	OR	NON-COVERED	COLD	-	-	-

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		GNP MUCUS RELIEF SEVERE CONGESTION AND COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GNP TUSSIN CF COUGH & COLD	SYRP	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE MUCUS RELIEF SEVERE CONGESTION & COUGH MAXIMUM STR	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		G-SUPRESS DX PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		G-TRON PED	LIQD	OR	NON-COVERED	OTCS	-	-	-
		G-TRON PEDIATRIC DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		G-TUSICOF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM TUSSIN ADULT MULTI-SYMPTOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX CONGESTION & COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX SEVERE CONGESTION & COUGH	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF MULTI SYMPTOM COLD CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MULTI-SYMPTOM COLD CHILDRENS PLUS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NEOTUSS-D	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NIVANEX DMX	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRES GEN	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PRES GEN PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PX TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		QC TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RA TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ROBAFEN CF MULTI-SYMPTOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ROBITUSSIN CHILDRENS COUGH & COLD CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SB COUGH CONTROL CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM MUCUS RELIEF CHILDRENS MULTI-SYMPTOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM SEVERE CONGESTION & COUGH MULTI-SYMPTOM ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		SUPRESS-DX PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TEO-TUS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSICOF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSICOF	TABS	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL DM PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSIN CF MAX MULTI-SYMPTOM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSI-PRES	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSI-PRES PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSLIN	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSLIN PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VANACOF DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VANACOF DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-

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		VANATAB DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		WAL-TUSSIN CF MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		WAL-TUSSIN COUGH/COLD CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-ACETAMINOPHEN-GUAIFENESIN	CVS COLD & SINUS MULTI-SYMPTOM MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS SEVERE CONGESTION RELIEF ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS SINUS RELIEF PRESSURE& PAIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL PRESSURE & PAIN PE PLUS MUCUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS RELIEF COLD & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP SINUS RELIEF CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE COLD & HEAD CONGESTION SEVERE FOR ADULTS	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM MUCUS RELIEF FM COLD & SINUS ADULT	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX COLD & SINUS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX COLD & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX SINUS-MAX PRESSURE & PAIN	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX SINUS-MAX PRESSURE & PAIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF COLD & SINUS MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF COLD & SINUS MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF SEVERE SINUS CONGESTION MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA COLD/SINUS MAX	TABS	OR	NON-COVERED	OTCS	-	-	-
		REFENESEN CHEST CONGESTION & PAIN RELIEF PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		SEVERE CONGESTION SINUS RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED PE HEAD CONGESTION + MUCUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		TYLENOL SINUS CONGESTION & PAIN SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		VICKS SINEX SEVERE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		WAL-PHED PE TRIPLE RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-BROMPHENIRAMINE W/ CODEINE	M-END PE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		POLY-TUSSIN AC	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-BROMPHENIRAMINE-DM	COLD/COUGH DM CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-
		COLD/COUGH DM CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS COLD & COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS COLD & COUGH DM CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-
		DIMAPHEN DM COLD & COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DIMETAPP DM COLD & COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ENDACOF-DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ COLD & COUGH DM CHILD RENS	LIQD	OR	NON-COVERED	OTCS	-	-	-

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		EQL COLD & COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GLENMAX PEB DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GLENMAX PEB DM FORTE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GNP COLD & COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM COLD & COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		LOHIST-DM	SYRP	OR	NON-COVERED	OTCS	-	-	-
		PRESGEN B	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PX DIBROMM DM COLD/COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		QC DIBROMM CHILDRENS COLD& COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RA COLD & COUGH CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RA COLD & COUGH DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RYNEX DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SB COLD & COUGH DM CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM COLD & COUGH DM CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSI-PRES B	LIQD	OR	NON-COVERED	OTCS	-	-	-
		WAL-TAP DM COLD/COUGH	ELIX	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-CHLOPHEDIANOL-GUAIFENESIN	CHLOPHED	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-CHLORPHEN-DM	BALAMINE DM	SYRP	OR	NON-COVERED	OTCS	-	-	-
		BIO-RYTUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BRONKIDS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ED A-HIST DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ED A-HIST DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		FATHER JOHNS MEDICINE PLUS	SOLN	OR	NON-COVERED	OTCS	-	-	-
		GENCONTUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GILTUSS ALLERGY PLUS COUGH & CONGESTION CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MAXICHLOR PEH DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		NEOTUSS PLUS	LIQD	OR	NON-COVERED	COLD	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		NOHIST-DM	LIQD	OR	NON-COVERED	COLD	-	-	-
		NOHIST-DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RYCONTUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-CHLORPHENIRAMINE W/ CODEINE	CAPCOF	SYRP	OR	NON-COVERED	OTCS	-	-	-
		MAXI-TUSS CD	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-CHLORPHENIRAMINE W/ DM-GG & APAP	KLS COLD & FLU MULTI-SYMP TOM DAYTIME/NIGHTTIME SEVERE	TBPK	OR	NON-COVERED	OTCS	-	-	-
		TYLENOL COLD PLUS FLU SEVERE FOR ADULTS DAY/NIGHT	TBPK	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-CHLORPHENIRAMINE-CHLOPHEDIANOL	GILTUSS COUGH ALLERGY & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		PHENAGIL CH	TABS	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-CHLORPHENIRAMINE-DM W/ APAP	ALKA-SELTZER PLUS COLD & COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ALKA-SELTZER PLUS COLD & COUGH FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS PAIN RELIEF PLUS MULTI-SYMP TOM COLD	SUSP	OR	NON-COVERED	OTCS	-	-	-
		COLD MULTI-SYMP TOM DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-

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		COMTRET COLD & COUGH DAY/NIGHT MAXIMUM STRENGTH	MISC	OR	NON-COVERED	OTCS	-	-	-
		COMTRET COLD & COUGH NIGHTTIME MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS COLD RELIEF MULTI-SYMP TOM DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		CVS MULTI-SYMP TOM COLD CHILDRENS PLUS PAIN RELIEF	SUSP	OR	NON-COVERED	OTCS	-	-	-
		EQ DAYTIME/NIGHTTIME COLD MULTI-SYMP TOM	MISC	OR	NON-COVERED	OTCS	-	-	-
		GILTUSS MULTI-SYMP TOM COLD & FLU CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GNP COLD + HEAD CONGESTION NIGHTTIME FOR ADULTS	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP COLD HEAD CONGESTION DAY/NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-
		GNP TUSSIN NIGHT TIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE COLD MULTI-SYMP TOM FOR ADULTS /DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		HEAD CONGESTION COLD RELIEF DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		KLS NIGHTTIME COLD MULTI-SYMP TOM	TABS	OR	NON-COVERED	OTCS	-	-	-
		MULTI-SYMP TOM COLD PLUS CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		PEDIACARE MULTI SYMPTOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PX COLD RELIEF MULTI-SYMP TOM DAY/NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-
		PX NIGHTTIME COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC COLD MULTI-SYMP TOM NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		RA CHILDRENS PLUS MULTISYMP TOM COLD	SUSP	OR	NON-COVERED	OTCS	-	-	-
		RA COLD MULTI-SYMP TOM NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA MULTI-SYMP TOM COLD RELIEF/DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		SB CHILDRENS PLUS MULTISYMP TOM COLD	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SB COLD MULTI-SYMP TOM DAY/NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-
		SM COLD HEAD CONGESTION NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		TGT COLD RELIEF MULTI-SYMP TOM NIGHT-TIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		THERAFLU SEVERE COLD NIGHTTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		TRIAMINIC FEVER & COLD MULTI-SYMP TOM CHILDRENS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		TYLENOL CHILDRENS PLUS MULTI-SYMP TOM COLD	SUSP	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-DEXBROMPHENIRAMINE-DEXTROMETHORPHAN	ALAHIST CF	TABS	OR	NON-COVERED	OTCS	-	-	-
		ALAHIST DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BIONATUSS DXP	LIQD	OR	NON-COVERED	OTCS	-	-	-
		G-P-TUSS DXP	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SUPRESS A PEDIATRIC DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-DEXBROMPHENIRAMINE-DM-GUAIFENESIN	PANATUSS DXP	LIQD	OR	NON-COVERED	COLD	-	-	-
	PHENYLEPHRINE-DEXCHLORPHENIRAMINE-CODEINE	PRO-RED AC	SYRP	OR	NON-COVERED	OTCS	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.	PHENYLEPHRINE-DEXTROMETHORPHAN-DEXCHLORPHENIRAMINE	POLYTUSSIN DM	SYRP	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DEXTROMETHORPHAN	COLD & COUGH DAYTIME/NIGHTTIME CHILDRENS	MISC	OR	NON-COVERED	OTCS	-	-	-
		TRIAMINIC COLD & COUGH DAY/NIGHT CHILDRENS	MISC	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DM W/ APAP	CVS SEVERE COLD & COUGH MULTI-SYMPATOM/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		CVS SEVERE COLD & FLU/DAYTIME/NIGHTTIME	LQPK	OR	NON-COVERED	OTCS	-	-	-
		HERBIOMED DEEP COLD AND FLU NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		THERAFLU SEVERE COLD & COUGH DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		WAL-FLU SEVERE COLD & COUGH DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DM-GG	ROBITUSSIN COUGH & COLD DAY/NIGHT PACK	MISC	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-DM-GUAIFENESIN-APAP	DELSYM CHILDRENS DAY NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX DAY TIME/NIGHT TIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX MULTI-SYMPATOM COLD DAY/NIGHT PACK	MISC	OR	NON-COVERED	OTCS	-	-	-
		MULTI-SYMPATOM COLD DAYTIME/NIGHTTIME CHILDRENS	MISC	OR	NON-COVERED	OTCS	-	-	-
		RA SEVERE COLD/NIGHT TIMECOLD & FLU/MAXIMUM STRENGTH	MISC	OR	NON-COVERED	OTCS	-	-	-
		RA SUPHEDRINE PE DAY AND NIGHT COMBO PACK	MISC	OR	NON-COVERED	OTCS	-	-	-
		ROBITUSSIN PEAK COLD DAY/NIGHT PACK DM	MISC	OR	NON-COVERED	OTCS	-	-	-
		ROBITUSSIN PEAK COLD DAY/NIGHT PACK MAXIMUM STRENGTH	MISC	OR	NON-COVERED	OTCS	-	-	-
		ROBITUSSIN SEVERE DAY & NIGHT COUGH/COLD + FLU MULTI-SYMPATOM	MISC	OR	NON-COVERED	OTCS	-	-	-
		WAL-PHED PE DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-DIPHENHYDRAMINE-GG W/ APAP	CVS SINUS RELIEF DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
	MUCINEX SINUS-MAX DAY/NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-	
	RA SINUS RELIEF DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-	
PHENYLEPHRINE-DM	CVS COLD & COUGH CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-	
	DAYTIME COLD & COUGH CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-	
	GNP TRIACTING DAY TIME COLD/COUGH CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-	
	PEDIA CARE MULTI-SYMPATOM COLD CHILDREN	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	PEDIACARE CHILDRENS MULTI-SYMPATOM COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	SM DAYTIME COLD & COUGH CHILDRENS TRIACTING FORMULA	SOLN	OR	NON-COVERED	OTCS	-	-	-	
	SUDAFED PE COLD & COUGH CHILDRENS	SOLN	OR	NON-COVERED	OTCS	-	-	-	
	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS	SYRP	OR	NON-COVERED	OTCS	-	-	-	
	VICKS FORMULA 44D COUGH/NASAL CONGESTION RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-	
PHENYLEPHRINE-DM-GG W/ APAP	COLD & FLU SEVERE DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	COLD & FLU SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-	

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		COUGH COLD & SORE THROAT CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS COLD/FLU & SORE THROAT MULTI-SYMP TOM ADULT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS MULTI-SYMP TOMS COLD & FEVER CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS SINUS PE PRESSURE PAIN + COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		DAYQUIL SEVERE + VAPOCOOL	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DAYTIME SEVERE COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DECOREL FORTE PLUS SEVERE COLD/COUGH RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		DELSYM COUGH + COLD DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ MUCUS RELIEF COLD FLU & SORE THROAT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ MULTI-SYMP TOM COLD & FEVER CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQ MULTI-SYMP TOM COLD FLU& SORE THROAT	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL DAYTIME SEVERE COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		EQL MUCUS RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		GNP COLD RELIEF COLD & FLU SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS RELIEF COLD FLU & SORE THROAT	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS RELIEF MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GNP MULTI-SYMP TOM COLD DATIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE COLD & FLU SEVERE FOR ADULTS	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE DAY TIME COLD &FLU SEVERE NON-DROWSY	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HERBIOMED SEVERE COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		HM DAYTIME SEVERE COLD/FLU	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM MUCUS RELIEF FM SEVERECONGESTION & COLD ADULT	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX CHILDRENS COLD COUGH & SORE THROAT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX CHILDRENS MULTI-SYMP TOM COLD & FEVER	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX COLD FLU& SORE THROAT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX COLD FLU& SORE THROAT	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX COLD/FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX COLD/FLU/SORE THROAT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX SEVERE COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX FAST-MAX SEVERE COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX SINUS-MAX	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX SINUS-MAX SEVERE CONGESTION RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF COLD FLU & SORE THROAT	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF COLD/FLU/SORE THROAT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF SEVERE COLD DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF SEVERE COLD MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF SEVERE CONGESTION & COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX SEVERE COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC COLD HEAD CONGESTION SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-

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		RA COLD/COUGH SINUS RELIEF PE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA MUCUS RELIEF PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA SEVERE CONGESTION/COLD MAX	TABS	OR	NON-COVERED	OTCS	-	-	-	
		ROBITUSSIN SEVERE MULTI-SYMP TOM COUGH/COLD + FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		SB COLD & FLU SEVERE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SB COLD HEAD CONGESTION SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SB COLD MULTI-SYMP TOM SEVERE DAYTIME	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SEVERE COLD & FLU	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SM COLD & FLU SEVERE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SUDAFED PE HEAD CONGESTION + FLU SEVERE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		THERACOF PLUS COUGH AND COLD RELIEVER	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		THERAFLU EXPRESSMAX SEVERE COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		THERAFLU EXPRESSMAX SEVERE COLD & FLU	TABS	OR	NON-COVERED	OTCS	-	-	-
		TUSSIN CF SEVERE MULTI-SYMP TOM COUGH COLD/FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TYLENOL COLD & FLU SEVERE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		TYLENOL COLD MULTI-SYMP TOM SEVERE DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		TYLENOL WARMING COUGH & SEVER CONGESTION DAYTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL SEVERE COLD & FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL SEVERE COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL SEVERE COLD & FLU	TABS	OR	NON-COVERED	OTCS	-	-	-	
		VICKS DAYQUIL SEVERE COLD& FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		WAL-PHED PE COLD & COUGH	TABS	OR	NON-COVERED	OTCS	-	-	-	
		WAL-TUSSIN CF MAX MULTI-SYMP TOM COUGH COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		PHENYLEPHRINE-DOXYLAMINE-DEXTROMETHORPHAN-ACETAMINOPHEN								
		ALKA-SELTZER PLUS NIGHT COLD & FLU FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		ALKA-SELTZER PLUS SEVERE COLD & FLU NIGHT	PACK	OR	NON-COVERED	OTCS	-	-	-	
		ALKA-SELTZER PLUS SEVERE SINUS CONGESTION/ALLERGY & COUGH	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		COLD & FLU MULTI-SYMP TOM DAYTIME/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-	
		COLD MULTI-SYMP TOM WARMING NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		CVS DAYTIME NIGHTTIME MULTI-SYMP TOM COLD/FLU RELIEF	MISC	OR	NON-COVERED	OTCS	-	-	-	
	EQ DAYTIME/NITETIME COLD & FLU	MISC	OR	NON-COVERED	OTCS	-	-	-		
	EQL DAYTIME & NIGHTTIME COLD & FLU RELIEF	MISC	OR	NON-COVERED	OTCS	-	-	-		
	EQL NIGHTTIME SEVERE COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-		
	GNP MULTI-SYMP TOM COLD NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-		
	GOODSENSE NIGHTTIME COLD & FLU SEVERE MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-		
	MUCINEX FAST-MAX NIGHT TIME COLD & FLU NIGHTTIME SEVERE COLD & FLU/MAXIMUM STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-		
	LIQD	OR	NON-COVERED	OTCS	-	-	-			
	NYQUIL SEVERE + VAPOCOOL	LIQD	OR	NON-COVERED	OTCS	-	-	-		

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		NYQUIL SEVERE COLD/FLU	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NYQUIL SEVERE COLD/FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PX COLD/FLU RELIEF DAY/NIGHT	MISC	OR	NON-COVERED	OTCS	-	-	-
		RA DAYTIME/NIGHTTIME/COLD/FLU RELIEF	MISC	OR	NON-COVERED	OTCS	-	-	-
		SEVERE COLD & FLU NIGHTTIME MULTI-SYMPOM	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SINEX SEVERE+ VAPOCOOL NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TGT COLD/FLU RELIEF DAY/NIGHT MULTI-SYMPOM	MISC	OR	NON-COVERED	OTCS	-	-	-
		TYLENOL COLD + FLU + COUGH FOR ADULTS/NIGHT	LIQD	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		TYLENOL COLD MULTI-SYMPOM NIGHTTIME	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VICKS DAYQUIL/NYQUIL COLD & FLU MULTI-SYMPOM/NIGHTTIME	MISC	OR	NON-COVERED	OTCS	-	-	-
		VICKS NYQUIL SEVERE COLD & FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VICKS NYQUIL SEVERE COLD & FLU MAX STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		PHENYLEPHRINE-DOXYLAMINE-DM-GUAIFENESIN-APAP							
		MUCINEX FAST-MAX DAY/NIGHT	CPPK	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX SINUS-MAX DAY/NIGHT	CPPK	OR	NON-COVERED	OTCS	-	-	-
		RA DAY/NIGHT MAXIMUM STRENGTH	CPPK	OR	NON-COVERED	OTCS	-	-	-
		SEVERE COLD & FLU DAYTIME/NIGHTTIME	LQPK	OR	NON-COVERED	OTCS	-	-	-
		TYLENOL COLD+FLU SEVERE/COUGH FOR ADULTS	LQPK	OR	NON-COVERED	OTCS	-	-	-
		VICKS DAYQUIL/NYQUIL SEVERE	LQPK	OR	NON-COVERED	OTCS	-	-	-
		VICKS DAYQUIL/NYQUIL SEVERE+ VAPOCOOL	TBPK	OR	NON-COVERED	OTCS	-	-	-
		PHENYLEPHRINE-GUAIFENESIN							
		AMBI 10PEH/400GFN	TABS	OR	NON-COVERED	OTCS	-	-	-
		CHEST CONGESTION AND SINUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		CHEST/SINUS CONGESTION RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CHEST CONGESTION RELIEF PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS NON-DRYING SINUS PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS STUFFY NOSE & COLD CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DECONEX IR	TABS	OR	NON-COVERED	OTCS	-	-	-
		DURAVENT PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		ED BRON GP	LIQD	OR	NON-COVERED	OTCS	-	-	-
		FENESIN PE IR	TABS	OR	NON-COVERED	OTCS	-	-	-
		GCON IR	TABS	OR	NON-COVERED	OTCS	-	-	-
		GILPHEX TR	TABS	OR	NON-COVERED	COLD	-	-	-
		GILTUSS SINUS & CONGESTION	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS RELIEF PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN/PHENYLEPHRINE	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX STUFFY NOSE & COLD CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF PE SINUS CONGESTION	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUSRELIEF SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		PHARBINEX-PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC MEDIFIN PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA MUCUS RELIEF SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		REESES ONETAB CONGESTION & COUGH	TABS	OR	NON-COVERED	OTCS	-	-	-
		REFENESEN PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB MUCUS RELIEF PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CHEST CONGESTION RELIEF PE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPRESS-PE PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-

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		TRIAMINIC CHEST/NASAL CONGESTION	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSSI-PRES PE PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-PHENIRAMINE-DM	THERAFLU COLD & COUGH	PACK	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-THONZYLAMINE-DEXTROMETHORPHAN	POLY-HIST DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.	PHENYLEPHRINE-TRIPROLDINE-CODEINE	HISTEX-AC	SYRP	OR	NON-COVERED	OTCS	-	-	-
	PHENYLEPHRINE-TRIPROLDINE-DEXTROMETHORPHAN	DOCTOR MANZANILLA DM SYRUP							
		ANTIHISTAMINE/DECONGESTANT/COUGH	SYRP	OR	NON-COVERED	OTCS	-	-	-
		HISTEX-DM	SYRP	OR	NON-COVERED	OTCS	-	-	-
	POTASSIUM IODIDE (EXPECTORANT)	SSKI	SOLN	OR	NON-COVERED	COLD	-	-	-
	PROMETHAZINE & PHENYLEPHRINE	PROMETHAZINE VC	SYRP	OR	NON-COVERED	COLD	-	-	-
		PROMETHAZINE/PHENYLEPHRINE	SYRP	OR	NON-COVERED	COLD	-	-	-
	PROMETHAZINE W/CODEINE	PROMETHAZINE/CODEINE	SOLN	OR	NON-COVERED	COLD	-	-	-
		PROMETHAZINE/CODEINE	SYRP	OR	NON-COVERED	COLD	-	-	-
		PROMETHAZINE							
	PROMETHAZINE-DM	HYDROCHLORIDE/DEXTROMETHORPHAN							
		HYDROBROMIDE	SYRP	OR	NON-COVERED	COLD	-	-	-
		PROMETHAZINE/DEXTROMETHORPHAN	SOLN	OR	NON-COVERED	COLD	-	-	-
		PROMETHAZINE/DEXTROMETHORPHAN	SYRP	OR	NON-COVERED	COLD	-	-	-
	PROMETHAZINE-PHENYLEPHRINE-CODEINE	PROMETHAZINE VC/CODEINE	SYRP	OR	NON-COVERED	COLD	-	-	-
		PROMETHAZINE/PHENYLEPHRINE/CODEINE	SYRP	OR	NON-COVERED	COLD	-	-	-
	PSEUDOEPH-CPM-DM W/APAP	TRIACTING COLD/COUGH	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHED-BROMPHEN-DM	BIO-DTUSS DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BROMFED DM	SYRP	OR	NON-COVERED	COLD	-	-	-
		BROMPHEN/PSEUDOEPHEDRINE							
		HCL/DEXTROMETHORPHAN HBR	SYRP	OR	NON-COVERED	COLD	-	-	-
		SM COLD & COUGH CHILDRENS	ELIX	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHED-CARBINOX-DM	TUSSAFED	SYRP	OR	NON-COVERED	COLD	-	-	-
		HYDROCODONE BITARTRATE/CHLORPHENIRAMINE							
	PSEUDOEPHED-CPM W/ HYDROCOD	MALEATE/PSE	SOLN	OR	NON-COVERED	COLD	-	-	-
	PSEUDOEPHED-DOXYL-DM W/APAP	COLD & FLU RELIEF NIGHTTIME D	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NYQUIL	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NYQUIL D COLD/FLU	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PX NITETIME MULTI-SYMPOM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM NITE TIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE W/ CODEINE-GG	CODITUSSIN DAC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		LORTUSS EX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL C	SYRP	OR	NON-COVERED	OTCS	-	-	-
		VIRTUSSIN DAC	SOLN	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE W/ DM-GG	ACTINEL	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ACTINEL PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BIONEL	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BIONEL PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CAPMIST DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		DESGEN DM	TABS	OR	NON-COVERED	OTCS	-	-	-
		PEGGEN PSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		POLY-VENT DM	TABS	OR	NON-COVERED	OTCS	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		SM TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM TUSSIN COUGH & COLD	CAPS	OR	NON-COVERED	OTCS	-	-	-
		TRISPEC PSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		TRISPEC PSE PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL	TABS	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL-DM PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		WAL-TUSSIN CF	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-ACETAMINOPHEN-DEXTROMETHORPHAN	EQL DAYTIME COLD/FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PX DAYTIME MULTI-SYMPOM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA ACETAMINOPHEN FLU SEVERE COLD	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM DAY TIME COLD & FLU RELIEF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VICKS DAYQUIL MULTI-SYMPOM	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-BROMPHENIRAMINE-CHLOPHEDIANOL	ATUSS DA	LIQD	OR	NON-COVERED	OTCS	-	-	-
		Y-TUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE	MAR-COF BP	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RYDEX	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-CHLOPHEDIANOL-GUAIFENESIN	AMBI 12.5CPD/100GFN/30PSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-CHLORPHEN-DM	PEDIATRIC COUGH/COLD	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM PEDIA RELIEF FOR CHILDREN	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM TRIACTING COLD & COUGHCHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-DEXBROMPHENIRAMINE-CHOPHEDIANOL	CHLO TUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-DEXBROMPHENIRAMINE-DEXTROMETHORPHAN	M-END DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-DEXCHLORPHENIRAMINE-CHLOPHEDIANOL	ABANATUSS PED	LIQD	OR	NON-COVERED	OTCS	-	-	-
		ABANATUSS PED DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		AMBI 12.5CPD/1DCPM/30PSE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PANATUSS PED	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PANATUSS PED DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		VANACOF	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-DEXCHLORPHENIRAMINE-DEXTROMETHORPHAN	ABATUSS DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		DELTUSS DMX	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-DM	SM TUSSIN COUGH & COLD MAXIMUM STRENGTH	SYRP	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-DM-GG W/ APAP	DURAFU	TABS	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : ANTITUSSIVES / EXPECTORANTS / MISC COMBINATIONS CONT.		SM COUGH & COLD MULTI-SYMPOM	CAPS	OR	NON-COVERED	OTCS	-	-	-

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		SM DAY TIME COLD & FLU RELIEF	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-DOXYLAMINE-DEXTROMETHORPHAN	GLENTUSS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		LORTUSS DM	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-GUAIFENESIN	ALTARUSSIN-PE	SYRP	OR	NON-COVERED	OTCS	-	-	-
		AMBI 40PSE/400GFN	TABS	OR	NON-COVERED	OTCS	-	-	-
		AMBI 60PSE/400GFN	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS MUCUS D EXTENDED RELEASE	TB12	OR	NON-COVERED	OTCS	-	-	-
		CVS MUCUS D MAXIMUM STRENGTH ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		ENTEX T	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP MUCUS D 12 HR	TB12	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN/PSEUDOEPHEDRINE HYDROCHLORIDE	TB12	OR	NON-COVERED	OTCS	-	-	-
		GUAIFENESIN/PSEUDOEPHEDRINE HYDROCHLORIDE ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		HM MUCUS RELIEF D	TB12	OR	NON-COVERED	OTCS	-	-	-
		MAXIFED	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX D	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCINEX D MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS D	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS D MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF D	TABS	OR	NON-COVERED	OTCS	-	-	-
		MUCUS RELIEF D	TB12	OR	NON-COVERED	OTCS	-	-	-
		MUCUS-D	TB12	OR	NON-COVERED	OTCS	-	-	-
		POLY-VENT IR	TABS	OR	NON-COVERED	OTCS	-	-	-
		PSEUDOEPHEDRINE HYDROCHLORIDE/ GUAIFENESIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA MUCUS RELIEF D	TB12	OR	NON-COVERED	OTCS	-	-	-
		RA MUCUS RELIEF D MAXIMUMSTRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		RESPAIRE-30	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RYDEX G	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM MUCUS RELIEF D	TB12	OR	NON-COVERED	OTCS	-	-	-
		TUSNEL PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-PYRILAMINE-CHLOPHEDIANOL	NINJACOF-D	LIQD	OR	NON-COVERED	OTCS	-	-	-
	THONZYLAMINE-CHLOPHEDIANOL	POLY-HIST PD	LIQD	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC	PHENYLEPHRINE HCL (ORAL)	CONTAC-D	TABS	OR	-	-	PREFERRED	-	-
		CVS NASAL DECONGESTANT PE	TABS	OR	-	-	PREFERRED	-	-
		CVS SINUS PE DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		EQL NASAL DECONGESTANT PE MAXIMUM STRENGTH	TABS	OR	-	-	PREFERRED	-	-
		GNP NASAL DECONGESTANT PEMAXIMUM STRENGTH	TABS	OR	-	-	PREFERRED	-	-
		HM NASAL DECONGESTANT PE	TABS	OR	-	-	PREFERRED	-	-
		KLS SUPHEDRINE PE	TABS	OR	-	-	PREFERRED	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC CONT.		LITTLE COLDS DECONGESTANTFORMULA	LIQD	OR	-	-	PREFERRED	-	-
		NASAL DECONGESTANT PE	TABS	OR	-	-	PREFERRED	-	-
		NON-PSEUDO SINUS DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-

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

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		DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		DECONGESTANT 12HOUR MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		EQ SUPHEDRINE	TABS	OR	-	-	PREFERRED	-	-
		EQL NASAL DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		GENAPHED	TABS	OR	-	-	PREFERRED	-	-
		GNP NASAL DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		GNP PSEUDOEPHEDRINE HCL ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		GNP SUPHEDRIN	LIQD	OR	-	-	PREFERRED	-	-
		HM NASAL DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		HM NASAL DECONGESTANT 12 HOUR	TB12	OR	NON-COVERED	OTCS	-	-	-
		KP PSEUDOEPHEDRINE HCL	TABS	OR	-	-	PREFERRED	-	-
		MEIJER NASAL DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		NASAL DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		NASAL DECONGESTANT 12 HOUR SINUS	TB12	OR	NON-COVERED	OTCS	-	-	-
		NEXAFED	TABA	OR	NON-COVERED	OTCS	-	-	-
		PSEUDOEPHEDRINE HCL	TABS	OR	-	-	PREFERRED	-	-
		PSEUDOEPHEDRINE HCL ER	TB12	OR	NON-COVERED	OTCS	-	-	-
		PX NASAL DECONGESTANT	TABS	OR	-	-	PREFERRED	-	-
		PX NASAL DECONGESTANT	TB12	OR	NON-COVERED	OTCS	-	-	-
		QC SUPHEDRINE	TABS	OR	-	-	PREFERRED	-	-
		QC SUPHEDRINE MAXIMUM STRENGTH	TB12	OR	NON-COVERED	OTCS	-	-	-
		RA SUPHEDRINE	TABS	OR	-	-	PREFERRED	-	-
		RA SUPHEDRINE	TB12	OR	NON-COVERED	OTCS	-	-	-
		SHOPKO NASAL DECONGESTANT	TB12	OR	NON-COVERED	OTCS	-	-	-
		SHOPKO NASAL DECONGESTANTMAXIMUM STRENGTH	TABS	OR	-	-	PREFERRED	-	-
		SINUS 12 HOUR	TB12	OR	NON-COVERED	OTCS	-	-	-
		SM 12 HOUR SINUS DECONGESTANT	TB12	OR	NON-COVERED	OTCS	-	-	-
		SM NASAL DECONGESTANT MAXIMUM STRENGTH	TABS	OR	-	-	PREFERRED	-	-
		SUDAFED 12 HOUR	TB12	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED 24 HOUR	TB24	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED SINUS CONGESTION	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED SINUS CONGESTION 12 HOUR	TB12	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED SINUS CONGESTION 24 HOUR	TB24	OR	NON-COVERED	OTCS	-	-	-
		SUDOGEST	TABS	OR	-	-	PREFERRED	-	-
		SUDOGEST 12 HOUR	TB12	OR	NON-COVERED	OTCS	-	-	-
		SUDOPHED	TABS	OR	-	-	PREFERRED	-	-
		TGT SINUS 12 HOUR	TB12	OR	NON-COVERED	OTCS	-	-	-
		WAL-PHED	TABS	OR	-	-	PREFERRED	-	-
		WAL-PHED D	TB12	OR	NON-COVERED	OTCS	-	-	-
		ZEPHREX-D	TABA	OR	NON-COVERED	OTCS	-	-	-
COUGH / COLD : DECONGESTANTS - SYSTEMIC CONT.	PSEUDOEPHEDRINE-ACETAMINOPHEN	EQ SINUS RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		NEXAFED SINUS PRESSURE + PAIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM SINUS MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		SOBA PAIN RELIEVER/SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-
	PSEUDOEPHEDRINE-IBUPROFEN	ADVIL COLD & SINUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ADVIL COLD & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-

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		CVS COLD & SINUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQL IBUPROFEN COLD/SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		GNP CHILDRENS IBUPROFEN COLD	SUSP	OR	NON-COVERED	OTCS	-	-	-	
		HM COLD & SINUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-	
		IBUPROFEN COLD & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		PX IBUPROFEN COLD & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		QC IBUPROFEN COLD/SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA IBU-PROFEN COLD/SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SM COLD & SINUS RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-	
		WAL-PROFEN COLD & SINUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		PSEUDOEPHEDRINE-NAPROXEN SODIUM	ALEVE COLD & SINUS	TB12	OR	NON-COVERED	OTCS	-	-	-
			ALEVE SINUS & HEADACHE	TB12	OR	NON-COVERED	OTCS	-	-	-
			ALEVE-D SINUS & COLD	TB12	OR	NON-COVERED	OTCS	-	-	-
			ALEVE-D SINUS & HEADACHE	TB12	OR	NON-COVERED	OTCS	-	-	-
			ALL DAY PAIN RELIEF SINUS& COLD D	TB12	OR	NON-COVERED	OTCS	-	-	-
			CVS SINUS & COLD-D	TB12	OR	NON-COVERED	OTCS	-	-	-
			GNP SINUS & COLD-D	TB12	OR	NON-COVERED	OTCS	-	-	-
			HM SINUS & COLD-D	TB12	OR	NON-COVERED	OTCS	-	-	-
			SINUS & COLD-D NON-DROWSY	TB12	OR	NON-COVERED	OTCS	-	-	-
			SM SINUS & COLD-D	TB12	OR	NON-COVERED	OTCS	-	-	-
		SUDAFED PRESSURE+PAIN 12 HOUR	TB12	OR	NON-COVERED	OTCS	-	-	-	
COUGH / COLD : MISC	ACETYLCYSTEINE	ACETYLCYSTEINE	SOLN	IN	-		PREFERRED	-	-	
	SODIUM CHLORIDE (INHALANT)	HYPERSAL	NEBU	IN	-		NON-PREFERRED	PA REQUIRED	-	
		NASAL MIST	AERS	IN	NON-COVERED	OTCS	-	-	-	
		NEBUSAL	NEBU	IN	-		NON-PREFERRED	PA REQUIRED	-	
		NEBUSAL 3%	NEBU	IN	-		PREFERRED	-	-	
		PULMOSAL	NEBU	IN	-		PREFERRED	-	-	
		SIMPLY SALINE BABY	AERS	IN	NON-COVERED	OTCS	-	-	-	
		SODIUM CHLORIDE	NEBU	IN	-		PREFERRED	-	-	
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL	ADAPALENE	ADAPALENE	CREA	EX	-		PREFERRED	-	-	
		ADAPALENE	GEL	EX	-		PREFERRED	-	-	
		ADAPALENE	LOTN	EX	-		NON-PREFERRED	-	-	
		ADAPALENE	PADS	EX	-		NON-PREFERRED	-	-	
		ADAPALENE	SOLN	EX	-		NON-PREFERRED	-	-	
		ADAPALENE PUMP	GEL	EX	-		NON-PREFERRED	-	-	
		DIFFERIN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-	
		DIFFERIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-	
		DIFFERIN 0.1%	GEL	EX	-		PREFERRED	-	-	
		DIFFERIN	LOTN	EX	-		NON-PREFERRED	-	-	
	ADAPALENE-BENZOYL PEROXIDE	ADAPALENE/BENZOYL PEROXIDE	GEL	EX	-		PREFERRED	-	-	
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.		EPIDUO	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-	
		EPIDUO FORTE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-	
		ADAPALENE-BENZOYL PEROXIDE-CLINDAMYCIN PHOSPHATE	ADAPALENE/BENZOYL PEROXIDE/CLINDAMYCIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		ADAPALENE-BENZOYL PEROXIDE-NIACINAMIDE	ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		ALUMINUM OXIDE	BRASIVOL	PSTE	EX	NON-COVERED	OTCS	-	-	-

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	AZELAIC ACID (ACNE)	AZELEX	CREA	EX	-		NON-PREFERRED	-	-
	AZELAIC ACID-NIACINAMIDE	AZELAIC ACID/NIACINAMIDE	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	BENZOYL PEROXIDE	ACNE FOAMING WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		ACNE MAXIMUM STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		ACNE MEDICATION 10	GEL	EX	NON-COVERED	OTCS	-	-	-
		ACNE MEDICATION 5	LOTN	EX	NON-COVERED	OTCS	-	-	-
		ACNE TREATMENT CLEANSING BAR MAXIMUM STRENGTH	BAR	EX	NON-COVERED	OTCS	-	-	-
		ACNE TREATMENT GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		ACNE-CLEAR	GEL	EX	NON-COVERED	OTCS	-	-	-
		ACNEFREE 24 HOUR ACNE CLEARING SYSTEM	KIT	EX	NON-COVERED	OTCS	-	-	-
		ADVANCED ACNE WASH	LQCR	EX	NON-COVERED	OTCS	-	-	-
		BENZEPRO	FOAM	EX	NON-COVERED	COSM	-	-	-
		BENZEPRO	LIQD	EX	NON-COVERED	COSM	-	-	-
		BENZEPRO	MISC	EX	NON-COVERED	COSM	-	-	-
		BENZEPRO CREAMY WASH	LIQD	EX	NON-COVERED	COSM	-	-	-
		BENZEPRO FOAMING CLOTHS	MISC	EX	NON-COVERED	COSM	-	-	-
		BENZEPRO SHORT CONTACT	FOAM	EX	NON-COVERED	COSM	-	-	-
		BENZIQ	GEL	EX	NON-COVERED	COSM	-	-	-
		BENZIQ LS	GEL	EX	NON-COVERED	COSM	-	-	-
		BENZIQ WASH	LIQD	EX	NON-COVERED	COSM	-	-	-
		BENZOYL PEROXIDE	FOAM	EX	NON-COVERED	COSM	-	-	-
		BENZOYL PEROXIDE	FOAM	EX	NON-COVERED	OTCS	-	-	-
		BENZOYL PEROXIDE	GEL	EX	NON-COVERED	COSM	-	-	-
		BENZOYL PEROXIDE	GEL	EX	NON-COVERED	OTCS	-	-	-
		BENZOYL PEROXIDE CLEANSER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		BENZOYL PEROXIDE WASH	LIQD	EX	NON-COVERED	COSM	-	-	-
		BENZOYL PEROXIDE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		BP FOAM	FOAM	EX	NON-COVERED	COSM	-	-	-
		BP GEL	GEL	EX	NON-COVERED	OTCS	-	-	-
		BP WASH	LIQD	EX	NON-COVERED	COSM	-	-	-
		BP WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		BPO FOAMING CLOTHS	MISC	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR CONTINUOUS CONTROL ACNE CLEANSER	CREA	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR PERSA-GEL MAXIMUM STRENGTH	GEL	EX	NON-COVERED	OTCS	-	-	-
		CLEARASIL DAILY CLEAR VANISHING ACNE TREATMENT	CREA	EX	NON-COVERED	OTCS	-	-	-
		CLEARSKIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		CVS ACNE CLEANSING BAR	BAR	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.		CVS ACNE CONTROL CLEANSER	CREA	EX	NON-COVERED	OTCS	-	-	-
		CVS ACNE FOAMING FACE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CVS ACNE TREATMENT/MAXIMUM STRENGTH	GEL	EX	NON-COVERED	OTCS	-	-	-
		CVS ADVANCED 3-IN-1 EXFOLIATING CLEANSER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CVS CREAMY ACNE FACE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CVS FOAMING ACNE FACE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CVS TARGETED ACNE SPOT TREATMENT	CREA	EX	NON-COVERED	OTCS	-	-	-
		EFFACLAR DUO	SOLN	EX	NON-COVERED	OTCS	-	-	-

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		ENZOCLEAR	FOAM	EX	NON-COVERED	COSM	-	-	-
		GNP ACNE TREATMENT MAXIMUM STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		KP BENZOYL PEROXIDE	GEL	EX	NON-COVERED	OTCS	-	-	-
		KP BENZOYL PEROXIDE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA CLEAR PORE CLEANSER/MASK	LIQD	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA ON-THE-SPOT ACNE TREATMENT	CREA	EX	NON-COVERED	OTCS	-	-	-
		OC8	GEL	EX	NON-COVERED	OTCS	-	-	-
		PANOXYL	LIQD	EX	NON-COVERED	OTCS	-	-	-
		PANOXYL CREAMY WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		PANOXYL FOAMING WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		PR BENZOYL PEROXIDE	LIQD	EX	NON-COVERED	COSM	-	-	-
		PR BENZOYL PEROXIDE WASH	LIQD	EX	NON-COVERED	COSM	-	-	-
		RA ACNE TREATMENT	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA DAYLOGIC ACNE FOAMING WASH MAXIMUM STRENGTH	FOAM	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL MEDICATED ACNE TREATMENT MAXIMUM STRENGTH	GEL	EX	NON-COVERED	OTCS	-	-	-
		RA VANISHING ACNE TREATMENT/MAXIMUM STRENGTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		RIAX	FOAM	EX	NON-COVERED	COSM	-	-	-
		SPOT ACNE TREATMENT	CREA	EX	NON-COVERED	OTCS	-	-	-
		ZACLIR CLEANSING	LOTN	EX	NON-COVERED	COSM	-	-	-
	BENZOYL PEROXIDE & HYALURONATE SODIUM	ZACARE 4% KIT	KIT	EX	NON-COVERED	COSM	-	-	-
		ZACARE 8% KIT	KIT	EX	NON-COVERED	COSM	-	-	-
	BENZOYL PEROXIDE & SALICYLIC ACID & VITAMIN E	INOVA 4/1 ACNE CONTROL THERAPY	KIT	EX	NON-COVERED	COSM	-	-	-
		INOVA 8/2 ACNE CONTROL THERAPY	KIT	EX	NON-COVERED	COSM	-	-	-
	BENZOYL PEROXIDE & VITAMIN E	INOVA	KIT	EX	NON-COVERED	COSM	-	-	-
	BENZOYL PEROXIDE-CLINDAMYCIN PHOSPHATE-NIACINAMIDE-TRETINOI	BENZOYL PEROXIDE/CLINDAMYCIN/NIACINAMIDE/TRETINOI	GEL	EX	-	-	NON-PREFERRED	PA REQUIRED	-
	BENZOYL PEROXIDE-ERYTHROMYCIN	AKTIPAK	PACK	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		BENZAMYCIN	GEL	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	EX	-	-	PREFERRED	-	-
	BENZOYL PEROXIDE-HYDROCORTISONE	BENZOLYL PEROXIDE FORTE- HC	LOTN	EX	NON-COVERED	COSM	-	-	-
		BENZOYL PEROXIDE- HC	LOTN	EX	NON-COVERED	COSM	-	-	-
		VANOXIDE-HC	LOTN	EX	NON-COVERED	COSM	-	-	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.	CLINDAMYCIN PHOSPHATE & CLEANSER	CLINDACIN ETZ	KIT	EX	NON-COVERED	COSM	-	-	-
		CLINDACIN PAC	KIT	EX	NON-COVERED	COSM	-	-	-
	CLINDAMYCIN PHOSPHATE & MOISTURIZER	NUCARACLINPAK	KIT	EX	NON-COVERED	COSM	-	-	-
	CLINDAMYCIN PHOSPHATE (TOPICAL)	CLEOCIN-T	GEL	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		CLEOCIN-T	LOTN	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		CLEOCIN-T	SOLN	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		CLINDACIN ETZ PLEDGETS	SWAB	EX	-	-	PREFERRED	-	-
		CLINDACIN-P	SWAB	EX	-	-	PREFERRED	-	-
		CLINDAGEL	GEL	EX	-	-	NON-PREFERRED	PA REQUIRED	-

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		CLINDAMYCIN PHOSPHATE	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-
		CLINDAMYCIN PHOSPHATE	GEL	EX	-		PREFERRED	-	-
		CLINDAMYCIN PHOSPHATE	LOTN	EX	-		PREFERRED	-	-
		CLINDAMYCIN PHOSPHATE	SOLN	EX	-		PREFERRED	-	-
		CLINDAMYCIN PHOSPHATE	SWAB	EX	-		PREFERRED	-	-
		EVOCLIN	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE	ACANYA	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		BENZACLIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	GEL	EX	-		PREFERRED	-	-
		CLINDAMYCIN/BENZOYL PEROXIDE	GEL	EX	-		PREFERRED	-	-
		ONEXTON	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE & MOISTURIZER	NEUAC KIT	KIT	EX	NON-COVERED	COSM	-	-	-
		NUCARARXPAK	KIT	EX	NON-COVERED	COSM	-	-	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	GEL	EX	-		PREFERRED	-	-
		DUAC	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		NEUAC	GEL	EX	-		PREFERRED	-	-
	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE-NIACINAMIDE	BENZOYL PEROXIDE/CLINDAMYCIN/NIACINAMIDE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-NIACINAMIDE	CLINDAMYCIN PHOSPHATE/NIACINAMIDE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		CLINDAMYCIN PHOSPHATE/NIACINAMIDE	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-NIACINAMIDE- SPIRONOLACTONE-TRETINOIN	CLINDAMYCIN/NIACINAMIDE/SPIRONOLACTONE/TRETINOIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-NIACINAMIDE-TRETINOIN	CLINDAMYCIN PHOSPHATE/NIACINAMIDE/TRETINOIN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE-TRETINOIN	CLINDAMYCIN PHOSPHATE/TRETINOIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		VELTIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		ZIANA	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN-TRETINOIN-CHOLESTYRAMINE	CLINOIN	CREA	EX	NON-COVERED	COSM	-	-	-
	DAPSONE (TOPICAL)	ACZONE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		DAPSONE	GEL	EX	-		NON-PREFERRED	-	-
		DAPSONE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.	DAPSONE-NIACINAMIDE	DAPSONE/NIACINAMIDE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	DAPSONE-NIACINAMIDE-SPIRONOLACTONE	DAPSONE/NIACINAMIDE/SPIRONOLACTONE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	ERYTHROMYCIN (ACNE AID)	ERY	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
		ERYGEL	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		ERYTHROMYCIN	GEL	EX	-		NON-PREFERRED	-	-
		ERYTHROMYCIN	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
		ERYTHROMYCIN	SOLN	EX	-		PREFERRED	-	-
	HYALURONATE SODIUM-NIACINAMIDE-TRETINOIN	HYALURONIC ACID SODIUM/NIACINAMIDE/TRETINOIN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	MINOCYCLINE HCL MICRONIZED (ACNE)	AMZEEQ	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-

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	NIACINAMIDE-SPIRONOLACTONE	NIACINAMIDE/SPIRONOLACTONE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	NIACINAMIDE-SPIRONOLACTONE-TRETINOIN	NIACINAMIDE/SPIRONOLACTONE/TRETINOIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		NIACINAMIDE/SULFACETAMIDE SODIUM							
	NIACINAMIDE-SULFACETAMIDE SODIUM	MONOHYDRATE	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	NIACINAMIDE-TAZAROTENE	NIACINAMIDE/TAZAROTENE	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	NIACINAMIDE-TRETINOIN	NIACINAMIDE/TRETINOIN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		NIACINAMIDE/TRETINOIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
	RESORCINOL-ALCOHOL	RA LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
	RESORCINOL-SULFUR	ADULT ACNOMEL	CREA	EX	NON-COVERED	OTCS	-	-	-
		CLEARASIL DAILY CLEAR	CREA	EX	NON-COVERED	OTCS	-	-	-
		REZAMID	LOTN	EX	NON-COVERED	OTCS	-	-	-
		REZESOL	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		SULFUR/RESORCINOL	LOTN	EX	NON-COVERED	COSM	-	-	-
	SALICYLIC ACID & SULFUR (SOAP)	SASTID	BAR	EX	NON-COVERED	OTCS	-	-	-
	SALICYLIC ACID (ACNE)	CLEAN & CLEAR BLACKHEAD ERASER	STRP	EX	NON-COVERED	OTCS	-	-	-
	SALICYLIC ACID IN ALCOHOL	RA ACNE PADS MAXIMUM	PADS	EX	NON-COVERED	OTCS	-	-	-
		SALICYLIC ACID/SULFACETAMIDE SODIUM							
	SALICYLIC ACID-SULFACETAMIDE SODIUM	MONOHYDRATE	SUSP	EX	-		NON-PREFERRED	PA REQUIRED	-
	SULFACETAMIDE SODIUM (ACNE)	KLARON	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		SULFACETAMIDE SODIUM	LOTN	EX	-		NON-PREFERRED	-	-
	SULFACETAMIDE SODIUM W/ SULFUR	AVAR	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-
		AVAR	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
		AVAR CLEANSER	EMUL	EX	-		PREFERRED	-	-
		AVAR LS	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-
		AVAR LS	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
		AVAR LS CLEANSER	LIQD	EX	-		PREFERRED	-	-
		AVAR-E EMOLLIENT	CREA	EX	-		NON-PREFERRED	-	-
		AVAR-E GREEN	CREA	EX	-		NON-PREFERRED	-	-
		AVAR-E LS	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		BP 10-1	EMUL	EX	-		NON-PREFERRED	-	-
		PLEXION	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		PLEXION	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		PLEXION CLEANSER	LIQD	EX	-		NON-PREFERRED	PA REQUIRED	-
		PLEXION CLEANSING CLOTHS	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.		SODIUM SULFACETAMIDE/SULFUR	CREA	EX	-		NON-PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR	LIQD	EX	-		NON-PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR 10-2%	LIQD	EX	-		PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR 10-5%	LOTN	EX	-		NON-PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		SODIUM SULFACETAMIDE/SULFUR	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
		SODIUM SULFACETAMIDE/SULFUR	SUSP	EX	-		NON-PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR CLEANSER	EMUL	EX	-		PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR CLEANSER	LIQD	EX	-		NON-PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR GREEN	CREA	EX	-		NON-PREFERRED	-	-
		SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	EX	-		NON-PREFERRED	-	-
		SSS 10%-5%	CREA	EX	-		NON-PREFERRED	-	-
		SSS 10-5	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		SULFACETAMIDE SODIUM/SULFUR	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
		SULFACETAMIDE SODIUM/SULFUR CLEANSER	EMUL	EX	-		PREFERRED	-	-
		SULFACLEANSE 8/4	SUSP	EX	-		NON-PREFERRED	-	-
		SULFAMEZ WASH	EMUL	EX	-		NON-PREFERRED	-	-
		SUMADAN WASH	LIQD	EX	-		NON-PREFERRED	PA REQUIRED	-
		SUMAXIN	PADS	EX	-		NON-PREFERRED	PA REQUIRED	-
		SUMAXIN WASH	LIQD	EX	-		NON-PREFERRED	PA REQUIRED	-
	SULFACETAMIDE SODIUM-SULFUR IN UREA VEHICLE	BP CLEANSING WASH	EMUL	EX	-		NON-PREFERRED	PA REQUIRED	-
		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	EMUL	EX	-		NON-PREFERRED	PA REQUIRED	-
	SULFACETAMIDE SODIUM-SULFUR W/ SKIN CLEANSER	SODIUM SULFACETAMIDE/SULFUR	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		SUMADAN KIT	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		SUMAXIN CP KIT	KIT	EX	NON-COVERED	COSM	-	-	-
	SULFACETAMIDE SODIUM-SULFUR-SUNSCREEN	SODIUM SULFACETAMIDE/SULFUR W/SUNSCREEN	KIT	EX	NON-COVERED	COSM	-	-	-
		SUMADAN XLT	KIT	EX	NON-COVERED	COSM	-	-	-
	SULFUR	GRANDPAS THYLOX SOAP	BAR	EX	NON-COVERED	OTCS	-	-	-
		LIQUIMAT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		PALMERS SKIN SUCCESS MEDICATED COMPLEXION ANTI-ACNE	BAR	EX	NON-COVERED	OTCS	-	-	-
		SULFO-LO	BAR	EX	NON-COVERED	OTCS	-	-	-
		SULFUR	BAR	EX	NON-COVERED	OTCS	-	-	-
	TAZAROTENE (ACNE)	FABIOR	FOAM	EX	-		NON-PREFERRED	-	-
	TRETINOIN	ALTRENO	LOTN	EX	-		NON-PREFERRED	-	-
		ATRALIN	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		AVITA	CREA	EX	-		PREFERRED	-	-
		AVITA	GEL	EX	-		PREFERRED	-	-
		RETIN-A	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		RETIN-A	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		TRETINOIN	CREA	EX	-		PREFERRED	-	-
		TRETINOIN	GEL	EX	-		PREFERRED	-	-
	TRETINOIN MICROSPHERE	RETIN-A MICRO	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
		TRETINOIN MICROSPHERE	GEL	EX	-		NON-PREFERRED	PA REQUIRED	-
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL CONT.	TRIFAROTENE	AKLIEF	CREA	EX	-		NON-PREFERRED	-	-
DERMATOLOGICS : ANTISEBORRHEIC PRODUCTS	ANTISEBORRHEIC PRODUCTS, MISC.	DERMAZINC BABY	LIQD	EX	NON-COVERED	OTCS	-	-	-
		DERMAZINC CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		DERMAZINC SCALP	LIQD	EX	NON-COVERED	OTCS	-	-	-
		DERMAZINC SOAP	BAR	EX	NON-COVERED	OTCS	-	-	-
		NUTRASEB	CREA	EX	NON-COVERED	COSM	-	-	-
		P & S	LIQD	EX	NON-COVERED	OTCS	-	-	-
		PROMISEB	CREA	EX	NON-COVERED	COSM	-	-	-
		PROMISEB COMPLETE	KIT	EX	NON-COVERED	COSM	-	-	-
	CICLOPIROX-CLOBETASOL	CICLOPIROX OLAMINE/CLOBETASOL	SHAM	EX	-		NON-PREFERRED	PA REQUIRED	-
		CICLOPIROX OLAMINE/CLOBETASOL							
	CICLOPIROX-CLOBETASOL-SALICYLIC ACID	PROPIONATE/SALICYLIC ACID	SHAM	EX	-		NON-PREFERRED	PA REQUIRED	-
	CICLOPIROX-SALICYLIC ACID	CICLOPIROX/SALICYLIC ACID	SHAM	EX	-		NON-PREFERRED	PA REQUIRED	-

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	GLYCOLIC ACID	GLYCOLIC ACID	SOLN	XX	NON-COVERED	COSM	-	-	-
		GLYCOLIC ACID	SOLN	XX	NON-COVERED	OTCS	-	-	-
		GLYCOLIC ACID 70% HIGH PURITY	SOLN	XX	NON-COVERED	COSM	-	-	-
	HYDROGEN PEROXIDE (SEBORRHEIC KERATOSIS)	ESKATA	SOLN	EX	NON-COVERED	COSM	-	-	-
	PYRITHIONE ZINC	BETA MED	SHAM	EX	NON-COVERED	OTCS	-	-	-
		CONTROLGX ANTI-DANDRUFF	SHAM	EX	NON-COVERED	OTCS	-	-	-
		CVS DANDRUFF EVERYDAY CLEAN	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DANDRUFF 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DANDRUFF DRY SCALP CARE	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DANDRUFF EVERYDAY CLEAN	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DANDRUFF SHAMPOO	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DERMAZINC SHAMPOO	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DERMAZINC SPRAY	LIQD	EX	NON-COVERED	OTCS	-	-	-
		DERMAZINC ZINC THERAPY SOAP	BAR	EX	NON-COVERED	OTCS	-	-	-
		DHS BODY WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		DHS ZINC	SHAM	EX	NON-COVERED	OTCS	-	-	-
		EQL DRY SCALP 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		EQL EVERYDAY CLEAN	SHAM	EX	NON-COVERED	OTCS	-	-	-
		EQL EVERYDAY CLEAN 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		EQL EVERYDAY CLEAN DANDRUFF	SHAM	EX	NON-COVERED	OTCS	-	-	-
		EQL ITCHY SCALP 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		EQL SMOOTH SPICE 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		HEAD & SHOULDERS 2IN1 CLASSIC CLEAN/NORMAL	SHAM	EX	NON-COVERED	OTCS	-	-	-
		HEAD & SHOULDERS CLASSIC CLEAN/NORMAL	SHAM	EX	NON-COVERED	OTCS	-	-	-
		HEAD & SHOULDERS DRY SCALP 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA T/GEL DAILY CONTROL 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		NOBLE FORMULA	BAR	EX	NON-COVERED	OTCS	-	-	-
		NOBLE FORMULA	CREA	EX	NON-COVERED	OTCS	-	-	-
		NOBLE FORMULA	LIQD	EX	NON-COVERED	OTCS	-	-	-
		NOBLE FORMULA SHAMPOO	SHAM	EX	NON-COVERED	OTCS	-	-	-
		RA DANDRUFF SHAMPOO	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE DRY SCALP	SHAM	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : ANTISEBORRHEIC PRODUCTS CONT.		SELSUN BLUE FULL & THICK	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE SALON	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SM DANDRUFF 2 IN 1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SM DANDRUFF SHAMPOO	SHAM	EX	NON-COVERED	OTCS	-	-	-
		THERAPLEX Z	SHAM	EX	NON-COVERED	OTCS	-	-	-
		VANICREAM Z-BAR	BAR	EX	NON-COVERED	OTCS	-	-	-
		ZINCON DANDRUFF	SHAM	EX	NON-COVERED	OTCS	-	-	-
	PYRITHIONE ZINC-SALICYLIC ACID	DENOREX DUAL FORCE	SHAM	EX	NON-COVERED	OTCS	-	-	-
	SALICYLIC ACID & SULFUR	SEBEX	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SEBULEX	SHAM	EX	NON-COVERED	OTCS	-	-	-
	SALICYLIC ACID-BENZALKONIUM CHLORIDE	IONIL	SHAM	EX	NON-COVERED	OTCS	-	-	-
	SELENIUM SULFIDE	ANTI-DANDRUFF SHAMPOO	SHAM	EX	NON-COVERED	OTCS	-	-	-
		CVS ANTI-DANDRUFF	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DANDRUFF SHAMPOO	LOTN	EX	NON-COVERED	OTCS	-	-	-

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		EQL MEDICATED DANDRUFF	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA DANDRUFF SHAMPOO	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL DANDRUFF SHAMPOO	SHAM	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL DANDRUFF SHAMPOO CLINICAL	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SELENIUM SULFIDE	LOTN	EX	-		PREFERRED	-	-
		SELENIUM SULFIDE	SHAM	EX	-		PREFERRED	-	-
		SELRX	SHAM	EX	NON-COVERED	COSM	-	-	-
		SELSUN BLUE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE DAILY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE MEDICATED	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE MOISTURIZING	LOTN	EX	NON-COVERED	OTCS	-	-	-
	SULFACETAMIDE SODIUM	OVACE PLUS	CREA	EX	NON-COVERED	COSM	-	-	-
		OVACE PLUS	FOAM	EX	NON-COVERED	COSM	-	-	-
		OVACE PLUS	LOTN	EX	NON-COVERED	COSM	-	-	-
		OVACE PLUS	SHAM	EX	NON-COVERED	COSM	-	-	-
		OVACE PLUS WASH	GEL	EX	NON-COVERED	COSM	-	-	-
		OVACE PLUS WASH	LIQD	EX	NON-COVERED	COSM	-	-	-
		SODIUM SULFACETAMIDE	GEL	EX	-		PREFERRED	-	-
		SODIUM SULFACETAMIDE	SHAM	EX	-		PREFERRED	-	-
		SODIUM SULFACETAMIDE WASH	LIQD	EX	-		PREFERRED	-	-
	SULFACETAMIDE SODIUM IN BAKUCHIOL VEHICLE	SODIUM SULFACETAMIDE WASH	LIQD	EX	NON-COVERED	COSM	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS	ALLANTOIN (EMOLLIENT)	COATS ALOE CREME	CREA	EX	NON-COVERED	OTCS	-	-	-
		COATS ALOE GELLY	GEL	EX	NON-COVERED	OTCS	-	-	-
		COATS ALOE MOISTURIZING LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
	COLLOIDAL OATMEAL	AVEENO ACTIVE NATURALS ECZEMA THERAPY	CREA	EX	NON-COVERED	OTCS	-	-	-
		AVEENO BABY ECZEMA THERAPY	CREA	EX	NON-COVERED	OTCS	-	-	-
		AVEENO BABY ECZEMA THERAPY	PACK	EX	NON-COVERED	OTCS	-	-	-
		AVEENO BABY SOOTHING BATH TREATMENT	PACK	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL PRO/ECZEMA SOOTHING MOISTURIZER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS ECZEMA CARE	CREA	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		CVS ECZEMA RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		ECZEMA LOTION MOISTURIZING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN ECZEMA RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		GNP SOOTHING BATH TREATMENT	PACK	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ECZEMA RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		NATURAL OATMEAL BATH TREATMENT	PACK	EX	NON-COVERED	OTCS	-	-	-
		NEOSPORIN ECZEMA ESSENTIALS	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL ECZEMA MOISTURIZING CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL SOOTHING BATH TREATMENT	PACK	EX	NON-COVERED	OTCS	-	-	-
		SM OATMEAL BATH	PACK	EX	NON-COVERED	OTCS	-	-	-
	DEXPANTHENOL (TOPICAL) EMOLLIENT	PANTHODERM	CREA	EX	NON-COVERED	OTCS	-	-	-
		A + D PERSONAL CARE LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		ADVANCED HEALING OINTMENT/BABY	OINT	EX	NON-COVERED	OTCS	-	-	-
		ALBOLENE	CREA	EX	NON-COVERED	OTCS	-	-	-
		ALOE AFTERSUN LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AMLACTIN ULTRA	CREA	EX	NON-COVERED	OTCS	-	-	-

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		AQUA GLYCOLIC FACE CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		AQUA GLYCOLIC HAND & BODYLOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AQUA LACTEN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AQUADERM TREATMENT/MOISTURIZER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AQUAMED	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AQUAPHILIC	OINT	EX	NON-COVERED	OTCS	-	-	-
		AQUAPHOR ADVANCED THERAPY	OINT	EX	NON-COVERED	OTCS	-	-	-
		AQUAPHOR ADVANCED THERAPY BABY	OINT	EX	NON-COVERED	OTCS	-	-	-
		AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR	CREA	EX	NON-COVERED	OTCS	-	-	-
		AVEENO CREAMY MOISTURIZING	OIL	EX	NON-COVERED	OTCS	-	-	-
		AVEENO DAILY MOISTURIZINGSPF 15	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AVEENO INTENSE RELIEF HAND	CREA	EX	NON-COVERED	OTCS	-	-	-
		AVEENO POSITIVELY AGELESSFIRMING BODY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AVEENO POSITIVELY RADIANT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURI	CREA	EX	NON-COVERED	OTCS	-	-	-
		AVEENO STRESS RELIEF MOISTURIZING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		BAG BALM	OINT	EX	NON-COVERED	OTCS	-	-	-
		BASLE	CREA	EX	NON-COVERED	OTCS	-	-	-
		BEAUTY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		BETA CARE	CREA	EX	NON-COVERED	OTCS	-	-	-
		BETA CARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		BETA XMA	CREA	EX	NON-COVERED	OTCS	-	-	-
		BOUDREAUXS BABY BUTT SMOOTH DRY SKIN	OINT	EX	NON-COVERED	OTCS	-	-	-
		CAM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CERAVE	CREA	EX	NON-COVERED	OTCS	-	-	-
		CERAVE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CERAVE AM SPF 30	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CERAVE PM	LOTN	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		CERAVE RENEWING SA	CREA	EX	NON-COVERED	OTCS	-	-	-
		CERAVE SA RENEWING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL DAILY ADVANCE ULTRA HYDRATING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL DAILY FACIAL MOISTURIZER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL DERMACONTROL MOISTURIZER/SPF 30	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL MOISTURIZING	CREA	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL MOISTURIZING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL RESTORADERM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CETAPHIL THERAPEUTIC HAND	CREA	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CELAR WATERMELON MOISTURIZER	GEL	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR MORNING BURST HYDRATING MOISTURIZER	GEL	EX	NON-COVERED	OTCS	-	-	-
		CLN FACIAL MOISTURIZER NOURISHING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		COCOA BUTTER HAND & BODY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		COCOA BUTTER PETROLEUM JELLY	GEL	EX	NON-COVERED	OTCS	-	-	-
		COCOA BUTTER SKIN CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-

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		COCONUT OIL BEAUTY	CREA	EX	NON-COVERED	OTCS	-	-	-
		COLLAGEN	CREA	EX	NON-COVERED	OTCS	-	-	-
		COMPLETE MOISTURE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS ADVANCED HEALING OINTMENT	OINT	EX	NON-COVERED	OTCS	-	-	-
		CVS BEAUTY 360 DRY SKIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS DAILY ULTRA MOISTURE LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS DRY SKIN CARE UNSCENTED	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS DRY SKIN THERAPY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS EXTRA MOISTURIZING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS GENTLE SKIN CLEANSER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS MOISTURIZING CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		CVS MOISTURIZING EXTRA DRY	CREA	EX	NON-COVERED	OTCS	-	-	-
		CVS MOISTURIZING LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS SPECIAL CARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DAILY CONDITIONING TREATMENT	OINT	EX	NON-COVERED	OTCS	-	-	-
		DAILY MOISTURIZING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMABASE OIL IN WATER	CREA	EX	NON-COVERED	OTCS	-	-	-
		DERMADAILY NON-GREASY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMAIDE ALOE	CREA	EX	NON-COVERED	OTCS	-	-	-
		DERMAL THERAPY EXTRA STRENGTH BODY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMAL THERAPY FACE CARE MOISTURIZING LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMAL THERAPY FOOT MASSAGE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMAL THERAPY HAND ELBO W & KNEE CREAM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMAL THERAPY HEEL CARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMAPHOR	OINT	EX	NON-COVERED	OTCS	-	-	-
		DERMAVANTAGE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DERMEND MOISTURIZING BRUISE FORMULA	CREA	EX	NON-COVERED	OTCS	-	-	-
		DHEA	CREA	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		DIABETIDERM	CREA	EX	NON-COVERED	OTCS	-	-	-
		DIABETIDERM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DIABETIDERM FOOT REJUVENATING	CREA	EX	NON-COVERED	OTCS	-	-	-
		DIABETIDERM HAND & BODY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DMAE	CREA	EX	NON-COVERED	OTCS	-	-	-
		DML	LOTN	EX	NON-COVERED	OTCS	-	-	-
		DML FORTE	CREA	EX	NON-COVERED	OTCS	-	-	-
		DROXY CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		DRY SKIN TREATMENT	OINT	EX	NON-COVERED	OTCS	-	-	-
		DRY SKIN TREATMENT ADVANCED THERAPY	OINT	EX	NON-COVERED	OTCS	-	-	-
		ELON SKIN REPAIR SYSTEM	CREA	EX	NON-COVERED	OTCS	-	-	-
		EMOLLIA-CREME	CREA	EX	NON-COVERED	OTCS	-	-	-
		EMOLLIA-LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		E-OINTMENT	OINT	EX	NON-COVERED	OTCS	-	-	-
		EPILYT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EQ THERAPEUTIC DRY SKIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		EQ THERAPEUTIC MOISTURIZING CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		EQL ABSOLUTE MOISTURE DRY SKIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EQL ADVANCED HEALING OINTMENT	OINT	EX	NON-COVERED	OTCS	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		EQL ADVANCED RECOVERY SKIN CARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EQL ADVANCED SKIN THERAPY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EQL ALOE AFTER SUN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EQL MOISTURIZING CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		EQL ULTRA MOISTURIZING DAILY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN BABY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN CALMING DAILY MOISTURIZER	CREA	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN DAILY PROTECTION/SPF 30	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN INTENSIVE REPAIR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN INTENSIVE REPAIR HAND	CREA	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN ORIGINAL HEALING SOOTHING REPAIR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN PLUS	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN PROFESSIONAL REPAIR RICH FEEL	LOTN	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN SKIN CALMING DAILY MOISTURIZING	CREA	EX	NON-COVERED	OTCS	-	-	-
		EUCERIN SMOOTHING REPAIR ADVANCED FORMULA	LOTN	EX	NON-COVERED	OTCS	-	-	-
		FLANDERS BUTTOCKS	OINT	EX	NON-COVERED	OTCS	-	-	-
		GEL LINED HEEL SLEEVES	MISC	EX	NON-COVERED	OTCS	-	-	-
		GEL LINED MOISTURIZING BOOTIES	MISC	EX	NON-COVERED	OTCS	-	-	-
		GEL LINED MOISTURIZING GLOVES	MISC	EX	NON-COVERED	OTCS	-	-	-
		GENTLE	CREA	EX	NON-COVERED	OTCS	-	-	-
		GNP ADVANCED RECOVERY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND MEDICATED BODY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE HEALING	CREA	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		GOLD BOND ULTIMATE HEALING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE HEALING	OINT	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE OVERNIGHT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE PROTECTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE RESTORING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE ROUGH & BUMPY SKIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE SHEER RIBBONS PEARL RADIANCE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE SHEER RIBBONS SILK SOFTNESS	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE SOFTENING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE SOOTHING	CREA	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND ULTIMATE SOOTHING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GORDOMATIC	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GRX VITAMIN E	LOTN	EX	NON-COVERED	OTCS	-	-	-
		HYDRASYN25	CREA	EX	NON-COVERED	OTCS	-	-	-
		HYDRAZONE LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		HYDRO-LAN	CREA	EX	NON-COVERED	OTCS	-	-	-
		HYDROLATUM	OINT	EX	NON-COVERED	OTCS	-	-	-
		HYDROPHOR	OINT	EX	NON-COVERED	OTCS	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		J & J BURN CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		KERADAN	CREA	EX	NON-COVERED	OTCS	-	-	-
		KERI ADVANCED MOISTURE THERAPY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI BASIC ESSENTIALS	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI LONG LASTING	CREA	EX	NON-COVERED	OTCS	-	-	-
		KERI NOURISHING SHEA BUTTER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI ORIGINAL	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI OVERNIGHT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI RENEWAL MILK BODY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI RENEWAL SERUM	LIQD	EX	NON-COVERED	OTCS	-	-	-
		KERI RENEWAL SKIN FIRING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI RENEWAL STRETCH MARK MINIMIZER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		KERI SENSITIVE SKIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LACTINOL HX	CREA	EX	NON-COVERED	OTCS	-	-	-
		LADY ESTHER 4 PURPOSE FACE CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		LAMISILK REPAIR COMPLEX SERUM	LIQD	EX	NON-COVERED	OTCS	-	-	-
		LANAPHILIC	OINT	EX	NON-COVERED	OTCS	-	-	-
		LANOLOR	CREA	EX	NON-COVERED	OTCS	-	-	-
		LEADER FINGER CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		LUBRICATING SKIN LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRIDERM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRIDERM ADVANCED THERAPY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRIDERM DAILY MOISTURE SHEA + CALMING LAVENDER JASMINE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRIDERM INTENSE SKIN REPAIR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRIDERM MENS 3-IN-1	LOTN	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		LUBRIDERM SERIOUSLY SENSITIVE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRISILK	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRISKIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LUBRISOFT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MAXAM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MEDELA TENDER CARE LANOLIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		MEDERMA AG FACE CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		MEDERMA AG HAND & BODY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MEDERMA STRETCH MARKS THERAPY	CREA	EX	NON-COVERED	OTCS	-	-	-
		MEDICINE SHOPPE FINGER	CREA	EX	NON-COVERED	OTCS	-	-	-
		MINERIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MOISTURE LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MOISTURE RECOVERY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MOISTURIZING CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		MOISTURIZING LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MOISTURIZING SENSITIVE SKIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		MOTHERS FRIEND	CREA	EX	NON-COVERED	OTCS	-	-	-
		MOTHERS FRIEND	LOTN	EX	NON-COVERED	OTCS	-	-	-

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		MSM SKIN LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA BODY LIGHT SESAME FORMULA	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA HAND	CREA	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA HEALTHY SKIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA HEALTHY SKIN FACE SPF 15	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA MOISTURE SENSITIVE SKIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NISEKO HYDRATING FACIAL MOISTURIZER	CREA	EX	NON-COVERED	OTCS	-	-	-
		NIVEA	CREA	EX	NON-COVERED	OTCS	-	-	-
		NIVEA	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NIVEA EXTRA ENRICHED	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NIVEA GENTLE BODY EXFOLIATOR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NIVEA LIGHT	CREA	EX	NON-COVERED	OTCS	-	-	-
		NIVEA LIGHT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NIVEA ORIGINAL	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NIVEA ORIGINAL MOISTURE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NIVEA SOFT	CREA	EX	NON-COVERED	OTCS	-	-	-
		NIVEA VISAGE	CREA	EX	NON-COVERED	OTCS	-	-	-
		NIVEA VISAGE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		NUTRADERM	CREA	EX	NON-COVERED	OTCS	-	-	-
		NUTRADERM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		OINTMENT BASE	OINT	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCOA BUTTER FORMULA CONCENTRATED CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCOA BUTTER FORMULA CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCOA BUTTER FORMULA INTENSIVE RELIEF HAND CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCOA BUTTER FORMULA LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		PALMERS COCOA BUTTER FORMULA LOTION FRAGRANCE FREE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCOA BUTTER FORMULA MASSAGE CREAM/STRETCH MARKS	CREA	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCOA BUTTER FORMULA MASSAGE LOTION/STRETCH MARKS	LOTN	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCOA BUTTER FORMULA NIGHT CREAM MOISTURE RICH	CREA	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCONUT OIL FORMULA BODY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		PALMERS COCONUT OIL FORMULA HAND CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		PEN-KERA	CREA	EX	NON-COVERED	OTCS	-	-	-
		PENTRAVAN	CREA	EX	NON-COVERED	OTCS	-	-	-
		PENTRAVAN PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
		PETROLATUM & LANOLIN	OINT	EX	NON-COVERED	OTCS	-	-	-
		PRETTY FEET & HANDS	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA ADVANCED HEALING	OINT	EX	NON-COVERED	OTCS	-	-	-
		RA ADVANCED RECOVERY SKINCARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA CALMING DAILY MOISTURIZING	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA DAYLOGIC HEALING DRY SKIN THERAPY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA DERMA	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA GENTLE SKIN CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA GENTLE SKIN LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-

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		RA HYDRATING HEALING	OINT	EX	NON-COVERED	OTCS	-	-	-
		RA MOISTURIZING OATMEAL	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA MOISTURIZING THERAPY	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL COCOA BUTTER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL DARK SPOT CORRECTOR	LIQD	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL DRY SKIN THERAPY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RA RENEWAL MOISTURIZING	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA SKIN TREATMENT	OIL	EX	NON-COVERED	OTCS	-	-	-
		RA TOTAL MOISTURE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RADIAGUARD ADVANCED	LOTN	EX	NON-COVERED	OTCS	-	-	-
		REFRESHING ALOE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RESTA	CREA	EX	NON-COVERED	OTCS	-	-	-
		RESTA LITE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		RISABAL-PH	CREA	EX	NON-COVERED	OTCS	-	-	-
		ROC DEEP WRINKLE SERUM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		ROC MULTI CORREXION 5 IN 1 RESTORING EYE CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		ROC MULTI CORREXION 5 IN 1 RESTORING NIGHT CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		ROC RETINOL CORREXION	CREA	EX	NON-COVERED	OTCS	-	-	-
		ROSE MILK	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SARATOGA	OINT	EX	NON-COVERED	OTCS	-	-	-
		SARDOETTES	PADS	EX	NON-COVERED	OTCS	-	-	-
		SKIN REPAIR	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SM DRY SKIN THERAPY	LOTN	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SOOTHE & COOL SKIN CREAM WITH ALOE & VITAMINS A, D & E	CREA	EX	NON-COVERED	OTCS	-	-	-
		SORBOLENE	CREA	EX	NON-COVERED	OTCS	-	-	-
		SPECIAL CARE CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		ST IVES SWISS FORMULA 24 HOUR MOISTURE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		STUDIO 35 EXTRA MOISTURIZING LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		STUDIO 35 MOISTURIZING SKIN	CREA	EX	NON-COVERED	OTCS	-	-	-
		THERABETIC SKIN CARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		THERA-DERM	LOTN	EX	NON-COVERED	OTCS	-	-	-
		THERAPEUTIC MOISTURIZING	CREA	EX	NON-COVERED	OTCS	-	-	-
		THERAPLEX HYDROLOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		UDDERLY SMOOTH	CREA	EX	NON-COVERED	OTCS	-	-	-
		VANICREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		VANICREAM LITE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		VELVACHOL	CREA	EX	NON-COVERED	OTCS	-	-	-
		VITAMIN E WITH PANTHENOL	CREA	EX	NON-COVERED	OTCS	-	-	-
		WIBI	LOTN	EX	NON-COVERED	OTCS	-	-	-
		ZIMS CRACK CREME DAYTIME	CREA	EX	NON-COVERED	OTCS	-	-	-
		ZIMS CRACK CREME DIABETIC	LIQD	EX	NON-COVERED	OTCS	-	-	-
		ZIMS CRACK CREME ORIGINAL	LIQD	EX	NON-COVERED	OTCS	-	-	-
	EMOLLIENT FOAM & WOUND DRESSING GEL	HPR PLUS/MB HYDROGEL	KIT	EX	NON-COVERED	COSM	-	-	-

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	GLYCERIN (TOPICAL)	CVS BEAUTY 360 PURE GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CVS PURE GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GNP GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		HM GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		QC GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		RA GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		SM GLYCERIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
	GLYCERIN-DIMETHICONE-STEARYL ALCOHOL	CAVILON EMOLLIENT	CREA	EX	NON-COVERED	OTCS	-	-	-
		HYALURONATE SODIUM (EMOLLIENT)	HYLINATE	LOTN	EX	-		PREFERRED	-
		SODIUM HYALURONATE	GEL	EX	-		PREFERRED	-	-
	LACTIC ACID (AMMONIUM LACTATE)	AL12	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AMLACTIN	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AMMONIUM LACTATE	CREA	EX	-		PREFERRED	PA REQUIRED	-
		AMMONIUM LACTATE	CREA	EX	NON-COVERED	OTCS	-	-	-
		AMMONIUM LACTATE	LOTN	EX	-		PREFERRED	PA REQUIRED	-
		AMMONIUM LACTATE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS HYDRATING SKIN TREATMENT	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CVS SKIN TREATMENT BODY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GERI-HYDROLAC 12	CREA	EX	NON-COVERED	OTCS	-	-	-
		GERI-HYDROLAC 12	LOTN	EX	NON-COVERED	OTCS	-	-	-
GERI-HYDROLAC 5		LOTN	EX	NON-COVERED	OTCS	-	-	-	
LAC-HYDRIN		CREA	EX	NON-COVERED	COSM	-	-	-	
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.			LAC-HYDRIN FIVE	LOTN	EX	NON-COVERED	OTCS	-	-
		LAC-HYDRIN TWELVE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		LACTIC ACID	LOTN	EX	-		PREFERRED	PA REQUIRED	-
		NOBLE MYSTIQUE EMU-LAC	CREA	EX	NON-COVERED	OTCS	-	-	-
	LACTIC ACID W/ VITAMIN E	LACTIC ACID E	CREA	EX	NON-COVERED	COSM	-	-	-
		LACTIC ACID E	CREA	EX	NON-COVERED	OTCS	-	-	-
		LACTIC ACID W/VITAMIN E	CREA	EX	NON-COVERED	COSM	-	-	-
	MINERAL OIL-HYDROPHILIC PETROLATUM	PETROLATUM	OINT	EX	NON-COVERED	OTCS	-	-	-
		PANTHENOL-GLYCERIN-DIMETHICONE PETROLATUM (EMOLLIENT)	CAVILON FOOT & DRY SKIN CREAM	CREA	EX	NON-COVERED	OTCS	-	-
		ALOE VESTA CLEAR BARRIER SPRAY	AERO	EX	NON-COVERED	OTCS	-	-	-
		ALOE VESTA SKIN PROTECTANT	AERO	EX	NON-COVERED	OTCS	-	-	-
		PREVACARE TOTAL SKIN CARE	SOLN	EX	NON-COVERED	OTCS	-	-	-
	UREA	AQUA CARE	CREA	EX	NON-COVERED	OTCS	-	-	-
		AQUA CARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		AQUAPHILIC/CARBAMIDE	OINT	EX	NON-COVERED	OTCS	-	-	-
		BETA CARE BETAMIDE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CEM-UREA	SOLN	EX	NON-COVERED	COSM	-	-	-
		CEROVEL	LOTN	EX	-		PREFERRED	-	-
		DERMAL THERAPY FINGER CARE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		GORDONS UREA	CREA	EX	NON-COVERED	OTCS	-	-	-
		GORMEL 10	LOTN	EX	NON-COVERED	OTCS	-	-	-
GORMEL CREME		CREA	EX	NON-COVERED	OTCS	-	-	-	
	HYDRO 40 FOAM	FOAM	EX	NON-COVERED	COSM	-	-	-	

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		KERALAC	CREA	EX	NON-COVERED	COSM	-	-	-
		LANAPHILIC/UREA	OINT	EX	NON-COVERED	OTCS	-	-	-
		METOPIC	CREA	EX	NON-COVERED	COSM	-	-	-
		NUTRAPLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
		NUTRAPLUS	LOTN	EX	NON-COVERED	OTCS	-	-	-
		PROTEXA	CREA	EX	NON-COVERED	COSM	-	-	-
		REA-LO	CREA	EX	NON-COVERED	OTCS	-	-	-
		RYNODERM	CREA	EX	NON-COVERED	COSM	-	-	-
		SALRIX	SUSP	EX	NON-COVERED	COSM	-	-	-
		ULTRA MIDE 25	LOTN	EX	NON-COVERED	OTCS	-	-	-
		UMECTA MOUSSE	FOAM	EX	NON-COVERED	COSM	-	-	-
		URALISS	CREA	EX	NON-COVERED	COSM	-	-	-
		URAMAXIN	GEL	EX	NON-COVERED	COSM	-	-	-
		URE-39	CREA	EX	NON-COVERED	COSM	-	-	-
		UREA 40%	CREA	EX	-		PREFERRED	PA REQUIRED	-
		UREA	CREA	EX	NON-COVERED	COSM	-	-	-
		UREA	FOAM	EX	NON-COVERED	COSM	-	-	-
		UREA	LOTN	EX	-		PREFERRED	-	-
		UREA 10 HYDRATING	CREA	EX	NON-COVERED	OTCS	-	-	-
		UREA 10 HYDRATING	LOTN	EX	NON-COVERED	OTCS	-	-	-
		UREA 20	LOTN	EX	NON-COVERED	OTCS	-	-	-
		UREA 20 INTENSIVE HYDRATING CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		UREA NAIL	GEL	EX	NON-COVERED	COSM	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		UREA TOPICAL	SUSP	EX	NON-COVERED	COSM	-	-	-
		UREA-C40	LOTN	EX	-		PREFERRED	-	-
		UREACIN-10	LOTN	EX	NON-COVERED	OTCS	-	-	-
		UREACIN-20	CREA	EX	NON-COVERED	OTCS	-	-	-
		UREDEB	CREA	EX	NON-COVERED	COSM	-	-	-
		URE-K	CREA	EX	NON-COVERED	COSM	-	-	-
		UREMEZ-40	CREA	EX	-		PREFERRED	PA REQUIRED	-
		URESOL	CREA	EX	NON-COVERED	COSM	-	-	-
		UTOPIC	CREA	EX	NON-COVERED	COSM	-	-	-
		XUREA	CREA	EX	NON-COVERED	COSM	-	-	-
	UREA & EMOLLIENT	DERMASORB XM	KIT	EX	NON-COVERED	COSM	-	-	-
	UREA IN AMMONIUM LACTATE VEHICLE	KERASAL ULTRA20	CREA	EX	NON-COVERED	OTCS	-	-	-
	UREA IN LACTIC ACID VEHICLE	HYDRO 35	FOAM	EX	NON-COVERED	COSM	-	-	-
		UREA HYDRATING	FOAM	EX	NON-COVERED	COSM	-	-	-
	UREA IN ZINC UNDECYLENATE-LACTIC ACID VEHICLE	LATRIX XM	EMUL	EX	NON-COVERED	COSM	-	-	-
	UREA-BENZALKONIUM CHLORIDE	MYCOCIDE CX CALLUS EXFOLIATOR	CREA	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN A (TOPICAL)	GORDONS-VITE A	CREA	EX	NON-COVERED	OTCS	-	-	-
		GORDONS-VITE A	LOTN	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN A-VITAMIN E-SAFFLOWER OIL	VITAMINS E & A BEAUTY OIL	OIL	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN C-VITAMIN E-PANTHENOL	VITAMIN E & C BEAUTY LOTION	LOTN	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN D-VITAMIN E-SAFFLOWER OIL	VITAMINS E & D BEAUTY OIL	OIL	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN E (TOPICAL)	CVS VITAMIN E MOISTURIZING	CREA	EX	NON-COVERED	OTCS	-	-	-
		CVS VITAMIN E MOISTURIZING	OIL	EX	NON-COVERED	OTCS	-	-	-
		E-OIL	OIL	EX	NON-COVERED	OTCS	-	-	-

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		EQL VITAMIN E ULTRA STRENGTH	OIL	EX	NON-COVERED	OTCS	-	-	-
		GORDONS-VITE E	CREA	EX	NON-COVERED	OTCS	-	-	-
		GRX VITAMIN E	CREA	EX	NON-COVERED	OTCS	-	-	-
		NATURAL VITAMIN E MOISTURIZING	GEL	EX	NON-COVERED	OTCS	-	-	-
		PALMERS NATURAL VITAMIN E	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA VITAMIN E	OIL	EX	NON-COVERED	OTCS	-	-	-
		SUPER E	CREA	EX	NON-COVERED	OTCS	-	-	-
		SUPER E	OINT	EX	NON-COVERED	OTCS	-	-	-
		SUPER E DAY	CREA	EX	NON-COVERED	OTCS	-	-	-
		SUPER E EYE	CREA	EX	NON-COVERED	OTCS	-	-	-
		SUPER E HAND/BODY	LOTN	EX	NON-COVERED	OTCS	-	-	-
		SUPER E NIGHT	CREA	EX	NON-COVERED	OTCS	-	-	-
		VITAMIN E	CREA	EX	NON-COVERED	OTCS	-	-	-
		VITAMIN E	LIQD	EX	NON-COVERED	OTCS	-	-	-
		VITAMIN E OIL	OIL	EX	NON-COVERED	OTCS	-	-	-
		VITEC	LOTN	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN E W/ A & D	ALPH-E-CREAM	CREA	EX	NON-COVERED	OTCS	-	-	-
		E-CREAM COMPLEX	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA VITAMIN E W/A & D	CREA	EX	NON-COVERED	OTCS	-	-	-
		VITAMIN E	CREA	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : EMOLLIENTS & KEROLYTIC AGENTS CONT.		VITAMIN E W/A & D	CREA	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN E-SAFFLOWER OIL	VITAMIN E BEAUTY OIL	OIL	EX	NON-COVERED	OTCS	-	-	-
	VITAMIN E-VITAMIN K-SAFFLOWER OIL	VITAMIN E & K BEAUTIFUL SSKIN OIL	OIL	EX	NON-COVERED	OTCS	-	-	-
	VITAMINS A & D (TOPICAL)	A&D	OINT	EX	NON-COVERED	OTCS	-	-	-
		BABY VITAMIN A & D	OINT	EX	NON-COVERED	OTCS	-	-	-
		CURAD VITAMIN A & D	OINT	EX	NON-COVERED	OTCS	-	-	-
		CVS VITAMIN A&D OINTMENT	OINT	EX	NON-COVERED	OTCS	-	-	-
		EQ VITAMINS A & D	OINT	EX	NON-COVERED	OTCS	-	-	-
		GNP VITAMIN A & D	OINT	EX	NON-COVERED	OTCS	-	-	-
		RA BABY CARE VITAMINS A&D TO GO	OINT	EX	NON-COVERED	OTCS	-	-	-
		RA VITAMIN A & D	OINT	EX	NON-COVERED	OTCS	-	-	-
		VITAMIN A & D	OINT	EX	NON-COVERED	OTCS	-	-	-
	VITAMINS A & E	ALOE GRANDE	LOTN	EX	NON-COVERED	OTCS	-	-	-
		ALOE GRANDE CREME	CREA	EX	NON-COVERED	OTCS	-	-	-
		VITAMIN A WRINKLE TREATMENT	GEL	EX	NON-COVERED	OTCS	-	-	-
	VITAMINS A & E W/A LOE	VITA-RAY	CREA	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS	CIMETIDINE-LIDOCAINE-SALICYLIC ACID	CIMETIDINE/LIDOCAINE/SALICYLIC ACID COMPOUND W COMPLETE WART KIT/MAXIMUM FREEZE	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
	DIMETHYL ETHER	COMPOUND W FREEZE OFF ACCU-FREEZE ADVANCED	KIT	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W FREEZE OFF WART REMOVAL SYSTEM	AERO	EX	NON-COVERED	OTCS	-	-	-
	DIMETHYL ETHER-PROPANE-ISOBUTANE	COMPOUND W FREEZE OFF WART REMOVAL SYSTEM	AERO	EX	NON-COVERED	OTCS	-	-	-
	PODOFILOX	CONDYLOX	GEL	EX	NON-COVERED	COSM	-	-	-
		PODOFILOX	SOLN	EX	-		PREFERRED	-	-
	PODOPHYLLUM RESIN	PODOCON 25 IN BENZOIN TINCTURE	SOLN	EX	NON-COVERED	COSM	-	-	-

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	PROPANE-DIMETHYL ETHER	COMPOUND W FREEZE OFF PLANTAR WART REMOVAL SYSTEM	KIT	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W FREEZE OFF WART REMOVAL SYSTEM	KIT	EX	NON-COVERED	OTCS	-	-	-
		EQ CRYOGENIC WART REMOVAL SYSTEM	AERO	EX	NON-COVERED	OTCS	-	-	-
	PYROGALLOL-CHLOROBUTANOL	PYROGALLIC ACID	OINT	EX	NON-COVERED	COSM	-	-	-
	SALICYLIC ACID	ACNE PADS	PADS	EX	NON-COVERED	OTCS	-	-	-
		AMBI EVEN & CLEAR EXFOLIATING WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		AMBI EVEN & CLEAR FOAMING CLEANSER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		BETASAL	SHAM	EX	NON-COVERED	OTCS	-	-	-
		CALLUS REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		CALLUS REMOVERS EXTRA THICK	PADS	EX	NON-COVERED	OTCS	-	-	-
		CERAVE PSORIASIS	CREA	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR ACNE TRIPLE CLEAR CLEANSING CLAY MASK	MISC	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR ACNE TRIPLECLEAR BUBBLE FOAM CLEANSER	FOAM	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR ACNE TRIPLECLEAR CLEANSER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR ACNE TRIPLECLEAR EXFOLIATING SCRUB	GEL	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		CLEAN & CLEAR ADVANTAGE ACNE CONTROL 3-IN-1 FOAMING WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR ADVANTAGE ACNE CONTROL MOISTURIZER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR ADVANTAGE ACNE SPOT TREATMENT	GEL	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR ADVANTAGE MARK TREATMENT	GEL	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR BLACKHEAD ERASER SCRUB	CREA	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR DEEP CLEANING ASTRINGENT	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CLEAN & CLEAR DUAL ACTIONMOISTURIZER	LOTN	EX	NON-COVERED	OTCS	-	-	-
		CLEAR AWAY ONE STEP WART REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		CLEAR AWAY PLANTAR SYSTEM	PADS	EX	NON-COVERED	OTCS	-	-	-
		CLEARASIL DAILY CLEAN GENTLE PREVENTION	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CLEARASIL RAPID RESCUE DEEP TREATMENT MAXIMUM STRENGTH	PADS	EX	NON-COVERED	OTCS	-	-	-
		CLN ACNE CLEANSER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W	LIQD	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W	PADS	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W MAXIMUM STRENGTH	GEL	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W ONE STEP INVISIBLE WART REMOVER	STRP	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W ONE STEP PADS/MAXIMUM STRENGTH	PADS	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W ONE STEP PLANTAR/FEET	PADS	EX	NON-COVERED	OTCS	-	-	-
		COMPOUND W ONE STEP STRIPS FOR KIDS/MAXIMUM STRENGTH	STRP	EX	NON-COVERED	OTCS	-	-	-
		CORN & CALLUS REMOVER	SOLN	EX	NON-COVERED	OTCS	-	-	-
		CORN AND CALLUS REMOVER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CORN REMOVER ONE STEP	PADS	EX	NON-COVERED	OTCS	-	-	-

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		CORN REMOVER ONE-STEP STRIPS MAXIMUM STRENGTH	STRP	EX	NON-COVERED	OTCS	-	-	-
		CORN REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		CVS ADVANCED ACNE SPOT TREATMENT	GEL	EX	NON-COVERED	OTCS	-	-	-
		CVS ADVANCED ACNE SPOT TREATMENT	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CVS CORN & CALLUS REMOVER KIT	KIT	EX	NON-COVERED	OTCS	-	-	-
		CVS CORN REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		CVS DAILY ACNE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		CVS MEDICATED SPOT	GEL	EX	NON-COVERED	OTCS	-	-	-
		CVS ONE STEP WART REMOVER STRIPS	STRP	EX	NON-COVERED	OTCS	-	-	-
		CVS PLANTAR WART REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		CVS PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER	SHAM	EX	NON-COVERED	OTCS	-	-	-
		CVS THERAPEUTIC DANDRUFF MAXIMUM STRENGTH	SHAM	EX	NON-COVERED	OTCS	-	-	-
		CVS WART REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		CVS WART REMOVER GEL PEN	GEL	EX	NON-COVERED	OTCS	-	-	-
		CVS WART REMOVER ONE STEP MAXIMUM STRENGTH	STRP	EX	NON-COVERED	OTCS	-	-	-
		CVS WART REMOVER/MAXIMUM STRENGTH	LIQD	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		DAILY FACE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		DENOREX EXTRA STRENGTH 2-IN-1	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DERMAREST PSORIASIS	GEL	EX	NON-COVERED	OTCS	-	-	-
		DERMAREST PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER	SHAM	EX	NON-COVERED	OTCS	-	-	-
		DOCTORS CHOICE CORN/CALLUS REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		DR SCHOLLS CALLUS REMOVERS/DURAGEL TECHNOLOGY	PADS	EX	NON-COVERED	OTCS	-	-	-
		DUOFILM	SOLN	EX	NON-COVERED	OTCS	-	-	-
		EQ WART REMOVER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		EQL ACNE MAXIMUM STRENGTH	PADS	EX	NON-COVERED	OTCS	-	-	-
		EQL ACNE SCRUB PINK GRAPEFRUIT	LIQD	EX	NON-COVERED	OTCS	-	-	-
		EQL APRICOT SCRUB	LIQD	EX	NON-COVERED	OTCS	-	-	-
		EQL CALLUS REMOVER PADS/EXTRA THICK	PADS	EX	NON-COVERED	OTCS	-	-	-
		EQL SCALP RELIEF MAXIMUM STRENGTH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		EXUVIANCE BLEMISH TREATMENT	GEL	EX	NON-COVERED	OTCS	-	-	-
		FREEZONE	LIQD	EX	NON-COVERED	OTCS	-	-	-
		FREEZONE CALLUS REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		GEL CALLUS REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		GETS-IT CORN AND CALLUS REMOVER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GNP SCALP RELIEF	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GNP WART REMOVER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GOLD BOND PSORIASIS RELIEF MULTI-SYMPDOM	CREA	EX	NON-COVERED	OTCS	-	-	-
		KERALYT	GEL	EX	NON-COVERED	COSM	-	-	-
		KERALYT	GEL	EX	NON-COVERED	OTCS	-	-	-
		KERALYT SCALP	KIT	EX	NON-COVERED	COSM	-	-	-
		LIQUID CORN & CALLUS REMOVER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		LIQUID WART REMOVER	LIQD	EX	NON-COVERED	OTCS	-	-	-

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		MEDICATED CALLUS REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		MEDICATED CORN REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		MEDICATED WART REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		MEDIPLAST	MISC	EX	NON-COVERED	OTCS	-	-	-
		MEDIPLAST	PADS	EX	NON-COVERED	OTCS	-	-	-
		MG217 PSORIASIS MULTI-SYMP TOM	CREA	EX	NON-COVERED	OTCS	-	-	-
		MG217 PSORIASIS MULTI-SYMTOM	OINT	EX	NON-COVERED	OTCS	-	-	-
		MOSCO CALLUS/CORN REMOVER	SOLN	EX	NON-COVERED	OTCS	-	-	-
		MOSCO ONE STEP CORN REMOVER PADS MAXIMUM STRENGTH	PADS	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA BODY CLEAR ACNE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA OIL-FREE ACNE WASH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA RAPID CLEAR TREATMENT	PADS	EX	NON-COVERED	OTCS	-	-	-
		NEUTROGENA T/SAL	SHAM	EX	NON-COVERED	OTCS	-	-	-
		NOBLE FORMULA S	LIQD	EX	NON-COVERED	OTCS	-	-	-
		P & S	SHAM	EX	NON-COVERED	OTCS	-	-	-
		PLANTAR WART REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		PSORIASIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		PSORIASIS MEDICATED SKIN TREATMENT	LIQD	EX	NON-COVERED	OTCS	-	-	-
		RA ACNE CLEANSER OIL-FREE	LIQD	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		RA APRICOT SCRUB	LIQD	EX	NON-COVERED	OTCS	-	-	-
		RA CORN REMOVERS ULTRA THIN	PADS	EX	NON-COVERED	OTCS	-	-	-
		RA ONE-STEP CORN REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		RA SCALP ITCH/DANDRUFF RELIEF	LIQD	EX	NON-COVERED	OTCS	-	-	-
		RA WART REMOVER	GEL	EX	NON-COVERED	OTCS	-	-	-
		RA WART REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		RA WART REMOVER	SOLN	EX	NON-COVERED	OTCS	-	-	-
		RA WART REMOVER MAXIMUM STRENGTH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		SALAC	FOAM	EX	NON-COVERED	OTCS	-	-	-
		SALACTIC FILM	SOLN	EX	NON-COVERED	OTCS	-	-	-
		SALEX	SHAM	EX	NON-COVERED	COSM	-	-	-
		SALICYLIC ACID	CREA	EX	-	-	PREFERRED	-	-
		SALICYLIC ACID	FOAM	EX	-	-	PREFERRED	-	-
		SALICYLIC ACID	GEL	EX	-	-	PREFERRED	-	-
		SALICYLIC ACID	LIQD	EX	NON-COVERED	COSM	-	-	-
		SALICYLIC ACID	LOTN	EX	-	-	PREFERRED	PA REQUIRED	-
		SALICYLIC ACID	POWD	XX	-	-	NON-PREFERRED	-	-
		SALICYLIC ACID	SHAM	EX	-	-	PREFERRED	-	-
		SALICYLIC ACID	SOLN	EX	NON-COVERED	COSM	-	-	-
		SALICYLIC ACID	SOLN	EX	NON-COVERED	OTCS	-	-	-
		SALICYLIC ACID ER	SOLN	EX	NON-COVERED	COSM	-	-	-
		SALICYLIC ACID WART REMOVER	LIQD	EX	NON-COVERED	COSM	-	-	-
		SALIMEZ	CREA	EX	-	-	PREFERRED	-	-
		SALIMEZ FORTE	CREA	EX	NON-COVERED	COSM	-	-	-
		SALISOL	SOLN	EX	NON-COVERED	COSM	-	-	-
		SALISOL FORTE	SOLN	EX	-	-	PREFERRED	-	-
		SALITECH	LOTN	EX	NON-COVERED	COSM	-	-	-
		SALITECH FORTE	LOTN	EX	-	-	PREFERRED	PA REQUIRED	-

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		SAL-PLANT	GEL	EX	NON-COVERED	OTCS	-	-	-
		SALVAX	FOAM	EX	NON-COVERED	COSM	-	-	-
		SCALPICIN	LIQD	EX	NON-COVERED	OTCS	-	-	-
		SCALPICIN 2 IN 1	LIQD	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE 3-IN-1 TREATMENT	LIQD	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE DEEP CLEANSING	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SELSUN BLUE NATURALS DRY SCALP	SHAM	EX	NON-COVERED	OTCS	-	-	-
		SM MEDICATED CORN REMOVERS	PADS	EX	NON-COVERED	OTCS	-	-	-
		STRIDEX ESSENTIAL	PADS	EX	NON-COVERED	OTCS	-	-	-
		STRI-DEX MAXIMUM STRENGTH	PADS	EX	NON-COVERED	OTCS	-	-	-
		STRI-DEX SENSITIVE SKIN	PADS	EX	NON-COVERED	OTCS	-	-	-
		TGT WART REMOVER	LIQD	EX	NON-COVERED	OTCS	-	-	-
		THERAPEUTIC T+PLUS MAXIMUM STRENGTH	SHAM	EX	NON-COVERED	OTCS	-	-	-
		ULTRA THIN CORN REMOVERS MEDICATED	PADS	EX	NON-COVERED	OTCS	-	-	-
		ULTRASAL-ER	SOLN	EX	NON-COVERED	COSM	-	-	-
		VIRASAL	LIQD	EX	NON-COVERED	COSM	-	-	-
		WART REMOVER	GEL	EX	NON-COVERED	OTCS	-	-	-
		WART REMOVER	PADS	EX	NON-COVERED	OTCS	-	-	-
		WART REMOVER MAXIMUM STRENGTH	LIQD	EX	NON-COVERED	OTCS	-	-	-
		WART REMOVER MAXIMUM STRENGTH ONE-STEP	STRP	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : KERATOLYTIC / ANTIMITOTIC AGENTS CONT.		WART REMOVER MEDICATED	PADS	EX	NON-COVERED	OTCS	-	-	-
		WARTSTICK	STCK	EX	NON-COVERED	OTCS	-	-	-
		XALIX	SOLN	EX	NON-COVERED	COSM	-	-	-
	SALICYLIC ACID & BENZOIC ACID	BENSAL HP	OINT	EX	NON-COVERED	COSM	-	-	-
	SALICYLIC ACID & LACTIC ACID	GORDOFILM	SOLN	EX	NON-COVERED	COSM	-	-	-
	SALICYLIC ACID & PROPANE-DIMETHYL ETHER	COMPOUND W 2-IN-1 DUAL POWER TREATMENT KIT	KIT	EX	NON-COVERED	OTCS	-	-	-
	SALICYLIC ACID & SULFUR (KERATOLYTIC)	PERNOX	LOTN	EX	NON-COVERED	OTCS	-	-	-
	SALICYLIC ACID & UREA	EXFOLIATING MOISTURIZER	OINT	EX	NON-COVERED	OTCS	-	-	-
		KERASAL	OINT	EX	NON-COVERED	OTCS	-	-	-
		RA EXFOLIATING MOISTURIZER	OINT	EX	NON-COVERED	OTCS	-	-	-
	SALICYLIC ACID & UREA IN LACTIC ACID VEHICLE	SALVAX DUO PLUS	KIT	EX	NON-COVERED	COSM	-	-	-
	SALICYLIC ACID W/ CLEANSER	SALEX CREAM	KIT	EX	NON-COVERED	COSM	-	-	-
		SALEX LOTION	KIT	EX	NON-COVERED	COSM	-	-	-
		SALICYLIC ACID	KIT	EX	NON-COVERED	COSM	-	-	-
		SALICYLIC ACID CREAM	KIT	EX	NON-COVERED	COSM	-	-	-
		SALICYLIC ACID LOTION	KIT	EX	NON-COVERED	COSM	-	-	-
	SALICYLIC ACID-LACTIC ACID-RESORCINOL-ALCOHOL	JESSNERS	SOLN	EX	NON-COVERED	OTCS	-	-	-
DERMATOLOGICS : TOPICAL STEROIDS - LOW POTENCY	ALCLOMETASONE DIPROPIONATE	ALCLOMETASONE DIPROPIONATE	CREA	EX	-	-	NON-PREFERRED	-	-
		ALCLOMETASONE DIPROPIONATE	OINT	EX	-	-	NON-PREFERRED	-	-
	DESONIDE	DESONATE	GEL	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		DESONIDE	CREA	EX	-	-	PREFERRED	-	-
		DESONIDE	LOTN	EX	-	-	NON-PREFERRED	PA REQUIRED	-
		DESONIDE	OINT	EX	-	-	PREFERRED	-	-

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		DESOWEN	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		TRIDESILON	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		VERDESO	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-
	HYDROCORTISONE & SALICYLIC ACID-SULFUR & SHAMPOO	SCALACORT DK	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
	HYDROCORTISONE (TOPICAL)	ADVANCED ALLERGY COLLECTION KIT	KIT	EX	-		NON-PREFERRED	PA REQUIRED	-
		ALA SCALP	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		ALA-CORT	CREA	EX	-		PREFERRED	-	-
		ANTI-ITCH INTENSIVE HEALING	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		AQUANIL HC	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		AVEENO ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		BETA HC	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		CORTAID MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		CORTIZONE-10	GEL	EX	NON-COVERED	OTCS	-	-	-
		CORTIZONE-10	OINT	EX	-		PREFERRED	-	-
		CORTIZONE-10 DIABETICS SKIN	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		CORTIZONE-10 ECZEMA	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		CORTIZONE-10 HYDRATENSIVEHEALING	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		CORTIZONE-10 HYDRATENSIVESOOTHING	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
DERMATOLOGICS : TOPICAL STEROIDS - LOW POTENCY CONT.		CURAD HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		CVS ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		CVS CORTISONE INTENSE HEALING ANTI-ITCH	CREA	EX	-		PREFERRED	-	-
		CVS CORTISONE LONG-LASTING HEALING	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		CVS CORTISONE MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		CVS CORTISONE MAXIMUM STRENGTH	GEL	EX	NON-COVERED	OTCS	-	-	-
		CVS CORTISONE MAXIMUM STRENGTH	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		CVS CORTISONE MAXIMUM STRENGTH	OINT	EX	-		PREFERRED	-	-
		CVS ECZEMA ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		CVS HYDROCORTISONE ANTI-ITCH	CREA	EX	-		PREFERRED	-	-
		CVS HYDROCORTISONE MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		DERMAREST ECZEMA	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		EQ 1% HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		EQ HYDROCORTISONE MAXIMU M STRENGTH	CREA	EX	-		PREFERRED	-	-
		EQ HYDROCORTISONE PLUS	CREA	EX	-		PREFERRED	-	-
		EQL ANTI-ITCH INTENSIVE HEALING FORMULA	CREA	EX	-		PREFERRED	-	-
		EQL ANTI-ITCH MAXIMUM STRENGTH	OINT	EX	-		PREFERRED	-	-
		EQL ANTI-ITCH MAXIMUM STRENGTH PLUS 10							
		HEALING MOISTURIZERS	CREA	EX	-		PREFERRED	-	-
		GNP HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		GNP HYDROCORTISONE MAXIMUM STRENGTH	OINT	EX	-		PREFERRED	-	-
		HYCORT	CREA	EX	-		PREFERRED	-	-
		HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		HYDROCORTISONE	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		HYDROCORTISONE	OINT	EX	-		PREFERRED	-	-
		HYDROCORTISONE ANTI-ITCH	CREA	EX	-		PREFERRED	-	-
		HYDROCORTISONE IN ABSORBASE	OINT	EX	-		PREFERRED	-	-
		HYDROCORTISONE INTENSIVE HEALING	CREA	EX	-		PREFERRED	-	-

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		HYDROCORTISONE MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		HYDROCORTISONE MAXIMUM STRENGTH	OINT	EX	-		PREFERRED	-	-
		HYDROCORTISONE MAXIMUM STRENGTH PLUS 12 MOISTURIZERS	CREA	EX	-		PREFERRED	-	-
		HYDROCORTISONE PLUS	CREA	EX	-		PREFERRED	-	-
		INSTACORT 5	CREA	EX	-		PREFERRED	-	-
		KERICORT 10	CREA	EX	-		PREFERRED	-	-
		KP HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		KP HYDROCORTISONE MAXIMUM STRENGTH	OINT	EX	-		PREFERRED	-	-
		MEIJER HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		MG217 PSORIASIS ANTI-ITCH	GEL	EX	NON-COVERED	OTCS	-	-	-
		MONISTAT SOOTHING CARE ITCH RELIEF	CREA	EX	NON-COVERED	OTCS	-	-	-
		NOBLE FORMULA HC	CREA	EX	-		PREFERRED	-	-
		NOBLE FORMULA HC	SOLN	EX	NON-COVERED	OTCS	-	-	-
		PREPARATION H	CREA	EX	-		PREFERRED	-	-
		PX HYDROCREAM	CREA	EX	-		PREFERRED	-	-
		RA ANTI-ITCH MAXIMUM STRENGTH	CREA	EX	-		PREFERRED	-	-
		RA ANTI-ITCH/MAXIMUM STRENGTH	OINT	EX	-		PREFERRED	-	-
		RA FIRST AID ANTI-ITCH SPRAY	SOLN	EX	NON-COVERED	OTCS	-	-	-
		RA HYDROCORTISONE MAXIMUMSTRENGTH	CREA	EX	-		PREFERRED	-	-
DERMATOLOGICS : TOPICAL STEROIDS - LOW POTENCY CONT.		RA HYDROCORTISONE PLUS 12	CREA	EX	-		PREFERRED	-	-
		RECORT PLUS	CREA	EX	-		PREFERRED	-	-
		SARNOL-HC	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		SB HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		SB HYDROCORTISONE MAXIMUM STRENGTH	OINT	EX	-		PREFERRED	-	-
		SCALP RELIEF MAXIMUM STRENGTH	SOLN	EX	NON-COVERED	OTCS	-	-	-
		SCALPICIN MAXIMUM STRENGTH	SOLN	EX	NON-COVERED	OTCS	-	-	-
		SM HYDROCORTISONE	CREA	EX	-		PREFERRED	-	-
		SM HYDROCORTISONE	OINT	EX	-		PREFERRED	-	-
		TEXACORT	SOLN	EX	-		NON-PREFERRED	PA REQUIRED	-
		TGT ANTI-ITCH PLUS OATMEAL	CREA	EX	-		PREFERRED	-	-
		TGT ANTI-ITCH/ALOE/VITAMIN E	CREA	EX	-		PREFERRED	-	-
	HYDROCORTISONE ACETATE (TOPICAL)	GYNECORT 10	CREA	EX	-		PREFERRED	-	-
		HYDROCORTISONE	OINT	EX	NON-COVERED	OTCS	-	-	-
		LANACORT 10	CREA	EX	-		PREFERRED	-	-
		MICORT-HC	CREA	EX	-		NON-PREFERRED	PA REQUIRED	-
		NUCORT	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
		VAGISIL	CREA	EX	-		PREFERRED	-	-
	HYDROCORTISONE-ALOE VERA	CORTIZONE-10 INTENSIVE HEALING	CREA	EX	NON-COVERED	OTCS	-	-	-
		CORTIZONE-10 PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
		CORTIZONE-10/ALOE	CREA	EX	NON-COVERED	OTCS	-	-	-
		CORTIZONE-10/ALOE	LIQD	EX	NON-COVERED	OTCS	-	-	-
		GNP HYDROCORTISONE/ALOE	CREA	EX	NON-COVERED	OTCS	-	-	-
		HM HYDROCORTISONE PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
		HYDROCORTISONE/ALOE	CREA	EX	NON-COVERED	OTCS	-	-	-
		KLS HYDROCORTISONE PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
		KP HYDROCORTISONE/ALOE	CREA	EX	NON-COVERED	OTCS	-	-	-
		RA HYDROCORTISONE PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-

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		SM HYDROCORTISONE PLUS	CREA	EX	NON-COVERED	OTCS	-	-	-
	HYDROCORTISONE-DIPHENHYDRAMINE HCL	HC DERMAPAX	LIQD	EX	NON-COVERED	OTCS	-	-	-
	PRAMOXINE-HC	EPIFOAM	FOAM	EX	-		NON-PREFERRED	PA REQUIRED	-
		PRAMOSONE	LOTN	EX	-		NON-PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ADENOSINE DEAMINASE SCID TREATMENT AGENTS - INJECTABLE	ELAPEGADEMASE-LVLR	REVCOVI	SOLN	IM	-		PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - SCLEROSTIN INHIBITORS	ROMOSOZUMAB-AQQG	EVENITY	SOSY	SC	-		NON-PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : HYPOPHOSPHATASIA AGENTS - INJECTABLE	ASFOTASE ALFA	STRENSIQ	SOLN	SC	-		PREFERRED	PA REQUIRED	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS	CIMETIDINE	CIMETIDINE	TABS	OR	-		NON-PREFERRED	-	-
		CIMETIDINE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CIMETIDINE 200	TABS	OR	NON-COVERED	OTCS	-	-	-
		CIMETIDINE ACID REDUCER	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS HEARTBURN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS CONT.		EQ ACID REDUCER	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ CIMETIDINE ACID REDUCER	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ HEARTBURN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP HEARTBURN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		HEARTBURN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX ACID REDUCER	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA ACID REDUCER	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB CIMETIDINE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM ACID REDUCER	TABS	OR	NON-COVERED	OTCS	-	-	-
		TAGAMET HB	TABS	OR	NON-COVERED	OTCS	-	-	-
	CIMETIDINE HCL	CIMETIDINE HCL	SOLN	OR	-		NON-PREFERRED	PA REQUIRED	-
	FAMOTIDINE	ACID CONTROL MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		ACID CONTROLLER	TABS	OR	-		PREFERRED	-	-
		ACID CONTROLLER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		CVS ACID CONTROLLER	TABS	OR	-		PREFERRED	-	-
		CVS ACID CONTROLLER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		EQ ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		EQ ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		EQL HEARTBURN PREVENTION	TABS	OR	-		PREFERRED	-	-
		EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		FAMOTIDINE	SOLN	IV	-		NON-PREFERRED	PA REQUIRED	-
		FAMOTIDINE	SUSR	OR	-		PREFERRED	-	-
		FAMOTIDINE	TABS	OR	-		PREFERRED	-	-
		GNP ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		GNP ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		HEARTBURN RELIEF	TABS	OR	-		PREFERRED	-	-
		HEARTBURN RELIEF MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-

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		HM FAMOTIDINE	TABS	OR	-		PREFERRED	-	-
		KLS ACID CONTROLLER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		MM FAMOTIDINE	TABS	OR	-		PREFERRED	-	-
		PEPCID	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		PEPCID AC	TABS	OR	NON-COVERED	OTCS	-	-	-
		PEPCID AC MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		PX ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		QC ACID CONTROLLER	TABS	OR	-		PREFERRED	-	-
		QC ACID CONTROLLER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		RA ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		RA ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		SB ACID CONTROLLER	TABS	OR	-		PREFERRED	-	-
		SB ACID CONTROLLER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		SB ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		SM ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		SM ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
	FAMOTIDINE IN NACL	FAMOTIDINE PREMIXED	SOLN	IV	-		NON-PREFERRED	PA REQUIRED	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS CONT.		FAMOTIDINE/SODIUM CHLORIDE	SOSY	IV	-		NON-PREFERRED	PA REQUIRED	-
	FAMOTIDINE-CALCIUM CARBONATE-MAGNESIUM HYDROXIDE	ACID CONTROLLER COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ACID REDUCER COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS DUAL ACTION COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		DUO FUSION	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQ ACID REDUCER COMPLETE DUAL ACTION	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQL DUAL ACTION COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP DUAL ACTION COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		KLS ACID CONTROLLER COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PEPCID COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PX DUAL ACTION	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RA ACID REDUCER PLUS ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RA DUAL ACTION COMPLETE ACID REDUCER PLUS ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
	NIZATIDINE	NIZATIDINE	CAPS	OR	-		NON-PREFERRED	-	-
		NIZATIDINE	SOLN	OR	-		NON-PREFERRED	PA REQUIRED	-
	RANITIDINE HCL	ACID CONTROL MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		CVS ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		CVS ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		CVS RANITIDINE	TABS	OR	-		PREFERRED	-	-
		DEPRIZINE FUSEPAQ	SUSR	OR	-		NON-PREFERRED	PA REQUIRED	-
		EQ ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		EQ RANITIDINE	TABS	OR	-		PREFERRED	-	-
		EQL ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		EQL ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		EQL HEARTBURN RELIEF MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		GNP ACID CONTROL 150 MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-

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		GNP ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		GOODSENSE ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		HEARTBURN RELIEF 150 MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		HM ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		HM ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		KLS ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		KLS ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		PX ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		PX ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		PX RANITIDINE	TABS	OR	-		PREFERRED	-	-
		RA ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		RA ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		RANITIDINE 150 MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		RANITIDINE 75	TABS	OR	-		PREFERRED	-	-
		RANITIDINE ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		RANITIDINE HCL	SOLN	IJ	-		PREFERRED	PA REQUIRED	-
		RANITIDINE HCL	SYRP	OR	-		PREFERRED	-	-
		RANITIDINE HCL	TABS	OR	-		PREFERRED	-	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : H-2 ANTAGONISTS CONT.		RANITIDINE HYDROCHLORIDE	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		RANITIDINE MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		SB ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		SB ACID REDUCER RANITIDINE 75	TABS	OR	-		PREFERRED	-	-
		SM ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		SM ACID REDUCER MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		TGT ACID REDUCER	TABS	OR	-		PREFERRED	-	-
		WAL-ZAN 150 MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		WAL-ZAN 75	TABS	OR	-		PREFERRED	-	-
		ZANTAC	SOLN	IJ	-		PREFERRED	PA REQUIRED	-
		ZANTAC	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		ZANTAC 150 MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		ZANTAC 75	TABS	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS - ULCER DRUGS : PROTON PUMP INHIBITORS (PPI)	DEXLANSOPRAZOLE	DEXILANT	CPDR	OR	-		NON-PREFERRED	-	-
	ESOMEPRAZOLE MAGNESIUM	CVS ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-		PREFERRED	-	-
		ESOMEPRAZOLE	KIT	OR	-		NON-PREFERRED	-	-
		ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-		NON-PREFERRED	PA REQUIRED	-
		ESOMEPRAZOLE MAGNESIUM (OTC)	CPDR	OR	-		PREFERRED	-	-
		ESOMEPRAZOLE MAGNESIUM	PACK	OR	-		NON-PREFERRED	PA REQUIRED	-
		GNP ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-		PREFERRED	-	-
		GOODSENSE ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-		PREFERRED	-	-
		HEARTBURN TREATMENT 24 HOUR	CPDR	OR	-		PREFERRED	-	-
		HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE	CPDR	OR	-		PREFERRED	-	-
		KLS ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-		PREFERRED	-	-
		NEXIUM	CPDR	OR	-		NON-PREFERRED	PA REQUIRED	-
		NEXIUM	PACK	OR	-		NON-PREFERRED	PA REQUIRED	-
		NEXIUM 24HR	CPDR	OR	-		PREFERRED	-	-
		NEXIUM 24HR	TBEC	OR	NON-COVERED	OTCS	-	-	-

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		RA ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-		PREFERRED	-	-	
		SM ESOMEPRAZOLE MAGNESIUM	CPDR	OR	-		PREFERRED	-	-	
	ESOMEPRAZOLE SODIUM	ESOMEPRAZOLE SODIUM	SOLR	IV	-		X	PA REQUIRED	-	
		NEXIUM I.V.	SOLR	IV	-		X	PA REQUIRED	-	
	ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM	CPDR	OR	-		NON-PREFERRED	PA REQUIRED	-	
	LANSOPRAZOLE	CVS LANSOPRAZOLE	CPDR	OR	-			NON-PREFERRED	-	-
		EQ LANSOPRAZOLE	CPDR	OR	-			NON-PREFERRED	-	-
		FIRST-LANSOPRAZOLE	SUSP	OR	-			NON-PREFERRED	-	-
		GNP LANSOPRAZOLE	CPDR	OR	-			NON-PREFERRED	-	-
		GOODSENSE LANSOPRAZOLE	CPDR	OR	-			NON-PREFERRED	-	-
		HEARTBURN TREATMENT 24 HOUR	CPDR	OR	-			NON-PREFERRED	-	-
		HM LANSOPRAZOLE	CPDR	OR	-			NON-PREFERRED	-	-
		KLS LANSOPRAZOLE	CPDR	OR	-			NON-PREFERRED	-	-
		LANSOPRAZOLE	CPDR	OR	-			NON-PREFERRED	-	-
		LANSOPRAZOLE	TBDD	OR	-			NON-PREFERRED	-	-
		LANSOPRAZOLE ODT	TBDD	OR	-			NON-PREFERRED	-	-
		LANSOPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-
		PREVACID	CPDR	OR	-			NON-PREFERRED	-	-
	GASTROINTESTINAL AGENTS - ULCER DRUGS : PROTON PUMP INHIBITORS (PPI) CONT.		PREVACID SOLUTAB	TBDD	OR	-		NON-PREFERRED	-	-
			RA LANSOPRAZOLE	CPDR	OR	-		NON-PREFERRED	-	-
SM LANSOPRAZOLE			CPDR	OR	-			NON-PREFERRED	-	-
OMEPRAZOLE		CVS OMEPRAZOLE	TBEC	OR	-			PREFERRED	-	-
		CVS OMEPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-
		EQ OMEPRAZOLE	TBEC	OR	-			PREFERRED	-	-
		EQ OMEPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-
		EQL OMEPRAZOLE	TBEC	OR	-			PREFERRED	-	-
		FIRST-OMEPRAZOLE	SUSP	OR	-			NON-PREFERRED	PA REQUIRED	-
		GNP OMEPRAZOLE	TBEC	OR	-			PREFERRED	-	-
		GNP OMEPRAZOLE ODT	TBDD	OR	-	NON-COVERED	OTCS	-	-	-
		HM OMEPRAZOLE	TBEC	OR	-			PREFERRED	-	-
		KLS OMEPRAZOLE	TBEC	OR	-			PREFERRED	-	-
		OMEPRAZOLE 10MG	CPDR	OR	-			NON-PREFERRED	-	-
		OMEPRAZOLE	CPDR	OR	-			PREFERRED	-	-
		OMEPRAZOLE	TBDD	OR	-	NON-COVERED	OTCS	-	-	-
		OMEPRAZOLE	TBEC	OR	-			PREFERRED	-	-
		OMEPRAZOLE + SYRSPEND SF ALKA	SUSP	OR	-			NON-PREFERRED	PA REQUIRED	-
		OMEPRAZOLE DR 10MG	CPDR	OR	-			NON-PREFERRED	-	-
		OMEPRAZOLE DR	CPDR	OR	-			PREFERRED	-	-
OMEPRAZOLE ODT		TBDD	OR	-	NON-COVERED	OTCS	-	-	-	
PX OMEPRAZOLE		TBEC	OR	-			PREFERRED	-	-	
RA OMEPRAZOLE		TBEC	OR	-			PREFERRED	-	-	
SB OMEPRAZOLE		TBEC	OR	-			PREFERRED	-	-	
SM OMEPRAZOLE		TBEC	OR	-			PREFERRED	-	-	
TGT OMEPRAZOLE		TBEC	OR	-			PREFERRED	-	-	
OMEPRAZOLE MAGNESIUM		ACID REDUCER	CPDR	OR	-	NON-COVERED	OTCS	-	-	-
		CVS OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-
		EQ OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-
		KP OMEPRAZOLE MAGNESIUM	CPDR	OR	-	NON-COVERED	OTCS	-	-	-

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		OMEPRAZOLE MAGNESIUM	CPDR	OR	NON-COVERED	OTCS	-	-	-	
		PRILOSEC	PACK	OR	-		PREFERRED	-	-	
		PRILOSEC OTC	TBEC	OR	NON-COVERED	OTCS	-	-	-	
		QC OMEPRAZOLE MAGNESIUM	CPDR	OR	NON-COVERED	OTCS	-	-	-	
	OMEPRAZOLE-SODIUM BICARBONATE	CVS OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		OMEPEPI	CAPS	OR	-		NON-PREFERRED	-	-	
		OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	-		NON-PREFERRED	-	-	
		OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		OMEPRAZOLE/SODIUM BICARBONATE	PACK	OR	-		PREFERRED	-	-	
		RA OMEPRAZOLE/SODIUM BICARBONATE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		ZEGERID	CAPS	OR	-		NON-PREFERRED	-	-	
		ZEGERID 20-1100 MG	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		ZEGERID	PACK	OR	-		PREFERRED	-	-	
		ZEGERID OTC	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	SOLR	IV	-		PREFERRED	-	-	
		PANTOPRAZOLE SODIUM	TBEC	OR	-		PREFERRED	-	-	
		PROTONIX	PACK	OR	-		PREFERRED	-	-	
	GASTROINTESTINAL AGENTS - ULCER DRUGS : PROTON PUMP INHIBITORS (PPI) CONT.		PROTONIX	SOLR	IV	-		PREFERRED	PA REQUIRED	-
		PROTONIX	TBEC	OR	-		PREFERRED	-	-	
RABEPRAZOLE SODIUM	ACIPHEX	TBEC	OR	-		NON-PREFERRED	-	-		
	ACIPHEX SPRINKLE	CPSP	OR	-		NON-PREFERRED	-	-		
	RABEPRAZOLE SODIUM	TBEC	OR	-		NON-PREFERRED	-	-		
	RABEPRAZOLE SODIUM DR SPRINKLE	CPSP	OR	-		NON-PREFERRED	-	-		
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL	BACILLUS COAGULANS-INULIN	PREBIOTIC/PROBIOTIC	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	PROBICHEW	CHEW	OR	-		NON-PREFERRED	-	-		
	PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-		
	PROBIOTIC FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-		
	PROBIOTIC/PREBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-		
	BANANA FLAKES	BANATROL PLUS	PACK	OR	NON-COVERED	OTCS	-	-	-	
	BIFIDOBACTERIUM BIFIDUM	KIJIMEA IBS	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	BIFIDOBACTERIUM LACTIS	GERBER GENTLE EVERYDAY PROBIOTIC	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	BIFIDOBACTERIUM LONGUM INFANTIS	EVIVO	PACK	OR	NON-COVERED	OTCS	-	-	-	
		EVIVO REFILL	PACK	OR	NON-COVERED	OTCS	-	-	-	
		EVIVO STARTER PACK	PACK	OR	NON-COVERED	OTCS	-	-	-	
	BIFIDOBACTERIUM LONGUM INFANTIS-MEDIUM CHAIN TRIGLYCERIDES	EVIVO	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	BISMUTH SUBGALLATE	DEVROM	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	BISMUTH SUBSALICYLATE	BISMATROL	CHEW	OR	-		PREFERRED	-	-	
		BISMATROL	SUSP	OR	-		PREFERRED	-	-	
		BISMATROL MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-	
		BISMUTH	CHEW	OR	-		PREFERRED	-	-	
		BISMUTH SUBSALICYLATE	CHEW	OR	-		PREFERRED	-	-	
		CVS ANTI-DIARRHEAL	SUSP	OR	-		PREFERRED	-	-	
		CVS BISMUTH	CHEW	OR	-		PREFERRED	-	-	
		CVS BISMUTH	TABS	OR	-		PREFERRED	-	-	
		CVS BISMUTH MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-	
		CVS STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-	
		CVS STOMACH RELIEF 262 MG/15ML	SUSP	OR	-		PREFERRED	-	-	

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		CVS STOMACH RELIEF	SUSP	OR	NON-COVERED	OTCS	-	-	-
		CVS STOMACH RELIEF	TABS	OR	-		PREFERRED	-	-
		CVS STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		DIARRHEA	SUSP	OR	-		PREFERRED	-	-
		DIOTAME INSTYDOSE	SUSP	OR	-		PREFERRED	-	-
		EQ PINK-BISMUTH	CHEW	OR	-		PREFERRED	-	-
		EQ STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-
		EQ STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		EQL STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-
		EQL STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		EQL STOMACH RELIEF	TABS	OR	-		PREFERRED	-	-
		EQL STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GERI-PECTATE	SUSP	OR	-		PREFERRED	-	-
		GNP K-PEC	SUSP	OR	-		PREFERRED	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		GNP PINK BISMUTH	CHEW	OR	-		PREFERRED	-	-
		GNP PINK BISMUTH	TABS	OR	-		PREFERRED	-	-
		GNP STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		GNP STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-
		GOODSENSE STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		GOODSENSE STOMACH RELIEF/MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		HM STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-
		HM STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		HM STOMACH RELIEF MAXIMUMSTRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		KAOPECTATE	SUSP	OR	-		PREFERRED	-	-
		KAOPECTATE	TABS	OR	-		PREFERRED	-	-
		KAOPECTATE EXTRA STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		KAO-TIN	SUSP	OR	-		PREFERRED	-	-
		MEDI-BISMUTH	CHEW	OR	-		PREFERRED	-	-
		PEPTIC RELIEF	CHEW	OR	-		PREFERRED	-	-
		PEPTO BISMOL	TABS	OR	NON-COVERED	OTCS	-	-	-
		PEPTO-BISMOL	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PEPTO-BISMOL	SUSP	OR	NON-COVERED	OTCS	-	-	-
		PEPTO-BISMOL MAX STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		PINK BISMUTH	SUSP	OR	-		PREFERRED	-	-
		PINK BISMUTH MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		PX STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-
		PX STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		PX STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		QC DIARRHEA RELIEF	SUSP	OR	-		PREFERRED	-	-
		QC PINK BISMUTH	CHEW	OR	-		PREFERRED	-	-
		QC PINK BISMUTH	SUSP	OR	-		PREFERRED	-	-
		QC PINK BISMUTH	TABS	OR	-		PREFERRED	-	-
		RA K-PEC	SUSP	OR	-		PREFERRED	-	-
		RA PINK BISMUTH	CHEW	OR	-		PREFERRED	-	-
		RA PINK BISMUTH	TABS	OR	-		PREFERRED	-	-
		RA STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-

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		RA STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		RA STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SB BISMUTH	TABS	OR	-		PREFERRED	-	-
		SM STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-
		SM STOMACH RELIEF	SUSP	OR	-		PREFERRED	-	-
		SM STOMACH RELIEF	TABS	OR	-		PREFERRED	-	-
		SM STOMACH RELIEF MAX ST	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SM STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SOOTHE	CHEW	OR	-		PREFERRED	-	-
		SOOTHE	SUSP	OR	-		PREFERRED	-	-
		SOOTHE	TABS	OR	-		PREFERRED	-	-
		SOOTHE MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		STOMACH RELIEF	CHEW	OR	-		PREFERRED	-	-
		STOMACH RELIEF 262 MG/15ML	SUSP	OR	-		PREFERRED	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		STOMACH RELIEF	SUSP	OR	NON-COVERED	OTCS	-	-	-
		STOMACH RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		STOMACH RELIEF PLUS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		TGT STOMACH RELIEF	TABS	OR	-		PREFERRED	-	-
	CROFELEMER	MYTESI	TBEC	OR	-		NON-PREFERRED	-	-
	DIFENOXIN W/ ATROPINE	MOTOFEN	TABS	OR	-		NON-PREFERRED	-	-
	DIPHENOXYLATE W/ ATROPINE	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	TABS	OR	-		PREFERRED	-	-
		DIPHENOXYLATE/ATROPINE	LIQD	OR	-		PREFERRED	-	-
		DIPHENOXYLATE/ATROPINE	TABS	OR	-		PREFERRED	-	-
		LOMOTIL	TABS	OR	-		NON-PREFERRED	-	-
	LACTOBACILLUS	ABATINEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS	WAFR	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS EXTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS LACTOBACILLI	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS/BIFIDUS	WAFR	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS/L-SPOROGENES EXTRA STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS/PECTIN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		AZO COMPLETE FEMININE BALANCE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BIO-K PLUS STRONG	CPDR	OR	NON-COVERED	OTCS	-	-	-
		BIOTINEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CULTURELLE DIGESTIVE HEALTH WOMENS HEALTHY BALANCE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS ACIDOPHILUS PROBIOTIC FORMULA	TABS	OR	NON-COVERED	OTCS	-	-	-
		DIGESTIVE HEALTH PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQL DIGESTIVE PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORAJEN ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORANEX	PACK	OR	NON-COVERED	OTCS	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		FLORANEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		FREEZE DRIED ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HM ACIDOPHILUS PROBIOTIC FORMULA	TABS	OR	NON-COVERED	OTCS	-	-	-
		INTESTINEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		LACTINEX	CHEW	OR	NON-COVERED	OTCS	-	-	-
		LACTINEX	PACK	OR	NON-COVERED	OTCS	-	-	-
		LACTOBACILLUS	PACK	OR	NON-COVERED	OTCS	-	-	-
		LACTOBACILLUS	TABS	OR	NON-COVERED	OTCS	-	-	-
		LACTOBACILLUS EXTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		LACTO-KEY-100	CAPS	OR	NON-COVERED	OTCS	-	-	-
		LACTO-KEY-600	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MORE-DOPHILUS ACIDOPHILUS	POWD	OR	NON-COVERED	OTCS	-	-	-
		PRIMADOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIATA	TABS	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		PROBIOTIC ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC ACIDOPHILUS SUPER STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC CHEWABLE CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC GOLD EXTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC PACKETS CHILDRENS	PACK	OR	NON-COVERED	OTCS	-	-	-
		RA ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA DIGESTIVE HEALTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		REPHRESH PRO-B	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ULTIMATE PROBIOTIC FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-
	LACTOBACILLUS ACIDOPHILUS-PECTIN	ACIDOPHILUS PLUS PECTIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS/CITRUS PECTIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS/PECTIN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQL PROBIOTIC ACIDOPHILUS/PECTIN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		KALA	TABS	OR	NON-COVERED	OTCS	-	-	-
	LACTOBACILLUS BIFIDUS	LACTO-BIFIDUS-600	CAPS	OR	NON-COVERED	OTCS	-	-	-
	LACTOBACILLUS CASEI-FOLIC ACID	RESTORA RX	CAPS	OR	-		NON-PREFERRED	-	-
	LACTOBACILLUS REUTERI	BIOGAIA	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BIOGAIA GASTRUS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BIOGAIA PROBIOTIC DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BIOGAIA PROBIOTIC STRAWS	MISC	OR	NON-COVERED	OTCS	-	-	-
		BIOGAIA PROTECTIS BABY	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GERBER SOOTHE COLIC DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GOOD START GROW KIDS PROBIOTIC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GOOD START GROW TODDLER PROBIOTIC	PACK	OR	NON-COVERED	OTCS	-	-	-
		PEDIA-LAX PROBIOTIC YUMS	CHEW	OR	NON-COVERED	OTCS	-	-	-
	LACTOBACILLUS REUTERI-VITAMIN D	BIOGAIA PROTECTIS BABY/VITAMIN D	LIQD	OR	NON-COVERED	OTCS	-	-	-
		GERBER SOOTHE/VITAMIN D/PROBIOTIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
	LACTOBACILLUS RHAMNOSUS (GG)	CULTURELLE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CULTURELLE KIDS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CULTURELLE KIDS	PACK	OR	NON-COVERED	OTCS	-	-	-
		CVS PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HM PROBIOTIC DIGESTIVE HEALTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MOMMYS BLISS PROBIOTIC	PACK	OR	NON-COVERED	OTCS	-	-	-

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

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		LOPERAMIDE HYDROCHLORIDE	CAPS	OR	-		NON-PREFERRED	-	-
		LOPERAMIDE HYDROCHLORIDE	LIQD	OR	-		PREFERRED	-	-
		LOPERAMIDE HYDROCHLORIDE 1 MG/7.5ML	LIQD	OR	NON-COVERED	OTCS	-	-	-
		LOPERAMIDE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		MEIJER ANTI-DIARRHEAL	TABS	OR	-		PREFERRED	-	-
		MM ANTI-DIARRHEAL	TABS	OR	-		PREFERRED	-	-
		PX ANTI-DIARRHEAL	TABS	OR	-		PREFERRED	-	-
		QC ANTI-DIARRHEAL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		QC ANTI-DIARRHEAL	TABS	OR	-		PREFERRED	-	-
		RA ANTI-DIARRHEAL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA ANTI-DIARRHEAL	LIQD	OR	-		PREFERRED	-	-
		RA ANTI-DIARRHEAL	TABS	OR	-		PREFERRED	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		RA LOPERAMIDE HCL	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SB ANTI-DIARRHEA	TABS	OR	-		PREFERRED	-	-
		SM ANTI-DIARRHEAL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM ANTI-DIARRHEAL	LIQD	OR	-		PREFERRED	-	-
		SM ANTI-DIARRHEAL 1 MG/7.5ML	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM ANTI-DIARRHEAL	TABS	OR	-		PREFERRED	-	-
		SM LOPERAMIDE HCL	SUSP	OR	NON-COVERED	OTCS	-	-	-
		TGT ANTI-DIARRHEAL	TABS	OR	-		PREFERRED	-	-
		TGT LOPERAMIDE HCL	CAPS	OR	NON-COVERED	OTCS	-	-	-
	LOPERAMIDE-SIMETHICONE	HM ANTI-DIARRHEAL/ANTI-GAS	TABS	OR	NON-COVERED	OTCS	-	-	-
		IMODIUM MULTI-SYMPTOM RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
	OPIUM TINCTURE PAREGORIC	OPIUM TINCTURE	TINC	OR	-		PREFERRED	PA REQUIRED	-
	PAREGORIC	PAREGORIC	TINC	OR	-		PREFERRED	-	-
	PREBIOTIC PRODUCT	PREB-2	PACK	OR	NON-COVERED	OTCS	-	-	-
	PROBIOTIC PRODUCT	4X PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS HIGH-POTENCY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS PEARLS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS PROBIOTIC BLEND	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS PROBIOTIC BLEND	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS PROBIOTIC COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS SUPER PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS WITH BIFIDUS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS XTRA	TABS	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS/BIFIDUS	WAFR	OR	NON-COVERED	OTCS	-	-	-
		ACIDOPHILUS/GOAT MILK	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ADVANCED PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ADVANCED PROBIOTIC 10	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ADVANCED PROBIOTIC-14	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ALIGN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		ALIGN	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ALIGN JR FOR KIDS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ALOE 10000 & PROBIOTICS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BACID	CAPS	OR	NON-COVERED	OTCS	-	-	-

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		BACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		BIOHM CHILDRENS PROBIOTICSUPPLEMENT	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BIOHM PROBIOTIC SUPPLEMENT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BIOHM PROBIOTIC SUPPLEMENT/SUPER GREENS	POWD	OR	NON-COVERED	OTCS	-	-	-
		BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BIO-KULT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BIO-KULT INFANTIS	PACK	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS PROBIOTIC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS PROBIOTIC PEARLS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CULTURELLE ADVANCED IMMUNE DEFENSE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CULTURELLE BABY GROW THRIVE	PACK	OR	NON-COVERED	OTCS	-	-	-
		CULTURELLE PROBIOTICS KIDS	CHEW	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		CULTURELLE PRO-WELL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS ADULT PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS ADVANCED PROBIOTIC GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS DIGESTIVE PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS MOOD SUPPORT PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS PROBIOTIC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS PROBIOTIC PEARLS EXTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS SENIOR PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DAILY PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DIALYVITE CHEWABLE PROBIOTIC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		DIFF-STAT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DIFF-STAT	PACK	OR	NON-COVERED	OTCS	-	-	-
		DIGESTIVE ADVANTAGE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DIGESTIVE ADVANTAGE PROBIOTIC GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQL 2 IN 1 PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL 4X PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL DAILY PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQL PROBIOTIC COLON SUPPORT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORA VANCE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORAJEN3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORASTOR PLUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FORTIFY DAILY PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FORTIFY OPTIMA PROBIOTIC	CPDR	OR	NON-COVERED	OTCS	-	-	-
		FORTIFY PROBIOTIC WOMENS EXTRA STRENGTH	CPDR	OR	NON-COVERED	OTCS	-	-	-
		GNP 4X PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP ACIDOPHILUS HIGH POTENCY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GNP PROBIOTIC COLON SUPPORT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GNP PROBIOTIC DIGESTIVE SUPPORT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE 4X PROBIOTIC	TBEC	OR	NON-COVERED	OTCS	-	-	-
		HIGH POTENCY PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HM 4X PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		LACTO-PECTIN	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MEGA PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-

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		META BIOTIC/BIO-ACTIVE 12	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MVW COMPLETE PROBIOTIC FORMULATION	CPDR	OR	NON-COVERED	OTCS	-	-	-
		NATRUL PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NEXABIOTIC	CPDR	OR	NON-COVERED	OTCS	-	-	-
		PA PROBIOTIC COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		PEARLS IC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PHILLIPS COLON HEALTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PREORBOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PRO NUTRIENTS PROBIOTIC	PACK	OR	NON-COVERED	OTCS	-	-	-
		PROBIOMAX DAILY DF	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOMAX PLUS DF	PACK	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		PROBIOTIC	TBEC	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC + COLOSTRUM	PACK	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC + OMEGA-3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC ACIDOPHILUS BEADS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC ADVANCED ULTRA POTENCY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PRO-BIOTIC BLEND	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC CHOCLATE BEARS CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC COLON SUPPORT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC COMPLEX/ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC DAILY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC MATURE ADULT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC MULTI-ENZYME	TABS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC PEARLS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC/PREBIOTIC/CRANBERRY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC+TURMERIC EXTRACT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC-10 CHEWABLE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC-10 ULTIMATE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PRODIGEN	CAPS	OR	-		NON-PREFERRED	-	-
		PRO-FLORA IMMUNE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROVAD	CAPS	OR	-		NON-PREFERRED	-	-
		PROVELLA	TABS	OR	NON-COVERED	OTCS	-	-	-
		QUAD-PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA PROBIOTIC COLON CARE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA PROBIOTIC COMPLEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA PROBIOTIC COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA PROBIOTIC DIGESTIVE CARE	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA PROBIOTIC DIGESTIVE SUPPORT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA PROBIOTIC GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RE:IMMUNE	PACK	OR	NON-COVERED	OTCS	-	-	-
		RESTORA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RESTORE	PACK	OR	NON-COVERED	OTCS	-	-	-
		RISA-BID PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-

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		RISAQUAD	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SD PROBIOTIC-10 COMPLEX ULTRA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM 4X PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM ACIDOPHILUS PEARLS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SMARTY PANTS KIDS PROBIOTIC COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SOLUBLE FIBER/PROBIOTICS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SUPER PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		TRIPLE PROBIOTIC	TABS	OR	NON-COVERED	OTCS	-	-	-
		TRUBIOTICS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		TRUNATURE DIGESTIVE PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		TRUNATURE PROBIOTIC FOR KIDS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ULTRAFLOA IMMUNE HEALTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS : ANTIDIARRHEAL CONT.		UP4 PROBIOTICS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		UP4 PROBIOTICS ADULT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		UP4 PROBIOTICS KIDS CUBES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		VISBIOME	PACK	OR	NON-COVERED	OTCS	-	-	-
		VISBIOME PROBIOTIC HIGH POTENCY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VISBIOME PROBIOTIC HIGH POTENCY	PACK	OR	NON-COVERED	OTCS	-	-	-
		VSL#3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VSL#3	PACK	OR	NON-COVERED	OTCS	-	-	-
		VSL#3 DS	PACK	OR	-	-	NON-PREFERRED	-	-
		ZELAC	CAPS	OR	-	-	NON-PREFERRED	-	-
	SACCHAROMYCES BOULARDII	CVS DIGESTIVE PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DAILY PROBIOTIC SUPPLEMENT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORASTOR	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORASTOR KIDS	PACK	OR	NON-COVERED	OTCS	-	-	-
		FLORASTORMAX	PACK	OR	NON-COVERED	OTCS	-	-	-
		PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM PROBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-
		STABLEGI	CAPS	OR	NON-COVERED	OTCS	-	-	-
	TELOTRISTAT ETIPRATE	XERMELO	TABS	OR	-	-	PREFERRED	PA REQUIRED	-
GASTROINTESTINAL AGENTS : LAXATIVES	ALOE	COATS ALOE JUICE DRINK	LIQD	OR	NON-COVERED	OTCS	-	-	-
	BENZOCAINE-DOCUSATE SODIUM	DOCUSOL PLUS MINI-ENEMA	ENEM	RE	NON-COVERED	OTCS	-	-	-
		ENEMEEZ PLUS	ENEM	RE	-	-	PREFERRED	-	-
	BISACODYL	ALOPHEN	TBEC	OR	-	-	PREFERRED	-	-
		BISACODYL	SUPP	RE	-	-	PREFERRED	-	-
		BISACODYL EC	TBEC	OR	-	-	PREFERRED	-	-
		BISACODYL LAXATIVE	SUPP	RE	-	-	PREFERRED	-	-
		CORRECT	TBEC	OR	-	-	PREFERRED	-	-
		CORRECTOL	TBEC	OR	-	-	PREFERRED	-	-
		CVS BISACODYL	SUPP	RE	-	-	PREFERRED	-	-
		CVS BISACODYL	TBEC	OR	-	-	PREFERRED	-	-
		CVS C-LAX LAXATIVE	TBEC	OR	-	-	PREFERRED	-	-
		CVS GENTLE LAXATIVE	SUPP	RE	-	-	PREFERRED	-	-
		CVS GENTLE LAXATIVE	TBEC	OR	-	-	PREFERRED	-	-
		DUCODYL	TBEC	OR	-	-	PREFERRED	-	-
		DULCOLAX	SUPP	RE	NON-COVERED	OTCS	-	-	-
		DULCOLAX	TBEC	OR	NON-COVERED	OTCS	-	-	-

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

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		EQUALACTIN	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FIBER LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-
		FIBERCON	TABS	OR	NON-COVERED	OTCS	-	-	-
		FIBER-LAX	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP FIBER-CAPS	TABS	OR	NON-COVERED	OTCS	-	-	-
		KLS FIBER-TABS	TABS	OR	NON-COVERED	OTCS	-	-	-
		KONSYL FIBER	TABS	OR	NON-COVERED	OTCS	-	-	-
		PX FIBER	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA FIBER THERAPY	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB FIBER LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM FIBER LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-
	GASTROINTESTINAL AGENTS : LAXATIVES CONT.		TGT FIBER LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-
	CASANTHRANOL	BLACK DRAUGHT	SYRP	OR	NON-COVERED	OTCS	-	-	-
	CASANTHRANOL-DOCUSATE SODIUM	DOCUSATE SODIUM/CASANTHRANOL	CAPS	OR	NON-COVERED	OTCS	-	-	-
	CASCARA SAGRADA	CASCARA SAGRADA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CASCARA SAGRADA	EXTR	OR	-	NON-PREFERRED	-	-	-
		CASCARA SAGRADA	TABS	OR	NON-COVERED	OTCS	-	-	-
	CASCARA SAGRADA-SENNA W/ NATURAL LAXATIVES	BIOHM COLON CLEANSER	CAPS	OR	NON-COVERED	OTCS	-	-	-
	CASTOR OIL	CASTOR OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		CASTOR OIL STIMULANT LAXATIVE	OIL	OR	NON-COVERED	OTCS	-	-	-
		CVS CASTOR OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		EQL CASTOR OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		GNP CASTOR OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE CASTOR OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		SM CASTOR OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
	CELLULOSE	UNIFIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
	CO2-RELEASING	CEO-TWO	SUPP	RE	NON-COVERED	OTCS	-	-	-
	CORN DEXTRIN	CLEAR FIBER POWDER	POWD	OR	NON-COVERED	OTCS	-	-	-
		CVS EASY FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		EQL FIBER SUPPLEMENT	POWD	OR	NON-COVERED	OTCS	-	-	-
		FIBER POWDER	POWD	OR	NON-COVERED	OTCS	-	-	-
	DOCUSATE CALCIUM	CVS STOOL SOFTENER	CAPS	OR	-	PREFERRED	-	-	-
		DOCUSATE CALCIUM	CAPS	OR	-	PREFERRED	-	-	-
		GNP DOCUSATE CALCIUM	CAPS	OR	-	PREFERRED	-	-	-
		KAO-TIN	CAPS	OR	-	PREFERRED	-	-	-
		QC DOCUSATE CALCIUM	CAPS	OR	-	PREFERRED	-	-	-
		SB STOOL SOFTENER	CAPS	OR	-	PREFERRED	-	-	-
		SM DOCUSATE CALCIUM	CAPS	OR	-	PREFERRED	-	-	-
		SM STOOL SOFTENER	CAPS	OR	-	PREFERRED	-	-	-
		STOOL SOFTENER	CAPS	OR	-	PREFERRED	-	-	-
		SURFAK	CAPS	OR	-	PREFERRED	-	-	-
	DOCUSATE SODIUM	COLACE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		COLACE CLEAR	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CORRECTOL EXTRA GENTLE	CAPS	OR	-	PREFERRED	-	-	-
		CVS MINI ENEMA KIDS	ENEM	RE	-	PREFERRED	-	-	-
		CVS STOOL SOFTENER	CAPS	OR	-	PREFERRED	-	-	-
		CVS STOOL SOFTENER 50MG	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DIOCTO	LIQD	OR	-	PREFERRED	-	-	-

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		DIOCTO	SYRP	OR	-		PREFERRED	-	-
		DIOCTYN	CAPS	OR	-		PREFERRED	-	-
		DOCQLACE	CAPS	OR	-		PREFERRED	-	-
		DOCU	LIQD	OR	-		PREFERRED	-	-
		DOCU SOFT	CAPS	OR	-		PREFERRED	-	-
		DOCUPRENE	TABS	OR	-		PREFERRED	-	-
		DOCUSATE MINI	ENEM	RE	NON-COVERED	OTCS	-	-	-
		DOCUSATE SODIUM	CAPS	OR	-		PREFERRED	-	-
		DOCUSATE SODIUM	LIQD	OR	-		PREFERRED	-	-
		DOCUSATE SODIUM	SYRP	OR	-		PREFERRED	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		DOCUSATE SODIUM	TABS	OR	-		PREFERRED	-	-
		DOCUSATE SODIUM EXTRA STRENGTH	CAPS	OR	-		PREFERRED	-	-
		DOCUSIL	CAPS	OR	-		PREFERRED	-	-
		DOCUSOL KIDS	ENEM	RE	NON-COVERED	OTCS	-	-	-
		DOCUSOL MINI	ENEM	RE	NON-COVERED	OTCS	-	-	-
		DOK	CAPS	OR	-		PREFERRED	-	-
		DOK	TABS	OR	-		PREFERRED	-	-
		DSS	CAPS	OR	-		PREFERRED	-	-
		DULCOLAX STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		EASY-LAX	CAPS	OR	-		PREFERRED	-	-
		ENEMEEZ MINI	ENEM	RE	NON-COVERED	OTCS	-	-	-
		EQ STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		EQL STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		GNP STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		GNP STOOL SOFTENER	LIQD	OR	-		PREFERRED	-	-
		GNP STOOL SOFTENER	SYRP	OR	-		PREFERRED	-	-
		GNP STOOL SOFTENER EXTRA STRENGTH	CAPS	OR	-		PREFERRED	-	-
		GOODSENSE GENTLE STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		HEALTHY MAMA MOVE IT ALONG	TABS	OR	-		PREFERRED	-	-
		HM STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		HM STOOL SOFTENER	TABS	OR	-		PREFERRED	-	-
		HM STOOL SOFTENER MAXIMUM STRENGTH	CAPS	OR	-		PREFERRED	-	-
		KLS STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		KS STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		LAXA BASIC	CAPS	OR	-		PREFERRED	-	-
		MM STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		PEDIA-LAX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PHILLIPS STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		PROMOLAXIN	TABS	OR	-		PREFERRED	-	-
		PX DOCUSATE SODIUM	CAPS	OR	-		PREFERRED	-	-
		QC STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		RA COL-RITE	CAPS	OR	-		PREFERRED	-	-
		RA COL-RITE 50 MG	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		SB DOCUSATE SODIUM	CAPS	OR	-		PREFERRED	-	-
		SILACE	LIQD	OR	-		PREFERRED	-	-
		SILACE	SYRP	OR	-		PREFERRED	-	-
		SM STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
		STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-

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		STOOL SOFTENER	LIQD	OR	-		PREFERRED	-	-
		STOOL SOFTENER	TABS	OR	-		PREFERRED	-	-
		STOOL SOFTENER EXTRA STRENGTH	CAPS	OR	-		PREFERRED	-	-
		TGT STOOL SOFTENER	CAPS	OR	-		PREFERRED	-	-
	FIBER	ADVANCED FIBER COMPLEX/ACIDOPHILUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS FIBER GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS YOGURT + FIBER GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQ FIBER SUPPLEMENT	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
	GASTROINTESTINAL AGENTS : LAXATIVES CONT.		FIBER ADULT GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-
	FIBER COMPLETE	TABS	OR	NON-COVERED	OTCS	-	-	-	
	FIBER DIET	TABS	OR	NON-COVERED	OTCS	-	-	-	
	FIBER FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	FIBER SELECT GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	FIBEREX F15	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	HM TRUEPLUS FIBER	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	HYFIBER WITH FOS	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	LITTLE TUMMYS YUMMY FIBERGUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	PEDIA-LAX FIBER GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	PROFIBER	LIQD	OR	NON-COVERED	OTCS	-	-	-	
	SOLFIBER	POWD	OR	NON-COVERED	OTCS	-	-	-	
FIBER W/ VITAMINS & MINERALS		PHILLIPS DAILY CARE FIBER GOOD GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
GLYCERIN (LAXATIVE)		CVS GLYCERIN ADULT	SUPP	RE	-		PREFERRED	-	-
	CVS GLYCERIN CHILD	SUPP	RE	-			PREFERRED	-	-
	FLEET LIQUID GLYCERIN SUPPOSITORIES	ENEM	RE	NON-COVERED	OTCS	-	-	-	
	GLYCERIN ADULT	SUPP	RE	-			PREFERRED	-	-
	GLYCERIN CHILD	SUPP	RE	-			PREFERRED	-	-
	GNP GLYCERIN ADULT	SUPP	RE	-			PREFERRED	-	-
	GNP GLYCERIN CHILD	SUPP	RE	-			PREFERRED	-	-
	PEDIA-LAX	SUPP	RE	NON-COVERED	OTCS	-	-	-	
	PX GLYCERIN	SUPP	RE	-			PREFERRED	-	-
	RA GLYCERIN ADULT	SUPP	RE	-			PREFERRED	-	-
	RA GLYCERIN CHILD	SUPP	RE	-			PREFERRED	-	-
	SB GLYCERIN ADULT	SUPP	RE	-			PREFERRED	-	-
	SB GLYCERIN PEDIATRIC	SUPP	RE	-			PREFERRED	-	-
	SM GLYCERIN ADULT	SUPP	RE	-			PREFERRED	-	-
	SM GLYCERIN PEDIATRIC	SUPP	RE	-			PREFERRED	-	-
GUAR GUM		NUTRISOURCE FIBER	PACK	OR	NON-COVERED	OTCS	-	-	-
	NUTRISOURCE FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-	
HARD SOAP (CASTILE)		DOVER ENEMA BAG AND TUBE/PRE-LUBRICATED TIP/24FRENCH	KIT	RE	NON-COVERED	OTCS	-	-	-
INULIN		FIBER CHOICE	CHEW	OR	NON-COVERED	OTCS	-	-	-
	INULIN FIBER PREBIOTIC	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	PHILLIPS FIBER GOOD	CHEW	OR	NON-COVERED	OTCS	-	-	-	
INULIN W/ CALCIUM-VITAMIN D		FIBERCHOICE PLUS CALCIUM	CHEW	OR	NON-COVERED	OTCS	-	-	-
INULIN-CHOLECALCIFEROL		FIBER/D3 ADULT GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
LACTULOSE		CONSTULOSE	SOLN	OR	-		PREFERRED	-	-
	KRISTALOSE	PACK	OR	-			NON-PREFERRED	-	-
	LACTULOSE	PACK	OR	-			NON-PREFERRED	-	-

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		LACTULOSE	SOLN	OR	-		PREFERRED	-	-	
	LACTULOSE (ENCEPHALOPATHY)	ENULOSE	SOLN	OR	-		PREFERRED	-	-	
		GENERLAC	SOLN	OR	-		PREFERRED	-	-	
		LACTULOSE	SOLN	OR	-		PREFERRED	-	-	
	MAG CIT-BISACODYL-PETROLAT-PEG 3350-METOCLOPRAMIDE-ELECTROL	PCP 100	KIT	CO	-		NON-PREFERRED	-	-	
		MAGNESIUM CITRATE	CITRATE OF MAGNESIA	SOLN	OR	-		PREFERRED	-	-
	GASTROINTESTINAL AGENTS : LAXATIVES CONT.		CITROMA	SOLN	OR	-		PREFERRED	-	-
			CVS CITRATE OF MAGNESIA	SOLN	OR	-		PREFERRED	-	-
			CVS MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-
			EQ MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-
		EQL MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		GNP MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		GOODSENSE MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		HM MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		QC MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		RA MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		SB MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		SM MAGNESIUM CITRATE	SOLN	OR	-		PREFERRED	-	-	
		MAGNESIUM HYDROXIDE	CVS MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			DULCOLAX MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			EQL MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			GNP MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			HM MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			MILK OF MAGNESIA CONCENTRATE	SUSP	OR	NON-COVERED	OTCS	-	-	-
			PEDIA-LAX	CHEW	OR	NON-COVERED	OTCS	-	-	-
			PHILLIPS MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			PHILLIPS MILK OF MAGNESIA 800 MG/5ML	SUSP	OR	NON-COVERED	OTCS	-	-	-
			PHILLIPS MILK OF MAGNESIA CHEWABLE	CHEW	OR	NON-COVERED	OTCS	-	-	-
			PHILLIPS MILK OF MAGNESIA CONCENTRATED	SUSP	OR	NON-COVERED	OTCS	-	-	-
			PX MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			QC MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			RA MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			SB MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
			SM MILK OF MAGNESIA	SUSP	OR	-		PREFERRED	-	-
		MAGNESIUM OXIDE (LAXATIVE)	CVS LAXATIVE DIETARY SUPPLEMENT	TABS	OR	NON-COVERED	OTCS	-	-	-
			PHILLIPS	TABS	OR	NON-COVERED	OTCS	-	-	-
		MAGNESIUM SULFATE (LAXATIVE)	CVS EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
			EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
			GNP EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
			GOODSENSE EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
			HM EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
			QC EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
			RA EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
			SM EPSOM SALT	GRAN	OR	NON-COVERED	OTCS	-	-	-
		METHYLCELLULOSE (LAXATIVE)	CITRUCEL	TABS	OR	NON-COVERED	OTCS	-	-	-
			CITRUCEL FIBER LAXATIVE	PACK	OR	NON-COVERED	OTCS	-	-	-

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		CITRUCEL FIBER LAXATIVE	POWD	OR	NON-COVERED	OTCS	-	-	-
		CVS SOLUBLE FIBER THERAPY	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ FIBER THERAPY	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL FIBER THERAPY	TABS	OR	NON-COVERED	OTCS	-	-	-
		FIBER THERAPY	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP FIBER THERAPY	TABS	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE FIBER	TABS	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		HM FIBER	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC FIBER THERAPY	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA SOLUBLE FIBER	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM FIBER LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SOLUBLE FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		MINERAL OIL							
		CVS MINERAL OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		CVS MINERAL OIL ENEMA	ENEM	RE	NON-COVERED	OTCS	-	-	-
		ENEMA MINERAL OIL	ENEM	RE	NON-COVERED	OTCS	-	-	-
		ENEMA MINERAL OIL READY-TO-USE	ENEM	RE	NON-COVERED	OTCS	-	-	-
		EQ MINERAL OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		FLEET OIL	ENEM	RE	NON-COVERED	OTCS	-	-	-
		GNP ENEMA MINERAL OIL LAXATIVE	ENEM	RE	NON-COVERED	OTCS	-	-	-
		GNP MINERAL OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE MINERAL OIL LUBRICANT LAXATIVE	OIL	OR	NON-COVERED	OTCS	-	-	-
		HM ENEMA MINERAL OIL	ENEM	RE	NON-COVERED	OTCS	-	-	-
		HM MINERAL OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		KONDREMUL	EMUL	OR	NON-COVERED	OTCS	-	-	-
		MINERAL OIL	ENEM	RE	NON-COVERED	OTCS	-	-	-
		MINERAL OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		MINERAL OIL (BULK)	OIL	XX	NON-COVERED	OTCS	-	-	-
		MINERAL OIL HEAVY	OIL	OR	-		NON-PREFERRED	PA REQUIRED	-
		MINERAL OIL HEAVY	OIL	OR	NON-COVERED	OTCS	-	-	-
		MINERAL OIL HEAVY (BULK)	OIL	XX	NON-COVERED	OTCS	-	-	-
		QC MINERAL OIL HEAVY	OIL	OR	NON-COVERED	OTCS	-	-	-
		RA MINERAL OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		SM ENEMA	ENEM	RE	NON-COVERED	OTCS	-	-	-
		SM MINERAL OIL	ENEM	RE	NON-COVERED	OTCS	-	-	-
		SM MINERAL OIL	OIL	OR	NON-COVERED	OTCS	-	-	-
		MINERAL OIL LIGHT							
		MINERAL OIL LIGHT (BULK)	OIL	XX	NON-COVERED	OTCS	-	-	-
		PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-ASCORBIC ACID							
	MOVIPREP	SOLR	OR	-		NON-PREFERRED	-	-	
	PLENVU	SOLR	OR	-		NON-PREFERRED	-	-	
	PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE								
	COLYTE-FLAVOR PACKS	SOLR	OR	-		NON-PREFERRED	-	-	
	GAVILYTE-C	SOLR	OR	-		PREFERRED	-	-	
	GAVILYTE-G	SOLR	OR	-		PREFERRED	-	-	
	GOLYTELY	SOLR	OR	-		NON-PREFERRED	-	-	
	PEG-3350/ELECTROLYTES	SOLR	OR	-		PREFERRED	-	-	
	PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE								
	GAVILYTE-N/FLAVOR PACK	SOLR	OR	-		PREFERRED	-	-	
	NULYTELY/FLAVOR PACKS	SOLR	OR	-		NON-PREFERRED	-	-	
	PEG-3350/NACL/NA BICARBONATE/KCL	SOLR	OR	-		PREFERRED	-	-	

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GASTROINTESTINAL AGENTS : LAXATIVES CONT.	POLYETHYLENE GLYCOL 3350	TRILYTE	SOLR	OR	-		PREFERRED	-	-
		CLEARLAX	POWD	OR	-		PREFERRED	-	-
		CVS PURELAX	PACK	OR	NON-COVERED	OTCS	-	-	-
		CVS PURELAX	POWD	OR	-		PREFERRED	-	-
		EQ CLEARLAX	POWD	OR	-		PREFERRED	-	-
		EQL CLEARLAX	POWD	OR	-		PREFERRED	-	-
	GAVILAX	PACK	OR	NON-COVERED	OTCS	-	-	-	
	GAVILAX	POWD	OR	-		PREFERRED	-	-	
	GENTLELAX	POWD	OR	-		PREFERRED	-	-	
	GIALAX	KIT	OR	-		NON-PREFERRED	-	-	
	GLYCOLAX	POWD	OR	-		PREFERRED	-	-	
	GNP CLEARLAX	PACK	OR	NON-COVERED	OTCS	-	-	-	
	GNP CLEARLAX	POWD	OR	-		PREFERRED	-	-	
	GOODSENSE CLEARLAX	POWD	OR	-		PREFERRED	-	-	
	HEALTHYLAX	PACK	OR	NON-COVERED	OTCS	-	-	-	
	HM CLEARLAX	PACK	OR	NON-COVERED	OTCS	-	-	-	
	HM CLEARLAX	POWD	OR	-		PREFERRED	-	-	
	KLS LAXACLEAR	POWD	OR	-		PREFERRED	-	-	
	MIRALAX	PACK	OR	NON-COVERED	OTCS	-	-	-	
	MIRALAX	POWD	OR	NON-COVERED	OTCS	-	-	-	
	PEG 3350	PACK	OR	NON-COVERED	OTCS	-	-	-	
PEG 3350	POWD	OR	-		PREFERRED	-	-		
POLYETHYLENE GLYCOL	POWD	OR	-		PREFERRED	-	-		
POLYETHYLENE GLYCOL 3350	PACK	OR	-		NON-PREFERRED	-	-		
POLYETHYLENE GLYCOL 3350	PACK	OR	NON-COVERED	OTCS	-	-	-		
POLYETHYLENE GLYCOL 3350	POWD	OR	-		PREFERRED	-	-		
QC NATURA-LAX	POWD	OR	-		PREFERRED	-	-		
RA LAXATIVE	PACK	OR	NON-COVERED	OTCS	-	-	-		
RA LAXATIVE	POWD	OR	-		PREFERRED	-	-		
SB POLYETHYLENE GLYCOL 3 350	POWD	OR	-		PREFERRED	-	-		
SM CLEARLAX	POWD	OR	-		PREFERRED	-	-		
SMOOTH LAX	PACK	OR	NON-COVERED	OTCS	-	-	-		
SMOOTH LAX	POWD	OR	-		PREFERRED	-	-		
TGT POWDERLAX	PACK	OR	NON-COVERED	OTCS	-	-	-		
TGT POWDERLAX	POWD	OR	-		PREFERRED	-	-		
PSYLLIUM	CVS DAILY FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	CVS NATURAL DAILY FIBER	POWD	OR	-		PREFERRED	-	-	
	CVS NATURAL FIBER SUPPLEMENT	PACK	OR	NON-COVERED	OTCS	-	-	-	
	CVS NATURAL FIBER SUPPLEMENT	POWD	OR	-		PREFERRED	-	-	
	DAILY FIBER	PACK	OR	NON-COVERED	OTCS	-	-	-	
	DAILY FIBER	POWD	OR	-		PREFERRED	-	-	
	EQ DAILY FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	EQ FIBER THERAPY	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	EQ FIBER THERAPY	POWD	OR	NON-COVERED	OTCS	-	-	-	
	EQ NATURAL FIBER LAXATIVE	POWD	OR	-		PREFERRED	-	-	
	EQL FIBER THERAPY	POWD	OR	NON-COVERED	OTCS	-	-	-	
	EQL NATURAL FIBER	POWD	OR	-		PREFERRED	-	-	
	EQL SMOOTH TEXTURE FIBER SUPPLEMENT	POWD	OR	-		PREFERRED	-	-	
	EVAC	POWD	OR	NON-COVERED	OTCS	-	-	-	

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		FIBER LAXATIVE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FIBER THERAPY 43%	POWD	OR	-		PREFERRED	-	-
		FIBER THERAPY	POWD	OR	NON-COVERED	OTCS	-	-	-
		GERI-MUCIL	POWD	OR	-		PREFERRED	-	-
		GNP NATURAL FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		GNP NATURAL FIBER	POWD	OR	-		PREFERRED	-	-
		GOODSENSE NATURAL FIBER	POWD	OR	-		PREFERRED	-	-
		GOODSENSE PSYLLIUM FIBER	POWD	OR	-		PREFERRED	-	-
		HM FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HM FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		HM FIBER POWDER	POWD	OR	-		PREFERRED	-	-
		HYDROCIL INSTANT	PACK	OR	NON-COVERED	OTCS	-	-	-
		HYDROCIL INSTANT	POWD	OR	NON-COVERED	OTCS	-	-	-
		KLS NATURAL PSYLLIUM FIBER	POWD	OR	-		PREFERRED	-	-
		KONSYL	PACK	OR	NON-COVERED	OTCS	-	-	-
		KONSYL 30.9%	POWD	OR	-		PREFERRED	-	-
		KONSYL	POWD	OR	NON-COVERED	OTCS	-	-	-
		KONSYL DAILY FIBER	PACK	OR	NON-COVERED	OTCS	-	-	-
		KONSYL DAILY FIBER 28.3%	POWD	OR	-		PREFERRED	-	-
		KONSYL DAILY FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		KONSYL-D	POWD	OR	NON-COVERED	OTCS	-	-	-
		MEDI-MUCIL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL	PACK	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL 28.3%	POWD	OR	-		PREFERRED	-	-
		METAMUCIL	POWD	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL	WAFR	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL FIBER	PACK	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL FREE & NATURAL	POWD	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL MULTIHEALTH FIBER 58.6%	POWD	OR	-		PREFERRED	-	-
		METAMUCIL MULTIHEALTH FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL MULTIHEALTH FIBER SINGLES	PACK	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL ORIGINAL TEXTURE 30.9%	POWD	OR	-		PREFERRED	-	-
		METAMUCIL ORIGINAL TEXTURE	POWD	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL SMOOTH TEXTURE	POWD	OR	-		PREFERRED	-	-
		METAMUCIL SMOOTH TEXTURE 63%	POWD	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL SMOOTH TEXTURE FIBER SINGLES	PACK	OR	NON-COVERED	OTCS	-	-	-
		METAMUCIL SMOOTH TEXTURE SUGAR FREE	POWD	OR	-		PREFERRED	-	-
		MUCILIN	PACK	OR	NON-COVERED	OTCS	-	-	-
		MUCILIN SF	PACK	OR	NON-COVERED	OTCS	-	-	-
		MUCILIN SF	POWD	OR	NON-COVERED	OTCS	-	-	-
		NATURAL FIBER LAXATIVE	POWD	OR	-		PREFERRED	-	-
		NATURAL FIBER THERAPY	POWD	OR	-		PREFERRED	-	-
		NATURAL PSYLLIUM SEED INDIAN HUSKS	POWD	OR	-		PREFERRED	-	-
		NATURAL VEGETABLE FIBER	POWD	OR	-		PREFERRED	-	-
		PSYLDEX	POWD	OR	-		PREFERRED	-	-
		PSYLLIUM FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PSYLLIUM HUSK	POWD	OR	NON-COVERED	OTCS	-	-	-
		PX FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-

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		QC FIBER LAXATIVE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		QC NATURAL VEGETABLE	POWD	OR	-		PREFERRED	-	-
		RA FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA FIBER LAXATIVE	POWD	OR	-		PREFERRED	-	-
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		RA FIBER SUPPLEMENT	POWD	OR	-		PREFERRED	-	-
		RA FIBER THERAPY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA MULTIHEALTH FIBER SUPPLEMENT	POWD	OR	-		PREFERRED	-	-
		REGULOID	CAPS	OR	NON-COVERED	OTCS	-	-	-
		REGULOID	POWD	OR	-		PREFERRED	-	-
		REGULOID 55.6%	POWD	OR	NON-COVERED	OTCS	-	-	-
		SB FIB LAX ORANGE	POWD	OR	-		PREFERRED	-	-
		SB FIBER LAXATIVE	POWD	OR	NON-COVERED	OTCS	-	-	-
		SB NATURAL FIBER LAXATIVE	POWD	OR	-		PREFERRED	-	-
		SM FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		SM FIBER POWDER 25%	POWD	OR	-		PREFERRED	-	-
		SORBULAX	POWD	OR	-		PREFERRED	-	-
		TGT FIBER THERAPY	POWD	OR	-		PREFERRED	-	-
		TGT PSYLLIUM FIBER	CAPS	OR	NON-COVERED	OTCS	-	-	-
		WAL-MUCIL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		WAL-MUCIL	POWD	OR	-		PREFERRED	-	-
	PSYLLIUM W/ CALCIUM	METAMUCIL PLUS CALCIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		WAL-MUCIL PLUS CALCIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
	SENNA	CORRECTOL HERBAL TEA	MISC	OR	NON-COVERED	OTCS	-	-	-
		SENNA	POWD	OR	NON-COVERED	OTCS	-	-	-
		SENNA	SYRP	OR	NON-COVERED	OTCS	-	-	-
		SENNA LEAVES	LEAV	OR	NON-COVERED	OTCS	-	-	-
	SENNA-FENNEL	NATURAL VEGETABLE LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-
	SENNOSIDES	AGORAL MAXIMUM STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		BLACK DRAUGHT	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CHOCOLATED LAXATIVE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS CHOCOLATE LAXATIVE PIECES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS LAXATIVE PILLS	TABS	OR	-		PREFERRED	-	-
		CVS SENNA	TABS	OR	-		PREFERRED	-	-
		CVS SENNA-EXTRA	TABS	OR	-		PREFERRED	-	-
		DR EDWARDS OLIVE LAXATIVE	TABS	OR	-		PREFERRED	-	-
		EQ LAXATIVE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQ LAXATIVE MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		EQ NATURAL LAXATIVE	TABS	OR	-		PREFERRED	-	-
		EQL LAXATIVE EQL LAXATIVE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQL LAXATIVE MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		EQL SENNA LAXATIVE	TABS	OR	-		PREFERRED	-	-
		EVAC-U-GEN	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EVAC-U-GEN	TABS	OR	-		PREFERRED	-	-
		EX-LAX	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EX-LAX	TABS	OR	-		PREFERRED	-	-
		GERI-KOT	TABS	OR	-		PREFERRED	-	-
		GNP LAXATIVE PILLS	TABS	OR	-		PREFERRED	-	-
		GNP SENNA-LAX	TABS	OR	-		PREFERRED	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
GASTROINTESTINAL AGENTS : LAXATIVES CONT.		GOODSENSE LAXATIVE PILLS	TABS	OR	-		PREFERRED	-	-
		GOODSENSE SENNA LAXATIVE	TABS	OR	-		PREFERRED	-	-
		HM SENNA	TABS	OR	-		PREFERRED	-	-
		KP SENNA	TABS	OR	-		PREFERRED	-	-
		LAXATIVE	TABS	OR	-		PREFERRED	-	-
		LAXATIVE REGULAR STRENGTH	TABS	OR	-		PREFERRED	-	-
		LAXATIVE WITH SENNA	TABS	OR	-		PREFERRED	-	-
		LITTLE TUMMYS LAXATIVE	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MEDI-LAX	TABS	OR	-		PREFERRED	-	-
		MEDI-NATURAL	TABS	OR	-		PREFERRED	-	-
		NATURAL SENNA LAXATIVE	TABS	OR	-		PREFERRED	-	-
		PERDIEM OVERNIGHT RELIEF	TABS	OR	-		PREFERRED	-	-
		PX VEGETABLE LAXATIVE	TABS	OR	-		PREFERRED	-	-
		QC LAXATIVE	TABS	OR	-		PREFERRED	-	-
		QC NATURAL VEGETABLE LAXATIVE	TABS	OR	-		PREFERRED	-	-
		QC SENNA	TABS	OR	-		PREFERRED	-	-
		RA LAXATIVE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RA LAXATIVE	TABS	OR	-		PREFERRED	-	-
		RA LAXATIVE EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		RA SENNA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA SENNA	TABS	OR	-		PREFERRED	-	-
		SB SENNA-LAX	TABS	OR	-		PREFERRED	-	-
		SENEXON	LIQD	OR	-		PREFERRED	-	-
		SENNA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SENNA	LIQD	OR	-		PREFERRED	-	-
		SENNA	SYRP	OR	-		PREFERRED	-	-
		SENNA	TABS	OR	-		PREFERRED	-	-
		SENNA LAXATIVE	TABS	OR	-		PREFERRED	-	-
		SENNA SMOOTH	TABS	OR	-		PREFERRED	-	-
		SENNA-GRX	SYRP	OR	-		PREFERRED	-	-
		SENNAZON	SYRP	OR	-		PREFERRED	-	-
		SENNO	TABS	OR	-		PREFERRED	-	-
		SENNOSIDES	TABS	OR	-		PREFERRED	-	-
		SEKOKOT	TABS	OR	-		PREFERRED	-	-
		SEKOKOT EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		SM LAXATIVE MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		SM SENNA LAXATIVE	TABS	OR	-		PREFERRED	-	-
		SM SENNA LAXATIVE MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		TGT LAXATIVE PILLS MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		TGT NATURAL LAXATIVE PILLS MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		TGT SENNA	TABS	OR	-		PREFERRED	-	-
		TGT SENNA LAXATIVE	TABS	OR	-		PREFERRED	-	-
	SENNOSIDES-DOCUSATE SODIUM	COLACE 2-IN-1	TABS	OR	NON-COVERED	OTCS	-	-	
		CVS SENNA PLUS	TABS	OR	NON-COVERED	OTCS	-	-	
		CVS STOOL SOFTENER PLUS STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	
		DOC-Q-LAX	TABS	OR	NON-COVERED	OTCS	-	-	
		DOCUSATE SODIUM & SENNA	TABS	OR	NON-COVERED	OTCS	-	-	
		DOCUSATE SODIUM/SENNOSIDES	TABS	OR	NON-COVERED	OTCS	-	-	

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GASTROINTESTINAL AGENTS : LAXATIVES CONT.		DOCUZEN	TABS	OR	NON-COVERED	OTCS	-	-	-	
		DOK PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EASY-LAX PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQ SENNA-S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQ STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQL SENNA-S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQL STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		GNP SENNA PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		GNP STOOL SOFTENER/STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		GOODSENSE STIMULANT LAXATIVE PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		HM SENNA-S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		HM STOOL SOFTENER/LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		LAXACIN	TABS	OR	NON-COVERED	OTCS	-	-	-	
		MEDI-LAXX	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		MEDI-NATURAL PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		QC SENNA-S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		QC STOOL SOFTENER PLUS LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		QC STOOL SOFTENER PLUS STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA LAXATIVE & STOOL SOFTENER	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA P COL-RITE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA SENNA PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SB DOCUSATE SODIUM/SENNA	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SENXON-S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SENNA PLUS	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		SENNA PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SENNA/DOCUSATE SODIUM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SENNA-S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SENNOSIDES/DOCUSATE SODIUM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SEKOT S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SM NATURAL LAXATIVE PLUS STOOL SOFTENER	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SM SENNA-S	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SM STOOL SOFTENER	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SM STOOL SOFTENER PLUS LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		STOOL SOFTENER + STIMULANT LAXATIVE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		STOOL SOFTENER + STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		TGT SENNA LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		TGT STOOL SOFTENER & STIMULANT LAXATIVE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		VEGETABLE LAXATIVE+STOOL SOFTENER	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SENNOSIDES-PSYLLIUM	SENNA PROMPT	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SODIUM PHOSPHATE MONOBASIC-								
		SODIUM PHOSPHATE DIBASIC	OSMOPREP	TABS	OR	-		NON-PREFERRED	-	-
		SODIUM PHOSPHATES	CVS ENEMA DISPOSABLE	ENEM	RE	-		PREFERRED	-	-
			CVS ENEMA READY-TO-USE	ENEM	RE	-		PREFERRED	-	-
			ENEMA DISPOSABLE	ENEM	RE	-		PREFERRED	-	-
			ENEMA READY-TO-USE	ENEM	RE	-		PREFERRED	-	-
			EQ ENEMA	ENEM	RE	-		PREFERRED	-	-
			EQL READY-TO-USE ENEMA	ENEM	RE	-		PREFERRED	-	-
	GASTROINTESTINAL AGENTS : LAXATIVES CONT.		FLEET ENEMA	ENEM	RE	NON-COVERED	OTCS	-	-	-

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		FLEET PEDIATRIC	ENEM	RE	NON-COVERED	OTCS	-	-	-
		GNP ENEMA	ENEM	RE	-		PREFERRED	-	-
		GOODSENSE READY TO USE ENEMA	ENEM	RE	-		PREFERRED	-	-
		HM ENEMA READY-TO-USE	ENEM	RE	-		PREFERRED	-	-
		PEDIATRIC ENEMA	ENEM	RE	-		PREFERRED	-	-
		PURE & GENTLE ENEMA	ENEM	RE	-		PREFERRED	-	-
		QC ENEMA	ENEM	RE	-		PREFERRED	-	-
		RA SALINE ENEMA	ENEM	RE	-		PREFERRED	-	-
		SM ENEMA	ENEM	RE	-		PREFERRED	-	-
		TGT SALINE LAXATIVE	ENEM	RE	-		PREFERRED	-	-
	SODIUM PICOSULFATE-MAGNESIUM OXIDE-ANHYDROUS CITRIC ACID	CLENPIQ	SOLN	OR	-		NON-PREFERRED	-	-
		PREPOPIK	PACK	OR	-		NON-PREFERRED	-	-
	SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE SORBITOL (LAXATIVE)	SUPREP BOWEL PREP KIT	SOLN	OR	-		NON-PREFERRED	-	-
		SORBITOL	SOLN	OR	NON-COVERED	OTCS	-	-	-
		SORBITOL	SOLN	RE	NON-COVERED	OTCS	-	-	-
	WHEAT DEXTRIN	BENEFIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		BENEFIBER DRINK MIX	PACK	OR	NON-COVERED	OTCS	-	-	-
		BENEFIBER FOR CHILDREN	POWD	OR	NON-COVERED	OTCS	-	-	-
		BENEFIBER ON THE GO	PACK	OR	NON-COVERED	OTCS	-	-	-
		CLEAR SOLUBLE FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		EQ FIBER POWDER	POWD	OR	NON-COVERED	OTCS	-	-	-
		GNP BEST FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE BEST FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		HM CLEAR FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
		TOTAL FIBER	POWD	OR	NON-COVERED	OTCS	-	-	-
	WHEAT DEXTRIN-CALCIUM	BENEFIBER PLUS CALCIUM	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BENEFIBER PLUS CALCIUM	POWD	OR	NON-COVERED	OTCS	-	-	-
		CVS EASY FIBER/CALCIUM	CHEW	OR	NON-COVERED	OTCS	-	-	-
	WHEAT DEXTRIN-VITAMIN B6-VITAMIN B12-FOLIC ACID	BENEFIBER PLUS B VITAMINS & FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		BENEFIBER PLUS HEART HEALTH	POWD	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS : OTHER	ALPHA-D-GALACTOSIDASE	ANTI-GAS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BEANO	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS BEANAID	CAPS	OR	NON-COVERED	OTCS	-	-	-
		EQL GAS PREVENTION	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GAS-X PREVENTION	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA ANTI-GAS	CAPS	OR	NON-COVERED	OTCS	-	-	-
	CROMOLYN SODIUM (MASTOCYTOSIS)	CROMOLYN SODIUM	CONC	OR	-		PREFERRED	-	-
		GASTROCROM	CONC	OR	-		NON-PREFERRED	PA REQUIRED	-
	IPECAC	IPECAC	SYRP	OR	NON-COVERED	OTCS	-	-	-
		SM IPECAC SYRUP	SYRP	OR	NON-COVERED	OTCS	-	-	-
	SIMETHICONE	BICARSIM	TABS	OR	NON-COVERED	OTCS	-	-	-
		BICARSIM FORTE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS GAS RELIEF	CAPS	OR	-		PREFERRED	-	-
GASTROINTESTINAL AGENTS : OTHER CONT.		CVS GAS RELIEF	CHEW	OR	-		PREFERRED	-	-
		CVS GAS RELIEF DROPS EXTRA STRENGTH	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CVS GAS RELIEF INFANTS	SUSP	OR	-		PREFERRED	-	-

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

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		RA GAS RELIEF	CHEW	OR	-		PREFERRED	-	-		
		RA GAS RELIEF EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-		
		RA GAS RELIEF ULTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-		
		RA GAS RELIEF/INFANTS	SUSP	OR	-		PREFERRED	-	-		
		SB ANTI-GAS	CAPS	OR	NON-COVERED	OTCS	-	-	-		
		SB GAS RELIEF	CHEW	OR	-		PREFERRED	-	-		
		SB GAS RELIEF	SUSP	OR	-		PREFERRED	-	-		
		SIMEPED	SUSP	OR	-		PREFERRED	-	-		
		SIMETHICONE 125 MG	CAPS	OR	-		PREFERRED	-	-		
		SIMETHICONE	CAPS	OR	NON-COVERED	OTCS	-	-	-		
		SIMETHICONE	CHEW	OR	-		PREFERRED	-	-		
		SIMETHICONE	LIQD	XX	-		NON-PREFERRED	-	-		
		SIMETHICONE	SUSP	OR	-		PREFERRED	-	-		
		SIMETHICONE EXTRA STRENGTH	CAPS	OR	-		PREFERRED	-	-		
		SM GAS RELIEF	CHEW	OR	-		PREFERRED	-	-		
		SM GAS RELIEF ANTIFLATUENT	CAPS	OR	NON-COVERED	OTCS	-	-	-		
		SM GAS RELIEF EXTRA STRENGTH	CAPS	OR	-		PREFERRED	-	-		
		SM GAS RELIEF INFANTS DROPS	SUSP	OR	-		PREFERRED	-	-		
		TGT GAS RELIEF EXTRA STRENGTH	CAPS	OR	-		PREFERRED	-	-		
		TGT GAS RELIEF EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-		
		TGT GAS RELIEF INFANTS DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-		
		GASTROINTESTINAL AGENTS: ANTACIDS	ALUM & MAG HYDROX-SIMETHICONE	ALMACONE	SUSP	OR	NON-COVERED	OTCS	-	-	-
				ALMACONE DOUBLE STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
ALUMINUM/MAGNESIUM/SIMETHICONE	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID + ANTI-GAS LIQUID MAXIMUM STRENGTH	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID ADVANCED	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID ANTI-GAS	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID ANTI-GAS MAXIMUM STRENGTH	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID EXTRA STRENGTH ANTI-GAS	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID FAST RELIEF	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID I	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID III	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID M	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID MAXIMUM STRENGTH	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID PLUS ANTI-GAS RELIEF	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID PLUS ANTI-GAS RELIEF MAXIMUM STRENGTH	SUSP			OR	NON-COVERED	OTCS	-	-	-		
ANTACID/SIMETHICONE DOUBLE STRENGTH	SUSP			OR	NON-COVERED	OTCS	-	-	-		
COMFORT GEL ANTACID ANTI-GAS	SUSP			OR	NON-COVERED	OTCS	-	-	-		
COMFORT GEL ANTACID ANTI-GAS MAXIMUM STRENGTH	SUSP			OR	NON-COVERED	OTCS	-	-	-		
CVS ANTACID/ANTI-GAS	SUSP			OR	NON-COVERED	OTCS	-	-	-		
CVS ANTACID/ANTI-GAS LIQ UID	SUSP			OR	NON-COVERED	OTCS	-	-	-		
GASTROINTESTINAL AGENTS: ANTACIDS CONT.				DI-GEL	SUSP	OR	NON-COVERED	OTCS	-	-	-
				EQ ANTACID	SUSP	OR	NON-COVERED	OTCS	-	-	-
		EQ ANTACID MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-		
		EQ ANTACID/ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-		

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		EQL ANTACID ADVANCED MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		EQL ANTACID/ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		FAST ACTING ANTACID PLUS ANTI-GAS MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GELUSIL	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GERI-LANTA	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GERI-MOX	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GNP ANTACID AND ANTI-GAS/MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GNP ANTACID ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GNP MASANTI MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GNP MASANTI REGULAR STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		HM ADVANCED ANTACID MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		HM ANTACID/ANTIGAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		HVVEE ADVANCED ANTACID MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MAALOX MULTI SYMPTOM MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MAG-AL PLUS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MAG-AL PLUS XS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MEIJER ANTACID ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MEIJER ANTACID MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MI-ACID	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MI-ACID MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MILANTEX	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MILANTEX EXTRA STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MINTOX	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MINTOX MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MINTOX PLUS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		MINTOX REGULAR STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		MYLANTA MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		PX ANTACID MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		PX ANTACID REGULAR STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		QC ANTACID/ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		QC ANTACID/ANTI-GAS MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		RA ANTACID/ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		RA ANTACID/ANTIGAS MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		RA ANTACID/GAS RELIEF MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		RA LIQUID ANTACID	SUSP	OR	NON-COVERED	OTCS	-	-	-
		RULOX	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SB ANTACID ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SM ANTACID ADVANCED	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SM ANTACID ADVANCED MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		SM ANTACID ANTI-GAS	SUSP	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS: ANTACIDS CONT.		SM ANTACID MAXIMUM STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		TGT ANTACID ANTI-GAS REGULAR STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
	ALUMINUM & MAGNESIUM HYDROXIDE	MAG-AL	LIQD	OR	-		PREFERRED	-	-
	ALUMINUM HYDROXIDE GEL	ALUMINUM HYDROXIDE	SUSP	OR	NON-COVERED	OTCS	-	-	-
	ALUMINUM HYDROXIDE-MAG CARB	ACID GONE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ACID GONE	SUSP	OR	NON-COVERED	OTCS	-	-	-
		ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-

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		CVS HEARTBURN RELIEF	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS HEARTBURN RELIEF EXTRA STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		EQ ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GAVIS-CARE	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GAVISCON	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GAVISCON EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GAVISCON EXTRA STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GAVISCON EXTRA STRENGTH RELIEF FORMULA	SUSP	OR	NON-COVERED	OTCS	-	-	-
		GNP ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP FOAMING ANTACID	SUSP	OR	NON-COVERED	OTCS	-	-	-
		HEARTBURN ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		HEARTBURN RELIEF EXTRA STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		QC HEARTBURN ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SM ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
	ALUMINUM HYDROXIDE-MAG TRISIL	GAVISCON	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP FOAMING ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SM FOAMING ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
	CAL CARB & MAG HYDROX-SIMETH	ANTACID MULTI-SYMPTOM	CHEW	OR	NON-COVERED	OTCS	-	-	-
		DI-GEL	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQ ANTACID ANTIGAS MULTI-SYMPTOM	CHEW	OR	NON-COVERED	OTCS	-	-	-
		MYLANTA TONIGHT	SUSP	OR	NON-COVERED	OTCS	-	-	-
		ROLAIDS ADVANCED	CHEW	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE (ANTACID)	ANTACID 500MG	CHEW	OR	-		PREFERRED	-	-
		ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ANTACID CALCIUM EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		ANTACID MAXIMUM	CHEW	OR	-		PREFERRED	-	-
		ANTACID SOFT CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		CALCIUM ANTACID	CHEW	OR	-		PREFERRED	-	-
		CALCIUM ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		CALCIUM ANTACID ULTRA MAXIMUM STRENGTH	CHEW	OR	-		PREFERRED	-	-
		CALCIUM CARBONATE	CHEW	OR	-		PREFERRED	-	-
		CALCIUM CARBONATE	SUSP	OR	-		PREFERRED	-	-
		CALCIUM CARBONATE	TABS	OR	-		PREFERRED	-	-
		CALCIUM CARBONATE EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		CAL-GEST ANTACID	CHEW	OR	-		PREFERRED	-	-
		CHILDRENS PEPTO	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS SOOTHE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS ANTACID CHILDRENS	LIQD	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS: ANTACIDS CONT.		CVS ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		CVS ANTACID MAXIMUM STRENGTH	CHEW	OR	-		PREFERRED	-	-
		CVS CHEWY NOT CHALKY FLAVOR CHEWS	CHEW	OR	-		PREFERRED	-	-
		EQ ANTACID	CHEW	OR	-		PREFERRED	-	-
		EQ ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		EQ ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		EQL ANTACID	CHEW	OR	-		PREFERRED	-	-
		EQL ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		EQL ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-

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		GNP ANTACID	CHEW	OR	-		PREFERRED	-	-
		GNP ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		GNP ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		GOODSENSE ANTACID/EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		GOODSENSE ANTACID/REGULAR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		GOODSENSE ANTACID/ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		HEALTHY MAMA TAME THE FLAME	CHEW	OR	-		PREFERRED	-	-
		HM CALCIUM ANTACID	CHEW	OR	-		PREFERRED	-	-
		HM CALCIUM ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		HM CALCIUM ANTACID SMOOTHDISSOLVE EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		HM CALCIUM ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		LONG LASTING ANTACID	CHEW	OR	-		PREFERRED	-	-
		MAALOX	CHEW	OR	NON-COVERED	OTCS	-	-	-
		MAALOX CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PX ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		PX ANTACID MAXIMUM STRENGTH	CHEW	OR	-		PREFERRED	-	-
		PX CALCIUM ANTACID REGULAR STRENGTH	CHEW	OR	-		PREFERRED	-	-
		QC ANTACID	CHEW	OR	-		PREFERRED	-	-
		QC ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		QC ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		RA ANTACID	CHEW	OR	-		PREFERRED	-	-
		RA ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		RA ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		RA SMOOTH ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		RA STOMACH RELIEF KIDS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SB ANTACID	CHEW	OR	-		PREFERRED	-	-
		SB ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		SM CALCIUM ANTACID	CHEW	OR	-		PREFERRED	-	-
		SM CALCIUM ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		SM CALCIUM ANTACID ULTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		SM SMOOTH ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		TGT ANTACID	CHEW	OR	-		PREFERRED	-	-
		TGT ANTACID EXTRA STRENGTH	CHEW	OR	-		PREFERRED	-	-
		TITRALAC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TUMS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TUMS CHEWY BITES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TUMS CHEWY DELIGHTS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TUMS EXTRA STRENGTH 750	CHEW	OR	NON-COVERED	OTCS	-	-	-
GASTROINTESTINAL AGENTS: ANTACIDS CONT.		TUMS LASTING EFFECTS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TUMS SMOOTHIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TUMS ULTRA 1000	CHEW	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE-MAG HYDROX	ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ANTACID ULTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALICUM RICH SUPREME ANTACID	SUSP	OR	NON-COVERED	OTCS	-	-	-
		CVS ANTACID SUPREME	SUSP	OR	NON-COVERED	OTCS	-	-	-
		EQ ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GERI-LANTA SUPREME	SUSP	OR	NON-COVERED	OTCS	-	-	-

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		GNP ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ROLAIDS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ROLAIDS ANTACID ULTRA STRENGTH	SUSP	OR	NON-COVERED	OTCS	-	-	-
		ROLAIDS EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TGT ANTACID EXTRA STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE-SIMETHICONE	ALKA-SELTZER HEARTBURN+GAS RELIEFCHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS ANTACID & ANTI-GAS FAST RELIEF	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GAS-X WITH MAALOX EXTRA STRENGTH ANTIGAS PLUS ANTACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP ANTACID & ANTI-GAS MAXIMUM STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		MAALOX ADVANCED MAXIMUM STRENGTH	CHEW	OR	NON-COVERED	OTCS	-	-	-
		MAALOX JUNIOR PLUS ANTIGAS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		TUMS GAS RELIEF CHEWY BITES	CHEW	OR	NON-COVERED	OTCS	-	-	-
	MAGNESIUM OXIDE	GNP MAGNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM MAGNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		MAGNESIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MAGNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		MAGNESIUM OXIDE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MAGNESIUM OXIDE	TABS	OR	NON-COVERED	OTCS	-	-	-
		MAOX	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC MAGNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		URO-MAG	CAPS	OR	NON-COVERED	OTCS	-	-	-
	MAGNESIUM OXIDE-ASAFOETIDA	DEWEES CARMINATIVE WITHOUT OPIUM	LIQD	OR	NON-COVERED	OTCS	-	-	-
	SOD BICARBONATE-POTASSIUM BICARBONATE-CITRIC ACID	ALKA-SELTZER GOLD	TBEF	OR	NON-COVERED	OTCS	-	-	-
	SODIUM BICARB-CITRIC ACID W/ SIMETHICONE	E-Z-GAS II	PACK	OR	NON-COVERED	OTCS	-	-	-
	SODIUM BICARBONATE (ANTACID)	SODIUM BICARBONATE	POWD	OR	-		NON-PREFERRED	PA REQUIRED	-
		SODIUM BICARBONATE	POWD	OR	NON-COVERED	OTCS	-	-	-
		SODIUM BICARBONATE	TABS	OR	NON-COVERED	OTCS	-	-	-
	SODIUM BICARBONATE-CITRIC ACID	ALKA-SELTZER HEARTBURN RELIEF	TBEF	OR	NON-COVERED	OTCS	-	-	-
	SODIUM BICARBONATE-SODIUM CITRATE	CITROCARBONATE	GRAF	OR	NON-COVERED	OTCS	-	-	-
	SODIUM CITRATE DIHYDRATE (ANTACID)	CITRA PH	SOLN	OR	NON-COVERED	OTCS	-	-	-
GENITOURINARY AGENTS - MISC : ALKALINIZERS	POT & SOD CITRATES W/CITRIC AC	POTASSIUM CITRATE/SODIUM CITRATE/CITRIC ACID	SOLN	OR	-		PREFERRED	-	-
GENITOURINARY AGENTS - MISC : ALKALINIZERS CONT.		TRICITRATES	SOLN	OR	-		PREFERRED	-	-
	POTASSIUM CITRATE (ALKALINIZER)	POTASSIUM CITRATE	GRAN	XX	-		NON-PREFERRED	-	-
		POTASSIUM CITRATE	POWD	XX	-		NON-PREFERRED	-	-
		POTASSIUM CITRATE ER	TBCR	OR	-		PREFERRED	-	-
		POTASSIUM CITRATE MONOHYDRATE	GRAN	XX	-		NON-PREFERRED	-	-
		UROCIT-K 10	TBCR	OR	-		NON-PREFERRED	PA REQUIRED	-
		UROCIT-K 15	TBCR	OR	-		NON-PREFERRED	PA REQUIRED	-
		UROCIT-K 5	TBCR	OR	-		NON-PREFERRED	PA REQUIRED	-
	POTASSIUM CITRATE-CITRIC ACID	CYTRA K CRYSTALS	PACK	OR	-		PREFERRED	-	-
		POTASSIUM CITRATE/CITRIC ACID	SOLN	OR	-		PREFERRED	-	-
		TARON-CRYSTALS	PACK	OR	-		PREFERRED	-	-

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	SODIUM CITRATE & CITRIC ACID	ORACIT	SOLN	OR	-		NON-PREFERRED	-	-
		SODIUM CITRATE/CITRIC ACID	SOLN	OR	-		PREFERRED	-	-
GENITOURINARY AGENTS - MISC : URINARY ANALGESICS	PHENAZOPYRIDINE HCL	AZO URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		AZO URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		PHENAZO 200MG	TABS	OR	-		PREFERRED	-	-
		PHENAZO	TABS	OR	NON-COVERED	OTCS	-	-	-
		PHENAZOPYRIDINE HCL 200MG	TABS	OR	-		PREFERRED	-	-
		PHENAZOPYRIDINE HCL	TABS	OR	NON-COVERED	OTCS	-	-	-
		PHENAZOPYRIDINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		PYRIDIUM	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		QC AZO	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		SB URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		URINARY PAIN RELIEF	TABS	OR	NON-COVERED	OTCS	-	-	-
		URINARY PAIN RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		URISTAT	TABS	OR	NON-COVERED	OTCS	-	-	-
		VH ESSENTIALS UTI RELIEF MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
	PHENAZOPYRIDINE HCL & CRANBERRY-VIT C-PROBIOTIC	AZO URINARY TRACT HEALTH SUPPORT PACK	TBPK	OR	NON-COVERED	OTCS	-	-	-
	PHENAZOPYRIDINE HCL & URINARY TRACT INFECTION (UTI) TEST	URISTAT UTI RELIEF PAK	THPK	CO	NON-COVERED	OTCS	-	-	-
GENITOURINARY AGENTS - MISC : URINARY ANTIINFECTIVES	FOSFOMYCIN TROMETHAMINE	MONUROL	PACK	OR	-		NON-PREFERRED	PA REQUIRED	-
GENITOURINARY AGENTS - MISC : URINARY ANTIINFECTIVES CONT.	METHENAMINE HIPPURATE	HIPREX	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		METHENAMINE HIPPURATE	TABS	OR	-		PREFERRED	-	-
	METHENAMINE MANDELATE	METHENAMINE MANDELATE	TABS	OR	-		PREFERRED	-	-
	METHENAMINE-HYOSCAMINE-METHYLENE BLUE-SODIUM PHOSPHATE	ME/NAPHOS/MB/HYO 1	TABS	OR	-		NON-PREFERRED	-	-
		UROGESIC-BLUE	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		URYL	TABS	OR	-		NON-PREFERRED	-	-
	METHENAMINE-HYOSC-METHYLENE BLUE-BENZOIC ACID-PHENYL SAL	HYOPHEN	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	METHENAMINE-HYOSC-METHYLENE BLUE-SOD PHOS-PHENYL SAL	PHOSPHASAL	TABS	OR	-		NON-PREFERRED	-	-
		URETRON D/S	TABS	OR	-		NON-PREFERRED	-	-
		URIBEL	CAPS	OR	-		NON-PREFERRED	-	-

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		URIMAR-T	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		URIN D/S	TABS	OR	-		NON-PREFERRED	-	-
		URO-458	TABS	OR	-		NON-PREFERRED	-	-
		UROAV-81	TABS	OR	-		NON-PREFERRED	-	-
		UROAV-B	CAPS	OR	-		NON-PREFERRED	-	-
		URO-MP	CAPS	OR	-		NON-PREFERRED	-	-
		USTELL	CAPS	OR	-		NON-PREFERRED	-	-
		UTICAP	CAPS	OR	-		NON-PREFERRED	-	-
		UTIRA-C	TABS	OR	-		NON-PREFERRED	-	-
		UTRONA-C	TABS	OR	-		NON-PREFERRED	-	-
		VILAMIT MB	CAPS	OR	-		NON-PREFERRED	-	-
		VILEVEV MB	TABS	OR	-		NON-PREFERRED	-	-
	METHENAMINE-SODIUM SALICYLATE	AZO URINARY TRACT DEFENSE	TABS	OR	NON-COVERED	OTCS	-	-	-
	NITROFURANTOIN	FURADANTIN	SUSP	OR	-		NON-PREFERRED	PA REQUIRED	-
		NITROFURANTOIN	SUSP	OR	-		PREFERRED	-	-
	NITROFURANTOIN MACROCRYSTAL	MACRODANTIN	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NITROFURANTOIN	CAPS	OR	-		PREFERRED	-	-
		NITROFURANTOIN MACROCRYSTALS 25MG	CAPS	OR	-		NON-PREFERRED	-	-
		NITROFURANTOIN MACROCRYSTALS	CAPS	OR	-		PREFERRED	-	-
	NITROFURANTOIN MONOHD MACRO	MACROBID	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	CAPS	OR	-		PREFERRED	-	-
GENITOURINARY AGENTS : OVERACTIVE BLADDER AGENTS	BETHANECHOL CHLORIDE	BETHANECHOL CHLORIDE	TABS	OR	-		PREFERRED	-	-
		URECHOLINE	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	DARIFENACIN HYDROBROMIDE	DARIFENACIN HYDROBROMIDE ER	TB24	OR	-		NON-PREFERRED	-	-
		ENABLEX	TB24	OR	-		NON-PREFERRED	PA REQUIRED	-
	FESOTERODINE FUMARATE	TOVIAZ	TB24	OR	-		PREFERRED	-	-
	FLAVOXATE HCL	FLAVOXATE HCL	TABS	OR	-		NON-PREFERRED	-	-
	MIRABEGRON	MYRBETRIQ	TB24	OR	-		NON-PREFERRED	-	-
	OXYBUTYNIN	OXYTROL	PTTW	TD	-		NON-PREFERRED	PA REQUIRED	-
		OXYTROL FOR WOMEN	PTTW	TD	NON-COVERED	OTCS	-	-	-
	OXYBUTYNIN CHLORIDE	DITROPAN XL	TB24	OR	-		NON-PREFERRED	PA REQUIRED	-
GENITOURINARY AGENTS : OVERACTIVE BLADDER AGENTS CONT.		GELNIQUE PUMP	GEL	TD	-		NON-PREFERRED	PA REQUIRED	-
		OXYBUTYNIN CHLORIDE	SYRP	OR	-		PREFERRED	-	-
		OXYBUTYNIN CHLORIDE	TABS	OR	-		PREFERRED	-	-
		OXYBUTYNIN CHLORIDE ER	TB24	OR	-		PREFERRED	-	-
	SOLIFENACIN SUCCINATE	SOLIFENACIN SUCCINATE	TABS	OR	-		NON-PREFERRED	-	-
		VESICARE	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	TOLTERODINE TARTRATE	DETROL	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		DETROL LA	CP24	OR	-		NON-PREFERRED	PA REQUIRED	-
		TOLTERODINE TARTRATE	TABS	OR	-		NON-PREFERRED	-	-
		TOLTERODINE TARTRATE ER	CP24	OR	-		NON-PREFERRED	-	-
	TROSPIUM CHLORIDE	TROSPIUM CHLORIDE	TABS	OR	-		NON-PREFERRED	-	-
		TROSPIUM CHLORIDE ER	CP24	OR	-		NON-PREFERRED	-	-
HEMATOLOGICAL AGENTS - MISC : AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA	GIVOSIRAN SODIUM	GIVLAARI	SOLN	SC	-		X	PA REQUIRED	-

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HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS	COBALAMIN COMBINATIONS	B-12 1000	SUBL	SL	NON-COVERED	OTCS	-	-	-	
		B12 FOLATE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		B-12 PLUS FOLIC ACID	TBDP	OR	NON-COVERED	OTCS	-	-	-	
		FOLIC + B12	TABS	OR	NON-COVERED	OTCS	-	-	-	
		FOLTRATE	TABS	OR	NON-COVERED	VITA	-	-	-	
		MTX SUPPORT	TABS	OR	NON-COVERED	OTCS	-	-	-	
		OPURITY B12/FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA B-12	LOZG	MT	NON-COVERED	OTCS	-	-	-	
		VITAMIN B12/FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-	
	CYANOCOBALAMIN	B-12	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		B-12	LOZG	OR	NON-COVERED	OTCS	-	-	-	
		B-12	SUBL	SL	NON-COVERED	OTCS	-	-	-	
		B-12	TABS	OR	NON-COVERED	OTCS	-	-	-	
		B-12	TBCR	OR	NON-COVERED	OTCS	-	-	-	
		B-12 COMPLIANCE INJECTIONKIT	KIT	IJ	-	-	-	PREFERRED	PA REQUIRED	-
		B-12 DOTS	TBDP	OR	NON-COVERED	OTCS	-	-	-	
		B-12 DUAL SPECTRUM	TBCR	OR	NON-COVERED	OTCS	-	-	-	
		B12 FAST DISSOLVE	TBDP	OR	NON-COVERED	OTCS	-	-	-	
		B-12 MICROLOZENGE	SUBL	SL	NON-COVERED	OTCS	-	-	-	
		B-12 SUPER STRENGTH	LIQD	SL	NON-COVERED	OTCS	-	-	-	
		B-12 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-	
		B-12-SL	SUBL	SL	NON-COVERED	OTCS	-	-	-	
		CVS B-12	LIQD	OR	NON-COVERED	OTCS	-	-	-	
		CVS B-12	SUBL	SL	NON-COVERED	OTCS	-	-	-	
		CVS B-12	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CVS B12	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		CVS B12 GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		CVS B12 QUICK DISSOLVE	LOZG	OR	NON-COVERED	OTCS	-	-	-	
		CVS VITAMIN B-12	TBCR	OR	NON-COVERED	OTCS	-	-	-	
		CVS VITAMIN B-12 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-	
		CYANOCOBALAMIN	SOLN	IJ	-	-	-	PREFERRED	-	-
		EQL B-12	TABS	OR	NON-COVERED	OTCS	-	-	-	
		HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS CONT.	EQL VITAMIN B-12 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
			GNP B-12	SUBL	SL	NON-COVERED	OTCS	-	-	-
GNP VITAMIN B-12	TABS		OR	NON-COVERED	OTCS	-	-	-		
GNP VITAMIN B-12 PROLONGED RELEASE	TBCR		OR	NON-COVERED	OTCS	-	-	-		
GNP VITAMIN B-12 TR	TBCR		OR	NON-COVERED	OTCS	-	-	-		
HM SUPER VITAMIN B12	CHEW		OR	NON-COVERED	OTCS	-	-	-		
HM VITAMIN B12	TABS		OR	NON-COVERED	OTCS	-	-	-		
HM VITAMIN B12	TBCR		OR	NON-COVERED	OTCS	-	-	-		
HM VITAMIN B12 TR	TBCR		OR	NON-COVERED	OTCS	-	-	-		
HM VITAMIN B12 ULTRA STRENGTH	TBDP		OR	NON-COVERED	OTCS	-	-	-		
KP VITAMIN B-12	TABS		OR	NON-COVERED	OTCS	-	-	-		
LIQUID B12	LIQD		OR	NON-COVERED	OTCS	-	-	-		
NASCOBAL	SOLN		NA	NON-COVERED	VITA	-	-	-		
PA VITAMIN B-12 TR	TBCR		OR	NON-COVERED	OTCS	-	-	-		
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	KIT		IJ	-	-	-	PREFERRED	PA REQUIRED	-	

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		QC VITAMIN B12	SUBL	SL	NON-COVERED	OTCS	-	-	-
		QC VITAMIN B12	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC VITAMIN B12	TBCR	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN B-12	LIQD	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN B-12	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN B12	TBCR	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN B-12 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		RAPID B-12 ENERGY	LIQD	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN B-12	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN B-12 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SV VITAMIN B12 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		VITAMELTS ENERGY VITAMIN B-12	TBDP	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12	LIQD	SL	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12	LOZG	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12	SUBL	SL	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12	TBCR	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12	TBDP	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12 CR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12 ER	TBCR	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12 LA	TBCR	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-12 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN DEFICIENCY INJECTABLE SYSTEM-B12	KIT	IJ	-		PREFERRED	PA REQUIRED	-
	CYANOCOBALAMIN-METHIONINE- INOSITOL-CHOLINE	LIPO-B	SOLN	IM	-		PREFERRED	PA REQUIRED	-
		METHIONINE/INOSITOL/CHOLINE/CYANOCOBALAMIN	SOLN	IM	NON-COVERED	VITA	-	-	-
	CYANOCOBALAMIN-METHYLCOBALAMIN	ABANEU-SL	SUBL	SL	NON-COVERED	VITA	-	-	-
		NATURES TRUTH B-12	LIQD	SL	NON-COVERED	OTCS	-	-	-
		NEURIN-SL	SUBL	SL	NON-COVERED	VITA	-	-	-
	HYDROXOCOBALAMIN ACETATE	HYDROXOCOBALAMIN	SOLN	IM	-		PREFERRED	PA REQUIRED	-
		VB12 MAX	LIQD	OR	NON-COVERED	OTCS	-	-	-
HEMATOPOIETIC AGENTS : COBALAMINS / COBALAMIN COMBINATIONS CONT.	LIVER EXTRACT	LIVER	CAPS	OR	NON-COVERED	OTCS	-	-	-
	METHYLCOBALAMIN	B-12	SUBL	SL	NON-COVERED	OTCS	-	-	-
		B-12	TBDP	OR	NON-COVERED	OTCS	-	-	-
		B-12 FAST DISSOLVE	SUBL	SL	NON-COVERED	OTCS	-	-	-
		B-12 METHYLCOBALAMIN	TBDP	OR	NON-COVERED	OTCS	-	-	-
		B-12 QUICK DISSOLVE	TBDP	OR	NON-COVERED	OTCS	-	-	-
		B12-ACTIVE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FAST ACTING B12	SUBL	SL	NON-COVERED	OTCS	-	-	-
		METHYL B-12	LOZG	OR	NON-COVERED	OTCS	-	-	-
		METHYLCOBALAMIN	SOLN	IJ	-		PREFERRED	PA REQUIRED	-
		METHYLCOBALAMIN	SOLR	IJ	-		PREFERRED	PA REQUIRED	-
		MM VITAMIN B12	TBDP	SL	NON-COVERED	OTCS	-	-	-
HEMATOPOIETIC AGENTS : FOLIC ACID / FOLATE COMBINATIONS	FOLATE-VITAMIN B12-INTRINSIC FACTOR	INTRINSI B12/FOLATE	TABS	OR	NON-COVERED	OTCS	-	-	-
	FOLIC ACID	CVS FOLIC ACID	TABS	OR	-		PREFERRED	-	-

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		FA-8	CAPS	OR	-		PREFERRED	-	-
		FA-8	TABS	OR	-		PREFERRED	-	-
		FOLATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		FOLIC ACID	CAPS	OR	-		PREFERRED	-	-
		FOLIC ACID 0.8MG	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FOLIC ACID	SOLN	IJ	-		PREFERRED	PA REQUIRED	-
		FOLIC ACID	TABS	OR	-		PREFERRED	-	-
		FOLIC ACID 400MCG	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		KP FOLIC ACID	TABS	OR	-		PREFERRED	-	-
		PX FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC FOLIC ACID	TABS	OR	-		PREFERRED	-	-
		RA FOLIC ACID	TABS	OR	-		PREFERRED	-	-
		RA FOLIC ACID 400MCG	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		YL FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
	FOLIC ACID-CHOLECALCIFEROL	AXIFOL	CAPS	OR	NON-COVERED	VITA	-	-	-
		CHOLECAL DF	TABS	OR	NON-COVERED	VITA	-	-	-
		CIFEREX	CAPS	OR	NON-COVERED	VITA	-	-	-
		CIFRAZOL	CAPS	OR	NON-COVERED	VITA	-	-	-
		DERMACINRX PUREFOLIX	TABS	OR	NON-COVERED	VITA	-	-	-
		DURACHOL	CAPS	OR	NON-COVERED	VITA	-	-	-
		FOLI-D	TABS	OR	NON-COVERED	VITA	-	-	-
		FOLIKA-D	TABS	OR	NON-COVERED	VITA	-	-	-
		FOLVITE-D	TABS	OR	-		PREFERRED	-	-
		GENICIN VITA-D	TABS	OR	NON-COVERED	VITA	-	-	-
		NOXIFOL-D	TABS	OR	NON-COVERED	VITA	-	-	-
		ORTHO DF	CAPS	OR	NON-COVERED	VITA	-	-	-
		REVESTA	CAPS	OR	NON-COVERED	VITA	-	-	-
		ROXIFOL-D	TABS	OR	NON-COVERED	VITA	-	-	-
		ZAVARA	CAPS	OR	NON-COVERED	VITA	-	-	-
HEMATOPOIETIC AGENTS : FOLIC ACID / FOLATE COMBINATIONS CONT.	FOLIC ACID-CYANOCOBALAMIN-VIT B6-VIT D-CALCIUM-ALOE	D 1000 PLUS ALOE	TABS	OR	NON-COVERED	OTCS	-	-	-
		RX SUPPORT HEARTBURN/ACID REFLUX WITH ALOE	TABS	OR	NON-COVERED	OTCS	-	-	-
	FOLIC ACID-VIT B2-VIT B6-VIT B12-VIT C-CHOLINE	FOLIC ACID XTRA	TABS	OR	NON-COVERED	OTCS	-	-	-
	FOLIC ACID-VIT B2-VIT B6-VIT B12-VIT D-CALCIUM-PHOSPHORUS	FOLGARD	TABS	OR	NON-COVERED	OTCS	-	-	-
	FOLIC ACID-VIT B6-VIT B12-INTRINSIC FACTOR-ALPHA LIPOIC ACI	ABATREX	TABS	OR	NON-COVERED	OTCS	-	-	-
		BTREX	TBCR	OR	NON-COVERED	OTCS	-	-	-
	FOLIC ACID-VIT B6-VIT B12-VIT D-OMEGA 3 ACIDS-PHYTOSTEROLS	ANIMI-3/VITAMIN D	CAPS	OR	NON-COVERED	VITA	-	-	-
	FOLIC ACID-VITAMIN B6-VITAMIN B12	AIRAVITE	TABS	OR	-		PREFERRED	-	-
		B COMPLEX/FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-6 FOLIC ACID	CAPS	OR	NON-COVERED	VITA	-	-	-
		CENFOL	TABS	OR	NON-COVERED	VITA	-	-	-
		FABB	TABS	OR	-		PREFERRED	-	-

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		FOLBEE	TABS	OR	-		PREFERRED	-	-
		FOLGARD RX	TABS	OR	NON-COVERED	VITA	-	-	-
		FOLIC ACID/B-6/B-12	TABS	OR	NON-COVERED	OTCS	-	-	-
		FOLIC ACID/VITAMIN B-6/VITAMIN B-12	TABS	OR	-		PREFERRED	-	-
		FOLPLEX 2.2	TABS	OR	-		PREFERRED	-	-
		FOLTABS 800	TABS	OR	NON-COVERED	OTCS	-	-	-
		HOMOCYSTEINE FORMULA	TABS	OR	NON-COVERED	OTCS	-	-	-
		MILLGUARD	TABS	OR	NON-COVERED	OTCS	-	-	-
		NUFOL	TABS	OR	-		PREFERRED	-	-
		TL GARD RX	TABS	OR	-		PREFERRED	-	-
		VIRT-GARD	TABS	OR	-		PREFERRED	-	-
		WESTAB ONE	TABS	OR	-		PREFERRED	-	-
	FOLIC ACID-VITAMIN B6-VITAMIN B12-OMEGA 3 ACIDS-PHYTOSTEROL	BP VIT 3	CAPS	OR	NON-COVERED	VITA	-	-	-
		TALIVA	CAPS	OR	NON-COVERED	VITA	-	-	-
		VITAMEZ	CAPS	OR	NON-COVERED	VITA	-	-	-
	FOLIC ACID-VITAMIN D3-MAG CIT-ACETYL CYSTEINE-CA CIT	FOLITE	TABS	OR	NON-COVERED	VITA	-	-	-
	FOLINIC ACID-VITAMIN B6-VITAMIN B12	FOLINIC-PLUS	TABS	OR	NON-COVERED	OTCS	-	-	-
HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS	CARBONYL IRON	EQL CARBONYL IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		FEOSOL NATURAL RELEASE	TABS	OR	NON-COVERED	OTCS	-	-	-
		FERRETT'S CHEWABLE IRON	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ICAR PEDIATRIC	SUSP	OR	NON-COVERED	OTCS	-	-	-
		IRON CHEWS PEDIATRIC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		WEE CARE	SUSP	OR	NON-COVERED	OTCS	-	-	-
	FE ASP GLY-FE POLYSACCHARIDE-SUCC ACD-C-THREONIC ACID-B12-F	FERREX 150 FORTE PLUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.	FE ASP GLY-FE POLYSACCHARIDE-SUCC AC-VIT C	FERREX 150 PLUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
	FE ASPARTO GLY-FE FUMARATE-SUCC ACD-C-THREONIC ACD-B12-FA	MULTIGEN PLUS	TABS	OR	NON-COVERED	VITA	-	-	-
	FE ASPARTO GLY-FE FUM-B12-FOLIC ACID-VIT C-SUCCINIC ACID	FERREX 28	MISC	OR	NON-COVERED	OTCS	-	-	-
	FE ASPARTO GLY-SUCCIN AC-C-THREONIC AC-B12-DES STOM SUBST	MULTIGEN	TABS	OR	NON-COVERED	VITA	-	-	-
	FE ASPARTO GLY-SUCCINIC ACD-VIT C-THREONIC ACD-VIT B12-FA	MULTIGEN FOLIC	TABS	OR	NON-COVERED	VITA	-	-	-
	FE ASPARTO GLY-VIT B12-FA-VIT C-DSS-SUCCINIC ACID-ZINC	FERIVA 21/7	TABS	OR	NON-COVERED	VITA	-	-	-
	FE BISGLYC-FE POLYSACCHARIDE-SUCC ACD-B COMPLEX-C-CA-FA	IROSPAN 24/6	MISC	OR	NON-COVERED	VITA	-	-	-
		IS 24/6	MISC	OR	NON-COVERED	VITA	-	-	-
	FE BISGLYCINATE CHELATE-VIT C-VIT B12-FOLIC ACID	GENTLE IRON	CAPS	OR	-		PREFERRED	-	-
	FE BISGLYCINATE-FE POLYSACCHARIDE-VIT B12-ZINC	MAXFE DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
	FE BISGLYCINATE-FE POLYSACCHARIDE-VIT C-VIT B12-FOLIC ACID	TARON FORTE	CAPS	OR	NON-COVERED	VITA	-	-	-

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	FE BISGLYCINATE- FE POLYSACCH-BIOTIN-VIT B12-MAGNESIUM-ZINC	MAXFE	LIQD	OR	NON-COVERED	OTCS	-	-	-
	FE BISGLYCINATE-SUCCINIC ACD-VIT C- THREONIC ACD-VIT B12-FA	IRON 21/7	MISC	OR	NON-COVERED	OTCS	-	-	-
	FE CARBONYL-FA-B COMPLEX-A-C-D-E- MIN	ACTIVE FE	TABS	OR	NON-COVERED	VITA	-	-	-
	FE CARBONYL- FE GLUCONATE-FA-VIT B12-VIT C-DOCUSATE SODIUM	FERRALET 90	TABS	OR	NON-COVERED	VITA	-	-	-
	FE FUMARATE- FE POLYSACCHARIDE-VIT C-LACTOBACILLUS	FUSION	CAPS	OR	NON-COVERED	OTCS	-	-	-
	FE FUMARATE- FE POLYSACCHARIDE-VIT C-VIT B3	INTEGRA	CAPS	OR	NON-COVERED	OTCS	-	-	-
	FE FUMARATE- VITAMIN C-VITAMIN B12-FOLIC ACID	HEMATOGEN FA	CAPS	OR	NON-COVERED	VITA	-	-	-
		HEMATOGEN FORTE	CAPS	OR	-		PREFERRED	-	-
		TRIGELS-F FORTE	CAPS	OR	-		PREFERRED	-	-
	FE FUM-IRON POLYSACCH COMPLEX-FA-B CMPLX-C-BIOTIN-PROBIOTIC	FUSION PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-
	FE FUM-IRON POLYSACCH COMPLEX-FA-B COMPLEX-C-BIOTIN	FOLIVANE-PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-
		INTEGRA PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-
		VIRT-FEFA PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-
	FE FUM-IRON POLYSACCH COMPLEX-FA-B COMPLEX-C-ZN-MN-CU	K-TAN PLUS	CAPS	OR	-		PREFERRED	-	-
		PUREVIT DUALFE PLUS	CAPS	OR	-		PREFERRED	-	-
		SE-TAN PLUS	CAPS	OR	-		PREFERRED	-	-
	FERRIC CARBOXYMALTOSE	INJECTAFER	SOLN	IV	-		PREFERRED	PA REQUIRED	-
HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.	FERRIC PYROPHOSPHATE CITRATE	TRIFERIC	PACK	HM	NON-COVERED	VITA	-	-	-
		TRIFERIC	SOLN	HM	NON-COVERED	VITA	-	-	-
	FERROUS BISGLYCINATE CHELATE	EASY IRON	CAPS	OR	NON-COVERED	OTCS	-	-	-
	FERROUS FUMARATE	FEMIRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		FERRETTS	TABS	OR	NON-COVERED	OTCS	-	-	-
		FERRIMIN 150	TABS	OR	NON-COVERED	OTCS	-	-	-
		FERROCITE	TABS	OR	NON-COVERED	OTCS	-	-	-
		FERROUS FUMARATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		FERROUS FUMARATE 324	TABS	OR	NON-COVERED	OTCS	-	-	-
		HEMOCYTE	TABS	OR	NON-COVERED	OTCS	-	-	-
		HIGH POTENCY IRON	CAPS	OR	NON-COVERED	OTCS	-	-	-
		IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
	FERROUS FUMARATE W/ B12-VIT C-FA-IFC	FEROCON	CAPS	OR	-		PREFERRED	-	-
		FEROTRINSIC	CAPS	OR	-		PREFERRED	-	-
		FOLTRIN	CAPS	OR	-		PREFERRED	-	-
		TRICON	CAPS	OR	-		PREFERRED	-	-
	FERROUS FUMARATE W/ DSS	FE CAPS/STOOL SOFTENER	TABS	OR	NON-COVERED	OTCS	-	-	-
	FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C	NEPHRON FA	TABS	OR	NON-COVERED	VITA	-	-	-

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	FERROUS FUMARATE-DOCUSATE NA-C-E-B12-IF-FOLIC ACID	FERRO-PLEX HEMATINIC	TABS	OR	NON-COVERED	VITA	-	-	-	
	FERROUS FUMARATE-FA-B COMPLEX-C-ZN-MG-MN-CU	CENTRATLEX	CAPS	OR	NON-COVERED	VITA	-	-	-	
		FERROCITE PLUS	TABS	OR	-		PREFERRED	-	-	
		HEMATINIC PLUS VITAMINS/MINERALS	TABS	OR	-		PREFERRED	-	-	
		HEMOCYTE PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-	
		HEMOCYTE-PLUS	TABS	OR	-		PREFERRED	-	-	
		PUREFE PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-	
	FERROUS FUMARATE-FOLIC ACID	HEMATINIC/FOLIC ACID	TABS	OR	NON-COVERED	VITA	-	-	-	
		HEMOCYTE-F	TABS	OR	NON-COVERED	VITA	-	-	-	
	FERROUS FUMARATE-IRON POLYSACCHARIDE COMPLEX-FA-C-PROBIOTIC	FUSION SPRINKLES	PACK	OR	NON-COVERED	VITA	-	-	-	
	FERROUS FUMARATE-IRON POLYSACCHARIDE COMPLEX-FOLIC ACID-C-B	FOLIVANE-F	CAPS	OR	NON-COVERED	VITA	-	-	-	
		INTEGRA F	CAPS	OR	NON-COVERED	VITA	-	-	-	
	FERROUS FUMARATE-VITAMIN C FERROUS GLUCONATE	FERRO-SEQUELS	TBCR	OR	NON-COVERED	OTCS	-	-	-	
		CVS IRON	TABS	OR	NON-COVERED	OTCS	-	-	-	
		FE GLUCONATE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		FERATE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		FERGON	TABS	OR	NON-COVERED	OTCS	-	-	-	
		FERROTABS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		FERROUS GLUCONATE 324 MG (37.5 MG ELEMENTAL IRON)	TABS	OR	-		PREFERRED	-	-	
		FERROUS GLUCONATE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		IRON	TABS	OR	NON-COVERED	OTCS	-	-	-	
	HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.		KP FERROUS GLUCONATE	TABS	OR	-		PREFERRED	-	-
	FERROUS SULFATE		BPROTECTED PEDIA IRON	SOLN	OR	-		PREFERRED	-	-
			CVS IRON	TABS	OR	-		PREFERRED	-	-
			CVS SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
			EQL IRON SUPPLEMENT THERAPY	TABS	OR	-		PREFERRED	-	-
			FE TABS	TBEC	OR	-		PREFERRED	-	-
		FER-IN-SOL	SOLN	OR	NON-COVERED	OTCS	-	-	-	
		FEROSUL	ELIX	OR	-		PREFERRED	-	-	
		FEROSUL	TABS	OR	-		PREFERRED	-	-	
		FERROUS SULFATE	ELIX	OR	-		PREFERRED	-	-	
		FERROUS SULFATE	GRAN	XX	NON-COVERED	VITA	-	-	-	
		FERROUS SULFATE	LIQD	OR	-		PREFERRED	-	-	
		FERROUS SULFATE	POWD	XX	-		NON-PREFERRED	-	-	
		FERROUS SULFATE	SOLN	OR	-		PREFERRED	-	-	
		FERROUS SULFATE	SYRP	OR	-		PREFERRED	-	-	
		FERROUS SULFATE	TABS	OR	-		PREFERRED	-	-	
		FERROUS SULFATE 27 MG (ELEMENTAL FE)	TABS	OR	NON-COVERED	OTCS	-	-	-	
		FERROUS SULFATE	TBEC	OR	-		PREFERRED	-	-	
		FERROUSUL	TABS	OR	-		PREFERRED	-	-	
		GNP IRON	TABS	OR	-		PREFERRED	-	-	

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		GNP IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		GNP SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		GOODSENSE IRON	TABS	OR	-		PREFERRED	-	-
		HM IRON SLOW RELEASE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		IRON	TABS	OR	-		PREFERRED	-	-
		IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		IRON ER	TBCR	OR	NON-COVERED	OTCS	-	-	-
		IRON HIGH-POTENCY	TABS	OR	-		PREFERRED	-	-
		IRON HIGH-POTENCY	TBCR	OR	NON-COVERED	OTCS	-	-	-
		IRON SLOW RELEASE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		IRON SUPPLEMENT	ELIX	OR	-		PREFERRED	-	-
		IRON SUPPLEMENT CHILDRENS	SOLN	OR	-		PREFERRED	-	-
		KP FERROUS SULFATE	TABS	OR	-		PREFERRED	-	-
		MEIJER FERROUS SULFATE	TABS	OR	-		PREFERRED	-	-
		NAT-RUL IRON	TABS	OR	-		PREFERRED	-	-
		PX IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC FERROUS SULFATE	TABS	OR	-		PREFERRED	-	-
		RA HIGH POTENCY IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA IRON	TABS	OR	-		PREFERRED	-	-
		RA IRON 27 MG (ELEMENTAL FE)	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SLOW FE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SM IRON	TABS	OR	-		PREFERRED	-	-
		SM SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SPATONE PUR-ABSORB IRON	LIQD	OR	NON-COVERED	OTCS	-	-	-
	FERROUS SULFATE DRIED	CVS SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
HEMATOPOIETIC AGENTS : IRON / IRON COMBINATIONS CONT.		EQ SLOW-RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		EQL SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		FEOSOL	TABS	OR	NON-COVERED	OTCS	-	-	-
		FERROUS SULFATE IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		IRON SLOW RELEASE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		PX IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SLOW IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SM SLOW RELEASE IRON	TBCR	OR	NON-COVERED	OTCS	-	-	-
	FERROUS SULFATE-VITAMIN C-FOLIC ACID	FOLITAB 500	TBCR	OR	NON-COVERED	OTCS	-	-	-
	IRON CARBONYL-SENNA-C-E-B6-B12-IF-FOLIC ACID	IRO-PLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
	IRON CARBONYL-VITAMIN C-FRUCTOOLIGOSACCHARIDES (FOS)	CHEWABLE IRON	CHEW	OR	NON-COVERED	OTCS	-	-	-
	IRON COMBINATIONS	CHROMAGEN	CAPS	OR	-		PREFERRED	-	-

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

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	POLYSACCHARIDE FE COMPLEX-FE HEME								
	POLYPEPTIDE-FA-VIT B12	HEMETAB	TABS	OR	NON-COVERED	VITA	-	-	-
	POLYSACCHARIDE IRON COMPLEX	EZFE 200	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FERREX 150	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HEMATEX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		IRON POLYSACCHARIDE COMPLEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		IRON UP	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MYFERON 150	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NOVAFERRUM 50	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NOVAFERRUM PEDIATRIC DROPS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NU-IRON 150	CAPS	OR	NON-COVERED	OTCS	-	-	-
		POLY-IRON 150	CAPS	OR	NON-COVERED	OTCS	-	-	-
		POLYSACCHARIDE-IRON COMPLEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PROFE	CAPS	OR	NON-COVERED	OTCS	-	-	-
	POLYSACCHARIDE IRON COMPLEX-CHOLECALCIFEROL (VIT D3)								
		NOVAFERRUM 125	LIQD	OR	NON-COVERED	OTCS	-	-	-
	POLYSACCHARIDE IRON COMPLEX-IRON HEME POLYPEPTIDE								
		BIFERA	TABS	OR	NON-COVERED	OTCS	-	-	-
		FEOSOL BIFERA	TABS	OR	NON-COVERED	OTCS	-	-	-
	POLYSACCHARIDE IRON-FOLIC ACID-VIT B12								
		FERREX 150 FORTE	CAPS	OR	NON-COVERED	OTCS	-	-	-
IMMUNE MODULATORS : ANTILEPTICS	THALIDOMIDE	THALOMID	CAPS	OR	-		PREFERRED	PA REQUIRED	-
MIGRAINE AGENTS : SELECTIVE SEROTONIN AGONISTS 5-HT(1)	ALMOTRIPTAN MALATE	ALMOTRIPTAN	TABS	OR	-		NON-PREFERRED	-	-
		ALMOTRIPTAN MALATE	TABS	OR	-		NON-PREFERRED	-	-
	ELETRIPTAN HYDROBROMIDE	ELETRIPTAN HYDROBROMIDE	TABS	OR	-		NON-PREFERRED	-	-
		RELPAK	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	FROVATRIPTAN SUCCINATE	FROVA	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
MIGRAINE AGENTS : SELECTIVE SEROTONIN AGONISTS 5-HT(1) CONT.		FROVATRIPTAN SUCCINATE	TABS	OR	-		NON-PREFERRED	-	-
	LASMIDITAN SUCCINATE	REYVOW	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	NARATRIPTAN HCL	AMERGE	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		NARATRIPTAN HCL	TABS	OR	-		PREFERRED	-	-
	RIZATRIPTAN BENZOATE	MAXALT	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		MAXALT-MLT	TBDP	OR	-		NON-PREFERRED	PA REQUIRED	-
		RIZATRIPTAN BENZOATE	TABS	OR	-		PREFERRED	-	-
		RIZATRIPTAN BENZOATE ODT	TBDP	OR	-		PREFERRED	-	-
	SUMATRIPTAN	IMITREX	SOLN	NA	-		NON-PREFERRED	PA REQUIRED	-
		SUMATRIPTAN	SOLN	NA	-		PREFERRED	-	-
		TOSYMRA	SOLN	NA	-		NON-PREFERRED	PA REQUIRED	-
	SUMATRIPTAN SUCCINATE	IMITREX	SOLN	SC	-		NON-PREFERRED	PA REQUIRED	-
		IMITREX	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		IMITREX STATDOSE REFILL	SOCT	SC	-		NON-PREFERRED	PA REQUIRED	-
		IMITREX STATDOSE SYSTEM	SOAJ	SC	-		NON-PREFERRED	PA REQUIRED	-
		ONZETRA XSAIL	EXHP	NA	-		NON-PREFERRED	PA REQUIRED	-
		SUMATRIPTAN SUCCINATE	SOAJ	SC	-		PREFERRED	-	-
		SUMATRIPTAN SUCCINATE	SOLN	SC	-		PREFERRED	-	-
		SUMATRIPTAN SUCCINATE	SOSY	SC	-		NON-PREFERRED	-	-
		SUMATRIPTAN SUCCINATE	TABS	OR	-		PREFERRED	-	-

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		SUMATRIPTAN SUCCINATE REFILL	SOCT	SC	-		PREFERRED	-	-
		ZEMBRACE SYMTOUCH	SOAJ	SC	-		NON-PREFERRED	PA REQUIRED	-
	SUMATRIPTAN SUCCINATE & CAMPHOR-MENTHOL	MIGRANOW	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	SUMATRIPTAN SUCCINATE-HOMEOPATHIC PRODUCT	MIGRAINE PACK	THPK	CO	-		NON-PREFERRED	PA REQUIRED	-
	SUMATRIPTAN-NAPROXEN SODIUM	SUMATRIPTAN/NAPROXEN SODIUM	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		TREXIMET	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
	ZOLMITRIPTAN	ZOLMITRIPTAN	TABS	OR	-		NON-PREFERRED	-	-
		ZOLMITRIPTAN ODT	TBDP	OR	-		NON-PREFERRED	-	-
		ZOMIG	SOLN	NA	-		NON-PREFERRED	-	-
		ZOMIG	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		ZOMIG ZMT	TBDP	OR	-		NON-PREFERRED	PA REQUIRED	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL	BONE MEAL W/ VITAMIN D	BONE MEAL	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM	CALCIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM	TABS	OR	-		PREFERRED	-	-
		CALCIUM 280MG	TABS	OR	NON-COVERED	OTCS	-	-	-
		CHELATED CALCIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM	TABS	OR	-		PREFERRED	-	-
		RA CALCIUM	TABS	OR	-		PREFERRED	-	-
		RA CALCIUM HIGH POTENCY	TABS	OR	-		PREFERRED	-	-
	CALCIUM & PHOSPHORUS	POSTURE	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM & PHOSPHORUS W/ VITAMIN D	CALCIUM GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM/D	WAFR	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM/VITAMIN D3/ADULT GUMMY	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CITRACAL CALCIUM GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CITRACAL+D3	CHEW	OR	NON-COVERED	OTCS	-	-	-
		DISNEY CALCIUM + VITAMIN D3 GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RISACAL-D	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM & PHOSPHORUS W/ VITAMIN D & MAGNESIUM	CALCIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		POSTURE-D CALCIUM/MAGNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM ACETATE	CALCIUM ACETATE	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE	CALCI-CHEW	CHEW	OR	-		PREFERRED	-	-
		CALCIUM	CHEW	OR	-		PREFERRED	-	-
		CALCIUM	TABS	OR	-		PREFERRED	-	-
		CALCIUM 600	TABS	OR	-		PREFERRED	-	-
		CALCIUM CARBONATE 1250 MG (500 MG ELEMENTAL CA)	CHEW	OR	-		PREFERRED	-	-
		CALCIUM CARBONATE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CARBONATE	POWD	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CARBONATE	TABS	OR	-		PREFERRED	-	-
		CALCIUM CARBONATE	WAFR	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM HIGH POTENCY	TABS	OR	-		PREFERRED	-	-
		CALCIUM OYSTER SHELL	TABS	OR	-		PREFERRED	-	-
		CAL-MINT	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALTRATE 600	TABS	OR	-		PREFERRED	-	-

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		CHEWABLE CALCIUM	CHEW	OR	-		PREFERRED	-	-	
		CVS CALCIUM CARBONATE	TABS	OR	-		PREFERRED	-	-	
		GNP CALCIUM	TABS	OR	-		PREFERRED	-	-	
		HIGH POTENCY CALCIUM	TABS	OR	-		PREFERRED	-	-	
		QC CALCIUM FAST DISSOLUTION	TABS	OR	-		PREFERRED	-	-	
		RA CALCIUM 600	TABS	OR	-		PREFERRED	-	-	
		SM CALCIUM 600	TABS	OR	-		PREFERRED	-	-	
		SUPER CALCIUM	TABS	OR	-		PREFERRED	-	-	
		CALCIUM CARBONATE-CHOLECALCIFEROL	CALCIUM	CHEW	OR	NON-COVERED	OTCS	-	-	-
			CALCIUM + D3	TABS	OR	-		PREFERRED	-	-
			CALCIUM 500 +D	TABS	OR	-		PREFERRED	-	-
			CALCIUM 500 +D3	TABS	OR	NON-COVERED	OTCS	-	-	-
			CALCIUM 500/D	CHEW	OR	-		PREFERRED	-	-
			CALCIUM 500/VITAMIN D3	TABS	OR	-		PREFERRED	-	-
			CALCIUM 600 + D	TABS	OR	-		PREFERRED	-	-
			CALCIUM 600 WITH VITAMIN D	TABS	OR	-		PREFERRED	-	-
			CALCIUM 600/VITAMIN D	TABS	OR	-		PREFERRED	-	-
			CALCIUM 600/VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
			CALCIUM 600+D 600 MG-800 UNIT	TABS	OR	NON-COVERED	OTCS	-	-	-
			CALCIUM 600+D3 600 MG-800 UNIT	TABS	OR	NON-COVERED	OTCS	-	-	-
			CALCIUM 600-D	TABS	OR	-		PREFERRED	-	-
			CALCIUM CARBONATE/D3	TABS	OR	-		PREFERRED	-	-
			CALCIUM EXTRA D3	TABS	OR	NON-COVERED	OTCS	-	-	-
			CALCIUM PETITES/VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
			CALCIUM PLUS D3 ABSORBABLE	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM PLUS VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-	
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CALCIUM PLUS VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM/VITAMIN D	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM/VITAMIN D	TABS	OR	-		PREFERRED	-	-	
		CALCIUM/VITAMIN D 600 MG-125 UNIT & 500 MG-125 UNIT	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM/VITAMIN D-3	CHEW	OR	-		PREFERRED	-	-	
		CALCIUM/VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM/VITAMIN D3	TABS	OR	-		PREFERRED	-	-	
		CALCIUM/VITAMIN D3 600 MG-125 UNIT & 250 MG-125 UNIT	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM+D3	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CAL-QUICK	LIQD	OR	-		PREFERRED	PA REQUIRED	-	
		CALTRATE 600+D3	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CVS CALCIUM 600+D	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CVS OYSTER SHELL CALCIUM +VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQ CALCIUM 500+D	TABS	OR	-		PREFERRED	-	-	
		EQ CALCIUM 600+D	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQL CALCIUM 600MG/VITAMIND3	TABS	OR	NON-COVERED	OTCS	-	-	-	
		EQL CALCIUM/VITAMIN D	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		EQL CALCIUM/VITAMIN D	TABS	OR	-		PREFERRED	-	-	
		GNP CALCIUM 500 +D3	TABS	OR	NON-COVERED	OTCS	-	-	-	

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		GNP CALCIUM 600 +D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM CALCIUM 600 + VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM CALCIUM/VITAMIN D	TABS	OR	-		PREFERRED	-	-
		KP CALCIUM 600+D	CAPS	OR	NON-COVERED	OTCS	-	-	-
		KP CALCIUM 600+D	TABS	OR	-		PREFERRED	-	-
		KP CALCIUM 600+D 600 MG-800 UNIT	TABS	OR	NON-COVERED	OTCS	-	-	-
		KP CALCIUM 600+D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NAT-RUL OYSTER CALCIUM + D	TABS	OR	NON-COVERED	OTCS	-	-	-
		OS-CAL	CHEW	OR	NON-COVERED	OTCS	-	-	-
		OS-CAL CALCIUM + D3	TABS	OR	-		PREFERRED	-	-
		OS-CAL EXTRA D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		OSTEO-PORETICAL	TABS	OR	NON-COVERED	OTCS	-	-	-
		OYSCO 500+D	CHEW	OR	NON-COVERED	OTCS	-	-	-
		OYSCO 500+D	TABS	OR	-		PREFERRED	-	-
		OYSTER SHELL CALCIUM	TABS	OR	-		PREFERRED	-	-
		OYSTER SHELL CALCIUM + D	TABS	OR	-		PREFERRED	-	-
		OYSTER SHELL CALCIUM + D3	TABS	OR	-		PREFERRED	-	-
		OYSTER SHELL CALCIUM 250+D	TABS	OR	NON-COVERED	OTCS	-	-	-
		OYSTER SHELL CALCIUM 500+D	CHEW	OR	-		PREFERRED	-	-
		OYSTER SHELL CALCIUM PLUS VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		OYSTER SHELL CALCIUM PLUSVITAMIN D	TABS	OR	-		PREFERRED	-	-
		OYSTER SHELL CALCIUM/VITAMIN D	PACK	OR	NON-COVERED	OTCS	-	-	-
		OYSTER SHELL CALCIUM/VITAMIN D 250 MG-125 UNIT & 250 MG-250 UNIT	TABS	OR	NON-COVERED	OTCS	-	-	-
		OYSTERCAL-D	TABS	OR	-		PREFERRED	-	-
		PA CALCIUM 600/VITAMIN D	TABS	OR	-		PREFERRED	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		PRONUTRIENTS CALCIUM+D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM 600 PLUS VITAMIN D-3	TABS	OR	-		PREFERRED	-	-
		SM CALCIUM /VITAMIN D	TABS	OR	-		PREFERRED	-	-
		SM CALCIUM 600+D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM/VITAMIN D	TABS	OR	-		PREFERRED	-	-
		SM CALCIUM/VITAMIN D 600 MG-800 UNIT	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM OYSTER SHELL CALCIUM/VITAMIN D3	TABS	OR	-		PREFERRED	-	-
		TGT CALCIUM + VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE-ERGOCALCIFEROL	RA OYSTER SHELL CALCIUM/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE-FOLIC ACID-VIT D-B6-B12-BORON-MAGNESIUM	CALCIFOL	WAFR	OR	NON-COVERED	VITA	-	-	-
		CALCIUM-FOLIC ACID PLUS D	WAFR	OR	NON-COVERED	VITA	-	-	-
	CALCIUM CARBONATE-MAGNESIUM CARBONATE	MAGNEBIND 300	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE-MAGNESIUM OXIDE-VITAMIN C	LOCALNESIUM-C	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE-VIT D-VIT C-VIT E W/ MINERALS	OS-CAL ULTRA	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CARBONATE-VITAMIN D	CALCIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM + D3	TABS	OR	-		PREFERRED	-	-

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

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		SUPER CALCIUM 600+D3 400	TABS	OR	-		PREFERRED	-	-
		TGT CALCIUM DIETARY SUPPLEMENT	CHEW	OR	-		PREFERRED	PA REQUIRED	-
	CALCIUM CARBONATE-VITAMIN D W/ MINERALS	600+D3 PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM 1200	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM 600 + MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM 600+D PLUS MINERALS	CHEW	OR	-		PREFERRED	-	-
		CALCIUM 600+D PLUS MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM 600+D3 PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM 600+D3 PLUS MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM/VITAMIN D/MINERALS	CHEW	OR	-		PREFERRED	-	-
		CALCIUM/VITAMIN D3 PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALTRATE 600+D PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALTRATE 600+D PLUS MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALTRATE MINIS PLUS MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM 600 + D PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM 600 + D PLUS MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ CALCIUM 600+D+MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM 1200	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM 600 +D/MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM 600 +D3/MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM 600 PLUS D/MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM PLUS 600 +D	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM/VITAMIN D/MINERALS	CHEW	OR	-		PREFERRED	-	-
		HM CALCIUM 600 + D PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		HM CALCIUM/VITAMIN D/MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		QC CALCIUM 600 +D3 PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		QC CALCIUM MAGNESIUM & ZINC +D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC CALCIUM/MINERALS/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM 600 PLUS VITAMIN D-3 & MINERALS	CHEW	OR	-		PREFERRED	-	-
		RA CALCIUM 600/VIT D/MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM/MINERALS/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM 600 + D PLUS MINERALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM 600 + MINERALS	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM/VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CITRATE	CALCITRATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE	GRAN	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CITRATE MALATE-CHOLECALCIFEROL	CALCIUM CITRATE MALATE/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CITRATE-VITAMIN D	CALCET CREAMY BITES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALCITRATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCITRATE PLUS D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CAL-CITRATE PLUS VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE + D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE + D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE + D3 MAXIMUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE CHEWY BITE	CHEW	OR	NON-COVERED	OTCS	-	-	-

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		CALCIUM CITRATE W/D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE W/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE/D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE/VITAMIN D3	LIQD	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE/VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE+ D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE+D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE+D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM CITRATE+D3 PETITES	TABS	OR	NON-COVERED	OTCS	-	-	-
		CELEBRATE CALCIUM CITRATE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CELEBRATE CALCIUM PLUS 500	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CITRACAL + D3 MAXIMUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		CITRACAL PETITES/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CITRUS CALCIUM +D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CITRUS CALCIUM/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM CITRATE + D	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM CITRATE+D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM CITRATE+D3 PETITES	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ CALCIUM CITRATE+D	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ CALCIUM CITRATE+D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQ CALCIUM CITRATE+D3/PETITES	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL CALCIUM CITRATE W/VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL CALCIUM CITRATE/ VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM CITRATE +D3	TABS	OR	NON-COVERED	OTCS	-	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		GNP CALCIUM CITRATE+D MAXIMUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM CALCIUM CITRATE + VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM CALCIUM CITRATE+D3 PETITE	TABS	OR	NON-COVERED	OTCS	-	-	-
		KP CALCIUM CITRATE+D	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM CITRATE PLUS VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM CITRATE PLUS VITAMIN D-3	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM CITRATE/VITAMIN D-3 PETITES	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM CITRATE + D	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM CITRATE W/VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM CITRATE/VITAMIN D3 PETITE	TABS	OR	NON-COVERED	OTCS	-	-	-
		UPCAL D	PACK	OR	NON-COVERED	OTCS	-	-	-
		UPCAL D	POWD	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM CITRATE-VITAMIN D-VITAMIN K W/ MINERALS	ADVANCED CALCIUM FORMULA	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM GLUCONATE	CALCIUM GLUCONATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CAL-GLU	CAPS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM LACTATE	CALCIUM LACTATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		CAL-LAC	CAPS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM PHOSPHATE-CHOLECALCIFEROL	CALCIUM 500 + D3	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM/VITAMIN D3 GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CALTRATE GUMMY BITES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM	CHEW	OR	NON-COVERED	OTCS	-	-	-

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MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.	CALCIUM W/ MAGNESIUM	CVS YOGURT+CALCIUM GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		EQL CALCIUM GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		CAL/MAG	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CAL/MAG CITRATE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM MAGNESIUM 750	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM/MAGNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM/MAGNESIUM CITRATE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CAL-MAG	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CAL-MAG ASPARTATE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CAL-MAG CHELA-MAX	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		CALMAG THINS	TABS	OR	NON-COVERED	OTCS	-	-	-	
		LOCALNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		OYSTER SHELL CALCIUM/MAGNESIUM	TABS	OR	NON-COVERED	OTCS	-	-	-	
		SUPER CAL/MAG	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM W/ VITAMIN D	CALCIUM	TABS	OR	-		PREFERRED	-	-
	RA CALCIUM HI-CAL/VITAMIND		TABS	OR	NON-COVERED	OTCS	-	-	-	
	CALCIUM W/ VITAMINS A & D	SM OYSTER SHELL CALCIUM	TABS	OR	-		PREFERRED	-	-	
		LIQUID CALCIUM/VITAMINS A & D	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	CALCIUM W/ VITAMINS C & D	CALCIUM/C/D	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	CALCIUM W/ VITAMINS D & K	CALCIUM + D	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM + D + K	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM FOR WOMEN	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM SOFT CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM+MENAQ7	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CHEWABLE CALCIUM	CHEW	OR	NON-COVERED	OTCS	-	-	-	
	MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		CVS CALCIUM SOFT CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-
			EQL CALCIUM SOFT CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM SOFT CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		SM CALCIUM SOFT CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
		VIActiv CALCIUM PLUS D	CHEW	OR	NON-COVERED	OTCS	-	-	-	
CALCIUM-BORON		RA CALCIUM/BORON	TABS	OR	NON-COVERED	OTCS	-	-	-	
CALCIUM-CHOLECALCIFEROL		CALCET PETITES	TABS	OR	NON-COVERED	OTCS	-	-	-	
		RA CALCIUM HI-CAL/VITAMIND	TABS	OR	-		PREFERRED	-	-	
CALCIUM-ERGOCALCIFEROL		PARVA-CAL	TABS	OR	NON-COVERED	OTCS	-	-	-	
		PARVA-CAL 250	TABS	OR	NON-COVERED	OTCS	-	-	-	
CALCIUM-IRON-VITAMIN D-VITAMIN K		CALCIUM SOFT CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-	
CALCIUM-MAGNESIUM W/ VITAMIN D		CALCIUM 500	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM 600/MAGNESIUM 300/VITAMIN D	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM CITRATE/MAGNESIUM/VITAMIN D								
		CHEWABLE WAFERS	WAFR	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM/MAGNESIUM/VITAMIND	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CALCIUM+D3 GRADUAL RELEASE	TB24	OR	NON-COVERED	OTCS	-	-	-	
		CAL-MAG COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-	
		CITRACAL CALCIUM+D SLOW RELEASE	TB24	OR	NON-COVERED	OTCS	-	-	-	
		CORAL CALCIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-	
	LIQUID CALCIUM/MAGNESIUM CITRATE PLUS									
	VITAMIN D3	LIQD	OR	NON-COVERED	OTCS	-	-	-		
	OPURITY CALCIUM CITRATE PLUS	CHEW	OR	NON-COVERED	OTCS	-	-	-		

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		SUPER CAL-MAG-D	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM-MAGNESIUM-VITAMIN C-VITAMIN D	AVORIA CAL+D	PACK	OR	NON-COVERED	OTCS	-	-	-
		CORAL CALCIUM PLUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM-MAGNESIUM-ZINC	CALCIUM MAGNESIUM & ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		CALCIUM/MAGNESIUM/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS CALCIUM/MAGNESIUM/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP CALCIUM/MAGNESIUM/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM CALCIUM MAGNESIUM & ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		KP CALCIUM/MAGNESIUM/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA CALCIUM/MAGNESIUM/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM CALCIUM/MAGNESIUM/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
	CALCIUM-VITAMIN D-ARGININE-INOSITOL-SILICON	BONE DENSITY	TABS	OR	NON-COVERED	OTCS	-	-	-
	CORAL CALCIUM	CORAL CALCIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM CORAL CALCIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
	CORAL CALCIUM-MAGNESIUM W/VITAMIN D	CORAL CALCIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CORAL CALCIUM PLUS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA CORAL CALCIUM	CAPS	OR	NON-COVERED	OTCS	-	-	-
	DOLOMITE	DOLOMITE	TABS	OR	NON-COVERED	OTCS	-	-	-
	OYSTER SHELL	CALCIUM	TABS	OR	-		PREFERRED	-	-
		CALCIUM OYSTER SHELL	TABS	OR	-		PREFERRED	-	-
MINERALS AND ELECTROLYTES : CALCIUM - ORAL CONT.		OYSCO 500	TABS	OR	-		PREFERRED	-	-
		OYSTER CALCIUM	TABS	OR	-		PREFERRED	-	-
		OYSTER SHELL	TABS	OR	-		PREFERRED	-	-
		OYSTER SHELL CALCIUM	TABS	OR	-		PREFERRED	-	-
		OYSTERCAL	TABS	OR	-		PREFERRED	-	-
		RA HI-CAL	TABS	OR	-		PREFERRED	-	-
		RA OYSTER SHELL CALCIUM	TABS	OR	-		PREFERRED	-	-
		SB OYSTER SHELL CALCIUM	TABS	OR	-		PREFERRED	-	-
MINERALS AND ELECTROLYTES : FLUORIDE - ORAL	SODIUM FLUORIDE	FLUORABON	SOLN	OR	NON-COVERED	VITA	-	-	-
		FLUORIDE	CHEW	OR	-		PREFERRED	-	-
		FLUORITAB	CHEW	OR	-		PREFERRED	-	-
		FLUORITAB	SOLN	OR	-		PREFERRED	-	-
		FLURA-DROPS	SOLN	OR	NON-COVERED	VITA	-	-	-
		LUDENT	CHEW	OR	-		PREFERRED	-	-
		NAFRINSE	CHEW	OR	-		PREFERRED	-	-
		NAFRINSE DROPS	SOLN	OR	-		PREFERRED	-	-
		SODIUM FLUORIDE	CHEW	OR	-		PREFERRED	-	-
		SODIUM FLUORIDE	SOLN	OR	-		PREFERRED	-	-
		SODIUM FLUORIDE	TABS	OR	-		PREFERRED	-	-
	SODIUM FLUORIDE W/ CALCIUM CARBONATE	FLORICAL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		FLORICAL	TABS	OR	NON-COVERED	OTCS	-	-	-
	SODIUM FLUORIDE-VITAMIN D	FLORIVA	LIQD	OR	NON-COVERED	VITA	-	-	-

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MINERALS AND ELECTROLYTES : PHOSPHATE - ORAL	POT PHOSPHATE MONOBASIC W/ SOD PHOSPHATE DIBASIC & MONOBASI	AV-PHOS 250 NEUTRAL	TABS	OR	-		PREFERRED	-	-	
		K-PHOS NEUTRAL	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-	
		PHOSPHA 250 NEUTRAL	TABS	OR	-		PREFERRED	-	-	
		PHOSPHOROUS	TABS	OR	-		PREFERRED	-	-	
		PHOSPHO-TRIN 250 NEUTRAL	TABS	OR	-		PREFERRED	-	-	
		VIRT-PHOS 250 NEUTRAL	TABS	OR	-		PREFERRED	-	-	
	POTASSIUM & SODIUM PHOSPHATES	PHOS-NAK POWDER CONCENTRATE	PACK	OR	NON-COVERED	OTCS	-	-	-	
		PHOSPHORUS SUPPLEMENT	PACK	OR	NON-COVERED	OTCS	-	-	-	
	POTASSIUM PHOSPHATE MONOBASIC	K-PHOS	TABS	OR	-		PREFERRED	-	-	
	MINERALS AND ELECTROLYTES : POTASSIUM	POTASSIUM	CHELATED POTASSIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
POTASSIMIN			TABS	OR	NON-COVERED	OTCS	-	-	-	
POTASSIUM			TABS	OR	NON-COVERED	OTCS	-	-	-	
POTASSIUM ACETATE		POTASSIUM ACETATE	SOLN	IV	-		PREFERRED	PA REQUIRED	-	
POTASSIUM BICARB & CHLORIDE		EFFERVESCENT POTASSIUM/CHLORIDE	TBEF	OR	-		PREFERRED	-	-	
POTASSIUM BICARBONATE		EFFER-K	TBEF	OR	-		PREFERRED	-	-	
		EFFERVESCENT POTASSIUM	TBEF	OR	-		PREFERRED	-	-	
		K-BICARB	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		KLOR-CON/EF	TBEF	OR	-		PREFERRED	-	-	
POTASSIUM BICARBONATE-CITRIC ACID		K-PRIME	TBEF	OR	-		PREFERRED	-	-	
	EFFER-K	TBEF	OR	-		PREFERRED	-	-		
MINERALS AND ELECTROLYTES : POTASSIUM CONT.	POTASSIUM CHLORIDE	KLOR-CON	PACK	OR	-		PREFERRED	PA REQUIRED	-	
		KLOR-CON 10	TBCR	OR	-		PREFERRED	-	-	
		KLOR-CON 8	TBCR	OR	-		PREFERRED	-	-	
		KLOR-CON SPRINKLE	CPCR	OR	-		PREFERRED	-	-	
		K-TAB	TBCR	OR	-		NON-PREFERRED	-	-	
		K-TAB	TBCR	OR	-		PREFERRED	-	-	
		POTASSIUM CHLORIDE	CRYS	XX	-		NON-PREFERRED	-	-	
		POTASSIUM CHLORIDE	PACK	OR	-		PREFERRED	PA REQUIRED	-	
		POTASSIUM CHLORIDE	SOLN	IV	-		PREFERRED	PA REQUIRED	-	
		POTASSIUM CHLORIDE	SOLN	OR	-		PREFERRED	-	-	
		POTASSIUM CHLORIDE	SOLN	OR	-		PREFERRED	PA REQUIRED	-	
		POTASSIUM CHLORIDE CR	TBCR	OR	-		PREFERRED	-	-	
		POTASSIUM CHLORIDE ER	CPCR	OR	-		PREFERRED	-	-	
		POTASSIUM CHLORIDE ER 20 MEQ (1500 MG)	TBCR	OR	-		NON-PREFERRED	-	-	
		POTASSIUM CHLORIDE ER	TBCR	OR	-		PREFERRED	-	-	
		POTASSIUM CHLORIDE PROAMP	SOLN	IV	-		PREFERRED	PA REQUIRED	-	
		POTASSIUM CHLORIDE SR	TBCR	OR	-		PREFERRED	-	-	
		POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER	KLOR-CON M10	TBCR	OR	-		PREFERRED	-	-
			KLOR-CON M15	TBCR	OR	-		PREFERRED	-	-
	KLOR-CON M20		TBCR	OR	-		PREFERRED	-	-	
	POTASSIUM CHLORIDE CR		TBCR	OR	-		PREFERRED	-	-	
	POTASSIUM CHLORIDE ER		TBCR	OR	-		PREFERRED	-	-	
	POTASSIUM CITRATE		POTASSIUM CITRATE	CAPS	OR	NON-COVERED	OTCS	-	-	-
	POTASSIUM GLUCONATE	CVS POTASSIUM GLUCONATE	TABS	OR	NON-COVERED	OTCS	-	-	-	
		GNC POTASSIUM GLUCONATE 99	TABS	OR	NON-COVERED	OTCS	-	-	-	
		HM POTASSIUM	TABS	OR	NON-COVERED	OTCS	-	-	-	

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		K-99	CAPS	OR	NON-COVERED	OTCS	-	-	-
		POTASSIUM GLUCONATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		POTASSIUM GLUCONATE ER	TBCR	OR	NON-COVERED	OTCS	-	-	-
		QC POTASSIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA POTASSIUM GLUCONATE	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM POTASSIUM	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM POTASSIUM GLUCONATE	TABS	OR	NON-COVERED	OTCS	-	-	-
MISCELLANEOUS THERAPEUTIC CLASSES : CHELATING AGENTS - ORAL	PENICILLAMINE	CUPRIMINE	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		DEPEN TITRATABS	TABS	OR	-		PREFERRED	PA REQUIRED	-
		D-PENAMINE	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
		PENICILLAMINE	CAPS	OR	-		PREFERRED	PA REQUIRED	-
		PENICILLAMINE	TABS	OR	-		PREFERRED	PA REQUIRED	-
	TRIENTINE HCL	CLOVIQUE	CAPS	OR	-		PREFERRED	PA REQUIRED	-
		SYPRINE	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		TRIENTINE HYDROCHLORIDE	CAPS	OR	-		PREFERRED	PA REQUIRED	-
MOUTH / THROAT / DENTAL AGENTS : ARTIFICIAL SALIVA	ARTIFICIAL SALIVA	ACT DRY MOUTH	LOZG	MT	NON-COVERED	OTCS	-	-	-
		AQUORAL	SOLN	MT	-		PREFERRED	-	-
		BIOTENE DRY MOUTH	LOZG	MT	NON-COVERED	OTCS	-	-	-
		BIOTENE DRY MOUTH GUM	GUM	MT	NON-COVERED	OTCS	-	-	-
MOUTH / THROAT / DENTAL AGENTS : ARTIFICIAL SALIVA CONT.		BIOTENE DRY MOUTH MOISTURIZING SPRAY	SOLN	MT	-		PREFERRED	-	-
		BIOTENE ORALBALANCE DRY MOUTH MOISTURIZING	GEL	MT	NON-COVERED	OTCS	-	-	-
		BOCASAL	PACK	MT	-		NON-PREFERRED	-	-
		CAPHOSOL	SOLN	MT	-		PREFERRED	-	-
		CAPHOSOL	TBEF	MT	NON-COVERED	OTCS	-	-	-
		CVS DRY MOUTH SPRAY	SOLN	MT	-		PREFERRED	-	-
		EQL DRY MOUTH ORAL RINSE	SOLN	MT	-		PREFERRED	-	-
		MIGHTEAFLOW	GUM	MT	NON-COVERED	OTCS	-	-	-
		MOI-STIR	SOLN	MT	-		PREFERRED	-	-
		MOUTH KOTE	SOLN	MT	-		PREFERRED	-	-
		MUCOSISRX	PACK	MT	-		NON-PREFERRED	-	-
		NEUTRASAL	PACK	MT	-		NON-PREFERRED	-	-
		NUMOISYN	LIQD	MT	-		PREFERRED	-	-
		NUMOISYN	LOZG	MT	-		NON-PREFERRED	-	-
		ORAL RELIEF FOR DRY MOUTH& DISCOMFORT	GEL	MT	NON-COVERED	OTCS	-	-	-
		ORAL RELIEF FOR DRY MOUTH& DISCOMFORT	KIT	MT	NON-COVERED	OTCS	-	-	-
		ORAL RELIEF FOR DRY MOUTH& DISCOMFORT	LOZG	MT	NON-COVERED	OTCS	-	-	-
		ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT	SOLN	MT	-		PREFERRED	-	-
		RA DRY MOUTH	SOLN	MT	-		PREFERRED	-	-
		SALESE/XYLITOL	LOZG	MT	NON-COVERED	OTCS	-	-	-
		SALIVAMAX	PACK	MT	-		NON-PREFERRED	-	-
		SALIVASURE	LOZG	MT	NON-COVERED	OTCS	-	-	-
		THERABREATH DRY MOUTH	LOZG	MT	NON-COVERED	OTCS	-	-	-
		XEROSTOMIA RELIEF SPRAY	SOLN	MT	-		PREFERRED	-	-
	XYLITOL (MOUTH-THROAT)	XYLIMELTS FOR DRY MOUTH	DISK	MT	NON-COVERED	OTCS	-	-	-

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		XYLIMELTS/MINT FREE	DISK	MT	NON-COVERED	OTCS	-	-	-
MOUTH / THROAT / DENTAL AGENTS : SALIVA STIMULANTS	CEVIMELINE HCL	CEVIMELINE HYDROCHLORIDE	CAPS	OR	-		PREFERRED	-	-
		EVOXAC	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
	PILOCARPINE HCL (ORAL)	PILOCARPINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		SALAGEN	TABS	OR	-		NON-PREFERRED	PA REQUIRED	-
NEUROLOGICAL AGENTS : TRANSTHYRETIN AMYLOIDOSIS AGENTS	INOTERSEN SODIUM	TEGSEDI	SOSY	SC	-		PREFERRED	PA REQUIRED	-
	PATISIRAN SODIUM	ONPATTRO	SOLN	IV	-		PREFERRED	PA REQUIRED	-
NEUROMUSCULAR AGENTS : SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	BELIMUMAB	BENLYSTA	SOAJ	SC	-		PREFERRED	PA REQUIRED	-
		BENLYSTA	SOLR	IV	-		PREFERRED	PA REQUIRED	-
		BENLYSTA	SOSY	SC	-		PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : AUTOLOGOUS CELLULAR IMMUNOTHERAPY	SIPULEUCEL-T	PROVENGE	SUSP	IV	-		X	-	-
ONCOLOGY AGENTS : FGFR KINASE INHIBITORS - ORAL	ERDAFITINIB	BALVERSA	TABS	OR	-		PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : XPO1 INHIBITORS - ORAL	SELINEXOR	XPOVIO 100 MG ONCE WEEKLY	TBPK	OR	-		PREFERRED	PA REQUIRED	-
		XPOVIO 60 MG ONCE WEEKLY	TBPK	OR	-		PREFERRED	PA REQUIRED	-
		XPOVIO 80 MG ONCE WEEKLY	TBPK	OR	-		PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : XPO1 INHIBITORS - ORAL CONT.		XPOVIO 80 MG TWICE WEEKLY	TBPK	OR	-		PREFERRED	PA REQUIRED	-
OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS	ARTIFICIAL TEAR INSERT	LACRISERT	INST	OP	-		PREFERRED	-	-
	ARTIFICIAL TEAR OINTMENT	AKWA TEARS	OINT	OP	-		PREFERRED	-	-
		EYE LUBRICANT	OINT	OP	-		PREFERRED	-	-
		HYPOTEARs	OINT	OP	-		PREFERRED	-	-
		ULTRA FRESH PM	OINT	OP	-		PREFERRED	-	-
	ARTIFICIAL TEAR SOLUTION	GENTEAL TEARS LIQUID DROPS MODERATE	SOLN	OP	NON-COVERED	OTCS	-	-	-
		JUST TEARS EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
		SM ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
		SOOTHE HYDRATION	SOLN	OP	NON-COVERED	OTCS	-	-	-
		SOOTHE XP	SOLN	OP	NON-COVERED	OTCS	-	-	-
		SYSTANE CONTACTS SOOTHING DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
		TEARS AGAIN ADVANCED EYELID SPRAY	SOLN	OP	NON-COVERED	OTCS	-	-	-
	CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)	BIOLLE GEL TEARS	GEL	OP	NON-COVERED	OTCS	-	-	-
		BIOLLE TEARS	SOLN	OP	-		PREFERRED	-	-
		CVS LUBRICANT EYE DROPS 0.5%	SOLN	OP	-		PREFERRED	-	-
		CVS LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
		CVS LUBRICANT EYE DROPS PF	SOLN	OP	-		PREFERRED	-	-
		CVS LUBRICANT GEL DROPS	GEL	OP	NON-COVERED	OTCS	-	-	-
		EQ RESTORE PLUS LUBRICANTEYE DROPS	SOLN	OP	-		PREFERRED	-	-
		EQ RESTORE TEARS	SOLN	OP	-		PREFERRED	-	-
		EQ REVIVE PLUS LUBRICANT EYE DROPS	SOLN	OP	-		PREFERRED	-	-
		EYE DROPS	SOLN	OP	-		PREFERRED	-	-
		GNP EYE DROPS	SOLN	OP	-		PREFERRED	-	-
	GNP LUBRICATING PLUS EYE DROPS	SOLN	OP	-		PREFERRED	-	-	
	GOODSENSE LUBRICATING PLUS EYE DROPS	SOLN	OP	-		PREFERRED	-	-	

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		HM LUBRICATING PLUS	SOLN	OP	-		PREFERRED	-	-	
		LUBRICANT EYE DROPS	SOLN	OP	-		PREFERRED	-	-	
		LUBRICATING PLUS EYE DROPS	SOLN	OP	-		PREFERRED	-	-	
		MOISTURIZING LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		RA LUBRICANT EYE DROPS	SOLN	OP	-		PREFERRED	-	-	
		REFRESH CELLUVISC	GEL	OP	NON-COVERED	OTCS	-	-	-	
		REFRESH LIQUIGEL	GEL	OP	NON-COVERED	OTCS	-	-	-	
		REFRESH PLUS	SOLN	OP	-		PREFERRED	-	-	
		REFRESH TEARS	SOLN	OP	-		PREFERRED	-	-	
		RETAINE CMC	SOLN	OP	-		PREFERRED	-	-	
		SM LUBRICATING PLUS	SOLN	OP	-		PREFERRED	-	-	
		STERILE LUBRICANT DROPS	LIQD	OP	NON-COVERED	OTCS	-	-	-	
		THERATEARS	GEL	OP	NON-COVERED	OTCS	-	-	-	
		THERATEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		ULTRA FRESH	SOLN	OP	-		PREFERRED	-	-	
		CARBOXYMETHYLCELLULOSE-GLYCERIN	CLEAR EYES FOR DRY EYES	SOLN	OP	NON-COVERED	OTCS	-	-	-
			CVS LUBRICATING EYE DROPS/DRY EYE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			EQ LUBRICATING EYE DROPS MOISTURIZING LUBRICANT EYE DROPS/DUAL-ACTION	SOLN	OP	NON-COVERED	OTCS	-	-	-
	OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.		LUBRICATING EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			REFRESH OPTIVE	GEL	OP	NON-COVERED	OTCS	-	-	-
		REFRESH OPTIVE	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		REFRESH OPTIVE PRESERVATIVE FREE	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		REFRESH RELIEVA	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		REFRESH REPAIR	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		CARBOXYMETHYLCELLULOSE-GLYCERIN-POLYSORBATE 80	REFRESH OPTIVE ADVANCED	SOLN	OP	NON-COVERED	OTCS	-	-	-
			REFRESH OPTIVE ADVANCED SENSITIVE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			REFRESH OPTIVE MEGA-3	SOLN	OP	NON-COVERED	OTCS	-	-	-
		CARBOXYMETHYLCELLULOSE-HYPROMELLOSE	CVS LUBRICANT GEL DROPS	GEL	OP	NON-COVERED	OTCS	-	-	-
			GENTEAL	GEL	OP	NON-COVERED	OTCS	-	-	-
		DEXTRAN 70-HYPROMELLOSE	ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			BION TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			CVS NATURAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			GENTEAL TEARS MILD	SOLN	OP	NON-COVERED	OTCS	-	-	-
			GENTEAL TEARS MODERATE PF	SOLN	OP	NON-COVERED	OTCS	-	-	-
			NATURAL BALANCE TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			NATURES TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			RA LUBRICANT EYE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			TEARS PURE	SOLN	OP	NON-COVERED	OTCS	-	-	-
	GLYCERIN (OPHTH LUBRICANT)	CLEAR EYES PURE RELIEF FOR DRY EYES	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		COMPUTER EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
	HYPROMELLOSE (GONIOSCOPIK)	GONAK	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		GONIOSOFT	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		GONIOTAIRE	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		GONIOVISC	SOLN	OP	NON-COVERED	OTCS	-	-	-	
	HYPROMELLOSE (OPHTH)	ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	

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		EQ GENTLE LUBRICANT	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		GENTEAL MILD	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		GENTEAL SEVERE	GEL	OP	NON-COVERED	OTCS	-	-	-	
		GONIOVISC	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		IMPROVUE	SOSY	OP	NON-COVERED	OTCS	-	-	-	
		ISOPTO TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		PURE & GENTLE LUBRICANT	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		RETAINÉ HPMC	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		SYSTANE OVERNIGHT THERAPY LUBRICANT EYE	GEL	OP	NON-COVERED	OTCS	-	-	-	
		LIGHT MINERAL OIL-MINERAL OIL	RETAINÉ MGD	EMUL	OP	NON-COVERED	OTCS	-	-	-
		POLYETHYLENE GLYCOL 400 (OPHTH)	BLINK TEARS LUBRICATING EYE DROPS	GEL	OP	NON-COVERED	OTCS	-	-	-
			BLINK TEARS LUBRICATING EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
		POLYETHYLENE GLYCOL-POLYVINYL ALCOHOL (OPHTH)	HYPOTEARs	SOLN	OP	NON-COVERED	OTCS	-	-	-
		POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	CVS LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			CVS LUBRICANT EYE DROPS PF	SOLN	OP	NON-COVERED	OTCS	-	-	-
			EQ LUBRICANT EYE DROPS HIGH PERFORMANCE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			GNP EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.		GNP LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		GOODSENSE LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		HM LUBRICATING TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		LUBRICATING EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		RA LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		SM LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		SYSTANE	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		SYSTANE GEL	GEL	OP	NON-COVERED	OTCS	-	-	-	
		SYSTANE PRESERVATIVE FREE	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		SYSTANE ULTRA	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		TGT LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		ULTRA LUBRICATING EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		POLYSORBATE 80 (OPHTH)	VIVA DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
		POLYVINYL ALCOHOL	ARTIFICIAL TEARS	SOLN	OP	-		PREFERRED	-	-
			LIQUITEARS	SOLN	OP	-		PREFERRED	-	-
			NUTRATEAR	SOLN	OP	NON-COVERED	OTCS	-	-	-
			POLYVINYL ALCOHOL	SOLN	OP	-		PREFERRED	-	-
			TEARS AGAIN	SOLN	OP	-		PREFERRED	-	-
		POLYVINYL ALCOHOL-POVIDONE (OPHTH)	ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			CLEAR EYES ALL SEASONS OUTDOOR DRY EYE PROTECTION	SOLN	OP	NON-COVERED	OTCS	-	-	-
			CLEAR EYES NATURAL TEARS LUBRICANT	SOLN	OP	NON-COVERED	OTCS	-	-	-
			DAKRINA	SOLN	OP	NON-COVERED	OTCS	-	-	-
			DWELLE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			FRESHKOTE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			FRESHKOTE PF	SOLN	OP	NON-COVERED	OTCS	-	-	-
			GNP ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-

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		GOODSENSE ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		HM ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		MURINE TEARS FOR DRY EYES	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		PX ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		QC ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		REFRESH	SOLN	OP	NON-COVERED	OTCS	-	-	-	
		PROPYLENE GLYCOL (OPHTH)	CVS LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			RA LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			SYSTANE COMPLETE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			TGT LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
		PROPYLENE GLYCOL-GLYCERIN	ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			CVS ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			EQ ARTIFICIAL TEARS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			MOISTURE EYES	SOLN	OP	NON-COVERED	OTCS	-	-	-
			RA ARTIFICIAL TEARS EYE CARE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			RA LUBRICANT EYE DROPS	SOLN	OP	NON-COVERED	OTCS	-	-	-
			SOOTHE	SOLN	OP	NON-COVERED	OTCS	-	-	-
			TGT LUBRICANT EYE DROPS/MILD TO MODERATE	SOLN	OP	NON-COVERED	OTCS	-	-	-
		OPHTHALMIC AGENTS : ARTIFICIAL TEARS AND LUBRICANTS CONT.	WHITE PETROLATUM-MINERAL OIL	ALTALUBE	OINT	OP	-		PREFERRED	-
		CVS DRY-EYE RELIEF NIGHTTIME	OINT	OP	-		PREFERRED	-	-	
		CVS EYE LUBRICANT	OINT	OP	-		PREFERRED	-	-	
		EQ RESTORE PM	OINT	OP	-		PREFERRED	-	-	
		EYE LUBRICANT	OINT	OP	-		PREFERRED	-	-	
		FOR STY RELIEF	OINT	OP	-		PREFERRED	-	-	
		GENTEAL TEARS NIGHT-TIME	OINT	OP	-		PREFERRED	-	-	
		GNP LUBRICANT PM	OINT	OP	-		PREFERRED	-	-	
		HYPOTEARNS	OINT	OP	-		PREFERRED	-	-	
		LUBRICANT EYE	OINT	OP	-		PREFERRED	-	-	
		LUBRICANT EYE NIGHTTIME	OINT	OP	-		PREFERRED	-	-	
		LUBRIFRESH P.M.	OINT	OP	-		PREFERRED	-	-	
		PURALUBE	OINT	OP	-		PREFERRED	-	-	
		REFRESH LACRI-LUBE	OINT	OP	-		PREFERRED	-	-	
		REFRESH P.M.	OINT	OP	-		PREFERRED	-	-	
		RETAIN PM	OINT	OP	-		PREFERRED	-	-	
		SOOTHE NIGHTTIME DRY EYE THERAPY	OINT	OP	-		PREFERRED	-	-	
		STYE	OINT	OP	-		PREFERRED	-	-	
		SYSTANE NIGHTTIME	OINT	OP	-		PREFERRED	-	-	
		TEARS AGAIN	OINT	OP	-		PREFERRED	-	-	
		TGT LUBRICANT EYE NIGHTTIME	OINT	OP	-		PREFERRED	-	-	
OTIC AGENTS : MISC	ACETIC ACID (OTIC)	ACETIC ACID	SOLN	OT	-		PREFERRED	-	-	
	CARBAMIDE PEROXIDE & SALINE	CLEARCANAL EAR WAX REMOVAL COMPLETE	KIT	OT	NON-COVERED	OTCS	-	-	-	
		CVS EAR WAX CLEANSING SYSTEM	KIT	OT	NON-COVERED	OTCS	-	-	-	
		EAR WAX CLEANSING	KIT	OT	NON-COVERED	OTCS	-	-	-	
		RA EAR WAX CLEANSING SYSTEM	KIT	OT	NON-COVERED	OTCS	-	-	-	
	CARBAMIDE PEROXIDE (OTIC)	AURAPHENE-B	SOLN	OT	-		PREFERRED	-	-	
		CLEARCANAL EARWAX SOFTENER	SOLN	OT	-		PREFERRED	-	-	
		CVS EAR DROPS	SOLN	OT	-		PREFERRED	-	-	

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		CVS EARWAX REMOVAL KIT	SOLN	OT	-		PREFERRED	-	-
		DEBROX	SOLN	OT	NON-COVERED	OTCS	-	-	-
		EAR DROPS	SOLN	OT	-		PREFERRED	-	-
		EAR DROPS EARWAX REMOVAL AID	SOLN	OT	-		PREFERRED	-	-
		EAR WAX DROPS	SOLN	OT	-		PREFERRED	-	-
		EAR WAX REMOVAL KIT	SOLN	OT	-		PREFERRED	-	-
		EQ EAR WAX REMOVAL AID	SOLN	OT	-		PREFERRED	-	-
		GNP EAR DROPS	SOLN	OT	-		PREFERRED	-	-
		GNP EARWAX REMOVAL KIT	SOLN	OT	-		PREFERRED	-	-
		GOODSENSE EAR WAX REMOVAL DROPS	SOLN	OT	-		PREFERRED	-	-
		GOODSENSE EAR WAX REMOVAL KIT	SOLN	OT	-		PREFERRED	-	-
		HM EARWAX REMOVAL KIT	SOLN	OT	-		PREFERRED	-	-
		MURINE FOR EAR WAX REMOVAL SYSTEM	SOLN	OT	-		PREFERRED	-	-
		OTIX	SOLN	OT	-		PREFERRED	-	-
		QC EARWAX REMOVAL	SOLN	OT	-		PREFERRED	-	-
		RA EAR DROPS	SOLN	OT	-		PREFERRED	-	-
		RA EARWAX REMOVAL KIT	SOLN	OT	-		PREFERRED	-	-
		SM EAR DROPS	SOLN	OT	-		PREFERRED	-	-
	ISOPROPYL ALCOHOL (OTIC)	CVS SWIMMERS EAR DROPS	LIQD	OT	-		PREFERRED	-	-
OTIC AGENTS : MISC CONT.		SM SWIMMERS EAR DROPS	LIQD	OT	-		PREFERRED	-	-
		SWIM EAR	LIQD	OT	NON-COVERED	OTCS	-	-	-
		SWIMMERS EAR DROPS	LIQD	OT	-		PREFERRED	-	-
		SWIMMERS INSTANT EAR DRY	LIQD	OT	-		PREFERRED	-	-
	ISOPROPYL ALCOHOL-GLYCERIN	INSTANT EAR-DRY	LIQD	OT	-		PREFERRED	-	-
		RA EAR DRYING AGENT	LIQD	OT	-		PREFERRED	-	-
	OLIVE OIL (OTIC)	EAR WAX REMOVAL SYSTEM	OIL	OT	NON-COVERED	OTCS	-	-	-
VITAMINS : B-COMPLEX VITAMINS	B COMPLEX W/ C	ALLBEE PLUS VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B COMPLEX WITH C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B COMPLEX/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B COMPLEX/VITAMIN C	CAPS	OR	NON-COVERED	OTCS	-	-	-
		BALANCED B COMPLEX TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX PLUS VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX W/C	CAPS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX W/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		BETTER B COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS B COMPLEX PLUS C	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS SUPER B COMPLEX/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM B-COMPLEX WITH VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA B-COMPLEX/VITAMIN C TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SM SUPER B COMPLEX-VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN B COMPLEX WITH VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B WITH C	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B-COMPLEX/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPERPLEX-T	TABS	OR	NON-COVERED	OTCS	-	-	-
		TOTAL B/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B COMPLEX/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B COMPLEX-C	CAPS	OR	NON-COVERED	OTCS	-	-	-

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	B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL	RENATABS WITH IRON	MISC	OR	NON-COVERED	VITA	-	-	-
	B COMPLEX W/ IRON	APETIGEN-PLUS	SOLN	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX/VITAMIN C/IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B-COMPLEX/IRON/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
	B COMPLEX W/ IRON & MINERALS	GERIATRIC VITAMIN	LIQD	OR	NON-COVERED	OTCS	-	-	-
	B-COMPLEX VITAMINS	APETEX	ELIX	OR	NON-COVERED	OTCS	-	-	-
		APETIGEN	ELIX	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX	INJ	IJ	NON-COVERED	VITA	-	-	-
		B-COMPLEX HIGH POTENCY	TBCR	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX WITH B-12	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX/B-12	LIQD	SL	NON-COVERED	OTCS	-	-	-
		BIOPETIT	ELIX	OR	NON-COVERED	OTCS	-	-	-
		CVS BALANCED B100	TBCR	OR	NON-COVERED	OTCS	-	-	-
		PA B-COMPLEX WITH B-12	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA B-COMPLEX WITH B-12	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B COMPLEX/HYDROXOCOBALAMIN	INJ	IJ	NON-COVERED	VITA	-	-	-
		VITAMIN B-COMPLEX 100	INJ	IJ	NON-COVERED	VITA	-	-	-
	VITAMINS : B-COMPLEX VITAMINS CONT.	B-COMPLEX W/ C & CALCIUM	B-COMPLEX PLUS VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-
		GNP B-COMPLEX PLUS VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		QC B-COMPLEX + VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
	B-COMPLEX W/ C & E	PRONUTRIENTS SUPER B-COMPLEX+ANTIOXIDANTS	TABS	OR	NON-COVERED	OTCS	-	-	-
	B-COMPLEX W/ C & E + ZN	ADVANCED STRESS FORMULA/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		BEC/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		CVS STRESS FORMULA/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL STRESS B-COMPLEX/VITAMIN C/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		STRESS B/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		STRESS B-COMPLEX/VITAMIN C/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		STRESS FORMULA/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		STRESS PLUS ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		ZINC-VITES	TABS	OR	NON-COVERED	OTCS	-	-	-
	B-COMPLEX W/ C & FOLIC ACID	ACTIVITE	TABS	OR	-		PREFERRED	-	-
		B COMPLEX + C TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX BALANCED	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX WITH VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX/FOLIC ACID/VITAMIN C	TBCR	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-COMPLEX/VITAMIN C/HIGH POTENCY	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-PLEX	TABS	OR	-		PREFERRED	-	-
		DEXIFOL	TABS	OR	-		PREFERRED	-	-
		DIALYVITE	TABS	OR	-		PREFERRED	-	-
		DIALYVITE 800	TABS	OR	NON-COVERED	OTCS	-	-	-
		DIALYVITE 800	WAFR	OR	NON-COVERED	OTCS	-	-	-
		EQL SUPER B COMPLEX/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		FOLBEE PLUS	TABS	OR	-		PREFERRED	-	-
		FOLIKA-T	TABS	OR	-		PREFERRED	-	-

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		FULL SPECTRUM B/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		GENICIN VITA-S	TABS	OR	-		PREFERRED	-	-
		HM SUPER VITAMIN B COMPLEX/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		HYLAVITE	TABS	OR	-		PREFERRED	-	-
		KP B COMPLEX/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		LORID	TABS	OR	-		PREFERRED	-	-
		MYNEPHROCAPS	CAPS	OR	-		PREFERRED	-	-
		MYNEPHRON	CAPS	OR	-		PREFERRED	-	-
		NEPHRO VITAMINS	TABS	OR	NON-COVERED	OTCS	-	-	-
		NEPHRONEX	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NEPHRONEX	TABS	OR	-		PREFERRED	-	-
		NEPHRO-VITE	TABS	OR	NON-COVERED	OTCS	-	-	-
		NEPHRO-VITE RX	TABS	OR	NON-COVERED	VITA	-	-	-
		PX B COMPLEX/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		RENAL CAPS	CAPS	OR	-		PREFERRED	-	-
		RENAL VITAMIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		RENA-VITE	TABS	OR	NON-COVERED	OTCS	-	-	-
		RENA-VITE RX	TABS	OR	NON-COVERED	OTCS	-	-	-
		RENO CAPS	CAPS	OR	-		PREFERRED	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		RENO CAPS	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM B SUPER VITAMIN COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM B-COMPLEX/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		STRESS FORMULA	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B-COMPLEX/FOLIC ACID/VITAMIN C	TABS	OR	NON-COVERED	OTCS	-	-	-
		TRIPHROCAPS	CAPS	OR	-		PREFERRED	-	-
		TRONVITE	TABS	OR	-		PREFERRED	-	-
		VIRT-CAPS	CAPS	OR	-		PREFERRED	-	-
		VITA-BEE/C	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITALINE BIOTIN FORTE	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITASURE	TABS	OR	-		PREFERRED	-	-
		VP-VITE RX	TABS	OR	-		PREFERRED	-	-
		WEST-VITE W/FOLIC ACID	TABS	OR	NON-COVERED	OTCS	-	-	-
		XVITE	TABS	OR	-		PREFERRED	-	-
	B-COMPLEX W/ C-BIOTIN-D & FOLIC ACID	DIALYVITE 800 PLUS D	WAFR	OR	NON-COVERED	OTCS	-	-	-
	B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID	VITAL-D RX	TABS	OR	NON-COVERED	VITA	-	-	-
	B-COMPLEX W/ C-BIOTIN-E-MINERALS & FOLIC ACID	DIALYVITE 3000	TABS	OR	NON-COVERED	VITA	-	-	-
		DIALYVITE 5000	TABS	OR	NON-COVERED	VITA	-	-	-
	B-COMPLEX W/ C-BIOTIN-FE & FOLIC ACID	DIALYVITE 800/IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
	B-COMPLEX W/ C-BIOTIN-MINERALS & FOLIC ACID	FOLBEE PLUS CZ	TABS	OR	NON-COVERED	VITA	-	-	-
	B-COMPLEX W/ C-BIOTIN-VIT E & FOLIC ACID	B-COMPLEX/VITAMIN C/FOLIC ACID/ BIOTIN	TABS	OR	NON-COVERED	OTCS	-	-	-
		RENATABS	TABS	OR	NON-COVERED	VITA	-	-	-
	B-COMPLEX W/ C-ZN & FOLIC ACID	DIALYVITE 800/ZINC	TABS	OR	NON-COVERED	OTCS	-	-	-
		DIALYVITE/ZINC	TABS	OR	NON-COVERED	VITA	-	-	-

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

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		EXTRESS-30	CPCR	OR	NON-COVERED	OTCS	-	-	-
		GNP B-100 COMPLEX PROLONGED RELEASE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		GNP B-50 BALANCED	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP B-50 COMPLEX PROLONGED RELEASE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		HM VITAMIN B100 COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM VITAMIN B50 COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		MULTI-B COMPLEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		POTEN B-150 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		QC B50 PROLONGED RELEASE	TBCR	OR	NON-COVERED	OTCS	-	-	-
		QUIN B STRONG B-25	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA BALANCED B-100	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA BALANCED B-100 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		RA BALANCED B-50	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA BALANCED B-50 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SM B-COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN B100 COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B-100	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B-50	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B-50 COMPLEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : B-COMPLEX VITAMINS CONT.		SUPER B-COMPLEX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SUPER B-COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER DEC B-100	TABS	OR	NON-COVERED	OTCS	-	-	-
		SUPER QUINTS B-50	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B50 COMPLEX TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-COMPLEX	TABS	OR	NON-COVERED	OTCS	-	-	-
		YL BALANCED B-100	TABS	OR	NON-COVERED	OTCS	-	-	-
	BREWERS YEAST	BREWERS YEAST	POWD	OR	NON-COVERED	OTCS	-	-	-
		BREWERS YEAST	TABS	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : PEDIATRIC - MULTIVITAMINS	PED MULTIVITAMINS W/FL & IRON	ESCAVITE	CHEW	OR	NON-COVERED	VITA	-	-	-
		ESCAVITE D	CHEW	OR	NON-COVERED	VITA	-	-	-
		ESCAVITE LQ	LIQD	OR	-		PREFERRED	-	-
		FLORVITE/IRON	CHEW	OR	NON-COVERED	VITA	-	-	-
		FLORVITE/IRON	SOLN	OR	-		PREFERRED	-	-
		MULTI-VITAMIN/FLUORIDE/IRON	SOLN	OR	-		PREFERRED	-	-
		POLY-VI-FLOR/IRON	CHEW	OR	NON-COVERED	VITA	-	-	-
		POLY-VI-FLOR/IRON	SUSP	OR	NON-COVERED	VITA	-	-	-
		QUFLORA FE PEDIATRIC	LIQD	OR	-		PREFERRED	-	-
		TL-FLUORIVITE	CHEW	OR	NON-COVERED	VITA	-	-	-
	PEDIATRIC MULTIPLE VITAMIN W/ C	BPROTECTED PEDIA POLY-VITE	SOLN	OR	-		PREFERRED	-	-
		POLY-VI-SOL	SOLN	OR	-		PREFERRED	-	-
		POLYVITAMIN	SOLN	OR	-		PREFERRED	-	-
		POLY-VITE PEDIATRIC	SOLN	OR	-		PREFERRED	-	-
	PEDIATRIC MULTIPLE VITAMIN W/ C & FA	ANIMAL CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ANIMAL SHAPES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BITE-A-MINS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BOUNTY BEARS/C	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS CHEWABLE MULTIVITAMIN	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS CHEWABLE VITAMINS	CHEW	OR	NON-COVERED	OTCS	-	-	-

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		DINO-LIFE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FLINTSTONES GUMMIES PLUS OMEGA-3 DHA	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FLINTSTONES PLUS CALCIUM	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FLINTSTONES/MY FIRST	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FRUITY CHEWABLES MULTIVITAMIN	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FRUITY CHEWS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP ANIMAL SHAPES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP LITTLE ONES CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		LITTLE ANIMALS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		MULTIVITAMIN CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA	CHEW	OR	NON-COVERED	OTCS	-	-	-
		POLY VITAMIN	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SM ANIMAL SHAPES KIDS FIRST	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ZOO FRIENDS GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PEDIATRIC MULTIPLE VITAMIN W/ EXTRA C & FA							
		DINO-LIFE W EXTRA C	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FLINTSTONES PLUS EXTRA C	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP CHILDRENS CHEWABLES W/EXTRA C	CHEW	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		LAND BEFORE TIME MULTIVITAMIN/VITAMIN C	CHEW	OR	NON-COVERED	OTCS	-	-	-
		QC CHILDRENS CHEWABLE VITAMINS/EXTRA C	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ZOO FRIENDS GUMMIES PLUS EXTRA C	CHEW	OR	NON-COVERED	OTCS	-	-	-
	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS								
		DEKAS PLUS	LIQD	OR	NON-COVERED	OTCS	-	-	-
		NANOVM 1-3 YEARS	POWD	OR	NON-COVERED	OTCS	-	-	-
		NANOVM 4-8 YEARS	POWD	OR	NON-COVERED	OTCS	-	-	-
		NANOVM 9-18 YEARS	POWD	OR	NON-COVERED	OTCS	-	-	-
		NANOVM T/F	POWD	OR	NON-COVERED	OTCS	-	-	-
		SOURCECF PEDIATRIC	LIQD	OR	NON-COVERED	OTCS	-	-	-
		UPSPRINGBABY MULTIVITAMIN/IRON	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C								
		ABDEK PEDIATRIC	SOLN	OR	-		PREFERRED	-	-
		ALIVE GUMMIES FOR CHILDREN	CHEW	OR	-		PREFERRED	-	-
		AQUADEKS	LIQD	OR	-		PREFERRED	-	-
		CENTRUM KIDS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CHILDRENS GUMMIES	CHEW	OR	-		PREFERRED	-	-
		COMPLETE MULTI-VITAMIN GUMMIES	CHEW	OR	-		PREFERRED	-	-
		CVS GUMMY DINOS CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		CVS GUMMY MULTIVITAMIN KIDS	CHEW	OR	-		PREFERRED	-	-
		DISNEY CARS GUMMIES	CHEW	OR	-		PREFERRED	-	-
		DISNEY PRINCESS GUMMIES	CHEW	OR	-		PREFERRED	-	-
		EQ MULTIVITAMIN GUMMIES CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		EQL GUMMIES CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		FLINTSTONES GUMMIES COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FLINTSTONES GUMMIES PLUS BONE BUILDING SUPPORT	CHEW	OR	-		PREFERRED	-	-
		FLINTSTONES GUMMIES PLUS IMMUNITY SUPPORT/EXTRA C	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FLINTSTONES SOUR GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		FLINTSTONES TODDLER/TASTISMOOTH	CHEW	OR	NON-COVERED	OTCS	-	-	-

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		GNP CHILDRENS COMPLETE CHEWABLES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		GNP ZOOCHEWS GUMMIES	CHEW	OR	-		PREFERRED	-	-
		GUMMI BEAR MULTIVITAMIN/MINERAL	CHEW	OR	-		PREFERRED	-	-
		HEALTHY KIDS GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		HEALTHY KIDS OVERALL HEALTH MULTIVITAMINS	CHEW	OR	-		PREFERRED	-	-
		MULTIVITAMIN GUMMIES CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		MVW COMPLETE FORMULATION	CHEW	OR	-		PREFERRED	-	-
		MVW COMPLETE FORMULATION PEDIATRIC	SOLN	OR	NON-COVERED	OTCS	-	-	-
		NF FORMULAS CHILDRENS CHEWABLE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ONE-A-DAY SCOOPY-DOO GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ONE-A-DAY/JOLLY RANCHER	CHEW	OR	NON-COVERED	OTCS	-	-	-
		RA GUMMY VITAMINS & MINERALS CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		SEA BUDDIES DAILY MULTIPLE	CHEW	OR	-		PREFERRED	-	-
		SMARTY PANTS KIDS COMPLETE AND FIBER	CHEW	OR	-		PREFERRED	-	-
		SPIDER-MAN COMPLETE MULTIVITAMIN GUMMIES	CHEW	OR	-		PREFERRED	-	-
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		SPONGEBOB SQUAREPANTS GUMMIES	CHEW	OR	-		PREFERRED	-	-
		VITACHEW MULTIPLE VITAMINCHILDRENS	CHEW	OR	-		PREFERRED	-	-
		VITALETS CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		VITAMAX	CHEW	OR	NON-COVERED	OTCS	-	-	-
		VITAMAX PEDIATRIC	SOLN	OR	NON-COVERED	VITA	-	-	-
		ZOO FRIENDS	CHEW	OR	-		PREFERRED	-	-
		ZOO FRIENDS COMPLETE	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ZOO FRIENDS GUMMIES	CHEW	OR	-		PREFERRED	-	-
		ZOO FRIENDS GUMMIES PLUS EXTRA D	CHEW	OR	-		PREFERRED	-	-
		ZOO FRIENDS MULTI GUMMIES	CHEW	OR	-		PREFERRED	-	-
	PEDIATRIC MULTIPLE VITAMINS	INFUVITE PEDIATRIC	SOLN	IV	-		PREFERRED	PA REQUIRED	-
		M.V.I. PEDIATRIC	SOLR	IV	-		PREFERRED	PA REQUIRED	-
		MULTI-DELYN	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MULTIVITAMIN INFANT & TODDLER	SOLN	OR	NON-COVERED	OTCS	-	-	-
		NOVAFERRUM PEDIATRIC MULTIVITAMIN	LIQD	OR	NON-COVERED	OTCS	-	-	-
		PEDIAVIT	LIQD	OR	NON-COVERED	OTCS	-	-	-
	PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE	FLORIVA	CHEW	OR	NON-COVERED	VITA	-	-	-
	PEDIATRIC MULTIPLE VITAMINS W/ IRON	ANIMAL SHAPES/IRON	CHEW	OR	NON-COVERED	OTCS	-	-	-
		BITE-A-MINS/IRON	CHEW	OR	-		PREFERRED	-	-
		BPROTECTED PEDIA POLY-VITE/IRON	SOLN	OR	-		PREFERRED	-	-
		CEROVITE JR	CHEW	OR	-		PREFERRED	-	-
		CHEWABLE VITE WITH IRON/CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		CHILDRENS ANIMAL SHAPES COMPLETE	CHEW	OR	-		PREFERRED	-	-
		CHILDRENS CHEWABLE MULTIVITAMIN WITH IRON	CHEW	OR	-		PREFERRED	-	-
		CVS CHILDRENS CHEWABLE COMPLETE	CHEW	OR	-		PREFERRED	-	-
		DINO-LIFE W/IRON & ZINC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		EQ COMPLETE CHEWABLE MULTIVITAMIN CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		EQL CHILDRENS MULTIVITAMINS/MINERALS	CHEW	OR	-		PREFERRED	-	-
		FLINTSTONES COMPLETE	CHEW	OR	-		PREFERRED	-	-
		FLINTSTONES PLUS IRON	CHEW	OR	-		PREFERRED	-	-
		FRUITY CHEWS/IRON	CHEW	OR	-		PREFERRED	-	-

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		GNP ANIMAL SHAPES PLUS IRON	CHEW	OR	-		PREFERRED	-	-
		GNP CHILDRENS CHEWABLES/IRON	CHEW	OR	-		PREFERRED	-	-
		HM ANIMAL SHAPES	CHEW	OR	-		PREFERRED	-	-
		HONEY BEARS W/IRON AND ZINC	CHEW	OR	NON-COVERED	OTCS	-	-	-
		KIDS VITAMINS PLUS IRON	CHEW	OR	-		PREFERRED	-	-
		LAND BEFORE TIME MULTIVITAMIN/IRON	CHEW	OR	-		PREFERRED	-	-
		LITTLE ANIMALS PLUS IRON	CHEW	OR	-		PREFERRED	-	-
		MULTI-DELYN/IRON	LIQD	OR	NON-COVERED	OTCS	-	-	-
		MULTIPLE VITAMINS/IRON	CHEW	OR	-		PREFERRED	-	-
		MULTIVITAMIN DROPS/IRON INFANT & TODDLER	SOLN	OR	NON-COVERED	OTCS	-	-	-
		MULTIVITAMIN PLUS IRON CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : PEDIATRIC - MULTIVITAMINS CONT.		NOVAFERRUM PEDIATRIC MULTI-VITAMIN/IRON	SOLN	OR	-		PREFERRED	-	-
		POLY-VI-SOL/IRON	SOLN	OR	-		PREFERRED	-	-
		POLYVITAMIN/IRON	CHEW	OR	-		PREFERRED	-	-
		POLY-VITAMIN/IRON DROPS	SOLN	OR	-		PREFERRED	-	-
		PX CHILDRENS VITAMIN	CHEW	OR	-		PREFERRED	-	-
		QC CHILDRENS CHEWABLE COMPLETE	CHEW	OR	-		PREFERRED	-	-
		QC CHILDRENS CHEWABLE VITAMINS/IRON	CHEW	OR	-		PREFERRED	-	-
		RA CHEWABLE VITAMINS COMPLETE CHILDRENS	CHEW	OR	-		PREFERRED	-	-
		RA CHILDRENS CHEWABLE VITAMINS/IRON	CHEW	OR	-		PREFERRED	-	-
		SCOOPY-DOO ONE A DAY	CHEW	OR	NON-COVERED	OTCS	-	-	-
		SM ANIMAL SHAPES COMPLETE	CHEW	OR	-		PREFERRED	-	-
		SM ANIMAL SHAPES/IRON	CHEW	OR	-		PREFERRED	-	-
		ULTRA CHOICE MULTIVITAMIN KIDS	CHEW	OR	-		PREFERRED	-	-
		ZOO FRIENDS PLUS IRON	CHEW	OR	-		PREFERRED	-	-
	PEDIATRIC MULTIVITAMINS W/FL	FLORIVA PLUS	SOLN	OR	NON-COVERED	VITA	-	-	-
		FLORVITE	CHEW	OR	-		PREFERRED	-	-
		FLORVITE PEDIATRIC	SOLN	OR	-		PREFERRED	-	-
		MULTIVITAMIN WITH FLUORIDE	CHEW	OR	-		PREFERRED	-	-
		MULTIVITAMIN WITH FLUORIDE	SOLN	OR	-		PREFERRED	-	-
		MULTIVITAMIN/FLUORIDE	CHEW	OR	NON-COVERED	VITA	-	-	-
		MULTIVITAMIN/FLUORIDE	SOLN	OR	-		PREFERRED	-	-
		MULTI-VITAMIN/FLUORIDE DROPS	SOLN	OR	-		PREFERRED	-	-
		MULTIVITAMINS/FLUORIDE	CHEW	OR	-		PREFERRED	-	-
		MVC-FLUORIDE	CHEW	OR	-		PREFERRED	-	-
		POLY-VI-FLOR	CHEW	OR	NON-COVERED	VITA	-	-	-
		POLY-VI-FLOR	SUSP	OR	NON-COVERED	VITA	-	-	-
		POLY-VI-FLOR FS	STRP	OR	NON-COVERED	VITA	-	-	-
		POLY-VITAMIN/FLUORIDE	CHEW	OR	-		PREFERRED	-	-
		POLY-VITAMIN/FLUORIDE	SOLN	OR	-		PREFERRED	-	-
		QUFLORA GUMMIES	CHEW	OR	NON-COVERED	VITA	-	-	-
		QUFLORA PEDIATRIC	CHEW	OR	NON-COVERED	VITA	-	-	-
		QUFLORA PEDIATRIC	SOLN	OR	NON-COVERED	VITA	-	-	-
	PEDIATRIC VITAMINS	HONEY BEARS	CHEW	OR	NON-COVERED	OTCS	-	-	-
		MULTIVITAMIN GUMMIES CHILDRENS	CHEW	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : PEDIATRIC - VITAMINS A/D/C	PEDIATRIC VITAMINS ACD & L-METHYLFOLATE W/ FLUORIDE	TRI-VI-FLORO	SUSP	OR	NON-COVERED	VITA	-	-	-
	PEDIATRIC VITAMINS ACD W/ FLUORIDE	ADC/FLUORIDE	SOLN	OR	-		PREFERRED	-	-
		TRI-VITAMIN/FLUORIDE	SOLN	OR	-		PREFERRED	-	-

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		TRI-VITE/FLUORIDE	SOLN	OR	-		PREFERRED	-	-
		VITAMINS A/C/D/FLUORIDE	SOLN	OR	-		PREFERRED	-	-
	PEDIATRIC VITAMINS ADC	BPROTECTED PEDIA TRI-VITE	SOLN	OR	-		PREFERRED	-	-
		TRI-VI-SOL	SOLN	OR	-		PREFERRED	-	-
		TRI-VITAMIN INFANT & TODDLER	SOLN	OR	-		PREFERRED	-	-
		TRI-VITE PEDIATRIC	SOLN	OR	-		PREFERRED	-	-
VITAMINS : PRENATAL VITAMINS	PRENAT VIT W/ IRON CARBONYL-FE ASP GLYC-FA-OMEGA FATTY ACID	OB COMPLETE/DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.	PRENATAL MULTIVITAMINS & MINERALS W/ FA	CVS PRENATAL GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/ FOLIC ACID-FISH OIL	CVS PRENATAL GUMMY/DHA/FOLIC ACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/ L-METHYLFOLATE-FA	PRENATE	CHEW	OR	NON-COVERED	VITA	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/FA-DHA	ALIVE PRENATAL MULTI-VITAMIN/PLANT DHA	CHEW	OR	NON-COVERED	OTCS	-	-	-
		CVS PRENATAL GUMMIES	CHEW	OR	NON-COVERED	OTCS	-	-	-
		ONE A DAY PRENATAL	CHEW	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL ADULT GUMMY/DHA/FOLIC ACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL MULTIVITAMINS & MINERALS W/FA-OMEGA-3 FATTY ACIDS	PRENATAL GUMMIES/DHA & FOLIC ACID	CHEW	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL MULTIVIT-MIN W/FE-FA	KPN PRENATAL	TABS	OR	NON-COVERED	OTCS	-	-	-
		MYNATAL	CAPS	OR	NON-COVERED	VITA	-	-	-
		PRENATAL	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL AND IRON	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL FORTE	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRENATVITE COMPLETE	TABS	OR	NON-COVERED	VITA	-	-	-
		PRENATVITE PLUS	TABS	OR	NON-COVERED	VITA	-	-	-
		PRENATVITE RX	TABS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL MV & MIN W/ METHYLFOLATE-CHOLINE-FISH OIL	PRENATAL + COMPLETE MULTI/DHA/CHOLINE/FOLATE	THPK	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL MV & MIN W/FE BISGLYC-FE PROT SUCC-FA-CA-OMEGA 3	COMPLETE NATAL DHA	MISC	OR	-		PREFERRED	-	-
		PR NATAL 400	MISC	OR	NON-COVERED	VITA	-	-	-
		PR NATAL 400 EC	MISC	OR	NON-COVERED	VITA	-	-	-
		PR NATAL 430	MISC	OR	NON-COVERED	VITA	-	-	-
		PR NATAL 430 EC	MISC	OR	NON-COVERED	VITA	-	-	-
		TRIVEEN-DUO DHA	MISC	OR	NON-COVERED	VITA	-	-	-
	PRENATAL MV & MIN W/FE CARBONYL-FA-DHA	BRAINSTRONG PRENATAL	MISC	OR	NON-COVERED	OTCS	-	-	-
		STUART ONE	CAPS	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL MV & MIN W/FE FUMARATE-FA-DHA	CENTRUM SPECIALIST PRENATAL	MISC	OR	NON-COVERED	OTCS	-	-	-
		CVS PRENATAL MULTI+DHA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS WOMENS PRENATAL+DHA	MISC	OR	NON-COVERED	OTCS	-	-	-
		ENFAMIL EXPECTA	MISC	OR	-		PREFERRED	-	-
		PRENATAL MULTIVITAMIN PLUS DHA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL MULTIVITAMIN PLUS DHA	MISC	OR	NON-COVERED	OTCS	-	-	-

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		SIMILAC PRENATAL EARLY SHIELD	MISC	OR	NON-COVERED	OTCS	-	-	-
		THERANATAL COMPLETE	MISC	OR	NON-COVERED	OTCS	-	-	-
		VITAFOL-OB+DHA	MISC	OR	NON-COVERED	VITA	-	-	-
		WEGMANS COMPLETE PRENATAL+DHA	MISC	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA	SELECT-OB+DHA	MISC	OR	NON-COVERED	VITA	-	-	-
		VITAFOL-ONE	CAPS	OR	NON-COVERED	VITA	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.	PRENATAL MV & MIN W/FE PROT SUCC-L METHYLFOLATE-CA-OMEGA 3	PRENATAL + COMPLETE MULTI/DHA/CHOLINE/FOLATE	THPK	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL VIT W/ DOCUSATE-FE CARBONYL-FE GLUCONATE-FOLIC ACID	CITRANATAL BLOOM	TABS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID	MYNATE 90 PLUS	TBCR	OR	NON-COVERED	VITA	-	-	-
		PRENATAL 19	TABS	OR	-		PREFERRED	-	-
		SE-NATAL 19	TABS	OR	-		PREFERRED	-	-
	PRENATAL VIT W/ DOCUSATE-IRON CARBONYL-FOLIC ACID	ATABEX EC	TBEC	OR	NON-COVERED	VITA	-	-	-
		INATAL GT	TABS	OR	NON-COVERED	VITA	-	-	-
		MYNATAL ADVANCE	TABS	OR	NON-COVERED	VITA	-	-	-
		MYNATAL ULTRACAPLET	TABS	OR	NON-COVERED	VITA	-	-	-
		OBSTETRIX EC	TABS	OR	NON-COVERED	VITA	-	-	-
		OBTREX	TABS	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID	ATABEX OB	TABS	OR	NON-COVERED	VITA	-	-	-
		PREGENNA	TABS	OR	NON-COVERED	VITA	-	-	-
		VINATE II	TABS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FE BISGLYCINATE-FOLIC ACID-OMEGA 3 FATTY AC	HEALTHY MAMA BE WELL ROUNDED	THPK	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL VIT W/ FE FUM-FE BISGLYCINATE CHELATE-FOLIC ACID	NATACHEW	CHEW	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3	CONCEPT DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
		DOTHELLE DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
		TARON-C DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
		VIRT-C DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FE GLYCINE CYSTEINATE-FA-OMEGA 3 FATTY ACID	ENBRACE HR	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FE POLY CMLX-FE HEME POLYPEPT-FA & OMEGA 3	HEMENATAL OB + DHA	MISC	OR	NON-COVERED	VITA	-	-	-
		VP-HEME OB + DHA	MISC	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FE POLYSACCH COMPLEX-L METHYLFOLATE-FA-DHA	VITAFOL FE+	CAPS	OR	NON-COVERED	VITA	-	-	-
		VITAFOL ULTRA	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FE POLYSACCH COMPLEX-L METHYLFOL-FA-DHA-DSS	VITAFOL FE+	CPPK	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FERRIC PHOSPHATE-FA-OMEGA 3 FATTY ACIDS	VITAFOL GUMMIES	CHEW	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-FA-FISH OIL	PRENATAL/OMEGA-3/FOLIC ACID/IRON	CAPS	OR	NON-COVERED	OTCS	-	-	-

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		YOUR LIFE MULTI PRENATAL	CAPS	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS	C-NATE DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
		GNP DAILY PRENATAL	MISC	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.		HM ONE DAILY PRENATAL COMBO	MISC	OR	NON-COVERED	OTCS	-	-	-
		ONE A DAY WOMENS PRENATAL/DHA	MISC	OR	NON-COVERED	OTCS	-	-	-
		ONE-A-DAY WOMENS PRENATAL	MISC	OR	NON-COVERED	OTCS	-	-	-
		PNV PRENATAL PLUS MULTIVITAMIN + DHA	MISC	OR	NON-COVERED	VITA	-	-	-
		PRENATAL FORMULA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL MULTI +DHA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA ONE DAILY	MISC	OR	NON-COVERED	OTCS	-	-	-
		RELNATE DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
		SM ONE DAILY PRENATAL	MISC	OR	NON-COVERED	OTCS	-	-	-
		VIRT-NATE DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
		VIVA DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
		VP-PNV-DHA	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID	CLASSIC PRENATAL	TABS	OR	-		PREFERRED	-	-
		COMPLETENATE	CHEW	OR	-		PREFERRED	-	-
		CO-NATAL FA	TABS	OR	-		PREFERRED	-	-
		CVS PRENATAL	TABS	OR	-		PREFERRED	-	-
		EQL PRENATAL FORMULA	TABS	OR	-		PREFERRED	-	-
		GNP PRENATAL	TABS	OR	-		PREFERRED	-	-
		GOODSENSE PRENATAL VITAMINS	TABS	OR	-		PREFERRED	-	-
		HM PRENATAL	TABS	OR	-		PREFERRED	-	-
		KP PRENATAL MULTIVITAMINS	TABS	OR	-		PREFERRED	-	-
		M-NATAL PLUS	TABS	OR	-		PREFERRED	-	-
		MTERYTI	TBPK	OR	NON-COVERED	OTCS	-	-	-
		MTERYTI FOLIC 5	TBPK	OR	NON-COVERED	OTCS	-	-	-
		MULTI PRENATAL	TABS	OR	-		PREFERRED	-	-
		M-VIT	TABS	OR	-		PREFERRED	-	-
		MYNATAL PLUS	TABS	OR	NON-COVERED	VITA	-	-	-
		MYNATAL-Z	TABS	OR	NON-COVERED	VITA	-	-	-
		NATALVIT	TABS	OR	-		PREFERRED	-	-
		NEONATAL PLUS	TABS	OR	-		PREFERRED	-	-
		NEONATAL VITAMIN	TABS	OR	-		PREFERRED	-	-
		NIVA-PLUS	TABS	OR	-		PREFERRED	-	-
		O-CAL FA	TABS	OR	-		PREFERRED	-	-
		O-CAL PRENATAL	TABS	OR	NON-COVERED	VITA	-	-	-
		PERRY PRENATAL	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PNV FOLIC ACID + IRON MULTIVITAMIN	TABS	OR	-		PREFERRED	-	-
		PNV PRENATAL PLUS MULTIVITAMIN	TABS	OR	-		PREFERRED	-	-
		PRENARA	CAPS	OR	NON-COVERED	VITA	-	-	-
		PRENATABS FA	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL	TABS	OR	-		PREFERRED	-	-
		PRENATAL	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL 19	CHEW	OR	-		PREFERRED	-	-
		PRENATAL COMPLETE	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL LOW IRON	TABS	OR	-		PREFERRED	-	-

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		PRENATAL MULTIVITAMIN	TABS	OR	-		PREFERRED	-	-
		PRENATAL ONE DAILY	TABS	OR	-		PREFERRED	-	-
		PRENATAL PLUS/IRON	TABS	OR	-		PREFERRED	-	-
		PRENATAL VITAMIN & MINERAL	TABS	OR	-		PREFERRED	-	-
VITAMINS : PRENATAL VITAMINS CONT.		PRENATAL VITAMIN/IRON	TABS	OR	-		PREFERRED	-	-
		PRENATAL/FOLIC ACID	TABS	OR	-		PREFERRED	-	-
		PREPLUS	TABS	OR	-		PREFERRED	-	-
		PRETAB	TABS	OR	-		PREFERRED	-	-
		PX PRENATAL MULTIVITAMINS	TABS	OR	-		PREFERRED	-	-
		QC PRENATAL	TABS	OR	-		PREFERRED	-	-
		RA PRENATAL	TABS	OR	-		PREFERRED	-	-
		RIGHT STEP PRENATAL	TABS	OR	-		PREFERRED	-	-
		SE-NATAL 19	CHEW	OR	-		PREFERRED	-	-
		SM PRENATAL VITAMINS	TABS	OR	-		PREFERRED	-	-
		THERANATAL CORE NUTRITION	TABS	OR	-		PREFERRED	-	-
		TRICARE	TABS	OR	-		PREFERRED	-	-
		TRINATAL RX 1	TABS	OR	-		PREFERRED	-	-
		TRINATE	TABS	OR	-		PREFERRED	-	-
		VINATE ONE	TABS	OR	-		PREFERRED	-	-
		VITAFOL-OB	TABS	OR	NON-COVERED	VITA	-	-	-
		VITATHELY/GINGER	TABS	OR	-		PREFERRED	-	-
		VOL-PLUS	TABS	OR	-		PREFERRED	-	-
		PRENATAL VIT W/ FERROUS FUMARATE-L METHYLFOLATE-FA-DHA	CADEAU DHA	CAPS	OR	NON-COVERED	OTCS	-	-
		PRENATAL VIT W/ FERROUS FUMARATE-L METHYLFOLATE-FOLIC ACID	PNV-SELECT	TABS	OR	NON-COVERED	VITA	-	-
			TL FOLATE	TABS	OR	-	PREFERRED	-	-
		PRENATAL VIT W/ FERROUS GLUCONATE-FOLIC ACID	AZESCO	TABS	OR	NON-COVERED	VITA	-	-
			TRINAZ	TABS	OR	NON-COVERED	VITA	-	-
			ZALVIT	TABS	OR	NON-COVERED	VITA	-	-
		PRENATAL VIT W/ IRON CARBONYL-FE ASPART GLYC-FA-OMEGA 3	ULTIMATECARE ONE	CAPS	OR	NON-COVERED	VITA	-	-
		PRENATAL VIT W/ IRON CARBONYL-FE ASPART GLYCINATE-FA	OB COMPLETE PREMIER	TABS	OR	NON-COVERED	VITA	-	-
		PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	ELITE-OB	TABS	OR	NON-COVERED	VITA	-	-
			KOSHER PRENATAL PLUS IRON	TABS	OR	NON-COVERED	VITA	-	-
			OB COMPLETE	TABS	OR	NON-COVERED	VITA	-	-
			PNV TABS 29-1	TABS	OR	-	PREFERRED	-	-
			PRENATABS RX	TABS	OR	-	PREFERRED	-	-
			PRENATAL PLUS IRON	TABS	OR	-	PREFERRED	-	-
			THRIVITE RX	TABS	OR	-	PREFERRED	-	-
			VOL-TAB RX	TABS	OR	-	PREFERRED	-	-
		PRENATAL VIT W/ IRON POLYSACCHARIDE CMLPX-L METHYLFOLATE-FA	SELECT-OB	CHEW	OR	NON-COVERED	VITA	-	-
		PRENATAL VIT W/ IRON POLYSACCHARIDE COMPLEX-FOLIC ACID	SELECT-OB	CHEW	OR	NON-COVERED	VITA	-	-

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

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	PRENATAL W/O VIT A W/ FE CARBONYL-FE ASP GLYC-METHFOL-FA-DH	PRENATE MINI	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE ASPART GLYC-FA-FISH OI	OB COMPLETE ONE	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE ASPART GLYC-FA-OMEGA 3	OB COMPLETE PETITE	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE GLUCONATE-DSS-FA-DHA	CITRANATAL 90 DHA	MISC	OR	NON-COVERED	VITA	-	-	-
		CITRANATAL ASSURE	MISC	OR	NON-COVERED	VITA	-	-	-
		CITRANATAL BLOOM DHA	MISC	OR	NON-COVERED	VITA	-	-	-
		CITRANATAL DHA	MISC	OR	NON-COVERED	VITA	-	-	-
		PNV OB+DHA	MISC	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FE GLUCONATE-FA & VIT B6	CITRANATAL B-CALM	MISC	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE CARBONYL-FOLIC ACID-DHA	R-NATAL OB	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE FUMARATE-DSS-FA-DHA	PNV-DHA+DOCUSATE	CAPS	OR	NON-COVERED	VITA	-	-	-
		PRENAISSANCE	CAPS	OR	NON-COVERED	VITA	-	-	-
		TARON-PREX	CAPS	OR	NON-COVERED	VITA	-	-	-
		TL-SELECT	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE FUMARATE-FE CARBONYL-DSS-FA-DHA	CITRANATAL HARMONY	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FE FUMARATE-FE CARBONYL-FA-DHA	CITRANATAL MEDLEY	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL W/O VIT A W/ FERROUS FUMARATE-FOLIC ACID-DHA	PRENATAL + DHA	THPK	OR	NON-COVERED	VITA	-	-	-
		THERANATAL ONE	CAPS	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL W/O VIT A W/FE FUMARATE-DOCUSATE CA-FOLIC ACID-DHA	NEXA PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-
	PRENATAL WITHOUT A VIT W/ FE FUMARATE-FOLIC ACID	AZESCHEW PRENATAL/POSTNATAL	CHEW	OR	NON-COVERED	VITA	-	-	-
		PRENATA	CHEW	OR	NON-COVERED	VITA	-	-	-
		PRENATAL FORMULA A-FREE	TABS	OR	NON-COVERED	OTCS	-	-	-
		PRENATAL-U	CAPS	OR	NON-COVERED	VITA	-	-	-
		VINATE CARE	CHEW	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA	CONCEPT OB	CAPS	OR	NON-COVERED	VITA	-	-	-
		FOLIVANE-OB	CAPS	OR	NON-COVERED	VITA	-	-	-
		PROVIDA OB	CAPS	OR	NON-COVERED	VITA	-	-	-
		PUREFE OB PLUS	CAPS	OR	NON-COVERED	VITA	-	-	-
VITAMINS : PRENATAL VITAMINS CONT.	PRENATAL WITHOUT A VIT W/ IRON CARBONYL-FOLIC ACID	ATABEX PRENATAL	CHEW	OR	NON-COVERED	OTCS	-	-	-
	PRENATAL WITHOUT A W/ FE AMINO ACID CHELATE-FA-DHA	PRENA 1 TRUE	MISC	OR	NON-COVERED	VITA	-	-	-
		VITATRUE	MISC	OR	NON-COVERED	VITA	-	-	-
	PRENATAL WITHOUT A W/ FE ASP GLYC-L METHYLFOLATE-FA-OMEGA 3	PRIMACARE	CAPS	OR	NON-COVERED	VITA	-	-	-

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	PRENATAL WITHOUT A W/ FE CARBONYL-L METHYLFOLATE-FA-DHA	TRISTART DHA	CAPS	OR	NON-COVERED	VITA	-	-	-	
		TRISTART ONE	CAPS	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT A W/ FE FUMARATE-L METHYLFOLATE-FA-DHA	PNV-DHA	CAPS	OR	NON-COVERED	VITA	-	-	-	
		PRENATE ENHANCE	CAPS	OR	NON-COVERED	VITA	-	-	-	
		PRENATE RESTORE	CAPS	OR	NON-COVERED	VITA	-	-	-	
		VIRT-PN DHA	CAPS	OR	NON-COVERED	VITA	-	-	-	
		VITAMEDMD ONE RX/QUATREFOLIC	CAPS	OR	NON-COVERED	VITA	-	-	-	
		ZATEAN-PN DHA	CAPS	OR	NON-COVERED	VITA	-	-	-	
		PRENATAL WITHOUT A W/ FE FUMARATE-L METHYLFOLATE-FA-OMEGA 3	PNV-OMEGA	CAPS	OR	NON-COVERED	VITA	-	-	-
	VIRT-PN PLUS		CAPS	OR	NON-COVERED	VITA	-	-	-	
	ZATEAN-PN PLUS		CAPS	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT A W/ FE FUMARATE-SOD FEREDATE-FA-DHA	PRENA1 PEARL	CPCR	OR	NON-COVERED	VITA	-	-	-	
		VITAPEARL	CPCR	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT A W/FE FUM-FE POLYSACCH COMPLEX-FA-DHA	PROVIDA DHA	CAPS	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT VIT A W/ FE CARBONYL-FE GLUC-DOCUSATE-FA	CITRANATAL RX	TABS	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT VIT A W/ FE FUMARATE-L METHYLFOLATE-OMEGAS	NEEVO DHA	CAPS	OR	NON-COVERED	VITA	-	-	-	
		VINATE DHA RF	CAPS	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT VIT A W/ FE FUM-FA-OMEGA FATTY ACIDS	NATELLE ONE	CAPS	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT VIT A W/ IRON CARBONYL-FOLIC ACID & VIT B6	TARON-BC	MISC	OR	NON-COVERED	VITA	-	-	-	
	PRENATAL WITHOUT VIT A W/ IRON POLYSACCHARIDE COMPLEX-FA	EZFE FORTE	CAPS	OR	NON-COVERED	OTCS	-	-	-	
		MARNATAL-F	CAPS	OR	NON-COVERED	VITA	-	-	-	
	VITAMINS : VITAMIN B-1	BENFOTIAMINE	BENFOTIAMINE	CAPS	OR	NON-COVERED	OTCS	-	-	-
			BENFOTIAMINE-V	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SULBUTIAMINE	ARKALIOX	CAPS	OR	NON-COVERED	OTCS	-	-	-
		THIAMINE HCL	B-1 100 MG	TABS	OR	-		PREFERRED	-	-
			B-1	TABS	OR	NON-COVERED	OTCS	-	-	-
	VITAMINS : VITAMIN B-1 CONT.	THIAMINE MONONITRATE	B1 HIGH POTENCY	TABS	OR	-		PREFERRED	-	-
			CVS B-1	TABS	OR	-		PREFERRED	-	-
			GNP VITAMIN B-1	TABS	OR	-		PREFERRED	-	-
			QC VITAMIN B1	TABS	OR	-		PREFERRED	-	-
SM VITAMIN B-1			TABS	OR	-		PREFERRED	-	-	
THIAMINE			CAPS	OR	NON-COVERED	OTCS	-	-	-	
THIAMINE HCL			SOLN	IJ	-		PREFERRED	PA REQUIRED	-	
THIAMINE HCL			TABS	OR	-		PREFERRED	-	-	
VITAMIN B1			TABS	OR	NON-COVERED	OTCS	-	-	-	
B1 NATURAL			TABS	OR	NON-COVERED	OTCS	-	-	-	
CYTO B1			POWD	OR	NON-COVERED	OTCS	-	-	-	
GNP VITAMIN B1		TABS	OR	NON-COVERED	OTCS	-	-	-		

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		HM VITAMIN B1	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN B-1	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN B1	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-1	TABS	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : VITAMIN B-6	PYRIDOXAL-5 PHOSPHATE	PYRIDOXAL-5-PHOSPHATE	SOLN	IJ	NON-COVERED	VITA	-	-	-
	PYRIDOXINE HCL	B-6 50 MG	TABS	OR	-		PREFERRED	-	-
		B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
		B6 NATURAL	TABS	OR	NON-COVERED	OTCS	-	-	-
		B-NATAL	LOZG	MT	NON-COVERED	OTCS	-	-	-
		B-NATAL	LPOP	MT	NON-COVERED	OTCS	-	-	-
		CVS B6	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP VITAMIN B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM VITAMIN B6	TABS	OR	NON-COVERED	OTCS	-	-	-
		KP VITAMIN B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
		NEURO-K-250 T.D.	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NEURO-K-250 VITAMIN B6	TABS	OR	NON-COVERED	OTCS	-	-	-
		NEURO-K-50	TABS	OR	-		PREFERRED	-	-
		NEURO-K-500	TABS	OR	NON-COVERED	OTCS	-	-	-
		PYRIDOXINE HCL	SOLN	IJ	NON-COVERED	VITA	-	-	-
		PYRIDOXINE HCL 50 MG	TABS	OR	-		PREFERRED	-	-
		PYRIDOXINE HCL	TABS	OR	NON-COVERED	OTCS	-	-	-
		PYRIDOXINE HYDROCHLORIDE	SOLN	IJ	NON-COVERED	VITA	-	-	-
		PYRIDOXINE HYDROCHLORIDE	TABS	OR	-		PREFERRED	-	-
		QC VITAMIN B6	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN B-6 50 MG	TABS	OR	-		PREFERRED	-	-
		RA VITAMIN B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN B-6 TR	TBCR	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B 6	TABS	OR	-		PREFERRED	-	-
		VITAMIN B-6 50 MG	TABS	OR	-		PREFERRED	-	-
		VITAMIN B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN B-6	TBCR	OR	NON-COVERED	OTCS	-	-	-
		YL VITAMIN B-6	TABS	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL	CALCIFEDIOL	RAYALDEE	CPCR	OR	-		NON-PREFERRED	PA REQUIRED	-
	CALCITRIOL	CALCITRIOL	CAPS	OR	-		PREFERRED	-	-
		CALCITRIOL	SOLN	OR	-		PREFERRED	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL CONT.		ROCALTROL	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		ROCALTROL	SOLN	OR	-		NON-PREFERRED	PA REQUIRED	-
	CHOLECALCIFEROL	CVS D3 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		CVS D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		CVS VITAMIN D3	CAPS	OR	-		PREFERRED	-	-
		D 1000	CAPS	OR	-		PREFERRED	-	-
		D 1000	TABS	OR	-		PREFERRED	-	-
		D 10000	CAPS	OR	-		PREFERRED	-	-
		D 2000	TABS	OR	NON-COVERED	OTCS	-	-	-
		D 400	TABS	OR	NON-COVERED	OTCS	-	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	NON-COVERED PRODUCT	NON-COVERED REASON	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
		D 5000	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D 5000	TABS	OR	NON-COVERED	OTCS	-	-	-
		D2000 ULTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D3 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		D3 2000	TABS	OR	NON-COVERED	OTCS	-	-	-
		D3 HIGH POTENCY 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		D3 HIGH POTENCY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D3 HIGH POTENCY	TABS	OR	NON-COVERED	OTCS	-	-	-
		D3 SUPER STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D3 ULTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D3-1000	CAPS	OR	-		PREFERRED	-	-
		D3-1000	TABS	OR	-		PREFERRED	-	-
		D-3-5	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D3-50	CAPS	OR	NON-COVERED	OTCS	-	-	-
		D-400	TABS	OR	NON-COVERED	OTCS	-	-	-
		D-5000	TABS	OR	NON-COVERED	OTCS	-	-	-
		DECARA 250 MCG (10000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		DECARA	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DELTA D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		DIALYVITE VITAMIN D 5000	CAPS	OR	NON-COVERED	OTCS	-	-	-
		DIALYVITE VITAMIN D3 MAX	TABS	OR	NON-COVERED	OTCS	-	-	-
		EQL VITAMIN D3 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		EQL VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		GNP D 1000	CAPS	OR	-		PREFERRED	-	-
		GNP VITAMIN D	TABS	OR	-		PREFERRED	-	-
		GNP VITAMIN D MAXIMUM STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP VITAMIN D SUPER STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		GNP VITAMIN D3 EXTRA STRENGTH	TABS	OR	-		PREFERRED	-	-
		GNP VITAMIN D-400	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM VITAMIN D 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		HM VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		HM VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		HM VITAMIN D3	TABS	OR	-		PREFERRED	-	-
		KP VITAMIN D 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		KP VITAMIN D	CAPS	OR	NON-COVERED	OTCS	-	-	-
		KP VITAMIN D3 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL CONT.		KP VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		MAXIMUM D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		NAT-RUL VITAMIN D 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		NAT-RUL VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		NATURAL VITAMIN D-3	TABS	OR	NON-COVERED	OTCS	-	-	-
		OPTIMAL D3 M	CAPS	OR	NON-COVERED	OTCS	-	-	-
		OPTIMAL-D	CAPS	OR	NON-COVERED	OTCS	-	-	-
		OPTIMAL-D PACK	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PA VITAMIN D-3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		PA VITAMIN D-3	TABS	OR	-		PREFERRED	-	-

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		PRONUTRIENTS VITAMIN D3	CAPS	OR	-		PREFERRED	-	-
		QC VITAMIN D3 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		QC VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		QC VITAMIN D3 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		QC VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN D-3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		RA VITAMIN D-3 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		RADIANCE PLATINUM VITAMIN D3	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN D3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		SM VITAMIN D3 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		SM VITAMIN D3 MAXIMUM STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		THERA-D 2000	TABS	OR	NON-COVERED	OTCS	-	-	-
		THERA-D 4000	TABS	OR	NON-COVERED	OTCS	-	-	-
		THERA-D RAPID REPLETION	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		VITAMIN D	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		VITAMIN D	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D HIGH POTENCY	CAPS	OR	-		PREFERRED	-	-
		VITAMIN D-1000	TABS	OR	-		PREFERRED	-	-
		VITAMIN D-1000 MAXIMUM STRENGTH	TABS	OR	-		PREFERRED	-	-
		VITAMIN D-3 25 MCG (1000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		VITAMIN D-3	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D-3 25 MCG (1000 UNIT)	TABS	OR	-		PREFERRED	-	-
		VITAMIN D-3	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D3 400	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D3 HIGH POTENCY	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D3 MAXIMUM STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D3 SUPER STRENGTH	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D3 ULTRA POTENCY	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D3 ULTRA STRENGTH	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D-400	TABS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN-D3	TABS	OR	-		PREFERRED	-	-
		WEEKLY-D	CAPS	OR	NON-COVERED	OTCS	-	-	-
	DOXERCALCIFEROL	DOXERCALCIFEROL	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
	ERGOCALCIFEROL	CALCIDOL	SOLN	OR	NON-COVERED	OTCS	-	-	-
		CALCIFEROL	SOLN	OR	NON-COVERED	OTCS	-	-	-
VITAMINS : VITAMIN D / VITAMIN D ANALOGS - ORAL CONT.		DRISDOL	CAPS	OR	NON-COVERED	VITA	-	-	-
		ERGOCAL	CAPS	OR	NON-COVERED	VITA	-	-	-
		ERGOCALCIFEROL	CAPS	OR	-		PREFERRED	-	-
		ERGOCALCIFEROL	SOLN	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D 1.25 MG (50000 UNIT)	CAPS	OR	-		PREFERRED	-	-
		VITAMIN D	CAPS	OR	NON-COVERED	OTCS	-	-	-
		VITAMIN D2	TABS	OR	NON-COVERED	OTCS	-	-	-
	PARICALCITOL	PARICALCITOL	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-
		ZEMPLAR	CAPS	OR	-		NON-PREFERRED	PA REQUIRED	-