

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

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

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

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANALGESICS - ANTIINFLAMMATORY : OTHER (CONT.)	RIDAURA	CAPS	PREFERRED	-
	ANALGESICS - OPIOID : LONG ACTING - AGONISTS			
	ARYMO ER	TBEA	NON-PREFERRED	PA REQUIRED
	CONZIP	CP24	NON-PREFERRED	PA REQUIRED
	DOLOPHINE	TABS	NON-PREFERRED	PA REQUIRED
	DURAGESIC	PT72	NON-PREFERRED	PA REQUIRED
	EMBEDA	CPCR	NON-PREFERRED	PA REQUIRED
	EXALGO	T24A	NON-PREFERRED	PA REQUIRED
	FENTANYL	PT72	PREFERRED	PA REQUIRED
	FENTANYL 37.5MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 62.5MCG/H	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 87.5MCG/H	PT72	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HCL ER	T24A	NON-PREFERRED	PA REQUIRED
	HYSINGLA ER	T24A	NON-PREFERRED	PA REQUIRED
	KADIAN	CP24	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	CONC	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	SOLN	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	TABS	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	TBSO	NON-PREFERRED	PA REQUIRED
	METHADONE HCL INTENSOL	CONC	NON-PREFERRED	PA REQUIRED
	METHADOSE	CONC	NON-PREFERRED	PA REQUIRED
	METHADOSE	TBSO	NON-PREFERRED	PA REQUIRED
	METHADOSE SUGAR-FREE	CONC	NON-PREFERRED	PA REQUIRED
	MORPHABOND ER	T12A	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	CP24	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	TBCR	PREFERRED	PA REQUIRED
	MS CONTIN	TBCR	NON-PREFERRED	PA REQUIRED
	NUCYNTA ER	TB12	NON-PREFERRED	PA REQUIRED
	OPANA ER (CRUSH RESISTANT)	T12A	NON-PREFERRED	PA REQUIRED
	OXYCODONE HCL ER	T12A	NON-PREFERRED	PA REQUIRED
	OXYCONTIN	T12A	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANALGESICS - OPIOID : LONG ACTING - AGONISTS (CONT.)</b>	<b>OXYMORPHONE HYDROCHLORIDE ER</b>	TB12	<b>PREFERRED</b>	PA REQUIRED
	<b>OXYMORPHONE HYDROCHLORIDE ER 15MG</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OXYMORPHONE HYDROCHLORIDE ER 7.5MG</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TRAMADOL HCL ER</b>	CP24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TRAMADOL HCL ER</b>	TB24	<b>PREFERRED</b>	PA REQUIRED
	<b>TRAMADOL HCL ER (BIPHASIC RELEASE)</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>XTAMPZA ER</b>	C12A	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZOHYDRO ER</b>	C12A	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANALGESICS - OPIOID : LONG ACTING - PARTIAL AGONISTS</b>	<b>BUPRENORPHINE</b>	PTWK	<b>PREFERRED</b>	-
	<b>BUTRANS</b>	PTWK	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANALGESICS - OPIOID : SHORT ACTING - AGONISTS</b>	<b>ABSTRAL</b>	SUBL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE</b>	TABS	<b>PREFERRED</b>	-
	<b>ACETAMINOPHEN/CODEINE</b>	SOLN	<b>PREFERRED</b>	-
		TABS	<b>PREFERRED</b>	-
	<b>ACETAMINOPHEN/CODEINE PHOSPHATE</b>	TABS	<b>PREFERRED</b>	-
	<b>ACTIQ</b>	LPOP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ASCOMP/CODEINE</b>	CAPS	<b>PREFERRED</b>	-
	<b>BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE</b>	CAPS	<b>PREFERRED</b>	-
	<b>BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE</b>	CAPS	<b>PREFERRED</b>	-
	<b>BUTORPHANOL TARTRATE</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>CODEINE SULFATE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CODEINE SULFATE (LANNETT)</b>	TABS	<b>PREFERRED</b>	-
	<b>DEMEROL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DILAUDID</b>	LIQD	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DILAUDID</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ENDOCET</b>	TABS	<b>PREFERRED</b>	-
	<b>FENTANYL CITRATE ORAL TRANSMUCOSAL</b>	LPOP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FENTORA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FIORICET/CODEINE</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANALGESICS - OPIOID : SHORT ACTING - AGONISTS (CONT.)	FIORINAL/CODEINE #3	CAPS	NON-PREFERRED	PA REQUIRED
	HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	PREFERRED	-
	HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	PREFERRED	-
	HYDROCODONE/ACETAMINOPHEN	TABS	PREFERRED	-
	HYDROCODONE/IBUPROFEN	TABS	PREFERRED	-
	HYDROMORPHONE HCL	LIQD	NON-PREFERRED	-
	HYDROMORPHONE HCL	SUPP	PREFERRED	-
	HYDROMORPHONE HCL	TABS	PREFERRED	-
	IBUDONE	TABS	NON-PREFERRED	PA REQUIRED
	IONSYS	PTCH	NON-PREFERRED	PA REQUIRED
	LAZANDA	SOLN	NON-PREFERRED	PA REQUIRED
	LEVORPHANOL TARTRATE	TABS	NON-PREFERRED	PA REQUIRED
	LORCET	TABS	NON-PREFERRED	PA REQUIRED
	LORCET HD	TABS	PREFERRED	-
	LORCET PLUS	TABS	NON-PREFERRED	PA REQUIRED
	LORTAB	ELIX	NON-PREFERRED	-
	MEPERIDINE HCL	SOLN	NON-PREFERRED	PA REQUIRED
	MEPERIDINE HCL	TABS	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE	SOLN	NON-PREFERRED	-
	MORPHINE SULFATE	SUPP	PREFERRED	-
	MORPHINE SULFATE	TABS	PREFERRED	-
	NALOCET	TABS	NON-PREFERRED	PA REQUIRED
	NORCO	TABS	NON-PREFERRED	PA REQUIRED
	NUCYNTA	TABS	NON-PREFERRED	-
	OPANA	TABS	NON-PREFERRED	PA REQUIRED
	OXAYDO	TABA	NON-PREFERRED	-
	OXYCODONE HCL	CAPS	NON-PREFERRED	-
	OXYCODONE HCL	CONC	NON-PREFERRED	-
	OXYCODONE HCL	SOLN	NON-PREFERRED	-
	OXYCODONE HCL	TABS	PREFERRED	-
	OXYCODONE/ACETAMINOPHEN	SOLN	NON-PREFERRED	PA REQUIRED
	OXYCODONE/ACETAMINOPHEN	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANALGESICS - OPIOID : SHORT ACTING - AGONISTS (CONT.)</b>	OXYCODONE/ASPIRIN	TABS	PREFERRED	-
	OXYCODONE/IBUPROFEN	TABS	NON-PREFERRED	-
	OXYMORPHONE HYDROCHLORIDE	TABS	NON-PREFERRED	-
	PANLOR	TABS	NON-PREFERRED	-
	PENTAZOCINE/NALOXONE HCL	TABS	NON-PREFERRED	-
	PERCOCET	TABS	NON-PREFERRED	PA REQUIRED
	PRIMLEV	TABS	NON-PREFERRED	PA REQUIRED
	ROXICODONE	TABS	NON-PREFERRED	PA REQUIRED
	ROXYBOND	TABA	NON-PREFERRED	-
	SUBSYS	LIQD	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL	TABS	PREFERRED	-
	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	PREFERRED	-
	TYLENOL/CODEINE #3	TABS	NON-PREFERRED	PA REQUIRED
	TYLENOL/CODEINE #4	TABS	NON-PREFERRED	PA REQUIRED
	ULTRACET	TABS	NON-PREFERRED	PA REQUIRED
	ULTRAM	TABS	NON-PREFERRED	PA REQUIRED
	VERDROCET	TABS	NON-PREFERRED	-
	VICODIN	TABS	NON-PREFERRED	PA REQUIRED
	VICODIN ES	TABS	NON-PREFERRED	PA REQUIRED
	VICODIN HP	TABS	NON-PREFERRED	PA REQUIRED
XYLON	TABS	PREFERRED	-	
<b>ANALGESICS - OPIOID : SHORT ACTING - PARTIAL AGONISTS</b>	BELBUCA	FILM	PREFERRED	PA REQUIRED
<b>ANALGESICS : MIGRAINE AGENTS - 5-HT1 AGONISTS</b>	ALMOTRIPTAN	TABS	NON-PREFERRED	-
	ALMOTRIPTAN MALATE	TABS	NON-PREFERRED	-
	AMERGE	TABS	NON-PREFERRED	PA REQUIRED
	AXERT	TABS	NON-PREFERRED	PA REQUIRED
	ELETRIPTAN HYDROBROMIDE	TABS	NON-PREFERRED	-
	FROVA	TABS	NON-PREFERRED	PA REQUIRED
	FROVATRIPTAN SUCCINATE	TABS	NON-PREFERRED	-
	IMITREX	TABS	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANALGESICS : MIGRAINE AGENTS - 5-HT1 AGONISTS (CONT.)</b>	IMITREX INJECTION	SOLN	NON-PREFERRED	PA REQUIRED
	IMITREX NASAL SPRAY	SOLN	PREFERRED	PA REQUIRED
	IMITREX STATDOSE REFILL	SOCT	NON-PREFERRED	PA REQUIRED
	IMITREX STATDOSE SYSTEM	SOAJ	NON-PREFERRED	PA REQUIRED
	MAXALT	TABS	NON-PREFERRED	PA REQUIRED
	MAXALT-MLT	TBDP	NON-PREFERRED	PA REQUIRED
	NARATRIPTAN HCL	TABS	PREFERRED	-
	ONZETRA XSAIL	EXHP	NON-PREFERRED	PA REQUIRED
	RELPAX	TABS	NON-PREFERRED	PA REQUIRED
	RIZATRIPTAN BENZOATE	TABS	PREFERRED	-
	RIZATRIPTAN BENZOATE ODT	TBDP	PREFERRED	-
	SUMATRIPTAN	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOAJ	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	TABS	PREFERRED	-
	SUMATRIPTAN SUCCINATE REFILL	SOCT	PREFERRED	-
	SUMAVEL DOSEPRO	SOTJ	NON-PREFERRED	-
	ZEMBRACE SYMTOUCH	SOAJ	NON-PREFERRED	PA REQUIRED
	ZOLMITRIPTAN	TABS	NON-PREFERRED	-
	ZOLMITRIPTAN ODT	TBDP	NON-PREFERRED	-
ZOMIG	SOLN	NON-PREFERRED	-	
ZOMIG	TABS	NON-PREFERRED	PA REQUIRED	
ZOMIG ZMT	TBDP	NON-PREFERRED	PA REQUIRED	
<b>ANALGESICS : MIGRAINE AGENTS - MISC</b>	CAFERGOT	TABS	PREFERRED	PA REQUIRED
	CAMBIA	PACK	PREFERRED	PA REQUIRED
	D.H.E. 45	SOLN	PREFERRED	PA REQUIRED
	DIHYDROERGOTAMINE MESYLATE	SOLN	PREFERRED	PA REQUIRED
	ERGOMAR	SUBL	PREFERRED	PA REQUIRED
	ISOMETHEPTENE MUCATE/CAFFEINE/ACETAMINOPHEN	TABS	PREFERRED	PA REQUIRED
	ISOMETHEPTENE/DICHLORALPHENAZONE/ACETAMINOPHEN	CAPS	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANALGESICS : MIGRAINE AGENTS - MISC (CONT.)</b>	<b>MIGERGOT</b>	SUPP	<b>PREFERRED</b>	PA REQUIRED
	<b>MIGRANAL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>MIGRANOW</b>	THPK	<b>PREFERRED</b>	PA REQUIRED
	<b>SUMATRIPTAN/NAPROXEN SODIUM</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>TREXIMET</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
<b>ANORECTAL AGENTS : RECTAL ANESTHETIC / STEROID COMBINATIONS</b>	<b>ANA-LEX</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANALPRAM-HC</b>	CREA	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANALPRAM-HC</b>	LOTN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HYDROCORTISONE ACETATE/PRAMOXINE</b>	CREA	<b>PREFERRED</b>	-
	<b>LIDOCAINE HCL/HYDROCORTISONE ACETATE</b>	CREA	<b>PREFERRED</b>	-
	<b>LIDOCAINE HCL/HYDROCORTISONE ACETATE</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PRAMCORT</b>	CREA	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROCORT</b>	CREA	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROCTOFOAM HC</b>	FOAM	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANORECTAL AGENTS : RECTAL STEROIDS</b>	<b>ANUCORT-HC</b>	SUPP	<b>PREFERRED</b>	-
	<b>ANUSOL-HC</b>	CREA	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANUSOL-HC</b>	SUPP	<b>PREFERRED</b>	-
	<b>COLOCORT</b>	ENEM	<b>PREFERRED</b>	-
	<b>CORTENEMA</b>	ENEM	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CORTIFOAM</b>	FOAM	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HEMMOREX-HC</b>	SUPP	<b>PREFERRED</b>	-
	<b>HYDROCORTISONE</b>	CREA	<b>PREFERRED</b>	-
	<b>HYDROCORTISONE</b>	ENEM	<b>PREFERRED</b>	-
	<b>HYDROCORTISONE ACETATE</b>	SUPP	<b>PREFERRED</b>	-
	<b>PROCTOCORT</b>	CREA	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROCTOCORT</b>	SUPP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROCTO-MED HC</b>	CREA	<b>PREFERRED</b>	-
	<b>PROCTO-PAK</b>	CREA	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS	
<b>ANORECTAL AGENTS : RECTAL STEROIDS (CONT.)</b>	PROCTOSOL HC	CREA	PREFERRED	-	
	PROCTOZONE-HC	CREA	PREFERRED	-	
	UCERIS	FOAM	NON-PREFERRED	PA REQUIRED	
<b>ANORECTAL AGENTS : VASODILATING AGENTS</b>	RECTIV	OINT	PREFERRED	PA REQUIRED	
<b>ANTIANSXIETY AGENTS : BENZODIAZEPINES</b>	ALPRAZOLAM	TABS	PREFERRED	-	
	ALPRAZOLAM ER	TB24	NON-PREFERRED	-	
	ALPRAZOLAM INTENSOL	CONC	NON-PREFERRED	-	
	ALPRAZOLAM ODT	TBDP	NON-PREFERRED	-	
	ALPRAZOLAM XR	TB24	NON-PREFERRED	-	
	ATIVAN	SOLN	NON-PREFERRED	PA REQUIRED	
	ATIVAN	TABS	NON-PREFERRED	PA REQUIRED	
	CHLORDIAZEPOXIDE HCL	CAPS	PREFERRED	-	
	CLORAZEPATE DIPOTASSIUM	TABS	NON-PREFERRED	-	
	DIAZEPAM	CONC	PREFERRED	-	
	DIAZEPAM	SOLN	PREFERRED	-	
	DIAZEPAM	TABS	PREFERRED	-	
	DIAZEPAM INTENSOL	CONC	PREFERRED	-	
	LORAZEPAM	CONC	PREFERRED	-	
	LORAZEPAM	SOLN	PREFERRED	-	
	LORAZEPAM	TABS	PREFERRED	-	
	LORAZEPAM INTENSOL	CONC	PREFERRED	-	
	OXAZEPAM	CAPS	NON-PREFERRED	-	
	TRANXENE T	TABS	NON-PREFERRED	PA REQUIRED	
	XANAX	TABS	NON-PREFERRED	PA REQUIRED	
	XANAX XR	TB24	NON-PREFERRED	PA REQUIRED	
	<b>ANTIANSXIETY AGENTS : MISC</b>	BUSPIRONE HCL	TABS	PREFERRED	-
		BUSPIRONE HYDROCHLORIDE	TABS	PREFERRED	-
DROPERIDOL		SOLN	PREFERRED	-	
HYDROXYZINE HCL		SOLN	PREFERRED	-	
HYDROXYZINE HCL		SYRP	PREFERRED	-	



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTI-ANXIETY AGENTS : MISC (CONT.)</b>	HYDROXYZINE HCL	TABS	PREFERRED	-
	HYDROXYZINE PAMOATE	CAPS	PREFERRED	-
	MEPROBAMATE	TABS	NON-PREFERRED	PA REQUIRED
	VISTARIL	CAPS	NON-PREFERRED	PA REQUIRED
<b>ANTIBIOTICS : AMINOPENICILLINS</b>	AMOXICILLIN	CAPS	PREFERRED	-
	AMOXICILLIN	CHEW	PREFERRED	-
	AMOXICILLIN	SUSR	PREFERRED	-
	AMOXICILLIN	TABS	PREFERRED	-
	AMPICILLIN	CAPS	PREFERRED	-
	AMPICILLIN SODIUM	SOLR	PREFERRED	-
<b>ANTIBIOTICS : CEPHALOSPORINS - 1ST GENERATION</b>	CEFADROXIL	CAPS	PREFERRED	-
	CEFADROXIL	SUSR	PREFERRED	-
	CEFADROXIL	TABS	PREFERRED	-
	CEFADYL	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEPHALEXIN	CAPS	PREFERRED	-
	CEPHALEXIN	SUSR	PREFERRED	-
	CEPHALEXIN	TABS	PREFERRED	-
	DAXBIA	CAPS	NON-PREFERRED	-
	KEFLEX	CAPS	NON-PREFERRED	PA REQUIRED
	<b>ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION</b>	CEFACTOR	CAPS	PREFERRED
CEFACTOR		SUSR	PREFERRED	PA REQUIRED
CEFACTOR ER		TB12	NON-PREFERRED	-
CEFOTAN		SOLR	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION (CONT.)</b>	CEFOTETAN	SOLR	PREFERRED	PA REQUIRED
	CEFOTETAN/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEFOXITIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFPROZIL	SUSR	PREFERRED	-
	CEFPROZIL	TABS	PREFERRED	-
	CEFTIN	SUSR	NON-PREFERRED	-
	CEFUROXIME AXETIL	TABS	PREFERRED	-
	CEFUROXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
<b>ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION</b>	CEDAX	CAPS	NON-PREFERRED	-
	CEDAX	SUSR	NON-PREFERRED	-
	CEFDINIR	CAPS	PREFERRED	-
	CEFDINIR	SUSR	PREFERRED	-
	CEFIXIME	SUSR	PREFERRED	-
	CEFOTAXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFPODOXIME PROXETIL	SUSR	PREFERRED	-
	CEFPODOXIME PROXETIL	TABS	PREFERRED	-
	CEFTAZIDIME	SOLR	PREFERRED	PA REQUIRED
	CEFTAZIDIME/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEFTIBUTEN	CAPS	NON-PREFERRED	-
	CEFTIBUTEN	SUSR	NON-PREFERRED	-
	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	CEFTRIAXONE SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFTRIAXONE/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	SUPRAX	CAPS	PREFERRED	-
	SUPRAX	CHEW	PREFERRED	-
	SUPRAX	SUSR	NON-PREFERRED	PA REQUIRED
	SUPRAX 500MG/5ML	SUSR	NON-PREFERRED	-
	TAZICEF	SOLN	PREFERRED	PA REQUIRED
TAZICEF	SOLR	PREFERRED	PA REQUIRED	

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIBIOTICS : CEPHALOSPORINS - 4TH GENERATION</b>	CEFEPIME	SOLN	PREFERRED	PA REQUIRED
	CEFEPIME	SOLR	PREFERRED	PA REQUIRED
	CEFEPIME/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	MAXIPIME INJECTION	SOLR	PREFERRED	PA REQUIRED
	MAXIPIME IV	SOLR	NON-PREFERRED	PA REQUIRED
<b>ANTIBIOTICS : INHALED - AMINOGLYCOSIDES</b>	BETHKIS	NEBU	PREFERRED	PA REQUIRED
	KITABIS PAK	NEBU	PREFERRED	PA REQUIRED
	TOBI	NEBU	NON-PREFERRED	PA REQUIRED
	TOBI PODHALER	CAPS	PREFERRED	PA REQUIRED
	TOBRAMYCIN	NEBU	NON-PREFERRED	PA REQUIRED
<b>ANTIBIOTICS : INHALED - OTHER</b>	CAYSTON	SOLR	PREFERRED	PA REQUIRED
<b>ANTIBIOTICS : NATURAL PENICILLINS</b>	BICILLIN L-A	SUSP	PREFERRED	PA REQUIRED
	PENICILLIN G POTASSIUM	SOLR	PREFERRED	PA REQUIRED
	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	PENICILLIN G PROCAINE	SUSP	PREFERRED	PA REQUIRED
	PENICILLIN G SODIUM	SOLR	PREFERRED	PA REQUIRED
	PENICILLIN V POTASSIUM	SOLR	PREFERRED	-
	PENICILLIN V POTASSIUM	TABS	PREFERRED	-
	PFIZERPEN	SOLR	NON-PREFERRED	PA REQUIRED
<b>ANTIBIOTICS : PENICILLIN COMBINATIONS</b>	AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	PREFERRED	-
	AMPICILLIN-SULBACTAM	SOLR	PREFERRED	PA REQUIRED
	AUGMENTIN	SUSR	NON-PREFERRED	PA REQUIRED
	AUGMENTIN	TABS	NON-PREFERRED	PA REQUIRED
	AUGMENTIN 125-31.25MG/5ML	SUSR	NON-PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANTIBIOTICS : PENICILLIN COMBINATIONS (CONT.)	AUGMENTIN ES-600	SUSR	NON-PREFERRED	PA REQUIRED
	AUGMENTIN XR	TB12	NON-PREFERRED	PA REQUIRED
	BICILLIN C-R	SUSP	PREFERRED	PA REQUIRED
	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	PREFERRED	PA REQUIRED
	PIPERACILLIN/TAZOBACTAM	SOLR	PREFERRED	PA REQUIRED
	UNASYN	SOLR	NON-PREFERRED	PA REQUIRED
	UNASYN BULK PACK	SOLR	NON-PREFERRED	PA REQUIRED
	ZOSYN	SOLN	PREFERRED	PA REQUIRED
	ZOSYN	SOLR	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : SULFONAMIDES	BACTRIM	TABS	NON-PREFERRED	PA REQUIRED
	BACTRIM DS	TABS	NON-PREFERRED	PA REQUIRED
	SULFADIAZINE	TABS	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM	SOLN	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	PREFERRED	-
	SULFATRIM PEDIATRIC	SUSP	PREFERRED	-
	TRIMETHOPRIM	TABS	PREFERRED	-
ANTIBIOTICS : TETRACYCLINES	DEMECLOCYCLINE HCL	TABS	NON-PREFERRED	-
	DORYX	TBEC	NON-PREFERRED	PA REQUIRED
	DORYX MPC	TBEC	NON-PREFERRED	-
	DOXY 100	SOLR	PREFERRED	PA REQUIRED
	DOXYCYCLINE	SUSR	NON-PREFERRED	-
	DOXYCYCLINE	TABS	PREFERRED	-
	DOXYCYCLINE HYCLATE	CAPS	PREFERRED	-
	DOXYCYCLINE HYCLATE	SOLR	PREFERRED	PA REQUIRED
	DOXYCYCLINE HYCLATE	TABS	PREFERRED	-
	DOXYCYCLINE HYCLATE DR	TBEC	NON-PREFERRED	-
	DOXYCYCLINE MONOHYDRATE	CAPS	PREFERRED	-
	DOXYCYCLINE MONOHYDRATE	TABS	PREFERRED	-
	DOXYCYCLINE MONOHYDRATE 75MG & 150MG	CAPS	NON-PREFERRED	-
	MINOCIN	CAPS	PREFERRED	-

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

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

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTICOAGULANTS : FACTOR XA AND THROMBIN INHIBITORS</b>	ELIQUIS	TABS	PREFERRED	-
	ELIQUIS STARTER PACK	TABS	PREFERRED	-
	PRADAXA	CAPS	PREFERRED	-
	SAVAYSA	TABS	NON-PREFERRED	-
	XARELTO	TABS	PREFERRED	-
	XARELTO STARTER PACK	TBPK	PREFERRED	-
	<b>ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS</b>	ARIXTRA	SOLN	NON-PREFERRED
ENOXAPARIN SODIUM		SOLN	PREFERRED	-
FONDAPARINUX SODIUM		SOLN	NON-PREFERRED	-
FRAGMIN		SOLN	NON-PREFERRED	-
HEPARIN LOCK FLUSH		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM DCU		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM LOCK FLUSH		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM/D5W		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM/DEXTROSE		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM/NACL 0.45%		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM/NACL 0.9%		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM/SODIUM CHLORIDE		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%		SOLN	PREFERRED	PA REQUIRED
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX		SOLN	PREFERRED	PA REQUIRED
LOVENOX		SOLN	NON-PREFERRED	PA REQUIRED
<b>ANTICONVULSANTS : AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>	FYCOMPA	SUSP	PREFERRED	PA REQUIRED
	FYCOMPA	TABS	PREFERRED	PA REQUIRED
<b>ANTICONVULSANTS : BENZODIAZEPINES</b>	CLONAZEPAM	TABS	PREFERRED	-
	CLONAZEPAM ODT	TBDP	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTICONVULSANTS : BENZODIAZEPINES (CONT.)</b>	DIASTAT ACUDIAL	GEL	PREFERRED	PA REQUIRED
	DIASTAT PEDIATRIC	GEL	PREFERRED	PA REQUIRED
	DIAZEPAM RECTAL GEL	GEL	PREFERRED	PA REQUIRED
	KLONOPIN	TABS	NON-PREFERRED	PA REQUIRED
	ONFI	SUSP	NON-PREFERRED	PA REQUIRED
	ONFI	TABS	NON-PREFERRED	PA REQUIRED
<b>ANTICONVULSANTS : CARBAMATES</b>	FELBAMATE	SUSP	PREFERRED	PA REQUIRED
	FELBAMATE	TABS	PREFERRED	PA REQUIRED
	FELBATOL	SUSP	NON-PREFERRED	PA REQUIRED
	FELBATOL	TABS	NON-PREFERRED	PA REQUIRED
<b>ANTICONVULSANTS : GABA MODULATORS</b>	GABITRIL	TABS	NON-PREFERRED	PA REQUIRED
	SABRIL	PACK	NON-PREFERRED	PA REQUIRED
	SABRIL	TABS	PREFERRED	PA REQUIRED
	TIAGABINE HYDROCHLORIDE	TABS	PREFERRED	PA REQUIRED
	VIGABATRIN	PACK	PREFERRED	PA REQUIRED
	VIGADRONE	PACK	PREFERRED	PA REQUIRED
<b>ANTICONVULSANTS : HYDANTOINS</b>	CEREBYX	SOLN	PREFERRED	PA REQUIRED
	DILANTIN	CAPS	PREFERRED	-
	DILANTIN 100MG	CAPS	NON-PREFERRED	PA REQUIRED
	DILANTIN INFATABS	CHEW	NON-PREFERRED	PA REQUIRED
	DILANTIN-125	SUSP	NON-PREFERRED	PA REQUIRED
	FOSPHENYTOIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	PEGANONE	TABS	NON-PREFERRED	-
	PHENYTEK	CAPS	NON-PREFERRED	PA REQUIRED
	PHENYTOIN	CHEW	PREFERRED	-
	PHENYTOIN	SUSP	PREFERRED	-
	PHENYTOIN INFATABS	CHEW	PREFERRED	-
	PHENYTOIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	PHENYTOIN SODIUM EXTENDED	CAPS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANTICONVULSANTS : MISC	APTIOM	TABS	NON-PREFERRED	PA REQUIRED
	BANZEL	SUSP	NON-PREFERRED	PA REQUIRED
	BANZEL	TABS	NON-PREFERRED	PA REQUIRED
	BRIVIACT	SOLN	NON-PREFERRED	PA REQUIRED
	BRIVIACT	TABS	NON-PREFERRED	PA REQUIRED
	BRIVIACT IV	SOLN	PREFERRED	PA REQUIRED
	CARBAMAZEPINE	CHEW	PREFERRED	-
	CARBAMAZEPINE	SUSP	PREFERRED	-
	CARBAMAZEPINE	TABS	PREFERRED	-
	CARBAMAZEPINE ER	CP12	PREFERRED	-
	CARBAMAZEPINE ER	TB12	PREFERRED	-
	CARBATROL	CP12	NON-PREFERRED	PA REQUIRED
	EPIDIOLEX	SOLN	NON-PREFERRED	PA REQUIRED
	EPITOL	TABS	PREFERRED	-
	GABAPENTIN	CAPS	PREFERRED	-
	GABAPENTIN	SOLN	PREFERRED	-
	GABAPENTIN	TABS	PREFERRED	-
	KEPPRA	SOLN	NON-PREFERRED	PA REQUIRED
	KEPPRA	TABS	NON-PREFERRED	PA REQUIRED
	KEPPRA XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMICTAL	TABS	NON-PREFERRED	PA REQUIRED
	LAMICTAL CHEWABLE DISPERSIBLE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	TBDP	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/TAKING VALPROATE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE	TABS	PREFERRED	-
	LAMOTRIGINE ER	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE ODT	TBDP	NON-PREFERRED	PA REQUIRED



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANTICONVULSANTS : MISC (CONT.)	LAMOTRIGINE STARTER KIT/BLUE	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/GREEN	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/ORANGE	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE TITRATION	KIT	NON-PREFERRED	PA REQUIRED
	LEVETIRACETAM	TABS	PREFERRED	-
	LEVETIRACETAM ER	TB24	PREFERRED	-
	LEVETIRACETAM IV & INJECTION	SOLN	PREFERRED	PA REQUIRED
	LEVETIRACETAM ORAL	SOLN	PREFERRED	-
	LEVETIRACETAM/SODIUM CHLORIDE	SOLN	PREFERRED	PA REQUIRED
	LYRICA	CAPS	NON-PREFERRED	PA REQUIRED
	LYRICA	SOLN	NON-PREFERRED	PA REQUIRED
	MYSOLINE	TABS	NON-PREFERRED	PA REQUIRED
	NEURONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	NEURONTIN	SOLN	NON-PREFERRED	PA REQUIRED
	NEURONTIN	TABS	NON-PREFERRED	PA REQUIRED
	OXCARBAZEPINE	SUSP	PREFERRED	-
	OXCARBAZEPINE	TABS	PREFERRED	-
	OXTELLAR XR	TB24	NON-PREFERRED	PA REQUIRED
	PRIMIDONE	TABS	PREFERRED	-
	QUDEXY XR	CS24	NON-PREFERRED	PA REQUIRED
	ROWEEPRA	TABS	PREFERRED	-
	ROWEEPRA XR	TB24	PREFERRED	-
	SPRITAM	TB3D	NON-PREFERRED	PA REQUIRED
	SUBVENITE	TABS	PREFERRED	-
	SUBVENITE STARTER KIT/BLUE	KIT	NON-PREFERRED	PA REQUIRED
	SUBVENITE STARTER KIT/GREEN	KIT	NON-PREFERRED	PA REQUIRED
	SUBVENITE STARTER KIT/ORANGE	KIT	NON-PREFERRED	PA REQUIRED
	TEGRETOL	SUSP	NON-PREFERRED	PA REQUIRED
	TEGRETOL	TABS	NON-PREFERRED	PA REQUIRED
	TEGRETOL-XR	TB12	NON-PREFERRED	PA REQUIRED
	TOPAMAX	TABS	NON-PREFERRED	PA REQUIRED
	TOPAMAX SPRINKLE	CPSP	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTICONVULSANTS : MISC (CONT.)</b>	TOPIRAMATE	CPSP	PREFERRED	-
	TOPIRAMATE	TABS	PREFERRED	-
	TOPIRAMATE ER	CS24	NON-PREFERRED	PA REQUIRED
	TRILEPTAL	SUSP	NON-PREFERRED	PA REQUIRED
	TRILEPTAL	TABS	NON-PREFERRED	PA REQUIRED
	TROKENDI XR	CP24	PREFERRED	-
	VIMPAT	TABS	PREFERRED	-
	VIMPAT IV	SOLN	PREFERRED	PA REQUIRED
	VIMPAT ORAL	SOLN	PREFERRED	-
	ZONEGRAN	CAPS	NON-PREFERRED	PA REQUIRED
	ZONISAMIDE	CAPS	PREFERRED	-
<b>ANTICONVULSANTS : SUCCUNIMIDES</b>	CELONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	ETHOSUXIMIDE	CAPS	NON-PREFERRED	PA REQUIRED
	ETHOSUXIMIDE	SOLN	NON-PREFERRED	PA REQUIRED
	ZARONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	ZARONTIN	SOLN	NON-PREFERRED	PA REQUIRED
<b>ANTICONVULSANTS : VALPROIC ACID</b>	DEPACON	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKENE	CAPS	NON-PREFERRED	PA REQUIRED
	DEPAKENE	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKOTE	TBEC	NON-PREFERRED	PA REQUIRED
	DEPAKOTE ER	TB24	NON-PREFERRED	PA REQUIRED
	DEPAKOTE SPRINKLES	CSDR	NON-PREFERRED	PA REQUIRED
	DIVALPROEX SODIUM	CSDR	PREFERRED	-
	DIVALPROEX SODIUM DR	TBEC	PREFERRED	-
	DIVALPROEX SODIUM ER	TB24	PREFERRED	-
	VALPROATE SODIUM	SOLN	PREFERRED	-
	VALPROIC ACID	CAPS	PREFERRED	-
	VALPROIC ACID	SOLN	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIDEPRESSANTS : ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>	MAPROTILINE HCL	TABS	NON-PREFERRED	PA REQUIRED
	MIRTAZAPINE	TABS	PREFERRED	-
	MIRTAZAPINE ODT	TBDP	PREFERRED	-
	REMERON	TABS	NON-PREFERRED	PA REQUIRED
	REMERON SOLTAB	TBDP	NON-PREFERRED	PA REQUIRED
<b>ANTIDEPRESSANTS : MONOAMINE OXIDASE INHIBITORS (MAOI)</b>	EMSAM	PT24	PREFERRED	-
	MARPLAN	TABS	NON-PREFERRED	-
	NARDIL	TABS	NON-PREFERRED	PA REQUIRED
	PARNATE	TABS	NON-PREFERRED	PA REQUIRED
	PHENELZINE SULFATE	TABS	PREFERRED	-
	TRANLYCPROMINE SULFATE	TABS	PREFERRED	-
<b>ANTIDEPRESSANTS : NOREPINEPHRINE-DOPAMINE REUPTAKE INHIBITORS</b>	APLENZIN	TB24	NON-PREFERRED	PA REQUIRED
	BUPROPION HCL	TABS	PREFERRED	-
	BUPROPION HCL ER	TB12	PREFERRED	-
	BUPROPION HCL SR	TB12	PREFERRED	-
	BUPROPION HCL XL	TB24	PREFERRED	-
	FORFIVO XL	TB24	NON-PREFERRED	PA REQUIRED
	WELLBUTRIN SR	TB12	NON-PREFERRED	PA REQUIRED
	WELLBUTRIN XL	TB24	NON-PREFERRED	PA REQUIRED
<b>ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)</b>	BRISDELLE	CAPS	NON-PREFERRED	PA REQUIRED
	CELEXA	TABS	NON-PREFERRED	PA REQUIRED
	CITALOPRAM	SOLN	NON-PREFERRED	PA REQUIRED
	CITALOPRAM	TABS	PREFERRED	-
	CITALOPRAM HYDROBROMIDE	SOLN	NON-PREFERRED	PA REQUIRED
	CITALOPRAM HYDROBROMIDE	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) (CONT.)</b>	ESCITALOPRAM OXALATE	SOLN	NON-PREFERRED	PA REQUIRED
	ESCITALOPRAM OXALATE	TABS	PREFERRED	-
	FLUOXETINE	CAPS	NON-PREFERRED	PA REQUIRED
	FLUOXETINE DR	CPDR	NON-PREFERRED	-
	FLUOXETINE HCL	CAPS	PREFERRED	-
	FLUOXETINE HCL	SOLN	PREFERRED	-
	FLUOXETINE HYDROCHLORIDE	TABS	PREFERRED	-
	FLUOXETINE HYDROCHLORIDE (PMDD)	TABS	NON-PREFERRED	PA REQUIRED
	FLUVOXAMINE MALEATE	TABS	PREFERRED	-
	FLUVOXAMINE MALEATE ER	CP24	NON-PREFERRED	PA REQUIRED
	LEXAPRO	TABS	NON-PREFERRED	PA REQUIRED
	PAROXETINE	CAPS	NON-PREFERRED	PA REQUIRED
	PAROXETINE HCL	TABS	PREFERRED	-
	PAROXETINE HCL ER	TB24	NON-PREFERRED	PA REQUIRED
	PAXIL	SUSP	NON-PREFERRED	PA REQUIRED
	PAXIL	TABS	NON-PREFERRED	PA REQUIRED
	PAXIL CR	TB24	NON-PREFERRED	PA REQUIRED
	PEXEVA	TABS	NON-PREFERRED	-
	PROZAC	CAPS	NON-PREFERRED	PA REQUIRED
	SARAFEM	TABS	NON-PREFERRED	PA REQUIRED
	SERTRALINE HCL	CONC	NON-PREFERRED	-
	SERTRALINE HCL	TABS	PREFERRED	-
ZOLOFT	CONC	NON-PREFERRED	PA REQUIRED	
ZOLOFT	TABS	NON-PREFERRED	PA REQUIRED	
<b>ANTIDEPRESSANTS : SELECTIVE SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)</b>	CYMBALTA	CPEP	NON-PREFERRED	PA REQUIRED
	DESVENLAFAXINE ER	TB24	NON-PREFERRED	-
	DULOXETINE HCL	CPEP	PREFERRED	-
	EFFEXOR XR	CP24	NON-PREFERRED	PA REQUIRED
	FETZIMA	CP24	NON-PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIDEPRESSANTS : SELECTIVE SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI) (CONT.)</b>	FETZIMA TITRATION PACK	C4PK	NON-PREFERRED	-
	KHEDEZLA	TB24	NON-PREFERRED	-
	PRISTIQ	TB24	NON-PREFERRED	PA REQUIRED
	VENLAFAXINE HCL	TABS	PREFERRED	-
	VENLAFAXINE HCL ER	CP24	PREFERRED	-
	VENLAFAXINE HCL ER	TB24	NON-PREFERRED	PA REQUIRED
<b>ANTIDEPRESSANTS : SEROTONIN MODULATORS</b>	NEFAZODONE HCL	TABS	NON-PREFERRED	PA REQUIRED
	TRAZODONE HYDROCHLORIDE	TABS	PREFERRED	-
	TRINTELLIX	TABS	NON-PREFERRED	PA REQUIRED
	VIIBRYD	TABS	NON-PREFERRED	PA REQUIRED
	VIIBRYD STARTER PACK	KIT	NON-PREFERRED	PA REQUIRED
<b>ANTIDEPRESSANTS : TRICYCLIC AGENTS</b>	AMITRIPTYLINE HCL	TABS	PREFERRED	-
	AMOXAPINE	TABS	PREFERRED	-
	ANAFRANIL	CAPS	NON-PREFERRED	PA REQUIRED
	CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	NON-PREFERRED	-
	CLOMIPRAMINE HCL	CAPS	NON-PREFERRED	-
	DESIPRAMINE HCL	TABS	PREFERRED	-
	DOXEPIN HCL	CAPS	PREFERRED	-
	DOXEPIN HCL	CONC	PREFERRED	-
	IMIPRAMINE HCL	TABS	PREFERRED	-
	IMIPRAMINE PAMOATE	CAPS	NON-PREFERRED	-
	NORPRAMIN	TABS	NON-PREFERRED	PA REQUIRED
	NORTRIPTYLINE HCL	CAPS	PREFERRED	-
	NORTRIPTYLINE HCL	SOLN	NON-PREFERRED	-
	PAMELOR	CAPS	NON-PREFERRED	PA REQUIRED
	PROTRIPTYLINE HCL	TABS	NON-PREFERRED	-
	SURMONTIL	CAPS	NON-PREFERRED	PA REQUIRED
	TOFRANIL	TABS	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIDEPRESSANTS : TRICYCLIC AGENTS (CONT.)</b>	<b>TRIMIPRAMINE MALEATE</b>	CAPS	<b>NON-PREFERRED</b>	-
<b>ANTIDIABETICS : ALPHA-GLUCOSIDASE INHIBITORS</b>	<b>ACARBOSE</b>	TABS	<b>PREFERRED</b>	-
	<b>GLYSET</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MIGLITOL</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>PRECOSE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : BIGUANIDES</b>	<b>FORTAMET</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLUCOPHAGE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLUCOPHAGE XR</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLUMETZA</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METFORMIN HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>METFORMIN HCL ER</b>	TB24	<b>PREFERRED</b>	-
	<b>METFORMIN HCL ER OSMOTIC RELEASE</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METFORMIN HYDROCHLORIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>METFORMIN HYDROCHLORIDE ER</b>	TB24	<b>PREFERRED</b>	-
	<b>METFORMIN HYDROCHLORIDE ER MODIFIED RELEASE</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RIOMET</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANTIDIABETICS : DOPAMINE RECEPTOR AGONISTS</b>	<b>CYCLOSET</b>	TABS	<b>NON-PREFERRED</b>
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - AMYLIN ANALOGS</b>	<b>SYMLINPEN 120</b>	SOPN	<b>PREFERRED</b>	PA REQUIRED
	<b>SYMLINPEN 60</b>	SOPN	<b>PREFERRED</b>	PA REQUIRED
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / SGLT2 INHIBITOR COMBINATIONS</b>	<b>GLYXAMBI</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>QTERN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>STEGLUJAN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / TZD COMBINATIONS	ALOGLIPTIN/PIOGLITAZONE	TABS	PREFERRED	PA REQUIRED
	OSENI	TABS	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITORS	ALOGLIPTIN	TABS	NON-PREFERRED	-
	ALOGLIPTIN/METFORMIN HCL	TABS	NON-PREFERRED	-
	JANUMET	TABS	PREFERRED	-
	JANUMET XR	TB24	PREFERRED	-
	JANUVIA	TABS	PREFERRED	-
	JENTADUETO	TABS	PREFERRED	-
	JENTADUETO XR	TB24	NON-PREFERRED	-
	KAZANO	TABS	NON-PREFERRED	-
	KOMBIGLYZE XR	TB24	NON-PREFERRED	-
	NESINA	TABS	NON-PREFERRED	-
	ONGLYZA	TABS	NON-PREFERRED	-
	TRADJENTA	TABS	PREFERRED	-
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONIST / INSULIN COMBINATIONS	SOLIQUA 100/33	SOPN	NON-PREFERRED	PA REQUIRED
	XULTOPHY 100/3.6	SOPN	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONISTS	ADLYXIN	SOPN	NON-PREFERRED	-
	ADLYXIN STARTER PACK	PNKT	NON-PREFERRED	-
	BYDUREON	SRER	PREFERRED	-
	BYDUREON BCISE	AUIJ	PREFERRED	-
	BYDUREON PEN	PEN	PREFERRED	-
	BYETTA	SOPN	PREFERRED	-
	OZEMPIC	SOPN	NON-PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONISTS (CONT.)</b>	TANZEUM	PEN	NON-PREFERRED	-
	TRULICITY	SOPN	NON-PREFERRED	-
	VICTOZA	SOPN	PREFERRED	-
<b>ANTIDIABETICS : INSULIN - INTERMEDIATE ACTING</b>	HUMULIN N	SUSP	PREFERRED	-
	HUMULIN N KWIKPEN	SUPN	PREFERRED	-
	NOVOLIN N	SUSP	NON-PREFERRED	-
	NOVOLIN N RELION	SUSP	NON-PREFERRED	-
<b>ANTIDIABETICS : INSULIN - LONG ACTING</b>	BASAGLAR KWIKPEN	SOPN	NON-PREFERRED	PA REQUIRED
	LANTUS	SOLN	PREFERRED	-
	LANTUS SOLOSTAR	SOPN	PREFERRED	-
	LEVEMIR	SOLN	PREFERRED	-
	LEVEMIR FLEXTOUCH	SOPN	PREFERRED	-
	TOUJEO MAX SOLOSTAR	SOPN	NON-PREFERRED	-
	TOUJEO SOLOSTAR	SOPN	NON-PREFERRED	-
	TRESIBA FLEXTOUCH	SOPN	NON-PREFERRED	-
<b>ANTIDIABETICS : INSULIN - PRE-MIXED</b>	HUMALOG MIX 50/50	SUSP	PREFERRED	-
	HUMALOG MIX 50/50 KWIKPEN	SUPN	PREFERRED	-
	HUMALOG MIX 75/25	SUSP	PREFERRED	-
	HUMALOG MIX 75/25 KWIKPEN	SUPN	PREFERRED	-
	HUMULIN 70/30	SUSP	PREFERRED	-
	HUMULIN 70/30 KWIKPEN	SUPN	PREFERRED	-
	NOVOLIN 70/30	SUSP	NON-PREFERRED	-
	NOVOLIN 70/30 FLEXPEN	SUPN	NON-PREFERRED	-
	NOVOLIN 70/30 FLEXPEN RELION	SUPN	NON-PREFERRED	-
	NOVOLIN 70/30 RELION	SUSP	NON-PREFERRED	-
	NOVOLOG MIX 70/30	SUSP	PREFERRED	-
	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUPN	PREFERRED	-



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIDIABETICS : INSULIN - RAPID ACTING</b>	ADMELOG	SOLN	NON-PREFERRED	-
	ADMELOG SOLOSTAR	SOPN	NON-PREFERRED	-
	APIDRA	SOLN	NON-PREFERRED	-
	APIDRA SOLOSTAR	SOPN	NON-PREFERRED	-
	FIASP	SOLN	NON-PREFERRED	-
	FIASP FLEXTOUCH	SOPN	NON-PREFERRED	-
	HUMALOG	SOCT	PREFERRED	-
	HUMALOG	SOLN	PREFERRED	-
	HUMALOG JUNIOR KWIKPEN	SOPN	PREFERRED	-
	HUMALOG KWIKPEN	SOPN	PREFERRED	-
	NOVOLOG	SOLN	PREFERRED	-
	NOVOLOG FLEXPEN	SOPN	PREFERRED	-
	NOVOLOG PENFILL	SOCT	PREFERRED	-
<b>ANTIDIABETICS : INSULIN - SHORT ACTING</b>	AFREZZA	POWD	NON-PREFERRED	PA REQUIRED
	HUMULIN R	SOLN	PREFERRED	-
	HUMULIN R U-500 (CONCENTRATED)	SOLN	PREFERRED	-
	HUMULIN R U-500 KWIKPEN	SOPN	PREFERRED	-
	NOVOLIN R	SOLN	NON-PREFERRED	-
	NOVOLIN R RELION	SOLN	NON-PREFERRED	-
	RELION R	SOLN	NON-PREFERRED	-
<b>ANTIDIABETICS : MEGLITINIDE ANALOGUES</b>	NATEGLINIDE	TABS	PREFERRED	-
	PRANDIN	TABS	NON-PREFERRED	PA REQUIRED
	REPAGLINIDE	TABS	PREFERRED	-
	REPAGLINIDE/METFORMIN HYDROCHLORIDE	TABS	NON-PREFERRED	PA REQUIRED
	STARLIX	TABS	NON-PREFERRED	PA REQUIRED
<b>ANTIDIABETICS : SGLT2 INHIBITORS</b>	FARXIGA	TABS	PREFERRED	-
	INVOKAMET	TABS	PREFERRED	-
	INVOKAMET XR	TB24	NON-PREFERRED	-
	INVOKANA	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIDIABETICS : SGLT2 INHIBITORS (CONT.)</b>	JARDIANCE	TABS	PREFERRED	-
	SEGLUOMET	TABS	NON-PREFERRED	-
	STEGLATRO	TABS	NON-PREFERRED	-
	SYNJARDY	TABS	NON-PREFERRED	-
	SYNJARDY XR	TB24	NON-PREFERRED	-
	XIGDUO XR	TB24	PREFERRED	-
<b>ANTIDIABETICS : SULFONYLUREAS</b>	AMARYL	TABS	NON-PREFERRED	PA REQUIRED
	CHLORPROPAMIDE	TABS	NON-PREFERRED	-
	GLIMEPIRIDE	TABS	PREFERRED	-
	GLIPIZIDE	TABS	PREFERRED	-
	GLIPIZIDE ER	TB24	PREFERRED	-
	GLIPIZIDE XL	TB24	PREFERRED	-
	GLIPIZIDE/METFORMIN HCL	TABS	PREFERRED	-
	GLUCOTROL	TABS	NON-PREFERRED	PA REQUIRED
	GLUCOTROL XL	TB24	NON-PREFERRED	PA REQUIRED
	GLUCOVANCE	TABS	NON-PREFERRED	PA REQUIRED
	GLYBURIDE	TABS	PREFERRED	-
	GLYBURIDE MICRONIZED	TABS	PREFERRED	-
	GLYBURIDE/METFORMIN HCL	TABS	PREFERRED	-
	GLYNASE	TABS	NON-PREFERRED	PA REQUIRED
	TOLAZAMIDE	TABS	NON-PREFERRED	-
TOLBUTAMIDE	TABS	NON-PREFERRED	-	
<b>ANTIDIABETICS : THIAZOLIDINEDIONES</b>	ACTOPLUS MET	TABS	NON-PREFERRED	PA REQUIRED
	ACTOPLUS MET XR	TB24	NON-PREFERRED	-
	ACTOS	TABS	NON-PREFERRED	PA REQUIRED
	AVANDIA	TABS	NON-PREFERRED	-
	DUETACT	TABS	NON-PREFERRED	PA REQUIRED
	PIOGLITAZONE HCL	TABS	PREFERRED	-
	PIOGLITAZONE HCL/METFORMIN HCL	TABS	NON-PREFERRED	-
	PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	NON-PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIEMETICS / ANTIVERTIGO : 5-HT3 RECEPTOR ANTAGONISTS</b>	ALOXI	SOLN	NON-PREFERRED	PA REQUIRED
	ANZEMET	TABS	NON-PREFERRED	-
	GRANISETRON HCL	SOLN	PREFERRED	-
	GRANISETRON HCL	TABS	PREFERRED	-
	GRANISETRON HYDROCHLORIDE	SOLN	PREFERRED	-
	ONDANSETRON HCL	SOLN	PREFERRED	-
	ONDANSETRON HCL	TABS	PREFERRED	-
	ONDANSETRON ODT	TBDP	PREFERRED	-
	PALONOSETRON HYDROCHLORIDE	SOLN	NON-PREFERRED	-
	PALONOSETRON HYDROCHLORIDE	SOSY	NON-PREFERRED	-
	SANCUSO	PTCH	NON-PREFERRED	-
	SUSTOL	PRSY	NON-PREFERRED	-
	ZOFRAN	SOLN	NON-PREFERRED	PA REQUIRED
	ZOFRAN	TABS	NON-PREFERRED	PA REQUIRED
	ZOFRAN ODT	TBDP	NON-PREFERRED	PA REQUIRED
	ZUPLENZ	FILM	NON-PREFERRED	-
<b>ANTIEMETICS / ANTIVERTIGO : OTHER</b>	BONJESTA	TBCR	NON-PREFERRED	PA REQUIRED
	DICLEGIS	TBEC	PREFERRED	PA REQUIRED
<b>ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST COMBINATIONS</b>	AKYNZEO	CAPS	NON-PREFERRED	PA REQUIRED
<b>ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>	APREPITANT	CAPS	PREFERRED	-
	CINVANTI	EMUL	NON-PREFERRED	PA REQUIRED
	EMEND	CAPS	NON-PREFERRED	PA REQUIRED
	EMEND	SOLR	NON-PREFERRED	PA REQUIRED
	EMEND	SUSR	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS (CONT.)</b>	EMEND TRIPACK	CAPS	NON-PREFERRED	PA REQUIRED
	VARUBI	EMUL	NON-PREFERRED	-
	VARUBI	TABS	NON-PREFERRED	-
	<b>ANTIFUNGALS : INJECTABLES</b>	ABELCET	SUSP	PREFERRED
	AMBISOME	SUSR	PREFERRED	PA REQUIRED
	AMPHOTERICIN B	SOLR	PREFERRED	PA REQUIRED
	CANCIDAS	SOLR	NON-PREFERRED	PA REQUIRED
	CASPOFUNGIN ACETATE	SOLR	PREFERRED	PA REQUIRED
	CRESEMBA	SOLR	PREFERRED	PA REQUIRED
	ERAXIS	SOLR	PREFERRED	PA REQUIRED
	FLUCONAZOLE IN DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	FLUCONAZOLE IN NACL	SOLN	PREFERRED	PA REQUIRED
	MYCAMINE	SOLR	PREFERRED	PA REQUIRED
	NOXAFIL	SOLN	PREFERRED	PA REQUIRED
	VFEND IV	SOLR	NON-PREFERRED	PA REQUIRED
	VORICONAZOLE	SOLR	PREFERRED	PA REQUIRED
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : PROGESTINS-ANTINEOPLASTIC - ORAL</b>	MEGACE ES	SUSP	NON-PREFERRED	PA REQUIRED
	MEGESTROL ACETATE	SUSP	PREFERRED	-
	MEGESTROL ACETATE	TABS	PREFERRED	-
	<b>ANTIPARACITICS : AMEBICIDES</b>	SOLOSEC	PACK	PREFERRED
<b>ANTIPARASITICS : ANTIMALARIALS</b>	ATOVAQUONE/PROGUANIL HCL	TABS	PREFERRED	-
	CHLOROQUINE PHOSPHATE	TABS	PREFERRED	-
	COARTEM	TABS	PREFERRED	-
	DARAPRIM	TABS	NON-PREFERRED	PA REQUIRED
	HYDROXYCHLOROQUINE SULFATE	TABS	PREFERRED	-
	MALARONE	TABS	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIPARASITICS : ANTIMALARIALS (CONT.)</b>	MEFLOQUINE HCL	TABS	PREFERRED	-
	PLAQUENIL	TABS	NON-PREFERRED	PA REQUIRED
	PRIMAQUINE PHOSPHATE	TABS	PREFERRED	-
	QUALAQUIN	CAPS	NON-PREFERRED	PA REQUIRED
	QUININE SULFATE	CAPS	PREFERRED	-
<b>ANTIPARKINSON AGENTS : ANTICHOLINERGICS</b>	BENZTROPINE MESYLATE	SOLN	PREFERRED	-
	BENZTROPINE MESYLATE	TABS	PREFERRED	-
	TRIHEXYPHENIDYL HCL	ELIX	PREFERRED	-
	TRIHEXYPHENIDYL HCL	TABS	PREFERRED	-
<b>ANTIPARKINSON AGENTS : COMT INHIBITORS</b>	COMTAN	TABS	NON-PREFERRED	PA REQUIRED
	ENTACAPONE	TABS	PREFERRED	-
	TASMAR	TABS	NON-PREFERRED	PA REQUIRED
	TOLCAPONE	TABS	PREFERRED	-
<b>ANTIPARKINSON AGENTS : DOPAMINERGICS</b>	AMANTADINE HCL	CAPS	PREFERRED	-
	AMANTADINE HCL	SYRP	PREFERRED	-
	AMANTADINE HCL	TABS	NON-PREFERRED	-
	APOKYN	SOCT	NON-PREFERRED	-
	BROMOCRIPTINE MESYLATE	CAPS	NON-PREFERRED	-
	BROMOCRIPTINE MESYLATE	TABS	NON-PREFERRED	-
	CARBIDOPA	TABS	PREFERRED	-
	CARBIDOPA/LEVODOPA	TABS	PREFERRED	-
	CARBIDOPA/LEVODOPA ER	TBCR	PREFERRED	-
	CARBIDOPA/LEVODOPA ODT	TBDP	NON-PREFERRED	-
	CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	NON-PREFERRED	-
	DUOPA	SUSP	NON-PREFERRED	-
	GOCOVRI	CP24	NON-PREFERRED	PA REQUIRED
	LODOSYN	TABS	NON-PREFERRED	PA REQUIRED
	MIRAPEX	TABS	NON-PREFERRED	PA REQUIRED
	MIRAPEX ER	TB24	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIPARKINSON AGENTS : DOPAMINERGICS (CONT.)</b>	NEUPRO	PT24	NON-PREFERRED	-
	OSMOLEX ER	TB24	NON-PREFERRED	PA REQUIRED
	PARLODEL	CAPS	NON-PREFERRED	PA REQUIRED
	PARLODEL	TABS	NON-PREFERRED	PA REQUIRED
	PRAMIPEXOLE DIHYDROCHLORIDE	TABS	PREFERRED	-
	PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	NON-PREFERRED	-
	REQUIP	TABS	NON-PREFERRED	PA REQUIRED
	REQUIP XL	TB24	NON-PREFERRED	PA REQUIRED
	ROPINIROLE ER	TB24	NON-PREFERRED	-
	ROPINIROLE HCL	TABS	PREFERRED	-
	ROPINIROLE HYDROCHLORIDE	TABS	PREFERRED	-
	RYTARY	CPCR	NON-PREFERRED	-
	SINEMET	TABS	NON-PREFERRED	PA REQUIRED
	SINEMET CR	TBCR	NON-PREFERRED	PA REQUIRED
	STALEVO 100	TABS	NON-PREFERRED	-
	STALEVO 125	TABS	NON-PREFERRED	-
	STALEVO 150	TABS	NON-PREFERRED	-
	STALEVO 200	TABS	NON-PREFERRED	-
	STALEVO 50	TABS	NON-PREFERRED	-
STALEVO 75	TABS	NON-PREFERRED	-	
<b>ANTIPARKINSON AGENTS : MONOAMINE OXIDASE INHIBITORS (MAOI)</b>	AZILECT	TABS	NON-PREFERRED	PA REQUIRED
	ELDEPRYL	CAPS	NON-PREFERRED	PA REQUIRED
	RASAGILINE MESYLATE	TABS	NON-PREFERRED	-
	SELEGILINE HCL	CAPS	PREFERRED	-
	SELEGILINE HCL	TABS	PREFERRED	-
	XADAGO	TABS	NON-PREFERRED	-
	ZELAPAR	TBDP	NON-PREFERRED	-
<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIMANIC AGENTS</b>	LITHIUM	SOLN	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIMANIC AGENTS (CONT.)</b>	LITHIUM CARBONATE	CAPS	PREFERRED	-
	LITHIUM CARBONATE	TABS	PREFERRED	-
	LITHIUM CARBONATE ER	TBCR	PREFERRED	-
	LITHOBID	TBCR	NON-PREFERRED	PA REQUIRED
<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 1ST GENERATION</b>	ADASUVE	AEPB	NON-PREFERRED	PA REQUIRED
	CHLORPROMAZINE HCL	SOLN	PREFERRED	-
	CHLORPROMAZINE HCL	TABS	PREFERRED	-
	FLUPHENAZINE DECANOATE	SOLN	PREFERRED	-
	FLUPHENAZINE HCL	CONC	PREFERRED	-
	FLUPHENAZINE HCL	ELIX	PREFERRED	-
	FLUPHENAZINE HCL	SOLN	PREFERRED	-
	FLUPHENAZINE HCL	TABS	PREFERRED	-
	HALDOL	SOLN	NON-PREFERRED	PA REQUIRED
	HALDOL DECANOATE 100	SOLN	NON-PREFERRED	PA REQUIRED
	HALDOL DECANOATE 50	SOLN	NON-PREFERRED	PA REQUIRED
	HALOPERIDOL	CONC	PREFERRED	-
	HALOPERIDOL	TABS	PREFERRED	-
	HALOPERIDOL DECANOATE	SOLN	PREFERRED	-
	HALOPERIDOL LACTATE	SOLN	PREFERRED	-
	LOXAPINE	CAPS	PREFERRED	-
	LOXAPINE SUCCINATE	CAPS	PREFERRED	-
	PERPHENAZINE	TABS	PREFERRED	-
	PERPHENAZINE/AMITRIPTYLINE	TABS	PREFERRED	-
	THIORIDAZINE HCL	TABS	PREFERRED	-
	THIOTHIXENE	CAPS	PREFERRED	-
	TRIFLUOPERAZINE HCL	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	ABILIFY	TABS	NON-PREFERRED	PA REQUIRED
	ABILIFY MAINTENA	PRSY	PREFERRED	-
	ABILIFY MAINTENA	SRER	PREFERRED	-
	ARIPIPIRAZOLE	SOLN	PREFERRED	-
	ARIPIPIRAZOLE	TABS	PREFERRED	-
	ARIPIPIRAZOLE ODT	TBDP	PREFERRED	-
	ARISTADA	PRSY	PREFERRED	-
	ARISTADA INITIO	PRSY	NON-PREFERRED	PA REQUIRED
	CLOZAPINE	TABS	PREFERRED	-
	CLOZAPINE ODT	TBDP	NON-PREFERRED	PA REQUIRED
	CLOZARIL	TABS	NON-PREFERRED	PA REQUIRED
	FANAPT	TABS	PREFERRED	-
	FANAPT TITRATION PACK	TABS	NON-PREFERRED	PA REQUIRED
	FAZACLO	TBDP	NON-PREFERRED	PA REQUIRED
	GEODON	CAPS	NON-PREFERRED	PA REQUIRED
	GEODON	SOLR	PREFERRED	-
	INVEGA	TB24	NON-PREFERRED	PA REQUIRED
	INVEGA SUSTENNA	SUSP	PREFERRED	-
	INVEGA TRINZA	SUSP	PREFERRED	-
	LATUDA	TABS	PREFERRED	-
	OLANZAPINE	SOLR	PREFERRED	-
	OLANZAPINE	TABS	PREFERRED	-
	OLANZAPINE ODT	TBDP	PREFERRED	-
	PALIPERIDONE ER	TB24	PREFERRED	-
	PERSERIS	PRSY	NON-PREFERRED	PA REQUIRED
	QUETIAPINE FUMARATE	TABS	PREFERRED	-
	QUETIAPINE FUMARATE ER	TB24	PREFERRED	-
	REXULTI	TABS	PREFERRED	-
	RISPERDAL	SOLN	NON-PREFERRED	PA REQUIRED
	RISPERDAL	TABS	NON-PREFERRED	PA REQUIRED



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION (CONT.)</b>	RISPERDAL CONSTA	SUSR	PREFERRED	-
	RISPERDAL M-TAB	TBDP	NON-PREFERRED	PA REQUIRED
	RISPERIDONE	SOLN	PREFERRED	-
	RISPERIDONE	TABS	PREFERRED	-
	RISPERIDONE M-TAB	TBDP	PREFERRED	-
	RISPERIDONE ODT	TBDP	PREFERRED	-
	SAPHRIS	SUBL	PREFERRED	-
	SEROQUEL	TABS	NON-PREFERRED	PA REQUIRED
	SEROQUEL XR	TB24	NON-PREFERRED	PA REQUIRED
	VERSACLOZ	SUSP	PREFERRED	-
	ZIPRASIDONE HCL	CAPS	PREFERRED	-
	ZYPREXA	SOLR	NON-PREFERRED	PA REQUIRED
	ZYPREXA	TABS	NON-PREFERRED	PA REQUIRED
	ZYPREXA RELPREVV	SUSR	PREFERRED	-
	ZYPREXA ZYDIS	TBDP	NON-PREFERRED	PA REQUIRED
<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - MISC</b>	EQUETRO	CP12	PREFERRED	PA REQUIRED
	NUPLAZID	CAPS	PREFERRED	PA REQUIRED
	NUPLAZID	TABS	PREFERRED	PA REQUIRED
	VRAYLAR	CAPS	PREFERRED	PA REQUIRED
	VRAYLAR	CPPK	PREFERRED	PA REQUIRED
<b>ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS COMBINATIONS</b>	OLANZAPINE/FLUOXETINE	CAPS	NON-PREFERRED	PA REQUIRED
	SYMBYAX	CAPS	NON-PREFERRED	PA REQUIRED
<b>ANTIVIRALS : CMV AGENTS</b>	CIDOFOVIR	SOLN	PREFERRED	PA REQUIRED
	CYTOVENE	SOLR	NON-PREFERRED	PA REQUIRED
	GANCICLOVIR	SOLN	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIVIRALS : CMV AGENTS (CONT.)</b>	<b>GANCICLOVIR</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>PREVYMIS</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PREVYMIS</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>VALCYTE</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VALCYTE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VALGANCICLOVIR</b>	TABS	<b>PREFERRED</b>	-
	<b>VALGANCICLOVIR HYDROCHLORDE</b>	SOLR	<b>PREFERRED</b>	-
<b>ANTIVIRALS : HEPATITIS B AGENTS</b>	<b>ADEFOVIR DIPIVOXIL</b>	TABS	<b>PREFERRED</b>	-
	<b>BARACLUDE</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>BARACLUDE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ENTECAVIR</b>	TABS	<b>PREFERRED</b>	-
	<b>EPIVIR HBV</b>	SOLN	<b>PREFERRED</b>	-
	<b>EPIVIR HBV</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HEPSERA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LAMIVUDINE</b>	TABS	<b>PREFERRED</b>	-
	<b>VEMLIDY</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIVIRALS : HEPATITIS C AGENTS</b>	<b>DAKLINZA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>EPCLUSA</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>HARVONI</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MAVYRET</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>OLYSIO</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SOVALDI</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TECHNIVIE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VIEKIRA PAK</b>	TBPK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VIEKIRA XR</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VOSEVI</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>ZEPATIER</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ANTIVIRALS : HERPES AGENTS</b>	<b>ACYCLOVIR</b>	CAPS	<b>PREFERRED</b>	-
	<b>ACYCLOVIR</b>	OINT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACYCLOVIR</b>	SUSP	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ANTIVIRALS : HERPES AGENTS (CONT.)</b>	ACYCLOVIR	TABS	PREFERRED	-
	ACYCLOVIR SODIUM	SOLN	PREFERRED	PA REQUIRED
	ACYCLOVIR SODIUM	SOLR	PREFERRED	PA REQUIRED
	DENAVIR	CREA	NON-PREFERRED	PA REQUIRED
	FAMCICLOVIR	TABS	PREFERRED	-
	SITAVIG	TABS	NON-PREFERRED	PA REQUIRED
	VALACYCLOVIR HCL	TABS	PREFERRED	-
	VALTREX	TABS	NON-PREFERRED	PA REQUIRED
	XERESE	CREA	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	CAPS	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	CREA	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	OINT	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	SUSP	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	TABS	NON-PREFERRED	PA REQUIRED
<b>ANTIVIRALS : HIV</b>	ABACAVIR	SOLN	PREFERRED	-
	ABACAVIR	TABS	PREFERRED	-
	ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	ABACAVIR/LAMIVUDINE	TABS	PREFERRED	-
	APTIVUS	CAPS	PREFERRED	-
	APTIVUS	SOLN	PREFERRED	-
	ATAZANAVIR	CAPS	PREFERRED	-
	ATAZANAVIR SULFATE	CAPS	PREFERRED	-
	ATRIPLA	TABS	PREFERRED	-
	BIKTARVY	TABS	NON-PREFERRED	-
	CIMDUO	TABS	NON-PREFERRED	-
	COMBIVIR	TABS	NON-PREFERRED	PA REQUIRED
	COMPLERA	TABS	PREFERRED	-
	CRIXIVAN	CAPS	PREFERRED	-
	DELSTRIGO	TABS	NON-PREFERRED	-
	DESCOVY	TABS	PREFERRED	-
	DIDANOSINE	CPDR	PREFERRED	-
	EDURANT	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANTIVIRALS : HIV (CONT.)	EFAVIRENZ	CAPS	PREFERRED	-
	EFAVIRENZ	TABS	PREFERRED	-
	EMTRIVA	CAPS	PREFERRED	-
	EMTRIVA	SOLN	PREFERRED	-
	EPIVIR	SOLN	NON-PREFERRED	PA REQUIRED
	EPIVIR	TABS	NON-PREFERRED	PA REQUIRED
	EPZICOM	TABS	NON-PREFERRED	PA REQUIRED
	EVOTAZ	TABS	PREFERRED	-
	FOSAMPRENAVIR CALCIUM	TABS	PREFERRED	-
	FUZEON	SOLR	PREFERRED	-
	GENVOYA	TABS	PREFERRED	-
	INTELENCE	TABS	PREFERRED	-
	INVIRASE	CAPS	PREFERRED	-
	INVIRASE	TABS	PREFERRED	-
	ISENTRESS	CHEW	PREFERRED	-
	ISENTRESS	PACK	PREFERRED	-
	ISENTRESS	TABS	PREFERRED	-
	ISENTRESS HD	TABS	PREFERRED	-
	JULUCA	TABS	NON-PREFERRED	-
	KALETRA	SOLN	NON-PREFERRED	PA REQUIRED
	KALETRA	TABS	PREFERRED	-
	LAMIVUDINE	SOLN	PREFERRED	-
	LAMIVUDINE	TABS	PREFERRED	-
	LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	LEXIVA	SUSP	PREFERRED	-
	LEXIVA	TABS	NON-PREFERRED	PA REQUIRED
	LOPINAVIR/RITONAVIR	SOLN	PREFERRED	-
	NEVIRAPINE	SUSP	PREFERRED	-
	NEVIRAPINE	TABS	PREFERRED	-
	NEVIRAPINE ER	TB24	PREFERRED	-
	NORVIR	CAPS	NON-PREFERRED	PA REQUIRED
	NORVIR	PACK	NON-PREFERRED	PA REQUIRED
	NORVIR	SOLN	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS	
ANTIVIRALS : HIV (CONT.)	NORVIR	TABS	NON-PREFERRED	PA REQUIRED	
	ODEFSEY	TABS	PREFERRED	-	
	PIFELTRO	TABS	NON-PREFERRED	-	
	PREZCOBIX	TABS	PREFERRED	-	
	PREZISTA	SUSP	PREFERRED	-	
	PREZISTA	TABS	PREFERRED	-	
	RESCRIPTOR	TABS	PREFERRED	-	
	RETROVIR	CAPS	NON-PREFERRED	PA REQUIRED	
	RETROVIR	SYRP	NON-PREFERRED	PA REQUIRED	
	RETROVIR IV INFUSION	SOLN	PREFERRED	-	
	REYATAZ	CAPS	NON-PREFERRED	PA REQUIRED	
	REYATAZ	PACK	PREFERRED	-	
	RITONAVIR	TABS	PREFERRED	-	
	SELZENTRY	SOLN	PREFERRED	-	
	SELZENTRY	TABS	PREFERRED	-	
	STAVUDINE	CAPS	PREFERRED	-	
	STRIBILD	TABS	PREFERRED	-	
	SUSTIVA	CAPS	NON-PREFERRED	PA REQUIRED	
	SUSTIVA	TABS	NON-PREFERRED	PA REQUIRED	
	SYMFI	TABS	NON-PREFERRED	-	
	SYMFI LO	TABS	NON-PREFERRED	-	
	SYMTUZA	TABS	NON-PREFERRED	PA REQUIRED	
	TENOFOVIR DISOPROXIL FUMARATE	TABS	PREFERRED	-	
	TIVICAY	TABS	PREFERRED	-	
	TRIUMEQ	TABS	PREFERRED	-	
	TRIZIVIR	TABS	NON-PREFERRED	PA REQUIRED	
	TROGARZO	SOLN	NON-PREFERRED	-	
	TRUVADA	TABS	PREFERRED	-	
	TYBOST	TABS	PREFERRED	-	
	VIDEX	PEDIATRIC	SOLR	PREFERRED	-
	VIDEX EC		CPDR	NON-PREFERRED	PA REQUIRED
	VIDEX EC 125MG		CPDR	PREFERRED	-
	VIRACEPT		TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ANTIVIRALS : HIV (CONT.)	VIRAMUNE	SUSP	PREFERRED	-
	VIRAMUNE	TABS	NON-PREFERRED	PA REQUIRED
	VIRAMUNE XR	TB24	NON-PREFERRED	PA REQUIRED
	VIREAD	POWD	PREFERRED	-
	VIREAD	TABS	PREFERRED	-
	VIREAD 300MG	TABS	NON-PREFERRED	PA REQUIRED
	ZERIT	CAPS	NON-PREFERRED	PA REQUIRED
	ZERIT	SOLR	PREFERRED	-
	ZIAGEN	SOLN	NON-PREFERRED	PA REQUIRED
	ZIAGEN	TABS	NON-PREFERRED	PA REQUIRED
	ZIDOVUDINE	CAPS	PREFERRED	-
	ZIDOVUDINE	SYRP	PREFERRED	-
	ZIDOVUDINE	TABS	PREFERRED	-
ANTIVIRALS : INFLUENZA AGENTS	FLUMADINE	TABS	NON-PREFERRED	PA REQUIRED
	OSELTAMIVIR PHOSPHATE	CAPS	PREFERRED	-
	OSELTAMIVIR PHOSPHATE	SUSR	PREFERRED	-
	RAPIVAB	SOLN	PREFERRED	PA REQUIRED
	RELENZA DISKHALER	AEPB	NON-PREFERRED	-
	RIMANTADINE HCL	TABS	PREFERRED	-
	TAMIFLU	CAPS	NON-PREFERRED	PA REQUIRED
	TAMIFLU	SUSR	NON-PREFERRED	PA REQUIRED
ANTIVIRALS : RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS	RIBAVIRIN	SOLR	PREFERRED	PA REQUIRED
	VIRAZOLE	SOLR	NON-PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : ANTICHOLINERGICS	ATROVENT HFA	AERS	PREFERRED	-
	COMBIVENT RESPIMAT	AERS	PREFERRED	-
	CROMOLYN SODIUM	NEBU	PREFERRED	-
	IPRATROPIUM BROMIDE	SOLN	PREFERRED	-
	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING</b>	ARCAPTA NEOHALER	CAPS	NON-PREFERRED	-
	BROVANA	NEBU	NON-PREFERRED	-
	PERFOROMIST	NEBU	NON-PREFERRED	-
	SEREVENT DISKUS	AEPB	PREFERRED	-
	STRIVERDI RESPIMAT	AERS	NON-PREFERRED	-
<b>ASTHMA AND COPD AGENTS : BETA AGONISTS - ORAL</b>	ALBUTEROL	TABS	PREFERRED	-
	ALBUTEROL SULFATE	SYRP	PREFERRED	-
	ALBUTEROL SULFATE	TABS	PREFERRED	-
	ALBUTEROL SULFATE ER	TB12	PREFERRED	-
	METAPROTERENOL SULFATE	SYRP	NON-PREFERRED	-
	METAPROTERENOL SULFATE	TABS	NON-PREFERRED	-
	TERBUTALINE SULFATE	TABS	NON-PREFERRED	-
<b>ASTHMA AND COPD AGENTS : BETA AGONISTS - SHORT ACTING</b>	ALBUTEROL SULFATE	NEBU	PREFERRED	-
	LEVALBUTEROL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL HCL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL TARTRATE HFA	AERO	NON-PREFERRED	-
	PROAIR HFA	AERS	PREFERRED	-
	PROAIR RESPICLICK	AEPB	NON-PREFERRED	-
	PROVENTIL HFA	AERS	PREFERRED	-
	TERBUTALINE SULFATE	SOLN	NON-PREFERRED	-
	VENTOLIN HFA	AERS	NON-PREFERRED	-
	XOPENEX	NEBU	NON-PREFERRED	-
	XOPENEX CONCENTRATE	NEBU	NON-PREFERRED	-
XOPENEX HFA	AERO	NON-PREFERRED	-	
<b>ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS</b>	ADVAIR DISKUS	AEPB	PREFERRED	-
	ADVAIR HFA	AERO	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS (CONT.)</b>	AIRDUO RESPICLICK 113/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 232/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 55/14	AEPB	NON-PREFERRED	PA REQUIRED
	BREO ELLIPTA	AEPB	NON-PREFERRED	-
	DULERA	AERO	PREFERRED	-
	FLUTICASONE PROPIONATE/SALMETEROL	AEPB	NON-PREFERRED	PA REQUIRED
	SYMBICORT	AERO	PREFERRED	-
	TRELEGY ELLIPTA	AEPB	NON-PREFERRED	-
<b>ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROIDS</b>	AEROSPAN	AERS	NON-PREFERRED	-
	ALVESCO	AERS	NON-PREFERRED	-
	ARMONAIR RESPICLICK 113	AEPB	NON-PREFERRED	-
	ARMONAIR RESPICLICK 232	AEPB	NON-PREFERRED	-
	ARMONAIR RESPICLICK 55	AEPB	NON-PREFERRED	-
	ARNUIITY ELLIPTA	AEPB	NON-PREFERRED	-
	ASMANEX HFA	AERO	NON-PREFERRED	-
	ASMANEX TWISTHALER 120 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 14 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 30 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 60 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 7 METERED DOSES	AEPB	NON-PREFERRED	-
	BUDESONIDE	SUSP	PREFERRED	-
	FLOVENT DISKUS	AEPB	PREFERRED	-
	FLOVENT HFA	AERO	PREFERRED	-
	PULMICORT	SUSP	NON-PREFERRED	PA REQUIRED
	PULMICORT FLEXHALER	AEPB	PREFERRED	-
	QVAR	AERS	NON-PREFERRED	-
	QVAR REDIHALER	AERB	NON-PREFERRED	-
<b>ASTHMA AND COPD AGENTS : LEUKOTRIENE MODIFIERS</b>	ACCOLATE	TABS	NON-PREFERRED	PA REQUIRED
	MONTELUKAST SODIUM	CHEW	PREFERRED	-



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ASTHMA AND COPD AGENTS : LEUKOTRIENE MODIFIERS (CONT.)</b>	MONTELUKAST SODIUM	PACK	PREFERRED	-
	MONTELUKAST SODIUM	TABS	PREFERRED	-
	SINGULAIR	CHEW	NON-PREFERRED	PA REQUIRED
	SINGULAIR	PACK	NON-PREFERRED	PA REQUIRED
	SINGULAIR	TABS	NON-PREFERRED	PA REQUIRED
	ZAFIRLUKAST	TABS	PREFERRED	-
	ZILEUTON ER	TB12	NON-PREFERRED	-
	ZYFLO	TABS	NON-PREFERRED	PA REQUIRED
	ZYFLO CR	TB12	NON-PREFERRED	PA REQUIRED
<b>ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENT / LONG ACTING BETA AGONIST COMBINATIONS</b>	ANORO ELLIPTA	AEPB	NON-PREFERRED	-
	BEVESPI AEROSPHERE	AERO	NON-PREFERRED	-
	STIOLTO RESPIMAT	AERS	PREFERRED	-
	UTIBRON NEOHALER	CAPS	NON-PREFERRED	-
<b>ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS</b>	INCRUSE ELLIPTA	AEPB	NON-PREFERRED	-
	LONHALA MAGNAIR REFILL KIT	SOLN	NON-PREFERRED	-
	LONHALA MAGNAIR STARTER KIT	SOLN	NON-PREFERRED	-
	SEEBRI NEOHALER	CAPS	NON-PREFERRED	-
	SPIRIVA HANDIHALER	CAPS	PREFERRED	-
	SPIRIVA RESPIMAT	AERS	NON-PREFERRED	PA REQUIRED
	TUDORZA PRESSAIR	AEPB	NON-PREFERRED	-
<b>ASTHMA AND COPD AGENTS : MONOCLONAL ANTIBODIES</b>	CINQAIR	SOLN	PREFERRED	PA REQUIRED
	FASENRA	SOSY	PREFERRED	PA REQUIRED
	NUCALA	SOLR	PREFERRED	PA REQUIRED
	XOLAIR	SOLR	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ASTHMA AND COPD AGENTS : PHOSPHODIESTERASE 4 INHIBITORS	DALIRESP	TABS	PREFERRED	PA REQUIRED
	AMINOPHYLLINE	SOLN	PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : XANTHINES	ELIXOPHYLLIN	ELIX	NON-PREFERRED	-
	THEO-24	CP24	NON-PREFERRED	-
	THEOCHRON	TB12	PREFERRED	-
	THEOPHYLLINE	SOLN	PREFERRED	-
	THEOPHYLLINE CR	TB12	PREFERRED	-
	THEOPHYLLINE ER	TB12	PREFERRED	-
	THEOPHYLLINE ER	TB24	PREFERRED	-
	THEOPHYLLINE/D5W	SOLN	PREFERRED	PA REQUIRED
	CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIHYPERTENSIVES MISC	EZETIMIBE	TABS	PREFERRED
LOVAZA		CAPS	NON-PREFERRED	PA REQUIRED
OMEGA-3-ACID ETHYL ESTERS		CAPS	NON-PREFERRED	-
VASCEPA		CAPS	NON-PREFERRED	PA REQUIRED
ZETIA		TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BILE ACID SEQUESTRANTS	CHOLESTYRAMINE	PACK	PREFERRED	-
	CHOLESTYRAMINE	POWD	PREFERRED	-
	CHOLESTYRAMINE LIGHT	PACK	PREFERRED	-
	CHOLESTYRAMINE LIGHT	POWD	PREFERRED	-
	COLESEVELAM HYDROCHLORIDE	PACK	NON-PREFERRED	-
	COLESEVELAM HYDROCHLORIDE	TABS	NON-PREFERRED	-
	COLESTID	GRAN	NON-PREFERRED	PA REQUIRED
	COLESTID	PACK	NON-PREFERRED	PA REQUIRED
	COLESTID	TABS	NON-PREFERRED	PA REQUIRED
	COLESTID FLAVORED	GRAN	NON-PREFERRED	PA REQUIRED
	COLESTID FLAVORED	PACK	NON-PREFERRED	PA REQUIRED

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

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

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - ANTHYPERLIPIDEMICS : HMG COA REDUCTASE INHIBITORS (STATINS) AND COMBINATIONS (CONT.)</b>	ATORVASTATIN CALCIUM	TABS	PREFERRED	-
	CRESTOR	TABS	NON-PREFERRED	PA REQUIRED
	EZETIMIBE/SIMVASTATIN	TABS	NON-PREFERRED	PA REQUIRED
	FLUVASTATIN	CAPS	NON-PREFERRED	-
	FLUVASTATIN SODIUM ER	TB24	NON-PREFERRED	-
	LESCOL XL	TB24	NON-PREFERRED	PA REQUIRED
	LIPITOR	TABS	NON-PREFERRED	PA REQUIRED
	LIVALO	TABS	NON-PREFERRED	-
	LOVASTATIN	TABS	PREFERRED	-
	PRAVACHOL	TABS	NON-PREFERRED	PA REQUIRED
	PRAVASTATIN SODIUM	TABS	PREFERRED	-
	ROSUVASTATIN CALCIUM	TABS	PREFERRED	-
	SIMVASTATIN	TABS	PREFERRED	-
	VYTORIN	TABS	NON-PREFERRED	PA REQUIRED
	ZOCOR	TABS	NON-PREFERRED	PA REQUIRED
ZYPITAMAG	TABS	NON-PREFERRED	-	
<b>CARDIOVASCULAR AGENTS - ANTHYPERLIPIDEMICS : MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITOR</b>	JUXTAPID	CAPS	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTHYPERLIPIDEMICS : NICOTINIC ACID DERIVATIVES</b>	NIACIN ER	TBCR	PREFERRED	-
	NIASPAN	TBCR	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTHYPERLIPIDEMICS : PCSK-9 INHIBITORS</b>	PRALUENT	SOPN	NON-PREFERRED	PA REQUIRED
	REPATHA	SOSY	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : PCSK-9 INHIBITORS (CONT.)</b>	REPATHA PUSHTRONEX SYSTEM	SOCT	PREFERRED	PA REQUIRED
	REPATHA SURECLICK	SOAJ	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITOR COMBINATIONS</b>	ACCURETIC	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	PREFERRED	PA REQUIRED
	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	PREFERRED	PA REQUIRED
	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOTENSIN HCT	TABS	NON-PREFERRED	PA REQUIRED
	LOTREL	CAPS	NON-PREFERRED	PA REQUIRED
	MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	PRESTALIA	TABS	NON-PREFERRED	PA REQUIRED
	QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TARKA	TBCR	NON-PREFERRED	PA REQUIRED
	TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	NON-PREFERRED	PA REQUIRED
	VASERETIC	TABS	NON-PREFERRED	PA REQUIRED
ZESTORETIC	TABS	NON-PREFERRED	PA REQUIRED	
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITORS</b>	ACCUPRIL	TABS	NON-PREFERRED	PA REQUIRED
	ALTACE	CAPS	NON-PREFERRED	PA REQUIRED
	BENAZEPRIL HCL	TABS	PREFERRED	-
	CAPTOPRIL	TABS	PREFERRED	-
	ENALAPRIL MALEATE	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITORS (CONT.)</b>	ENALAPRILAT	INJ	PREFERRED	-
	EPANED	SOLN	NON-PREFERRED	-
	FOSINOPRIL SODIUM	TABS	PREFERRED	-
	LISINOPRIL	TABS	PREFERRED	-
	LOTENSIN	TABS	NON-PREFERRED	PA REQUIRED
	MOEXIPRIL HCL	TABS	NON-PREFERRED	-
	PERINDOPRIL ERBUMINE	TABS	NON-PREFERRED	-
	PRINIVIL	TABS	NON-PREFERRED	PA REQUIRED
	QBRELIS	SOLN	NON-PREFERRED	-
	QUINAPRIL HCL	TABS	NON-PREFERRED	-
	RAMIPRIL	CAPS	PREFERRED	-
	TRANDOLAPRIL	TABS	NON-PREFERRED	-
	VASOTEC	TABS	NON-PREFERRED	PA REQUIRED
ZESTRIL	TABS	NON-PREFERRED	PA REQUIRED	
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS</b>	AMLODIPINE BESYLATE/VALSARTAN	TABS	PREFERRED	PA REQUIRED
	AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE/VALSARTAN/HCTZ	TABS	NON-PREFERRED	PA REQUIRED
	ATACAND HCT	TABS	NON-PREFERRED	PA REQUIRED
	AVALIDE	TABS	NON-PREFERRED	PA REQUIRED
	AZOR	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR HCT	TABS	NON-PREFERRED	PA REQUIRED
	BYVALSON	TABS	NON-PREFERRED	PA REQUIRED
	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	DIOVAN HCT	TABS	NON-PREFERRED	PA REQUIRED
	EDARBYCLOR	TABS	NON-PREFERRED	PA REQUIRED
	EXFORGE	TABS	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS (CONT.)</b>	EXFORGE HCT	TABS	NON-PREFERRED	PA REQUIRED
	HYZAAR	TABS	NON-PREFERRED	PA REQUIRED
	IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	MICARDIS HCT	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTH	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TELMISARTAN/AMLODIPINE	TABS	NON-PREFERRED	PA REQUIRED
	TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	TRIBENZOR	TABS	NON-PREFERRED	PA REQUIRED
	TWYNSTA	TABS	NON-PREFERRED	PA REQUIRED
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-	
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKERS</b>	ATACAND	TABS	NON-PREFERRED	PA REQUIRED
	AVAPRO	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR	TABS	NON-PREFERRED	PA REQUIRED
	CANDESARTAN CILEXETIL	TABS	NON-PREFERRED	-
	COZAAR	TABS	NON-PREFERRED	PA REQUIRED
	DIOVAN	TABS	NON-PREFERRED	PA REQUIRED
	EDARBI	TABS	NON-PREFERRED	-
	EPROSARTAN MESYLATE	TABS	NON-PREFERRED	-
	IRBESARTAN	TABS	PREFERRED	-
	LOSARTAN POTASSIUM	TABS	PREFERRED	-
	MICARDIS	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKERS (CONT.)	TELMISARTAN	TABS	NON-PREFERRED	-
	VALSARTAN	TABS	PREFERRED	-
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITOR COMBINATIONS	TEKTRNA HCT	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITORS	TEKTRNA	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMBINATIONS	ENTRESTO	TABS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGIC COMBINATIONS	CLORPRES	TABS	NON-PREFERRED	PA REQUIRED
	METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGICS	CARDURA	TABS	NON-PREFERRED	PA REQUIRED
	CATAPRES	TABS	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-1	PTWK	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-2	PTWK	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-3	PTWK	NON-PREFERRED	PA REQUIRED



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGICS (CONT.)</b>	<b>CLONIDINE HCL</b>	PTWK	<b>PREFERRED</b>	-
		TABS	<b>PREFERRED</b>	-
	<b>DOXAZOSIN</b>	TABS	<b>PREFERRED</b>	-
	<b>DOXAZOSIN MESYLATE</b>	TABS	<b>PREFERRED</b>	-
	<b>GUANFACINE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>METHYLDOPA</b>	TABS	<b>PREFERRED</b>	-
	<b>METHYLDOPATE HCL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>MINIPRESS</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PRAZOSIN HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>TERAZOSIN HCL</b>	CAPS	<b>PREFERRED</b>	-
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA- ADRENERGIC COMBINATIONS</b>	<b>ATENOLOL/CHLORTHALIDONE</b>	TABS	<b>PREFERRED</b>	-
	<b>BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>CORZIDE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>DUTOPROL</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>LOPRESSOR HCT</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METOPROLOL/HYDROCHLOROTHIAZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>NADOLOL/BENDROFLUMETHIAZIDE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>PROPRANOLOL/HYDROCHLOROTHIAZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>TENORETIC 100</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TENORETIC 50</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZIAC</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA- ADRENERGICS</b>	<b>ACEBUTOLOL HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>ATENOLOL</b>	TABS	<b>PREFERRED</b>	-
	<b>BETAPACE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BETAPACE AF</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BETAXOLOL HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>BISOPROLOL FUMARATE</b>	TABS	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA- ADRENERGICS (CONT.)	BREVIBLOC	SOLN	NON-PREFERRED	PA REQUIRED
	BREVIBLOC PREMIXED	SOLN	NON-PREFERRED	PA REQUIRED
	BREVIBLOC PREMIXED DOUBLESTRENGTH	SOLN	NON-PREFERRED	PA REQUIRED
	BYSTOLIC	TABS	NON-PREFERRED	-
	CARVEDILOL	TABS	PREFERRED	-
	CARVEDILOL PHOSPHATE	CP24	PREFERRED	-
	COREG	TABS	NON-PREFERRED	PA REQUIRED
	COREG CR	CP24	NON-PREFERRED	PA REQUIRED
	CORGARD	TABS	NON-PREFERRED	PA REQUIRED
	ESMOLOL HCL	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE IN WATER	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE	SOLN	PREFERRED	-
	HEMANGEOL	SOLN	NON-PREFERRED	-
	INDERAL LA	CP24	NON-PREFERRED	PA REQUIRED
	INDERAL XL	CP24	NON-PREFERRED	-
	INNOPRAN XL	CP24	NON-PREFERRED	-
	KAPSPARGO SPRINKLE	CS24	NON-PREFERRED	PA REQUIRED
	LABETALOL HCL	SOLN	PREFERRED	PA REQUIRED
		TABS	PREFERRED	-
	LOPRESSOR	TABS	NON-PREFERRED	PA REQUIRED
	METOPROLOL SUCCINATE ER	TB24	PREFERRED	-
	METOPROLOL TARTRATE	SOCT	PREFERRED	PA REQUIRED
	METOPROLOL TARTRATE	SOLN	PREFERRED	PA REQUIRED
	METOPROLOL TARTRATE	TABS	PREFERRED	-
	METOPROLOL TARTRATE 37.5MG & 75MG	TABS	NON-PREFERRED	PA REQUIRED
	NADOLOL	TABS	PREFERRED	-
	PINDOLOL	TABS	NON-PREFERRED	-
	PROPRANOLOL HCL	TABS	PREFERRED	-
	PROPRANOLOL HCL ER	CP24	PREFERRED	-
	PROPRANOLOL HCL INJECTION	SOLN	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA- ADRENERGICS (CONT.)	PROPRANOLOL HCL ORAL	SOLN	PREFERRED	-
	SORINE	TABS	PREFERRED	-
	SOTALOL HCL	TABS	PREFERRED	-
	SOTALOL HCL (AF)	TABS	PREFERRED	-
	SOTYLIZE	SOLN	PREFERRED	-
	TENORMIN	TABS	NON-PREFERRED	PA REQUIRED
	TIMOLOL MALEATE	TABS	NON-PREFERRED	-
	TOPROL XL	TB24	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKER COMBINATIONS	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TABS	NON-PREFERRED	PA REQUIRED
	CADUET	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS	ADALAT CC	TB24	NON-PREFERRED	PA REQUIRED
	AFEDITAB CR	TB24	PREFERRED	-
	AMLODIPINE BESYLATE	TABS	PREFERRED	-
	CALAN	TABS	NON-PREFERRED	PA REQUIRED
	CALAN SR	TBCR	NON-PREFERRED	PA REQUIRED
	CARDENE IV	SOLN	PREFERRED	PA REQUIRED
	CARDIZEM	TABS	NON-PREFERRED	PA REQUIRED
	CARDIZEM CD	CP24	NON-PREFERRED	PA REQUIRED
	CARDIZEM LA	TB24	NON-PREFERRED	PA REQUIRED
	CARTIA XT	CP24	NON-PREFERRED	PA REQUIRED
	CLEVIPREX	EMUL	PREFERRED	PA REQUIRED
	DILTIAZEM CD	CP24	PREFERRED	-
	DILTIAZEM HCL	SOLN	PREFERRED	PA REQUIRED
	DILTIAZEM HCL	SOLR	PREFERRED	PA REQUIRED
	DILTIAZEM HCL	TABS	PREFERRED	-
	DILTIAZEM HCL CD	CP24	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS (CONT.)</b>	DILTIAZEM HCL ER	CP12	PREFERRED	-
	DILTIAZEM HCL ER	CP24	PREFERRED	-
	DILTIAZEM HCL ER	TB24	NON-PREFERRED	-
	DILT-XR	CP24	PREFERRED	-
	FELODIPINE ER	TB24	PREFERRED	-
	ISRADIPINE	CAPS	NON-PREFERRED	-
	MATZIM LA	TB24	NON-PREFERRED	-
	NICARDIPINE HCL	CAPS	NON-PREFERRED	-
	NICARDIPINE HCL	SOLN	PREFERRED	PA REQUIRED
	NIFEDIPINE	CAPS	PREFERRED	-
	NIFEDIPINE ER	TB24	PREFERRED	-
	NIMODIPINE	CAPS	NON-PREFERRED	-
	NISOLDIPINE ER	TB24	NON-PREFERRED	-
	NORVASC	TABS	NON-PREFERRED	PA REQUIRED
	NYMALIZE	SOLN	NON-PREFERRED	-
	PROCARDIA	CAPS	NON-PREFERRED	PA REQUIRED
	PROCARDIA XL	TB24	NON-PREFERRED	PA REQUIRED
	SULAR	TB24	NON-PREFERRED	PA REQUIRED
	TAZTIA XT	CP24	NON-PREFERRED	PA REQUIRED
	TIAZAC	CP24	NON-PREFERRED	PA REQUIRED
	VERAPAMIL HCL	SOLN	PREFERRED	PA REQUIRED
	VERAPAMIL HCL	TABS	PREFERRED	-
	VERAPAMIL HCL ER	CP24	NON-PREFERRED	-
	VERAPAMIL HCL ER	TBCR	PREFERRED	-
	VERAPAMIL HCL SR	CP24	NON-PREFERRED	-
	VERELAN	CP24	NON-PREFERRED	PA REQUIRED
	VERELAN PM	CP24	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : OTHER</b>	CORLOPAM	SOLN	PREFERRED	PA REQUIRED
	DEMSER	CAPS	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : OTHER (CONT.)</b>	DIBENZYLINE	CAPS	NON-PREFERRED	PA REQUIRED
	EPLERENONE	TABS	PREFERRED	-
	HYDRALAZINE HCL	SOLN	PREFERRED	PA REQUIRED
	HYDRALAZINE HCL	TABS	PREFERRED	-
	INSPRA	TABS	NON-PREFERRED	PA REQUIRED
	MINOXIDIL	TABS	PREFERRED	-
	NIPRIDE RTU	SOLN	PREFERRED	PA REQUIRED
	NITROPRESS	SOLN	PREFERRED	PA REQUIRED
	PHENOXYBENZAMINE HYDROCHLORIDE	CAPS	PREFERRED	-
	PHENTOLAMINE MESYLATE	SOLR	PREFERRED	-
	SODIUM NITROPRUSSIDE	SOLN	PREFERRED	PA REQUIRED
	VECAMYL	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - CARDIOTONICS : CARDIAC GLYCOSIDES</b>	DIGITEK	TABS	PREFERRED	-
	DIGOX	TABS	PREFERRED	-
	DIGOXIN	TABS	PREFERRED	-
	DIGOXIN INJECTABLE	SOLN	PREFERRED	-
	DIGOXIN ORAL	SOLN	PREFERRED	PA REQUIRED
	LANOXIN	SOLN	NON-PREFERRED	PA REQUIRED
	LANOXIN	TABS	NON-PREFERRED	PA REQUIRED
	LANOXIN PEDIATRIC	SOLN	NON-PREFERRED	-
	NITROGLYCERIN IN DEXTROSE 5%	SOLN	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - CARDIOTONICS : PHOSPHODIESTERASE INHIBITORS</b>	MILRINONE IN DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	MILRINONE LACTATE	SOLN	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - DIURETICS : CARBONIC ANHYDRASE INHIBITORS</b>	ACETAZOLAMIDE	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - DIURETICS : CARBONIC ANHYDRASE INHIBITORS (CONT.)</b>	ACETAZOLAMIDE ER	CP12	PREFERRED	-
	ACETAZOLAMIDE SODIUM	SOLR	PREFERRED	PA REQUIRED
	KEVEYIS	TABS	NON-PREFERRED	-
	METHAZOLAMIDE	TABS	PREFERRED	-
	NEPTAZANE	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - DIURETICS : DIURETIC COMBINATIONS</b>	ALDACTAZIDE	TABS	NON-PREFERRED	-
	ALDACTAZIDE 25-25MG	TABS	NON-PREFERRED	PA REQUIRED
	AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	DYAZIDE	CAPS	NON-PREFERRED	PA REQUIRED
	MAXZIDE	TABS	NON-PREFERRED	PA REQUIRED
	MAXZIDE-25	TABS	NON-PREFERRED	PA REQUIRED
	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	PREFERRED	-
	TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
<b>CARDIOVASCULAR AGENTS - DIURETICS : LOOP DIURETICS</b>	BUMETANIDE	SOLN	PREFERRED	PA REQUIRED
	BUMETANIDE	TABS	PREFERRED	-
	DEMADEX	TABS	NON-PREFERRED	PA REQUIRED
	EDECRIN	TABS	NON-PREFERRED	PA REQUIRED
	ETHACRYNATE SODIUM	SOLR	PREFERRED	-
	ETHACRYNIC ACID	TABS	PREFERRED	-
	FUROSEMIDE	TABS	PREFERRED	-
	FUROSEMIDE INJECTION	SOLN	PREFERRED	PA REQUIRED
	FUROSEMIDE ORAL	SOLN	PREFERRED	-
	LASIX	TABS	NON-PREFERRED	PA REQUIRED
	SODIUM EDECRIN	SOLR	NON-PREFERRED	PA REQUIRED
	TORSEMIDE	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - DIURETICS : POTASSIUM SPARING DIURETICS</b>	ALDACTONE	TABS	NON-PREFERRED	PA REQUIRED
	AMILORIDE HCL	TABS	PREFERRED	-
	CAROSPIR	SUSP	NON-PREFERRED	-
	DYRENIUM	CAPS	NON-PREFERRED	-
	SPIRONOLACTONE	TABS	PREFERRED	-
<b>CARDIOVASCULAR AGENTS - DIURETICS : THIAZIDE AND THIAZIDE-LIKE DIURETICS</b>	CHLOROTHIAZIDE	TABS	PREFERRED	-
	CHLOROTHIAZIDE SODIUM	SOLR	PREFERRED	PA REQUIRED
	CHLORTHALIDONE	TABS	PREFERRED	-
	DIURIL	SUSP	NON-PREFERRED	-
	HYDROCHLOROTHIAZIDE	CAPS	PREFERRED	-
	HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	INDAPAMIDE	TABS	PREFERRED	-
	METHYCLOTHIAZIDE	TABS	PREFERRED	-
	METOLAZONE	TABS	PREFERRED	-
	MICROZIDE	CAPS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - NITRATES</b>	BIDIL	TABS	NON-PREFERRED	PA REQUIRED
	DILATRATE SR	CPCR	NON-PREFERRED	PA REQUIRED
	GONITRO	PACK	NON-PREFERRED	-
	ISORDIL TITRADOSE	TABS	NON-PREFERRED	PA REQUIRED
	ISOSORBIDE DINITRATE	TABS	PREFERRED	-
	ISOSORBIDE DINITRATE ER	TBCR	PREFERRED	-
	ISOSORBIDE MONONITRATE	TABS	PREFERRED	-
	ISOSORBIDE MONONITRATE ER	TB24	PREFERRED	-
	MINITRAN	PT24	PREFERRED	-
	NITRO-BID	OINT	PREFERRED	-
	NITRO-DUR	PT24	NON-PREFERRED	PA REQUIRED
	NITROGLYCERIN	SOLN	NON-PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - NITRATES (CONT.)</b>	<b>NITROGLYCERIN</b>	SUBL	<b>PREFERRED</b>	-
	<b>NITROGLYCERIN ER</b>	CPCR	<b>PREFERRED</b>	-
	<b>NITROGLYCERIN LINGUAL</b>	AERS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROGLYCERIN LINGUAL</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROGLYCERIN TRANSDERMAL</b>	PT24	<b>PREFERRED</b>	-
	<b>NITROLINGUAL PUMPSPRAY</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROMIST</b>	AERS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITROSTAT</b>	SUBL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NITRO-TIME</b>	CPCR	<b>PREFERRED</b>	-
<b>CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - OTHER</b>	<b>RANEXA</b>	TB12	<b>PREFERRED</b>	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - MISC : ANTIARRHYTHMICS</b>	<b>ADENOCARD</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>ADENOSINE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>AMIODARONE HCL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>AMIODARONE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>CORVERT</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>DISOPYRAMIDE PHOSPHATE</b>	CAPS	<b>PREFERRED</b>	-
	<b>DOFETILIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>FLECAINIDE ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>IBUTILIDE FUMARATE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>LIDOCAINE HCL</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>LIDOCAINE HCL IN D5W</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>LIDOCAINE HCL/DEXTROSE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>MEXILETINE HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>MULTAQ</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>NEXTERONE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>NORPACE</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NORPACE CR</b>	CP12	<b>NON-PREFERRED</b>	-
	<b>PACERONE</b>	TABS	<b>PREFERRED</b>	-



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CARDIOVASCULAR AGENTS - MISC : ANTIARRHYTHMICS (CONT.)</b>	PROCAINAMIDE HCL	SOLN	PREFERRED	PA REQUIRED
	PROPafenone HCL	TABS	PREFERRED	-
	PROPafenone HCL ER	CP12	PREFERRED	-
	QUINIDINE GLUCONATE	SOLN	PREFERRED	PA REQUIRED
	QUINIDINE GLUCONATE CR	TBCR	PREFERRED	-
	QUINIDINE SULFATE	TABS	NON-PREFERRED	-
	RYTHMOL SR	CP12	NON-PREFERRED	PA REQUIRED
	TIKOSYN	CAPS	NON-PREFERRED	PA REQUIRED
	XYLOCAINE	SOLN	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>	LETAIRIS	TABS	PREFERRED	PA REQUIRED
	OPSUMIT	TABS	NON-PREFERRED	PA REQUIRED
	TRACLEER	TABS	PREFERRED	PA REQUIRED
	TRACLEER	TBSO	PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PDEI</b>	ADCIRCA	TABS	PREFERRED	PA REQUIRED
	REVATIO	SUSR	NON-PREFERRED	PA REQUIRED
	REVATIO	TABS	NON-PREFERRED	PA REQUIRED
	SILDENAFIL	TABS	PREFERRED	PA REQUIRED
	SILDENAFIL CITRATE	TABS	PREFERRED	PA REQUIRED
	TADALAFIL	TABS	NON-PREFERRED	PA REQUIRED
<b>CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONISTS</b>	UPTRAVI	TABS	PREFERRED	PA REQUIRED
	UPTRAVI	TBPK	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTAGLANDIN VASODILATORS	ORENITRAM	TBCR	NON-PREFERRED	PA REQUIRED
	TYVASO	SOLN	PREFERRED	PA REQUIRED
	TYVASO REFILL	SOLN	PREFERRED	PA REQUIRED
	TYVASO STARTER	SOLN	PREFERRED	PA REQUIRED
	VENTAVIS	SOLN	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - SGC STIMULATOR	ADEMPAS	TABS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : SINUS NODE INHIBITORS	CORLANOR	TABS	PREFERRED	PA REQUIRED
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL	ALTAVERA	TABS	PREFERRED	-
	ALYACEN 1/35	TABS	PREFERRED	-
	APRI	TABS	PREFERRED	-
	AUBRA	TABS	PREFERRED	-
	AUBRA EQ	TABS	PREFERRED	-
	AVIANE	TABS	PREFERRED	-
	BALCOLTRA	TABS	PREFERRED	-
	BALZIVA	TABS	PREFERRED	-
	BEYAZ	TABS	PREFERRED	-
	BLISOVI 24 FE	TABS	PREFERRED	-
	BLISOVI FE 1.5/30	TABS	PREFERRED	-
	BLISOVI FE 1/20	TABS	PREFERRED	-
	BRIELLYN	TABS	PREFERRED	-
	CHATEAL	TABS	PREFERRED	-
	CHATEAL EQ	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL (CONT.)	CRYSSELLE-28	TABS	PREFERRED	-
	CYCLAFEM 1/35	TABS	PREFERRED	-
	CYRED	TABS	PREFERRED	-
	CYRED EQ	TABS	PREFERRED	-
	DASETTA 1/35	TABS	PREFERRED	-
	DELYLA	TABS	PREFERRED	-
	DESOGEN	TABS	PREFERRED	-
	DESOGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	DROSPIRENONE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCII	TABS	PREFERRED	-
	ELINEST	TABS	PREFERRED	-
	EMOQUETTE	TABS	PREFERRED	-
	ENSKYCE	TABS	PREFERRED	-
	ESTARYLLA	TABS	PREFERRED	-
	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	FALESSA	KIT	PREFERRED	-
	FALMINA	TABS	PREFERRED	-
	FEMYNOR	TABS	PREFERRED	-
	GENERESS FE	CHEW	PREFERRED	-
	GIANVI	TABS	PREFERRED	-
	GILDAGIA	TABS	PREFERRED	-
	ISIBLOOM	TABS	PREFERRED	-
	JULEBER	TABS	PREFERRED	-
	JUNEL 1.5/30	TABS	PREFERRED	-
	JUNEL 1/20	TABS	PREFERRED	-
	JUNEL FE 1.5/30	TABS	PREFERRED	-
	JUNEL FE 1/20	TABS	PREFERRED	-
	JUNEL FE 24	TABS	PREFERRED	-
	KAITLIB FE	CHEW	PREFERRED	-
	KELNOR 1/35	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL (CONT.)</b>	KELNOR 1/50	TABS	PREFERRED	-
	KURVELO	TABS	PREFERRED	-
	LARIN 1.5/30	TABS	PREFERRED	-
	LARIN 1/20	TABS	PREFERRED	-
	LARIN 24 FE	TABS	PREFERRED	-
	LARIN FE 1.5/30	TABS	PREFERRED	-
	LARIN FE 1/20	TABS	PREFERRED	-
	LARISSIA	TABS	PREFERRED	-
	LAYOLIS FE	CHEW	PREFERRED	-
	LESSINA	TABS	PREFERRED	-
	LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	LEVORA 0.15/30-28	TABS	PREFERRED	-
	LILLOW	TABS	PREFERRED	-
	LOESTRIN 1.5/30-21	TABS	PREFERRED	-
	LOESTRIN 1/20-21	TABS	PREFERRED	-
	LOESTRIN FE 1.5/30	TABS	PREFERRED	-
	LOESTRIN FE 1/20	TABS	PREFERRED	-
	LORYNA	TABS	PREFERRED	-
	LOW-OGESTREL	TABS	PREFERRED	-
	LUTERA	TABS	PREFERRED	-
	MARLISSA	TABS	PREFERRED	-
	MELODETTA 24 FE	CHEW	PREFERRED	-
	MIBELAS 24 FE	CHEW	PREFERRED	-
	MICROGESTIN 1.5/30	TABS	PREFERRED	-
	MICROGESTIN 1/20	TABS	PREFERRED	-
	MICROGESTIN FE	TABS	PREFERRED	-
	MICROGESTIN FE 1.5/30	TABS	PREFERRED	-
	MILI	TABS	PREFERRED	-
	MINASTRIN 24 FE	CHEW	PREFERRED	-
	MONO-LINYAH	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL (CONT.)	MONONESSA	TABS	PREFERRED	-
	NECON 0.5/35-28	TABS	PREFERRED	-
	NIKKI	TABS	PREFERRED	-
	NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARAT	CHEW	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	CHEW	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FL	CHEW	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FL	TABS	PREFERRED	-
	NORETHINDRONE/ETHINYL ESTRADIOL/FERROUS FUMARATE	CHEW	PREFERRED	-
	NORGESTIMATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	NORTREL 0.5/35 (28)	TABS	PREFERRED	-
	NORTREL 1/35	TABS	PREFERRED	-
	OCELLA	TABS	PREFERRED	-
	OGESTREL	TABS	PREFERRED	-
	ORSYTHIA	TABS	PREFERRED	-
	ORTHO-CYCLEN	TABS	PREFERRED	-
	ORTHO-NOVUM 1/35	TABS	PREFERRED	-
	PHILITH	TABS	PREFERRED	-
	PIRMELLA 1/35	TABS	PREFERRED	-
	PORTIA-28	TABS	PREFERRED	-
	PREVIFEM	TABS	PREFERRED	-
	RAJANI	TABS	PREFERRED	-
	RECLIPSEN	TABS	PREFERRED	-
	SAFYRAL	TABS	PREFERRED	-
	SPRINTEC 28	TABS	PREFERRED	-
	SRONYX	TABS	PREFERRED	-
	SYEDA	TABS	PREFERRED	-
	TARINA FE 1/20	TABS	PREFERRED	-
	TARINA FE 1/20 EQ	TABS	PREFERRED	-
	TAYTULLA	CAPS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL (CONT.)</b>	TYDEMY	TABS	PREFERRED	-
	VESTURA	TABS	PREFERRED	-
	VIENVA	TABS	PREFERRED	-
	VYFEMLA	TABS	PREFERRED	-
	VYLIBRA	TABS	PREFERRED	-
	WERA	TABS	PREFERRED	-
	WYMZYA FE	CHEW	PREFERRED	-
	YASMIN 28	TABS	PREFERRED	-
	YAZ	TABS	PREFERRED	-
	ZARAH	TABS	PREFERRED	-
	ZENCHENT	TABS	PREFERRED	-
	ZOVIA 1/35E	TABS	PREFERRED	-
	ZOVIA 1/50E	TABS	PREFERRED	-
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, BIPHASIC</b>	AZURETTE	TABS	PREFERRED	-
	BEKYREE	TABS	PREFERRED	-
	DESOGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	KARIVA	TABS	PREFERRED	-
	KIMIDESS	TABS	PREFERRED	-
	LO LOESTRIN FE	TABS	PREFERRED	-
	MIRCETTE	TABS	PREFERRED	-
	PIMTREA	TABS	PREFERRED	-
	VIORELE	TABS	PREFERRED	-
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, CONTINUOUS</b>	AMETHYST	TABS	PREFERRED	-
	LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, EXTENDED CYCLE</b>	AMETHIA	TABS	PREFERRED	-
	AMETHIA LO	TABS	PREFERRED	-
	ASHLYNA	TABS	PREFERRED	-
	CAMRESE	TABS	PREFERRED	-
	CAMRESE LO	TABS	PREFERRED	-
	DAYSEE	TABS	PREFERRED	-
	FAYOSIM	TABS	PREFERRED	-
	INTROVALE	TABS	PREFERRED	-
	JOLESSA	TABS	PREFERRED	-
	LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	PREFERRED	-
	LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	LOSEASONIQUE	TABS	PREFERRED	-
	QUARTETTE	TABS	PREFERRED	-
	QUASENSE	TABS	PREFERRED	-
	RIVELSA	TABS	PREFERRED	-
	SEASONIQUE	TABS	PREFERRED	-
	SETLAKIN	TABS	PREFERRED	-
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC</b>	ALYACEN 7/7/7	TABS	PREFERRED	-
	ARANELLE	TABS	PREFERRED	-
	CAZIAN	TABS	PREFERRED	-
	CYCLAFEM 7/7/7	TABS	PREFERRED	-
	DASETTA 7/7/7	TABS	PREFERRED	-
	ENPRESSE-28	TABS	PREFERRED	-
	ESTROSTEP FE	TABS	PREFERRED	-
	LEENA	TABS	PREFERRED	-
	LEVONEST	TABS	PREFERRED	-
	LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC (CONT.)</b>	MYZILRA	TABS	PREFERRED	-
	NATAZIA	TABS	PREFERRED	-
	NECON 7/7/7	TABS	PREFERRED	-
	NORGESTIMATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	NORTREL 7/7/7	TABS	PREFERRED	-
	ORTHO TRI-CYCLEN	TABS	PREFERRED	-
	ORTHO TRI-CYCLEN LO	TABS	PREFERRED	-
	ORTHO-NOVUM 7/7/7	TABS	PREFERRED	-
	PIRMELLA 7/7/7	TABS	PREFERRED	-
	TILIA FE	TABS	PREFERRED	-
	TRI FEMYNOR	TABS	PREFERRED	-
	TRI-ESTARYLLA	TABS	PREFERRED	-
	TRI-LEGEST FE	TABS	PREFERRED	-
	TRI-LINYAH	TABS	PREFERRED	-
	TRI-LO-ESTARYLLA	TABS	PREFERRED	-
	TRI-LO-MARZIA	TABS	PREFERRED	-
	TRI-LO-SPRINTEC	TABS	PREFERRED	-
	TRI-MILI	TABS	PREFERRED	-
	TRINESSA	TABS	PREFERRED	-
	TRINESSA LO	TABS	PREFERRED	-
	TRI-NORINYL 28	TABS	PREFERRED	-
	TRI-PREVIFEM	TABS	PREFERRED	-
	TRI-SPRINTEC	TABS	PREFERRED	-
	TRIVORA-28	TABS	PREFERRED	-
TRI-VYLIBRA	TABS	PREFERRED	-	
VELIVET	TABS	PREFERRED	-	
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>	XULANE	PTWK	PREFERRED	-



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - VAGINAL</b>	<b>NUVARING</b>	RING	<b>PREFERRED</b>	-
<b>CONTRACEPTIVES : COPPER CONTRACEPTIVES - IUD</b>	<b>PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A</b>	IUD	<b>PREFERRED</b>	-
<b>CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IMPLANTS</b>	<b>NEXPLANON</b>	IMPL	<b>PREFERRED</b>	-
<b>CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - INJECTABLE</b>	<b>DEPO-PROVERA CONTRACEPTIVE</b>	SUSP	<b>PREFERRED</b>	-
		SUSY	<b>PREFERRED</b>	-
	<b>DEPO-SUBQ PROVERA 104</b>	SUSY	<b>PREFERRED</b>	-
	<b>MEDROXYPROGESTERONE ACETATE</b>	SUSP	<b>PREFERRED</b>	-
	<b>MEDROXYPROGESTERONE ACETATE</b>	SUSY	<b>PREFERRED</b>	-
<b>CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IUD</b>	<b>KYLEENA</b>	IUD	<b>PREFERRED</b>	-
	<b>LILETTA</b>	IUD	<b>PREFERRED</b>	-
	<b>MIRENA</b>	IUD	<b>PREFERRED</b>	-
	<b>SKYLA</b>	IUD	<b>PREFERRED</b>	-
<b>CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL</b>	<b>CAMILA</b>	TABS	<b>PREFERRED</b>	-
	<b>DEBLITANE</b>	TABS	<b>PREFERRED</b>	-
	<b>ERRIN</b>	TABS	<b>PREFERRED</b>	-
	<b>HEATHER</b>	TABS	<b>PREFERRED</b>	-
	<b>INCASSIA</b>	TABS	<b>PREFERRED</b>	-
	<b>JENCYCLA</b>	TABS	<b>PREFERRED</b>	-
	<b>JOLIVETTE</b>	TABS	<b>PREFERRED</b>	-
	<b>LYZA</b>	TABS	<b>PREFERRED</b>	-
	<b>NORA-BE</b>	TABS	<b>PREFERRED</b>	-
	<b>NORETHINDRONE</b>	TABS	<b>PREFERRED</b>	-
	<b>NORLYDA</b>	TABS	<b>PREFERRED</b>	-
	<b>NORLYROC</b>	TABS	<b>PREFERRED</b>	-
	<b>ORTHO MICRONOR</b>	TABS	<b>PREFERRED</b>	-
	<b>SHAROBEL</b>	TABS	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL (CONT.)</b>	TULANA	TABS	PREFERRED	-
<b>CORTICOSTEROIDS : GLUCOCORTICOSTEROID COMBINATIONS</b>	BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE A	SUSP	PREFERRED	-
	CELESTONE-SOLUSPAN	SUSP	NON-PREFERRED	PA REQUIRED
	DERMACINRX CINLONE-I CPI	KIT	PREFERRED	-
<b>CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS</b>	BUDESONIDE	CPEP	PREFERRED	-
	BUDESONIDE ER	TB24	PREFERRED	-
	CORTEF	TABS	NON-PREFERRED	PA REQUIRED
	CORTISONE ACETATE	TABS	PREFERRED	-
	DECADRON	ELIX	PREFERRED	-
	DECADRON	TABS	PREFERRED	-
	DEPO-MEDROL	SUSP	NON-PREFERRED	PA REQUIRED
	DEPO-MEDROL 20MG/ML	SUSP	PREFERRED	PA REQUIRED
	DEXAMETHASONE	ELIX	PREFERRED	-
	DEXAMETHASONE	SOLN	PREFERRED	PA REQUIRED
	DEXAMETHASONE	TABS	PREFERRED	-
	DEXAMETHASONE 10-DAY DOSE PACK	TBPK	PREFERRED	-
	DEXAMETHASONE 13-DAY DOSE PACK	TBPK	PREFERRED	-
	DEXAMETHASONE 6-DAY DOSE PACK	TBPK	PREFERRED	-
	DEXAMETHASONE INTENSOL	CONC	PREFERRED	PA REQUIRED
	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	PREFERRED	PA REQUIRED
	DEXPAK 10 DAY	TBPK	PREFERRED	-
	DEXPAK 13 DAY	TBPK	PREFERRED	-
	DEXPAK 6 DAY	TBPK	PREFERRED	-
	EMFLAZA	SUSP	NON-PREFERRED	PA REQUIRED
	EMFLAZA	TABS	NON-PREFERRED	PA REQUIRED
	ENTOCORT EC	CPEP	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE	TABS	PREFERRED	-
	KENALOG-10	SUSP	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS (CONT.)</b>	<b>KENALOG-40</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MEDROL</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MEDROL DOSEPAK</b>	TBPK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METHYLPREDNISOLONE</b>	TABS	<b>PREFERRED</b>	-
	<b>METHYLPREDNISOLONE ACETATE</b>	SUSP	<b>PREFERRED</b>	-
	<b>METHYLPREDNISOLONE DOSE PACK</b>	TBPK	<b>PREFERRED</b>	-
	<b>METHYLPREDNISOLONE SODIUMSUCCINATE</b>	SOLR	<b>PREFERRED</b>	-
	<b>MILLIPRED</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MILLIPRED</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MILLIPRED DP</b>	TBPK	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ORAPRED ODT</b>	TBDP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PEDIAPRED</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PREDNISOLONE</b>	SOLN	<b>PREFERRED</b>	-
	<b>PREDNISOLONE</b>	SYRP	<b>PREFERRED</b>	-
	<b>PREDNISOLONE SODIUM PHOSPHATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>PREDNISOLONE SODIUM PHOSPHATE ODT</b>	TBDP	<b>PREFERRED</b>	-
	<b>PREDNISON</b>	SOLN	<b>PREFERRED</b>	-
	<b>PREDNISON</b>	TABS	<b>PREFERRED</b>	-
	<b>PREDNISON</b>	TBPK	<b>PREFERRED</b>	-
	<b>PREDNISON INTENSOL</b>	CONC	<b>PREFERRED</b>	-
	<b>RAYOS</b>	TBEC	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SOLU-CORTEF</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>SOLU-MEDROL</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TAPERDEX 12-DAY</b>	TBPK	<b>PREFERRED</b>	-
	<b>TAPERDEX 6-DAY</b>	TBPK	<b>PREFERRED</b>	-
	<b>TRIAMCINOLONE ACETONIDE</b>	SUSP	<b>PREFERRED</b>	-
	<b>UCERIS</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VERIPRED 20</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZILRETTA</b>	SRER	<b>PREFERRED</b>	PA REQUIRED
	<b>ZODEX 12-DAY</b>	TBPK	<b>PREFERRED</b>	-
	<b>ZODEX 6-DAY</b>	TBPK	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CORTICOSTEROIDS : MINERALCORTICOIDS</b>	<b>FLUDROCORTISONE ACETATE</b>	TABS	<b>PREFERRED</b>	-
<b>CYTOKINE AND CAM ANTAGONISTS :</b>	<b>ACTEMRA</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACTEMRA</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ARCALYST</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CIMZIA</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CIMZIA STARTER KIT</b>	KIT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COSENTYX</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COSENTYX SENSOREADY PEN</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ENBREL</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>ENBREL</b>	SOSY	<b>PREFERRED</b>	PA REQUIRED
	<b>ENBREL MINI</b>	SOCT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ENBREL SURECLICK</b>	SOAJ	<b>PREFERRED</b>	PA REQUIRED
	<b>ENTYVIO</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HUMIRA</b>	PSKT	<b>PREFERRED</b>	PA REQUIRED
	<b>HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK</b>	PSKT	<b>PREFERRED</b>	PA REQUIRED
	<b>HUMIRA PEN</b>	PNKT	<b>PREFERRED</b>	PA REQUIRED
	<b>HUMIRA PEN-CD/UC/HS STARTER</b>	PNKT	<b>PREFERRED</b>	PA REQUIRED
	<b>HUMIRA PEN-PS/UV STARTER</b>	PNKT	<b>PREFERRED</b>	PA REQUIRED
	<b>ILARIS</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ILARIS</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ILUMYA</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>INFLECTRA</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>KEVZARA</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>KEVZARA</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>KINERET</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OLUMIANT</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ORENCIA</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ORENCIA</b>	SOSY	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ORENCIA CLICKJECT</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OTEZLA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OTEZLA</b>	TBPK	<b>NON-PREFERRED</b>	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>CYTOKINE AND CAM ANTAGONISTS : (CONT.)</b>	REMICADE	SOLR	NON-PREFERRED	PA REQUIRED
	RENFLXIS	SOLR	NON-PREFERRED	PA REQUIRED
	SILIQ	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOAJ	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI ARIA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOSY	NON-PREFERRED	PA REQUIRED
	TALTZ	SOAJ	NON-PREFERRED	PA REQUIRED
	TALTZ	SOSY	NON-PREFERRED	PA REQUIRED
	TREMFYA	SOSY	NON-PREFERRED	PA REQUIRED
	XELJANZ	TABS	NON-PREFERRED	PA REQUIRED
	XELJANZ XR	TB24	NON-PREFERRED	PA REQUIRED
<b>DERMATOLOGICS : ANTIPRURITICS - TOPICAL</b>	DOXEPIN HYDROCHLORIDE	CREA	PREFERRED	PA REQUIRED
	PRUDOXIN	CREA	PREFERRED	PA REQUIRED
	ZONALON	CREA	PREFERRED	PA REQUIRED
<b>DERMATOLOGICS : IMMUNOMODULATING AGENTS - TOPICAL</b>	ALDARA	CREA	NON-PREFERRED	PA REQUIRED
	IMIQUIMOD	CREA	PREFERRED	-
	IMIQUIMOD PUMP	CREA	NON-PREFERRED	PA REQUIRED
	ZYCLARA	CREA	NON-PREFERRED	PA REQUIRED
	ZYCLARA PUMP	CREA	NON-PREFERRED	PA REQUIRED
<b>DERMATOLOGICS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>	ELIDEL	CREA	PREFERRED	PA REQUIRED
	PROTOPIC	OINT	NON-PREFERRED	PA REQUIRED
	TACROLIMUS	OINT	NON-PREFERRED	PA REQUIRED
<b>DERMATOLOGICS : WOUND CARE PRODUCTS - GROWTH FACTOR AGENTS</b>	REGGRANEX	GEL	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>DIGESTIVE AIDS : PANCREATIC ENZYMES</b>	<b>CREON</b>	CPEP	<b>PREFERRED</b>	-
	<b>PANCREAZE</b>	CPEP	<b>NON-PREFERRED</b>	-
	<b>PERTZYE</b>	CPEP	<b>NON-PREFERRED</b>	-
	<b>VIKACE</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>ZENPEP</b>	CPEP	<b>PREFERRED</b>	-
<b>ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE</b>	<b>ANDRODERM</b>	PT24	<b>PREFERRED</b>	PA REQUIRED
	<b>ANDROGEL</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANDROGEL PUMP</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ANDROID</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AVEED</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DEPO-TESTOSTERONE</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FORTESTA</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METHITEST</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>METHYLTESTOSTERONE</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>STRIANT</b>	MISC	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTIM</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOPEL</b>	PLLT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE</b>	GEL	<b>PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE 2%</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE CYPIONATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>TESTOSTERONE ENANTHATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>TESTOSTERONE PUMP</b>	GEL	<b>PREFERRED</b>	PA REQUIRED
	<b>TESTOSTERONE TOPICAL SOLUTION</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TESTRED</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>VOGELXO</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED	
<b>VOGELXO PUMP</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED	
<b>ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES</b>	<b>GENOTROPIN</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES (CONT.)</b>	<b>GENOTROPIN MINIQUICK</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>HUMATROPE</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HUMATROPE COMBO PACK</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NORDITROPIN CARTRIDGE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>NORDITROPIN FLEXPRO</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>NUTROPIN AQ NUSPIN 10</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NUTROPIN AQ NUSPIN 20</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NUTROPIN AQ NUSPIN 5</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>OMNITROPE</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
		SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SAIZEN</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SAIZEN CLICK.EASY</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SAIZENPREP RECONSTITUTIONKIT</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SEROSTIM</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZOMACTON</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZORBTIVE</b>	SOLR	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES</b>	<b>AYGESTIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HYDROXYPROGESTERONE CAPROATE</b>	OIL	<b>PREFERRED</b>	PA REQUIRED
	<b>HYDROXYPROGESTERONE CAPROATE</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>MAKENA</b>	OIL	<b>PREFERRED</b>	PA REQUIRED
	<b>MAKENA</b>	SOAJ	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MEDROXYPROGESTERONE ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>NORETHINDRONE ACETATE</b>	TABS	<b>PREFERRED</b>	-
	<b>PROGESTERONE</b>	CAPS	<b>PREFERRED</b>	-
	<b>PROGESTERONE</b>	OIL	<b>PREFERRED</b>	-
	<b>PROMETRIUM</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROVERA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES - VAGINAL</b>				
<b>CRINONE</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED	

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>GASTROINTESTINAL AGENTS - MISC : GALLSTONE SOLUBILIZING AGENTS</b>	ACTIGALL	CAPS	NON-PREFERRED	PA REQUIRED
	CHENODAL	TABS	NON-PREFERRED	-
	CHOLBAM	CAPS	NON-PREFERRED	-
	OCALIVA	TABS	NON-PREFERRED	-
	URSO 250	TABS	NON-PREFERRED	PA REQUIRED
	URSO FORTE	TABS	NON-PREFERRED	PA REQUIRED
	URSODIOL	CAPS	PREFERRED	-
	URSODIOL	TABS	PREFERRED	-
<b>GASTROINTESTINAL AGENTS - MISC : INFLAMMATORY BOWEL AGENTS</b>	APRISO	CP24	PREFERRED	-
	ASACOL HD	TBEC	NON-PREFERRED	-
	AZULFIDINE	TABS	NON-PREFERRED	PA REQUIRED
	AZULFIDINE EN-TABS	TBEC	NON-PREFERRED	PA REQUIRED
	BALSALAZIDE DISODIUM	CAPS	PREFERRED	-
	CANASA	SUPP	PREFERRED	-
	COLAZAL	CAPS	NON-PREFERRED	PA REQUIRED
	DELZICOL	CPDR	PREFERRED	-
	DIPENTUM	CAPS	NON-PREFERRED	-
	GIAZO	TABS	NON-PREFERRED	-
	LIALDA	TBEC	PREFERRED	-
	MESALAMINE	ENEM	PREFERRED	-
	MESALAMINE	KIT	PREFERRED	-
	MESALAMINE DR	TBEC	NON-PREFERRED	-
	PENTASA	CPCR	PREFERRED	-
	ROWASA	KIT	NON-PREFERRED	PA REQUIRED
	SFROWASA	ENEM	NON-PREFERRED	-
	SULFASALAZINE	TABS	PREFERRED	-
	SULFASALAZINE	TBEC	PREFERRED	-



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY</b>	<b>ALOSETRON HYDROCHLORIDE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AMITIZA</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
	<b>ANASPAZ</b>	TBDP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BELLADONNA &amp; OPIUM</b>	SUPP	<b>NON-PREFERRED</b>	-
	<b>BELLADONNA ALKALOIDS &amp; OPIUM</b>	SUPP	<b>NON-PREFERRED</b>	-
	<b>BENTYL</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BENTYL</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>CUVPOSA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>DICYCLOMINE HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>DICYCLOMINE HCL</b>	SOLN	<b>PREFERRED</b>	-
	<b>DICYCLOMINE HCL</b>	TABS	<b>PREFERRED</b>	-
	<b>ED-SPAZ</b>	TBDP	<b>PREFERRED</b>	-
	<b>ENTEREG</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLYCATE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GLYCOPYRROLATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>GLYCOPYRROLATE</b>	TABS	<b>PREFERRED</b>	-
	<b>GLYRX-PF</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>HYOSCYAMINE SULFATE</b>	ELIX	<b>PREFERRED</b>	-
	<b>HYOSCYAMINE SULFATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>HYOSCYAMINE SULFATE</b>	SUBL	<b>PREFERRED</b>	-
	<b>HYOSCYAMINE SULFATE</b>	TABS	<b>PREFERRED</b>	-
	<b>HYOSCYAMINE SULFATE</b>	TBDP	<b>PREFERRED</b>	-
	<b>HYOSCYAMINE SULFATE ER</b>	TB12	<b>PREFERRED</b>	-
	<b>HYOSCYAMINE SULFATE ODT</b>	TBDP	<b>PREFERRED</b>	-
	<b>HYOSYNE</b>	ELIX	<b>PREFERRED</b>	-
	<b>HYOSYNE</b>	SOLN	<b>PREFERRED</b>	-
	<b>LEVSIN</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>LEVSIN</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LEVSIN/SL</b>	SUBL	<b>NON-PREFERRED</b>	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY (CONT.)</b>	LIBRAX	CAPS	NON-PREFERRED	PA REQUIRED
	LINZESS	CAPS	PREFERRED	PA REQUIRED
	LOTRONEX	TABS	NON-PREFERRED	PA REQUIRED
	MOVANTIK	TABS	PREFERRED	PA REQUIRED
	NULEV	TBDP	PREFERRED	-
	OSCIMIN	SUBL	PREFERRED	-
	OSCIMIN	TABS	PREFERRED	-
	OSCIMIN	TBDP	PREFERRED	-
	OSCIMIN SR	TB12	PREFERRED	-
	RELISTOR	SOLN	NON-PREFERRED	PA REQUIRED
	RELISTOR	TABS	NON-PREFERRED	PA REQUIRED
	ROBINUL	SOLN	NON-PREFERRED	PA REQUIRED
	ROBINUL	TABS	NON-PREFERRED	PA REQUIRED
	ROBINUL FORTE	TABS	NON-PREFERRED	PA REQUIRED
	SYMAX-SL	SUBL	PREFERRED	-
	SYMPROIC	TABS	NON-PREFERRED	PA REQUIRED
	TRULANCE	TABS	NON-PREFERRED	PA REQUIRED
	VIBERZI	TABS	NON-PREFERRED	PA REQUIRED
<b>GASTROINTESTINAL AGENTS - MISC : PHOSPHATE BINDER AGENTS</b>	AURYXIA	TABS	NON-PREFERRED	PA REQUIRED
	CALCIUM ACETATE	CAPS	PREFERRED	-
	CALCIUM ACETATE	TABS	PREFERRED	-
	CALPHRON	TABS	PREFERRED	-
	FOSRENOL	CHEW	PREFERRED	PA REQUIRED
	FOSRENOL	PACK	NON-PREFERRED	PA REQUIRED
	LANTHANUM CARBONATE	CHEW	NON-PREFERRED	PA REQUIRED
	PHOSLYRA	SOLN	PREFERRED	-
	RENAGEL	TABS	PREFERRED	PA REQUIRED
	RENVELA	PACK	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>GASTROINTESTINAL AGENTS - MISC : PHOSPHATE BINDER AGENTS (CONT.)</b>	RENVELA	TABS	PREFERRED	PA REQUIRED
	SEVELAMER CARBONATE	PACK	NON-PREFERRED	PA REQUIRED
	SEVELAMER CARBONATE	TABS	NON-PREFERRED	PA REQUIRED
	VELPHORO	CHEW	NON-PREFERRED	PA REQUIRED
<b>GASTROINTESTINAL AGENTS - MISC : SHORT BOWEL SYNDROME</b>	GATTEX	KIT	PREFERRED	PA REQUIRED
<b>GASTROINTESTINAL AGENTS - ULCER DRUGS : H. PYLORI ANTIBIOTICS</b>	LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	MISC	NON-PREFERRED	PA REQUIRED
	OMECLAMOX-PAK	MISC	NON-PREFERRED	PA REQUIRED
	PREVPAC	MISC	NON-PREFERRED	PA REQUIRED
	PYLERA	CAPS	PREFERRED	-
<b>GASTROINTESTINAL AGENTS - ULCER DRUGS : MISC</b>	BELLADONNA ALKALOIDS/PHENOBARBITAL	TABS	NON-PREFERRED	-
	CARAFATE	SUSP	PREFERRED	-
	CARAFATE	TABS	NON-PREFERRED	PA REQUIRED
	CYTOTEC	TABS	NON-PREFERRED	PA REQUIRED
	DONNATAL	ELIX	NON-PREFERRED	-
	DONNATAL	TABS	NON-PREFERRED	-
	METHSCOPOLAMINE BROMIDE	TABS	PREFERRED	-
	MISOPROSTOL	TABS	PREFERRED	-
	PHENOHTRO	ELIX	NON-PREFERRED	-
	PHENOHTRO	TABS	NON-PREFERRED	-
	PROPANTHELINE BROMIDE	TABS	PREFERRED	-
	SUCRALFATE	SUSP	PREFERRED	-
	SUCRALFATE	TABS	PREFERRED	-
<b>GENITOURINARY AGENTS - MISC : ACIDIFIERS</b>	K-PHOS NO 2	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>GENITOURINARY AGENTS - MISC : CYSTINOSIS AGENTS</b>	<b>CYSTAGON</b>	CAPS	<b>PREFERRED</b>	-
	<b>PROCYSBI</b>	CPDR	<b>NON-PREFERRED</b>	-
<b>GENITOURINARY AGENTS - MISC : INTERSTITIAL CYSTITIS AGENTS</b>	<b>ELMIRON</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
	<b>RIMSO-50</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
<b>GENITOURINARY AGENTS - MISC : PROSTATIC HYPERTROPHY AGENTS</b>	<b>ALFUZOSIN HCL ER</b>	TB24	<b>PREFERRED</b>	-
	<b>AVODART</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>CARDURA XL</b>	TB24	<b>NON-PREFERRED</b>	-
	<b>DUTASTERIDE</b>	CAPS	<b>PREFERRED</b>	-
	<b>DUTASTERIDE/TAMSULOSIN HCL</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>FINASTERIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>FLOMAX</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>JALYN</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PROSCAR</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>RAPAFLO</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>TAMSULOSIN HCL</b>	CAPS	<b>PREFERRED</b>	-
	<b>UROXATRAL</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
<b>GENITOURINARY AGENTS - MISC : URINARY STONE AGENTS</b>	<b>LITHOSTAT</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>THIOLA</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
<b>GOUT AGENTS :</b>	<b>ALLOPURINOL</b>	TABS	<b>PREFERRED</b>	-
	<b>ALLOPURINOL SODIUM</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>ALOPRIM</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>COLCHICINE</b>	CAPS	<b>PREFERRED</b>	-
	<b>COLCHICINE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>COLCRYS</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DUZALLO</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>KRYSTEXXA</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>GOUT AGENTS : (CONT.)</b>	MITIGARE	CAPS	NON-PREFERRED	PA REQUIRED
	PROBENECID	TABS	PREFERRED	-
	PROBENECID/COLCHICINE	TABS	PREFERRED	-
	ULORIC	TABS	NON-PREFERRED	PA REQUIRED
	ZURAMPIC	TABS	NON-PREFERRED	PA REQUIRED
	ZYLOPRIM	TABS	NON-PREFERRED	PA REQUIRED
<b>HEMATOLOGICAL AGENTS - MISC : HEREDITARY ANGIOEDEMA AGENTS</b>	BERINERT	KIT	NON-PREFERRED	PA REQUIRED
	CINRYZE	SOLR	PREFERRED	PA REQUIRED
	FIRAZYR	SOLN	PREFERRED	PA REQUIRED
	HAEGARDA	SOLR	PREFERRED	PA REQUIRED
	KALBITOR	SOLN	PREFERRED	PA REQUIRED
	RUCONEST	SOLR	PREFERRED	PA REQUIRED
	TAKHZYRO	SOLN	NON-PREFERRED	PA REQUIRED
<b>HEMATOLOGICAL AGENTS - MISC : OTHER</b>	ACTIVASE	SOLR	PREFERRED	PA REQUIRED
	CATHFLO ACTIVASE	SOLR	PREFERRED	PA REQUIRED
	CEPROTIN	SOLR	PREFERRED	PA REQUIRED
	PANHEMATIN	SOLR	PREFERRED	PA REQUIRED
	PENTOXIFYLLINE ER	TBCR	PREFERRED	-
	PROTAMINE SULFATE	SOLN	PREFERRED	PA REQUIRED
	SOLIRIS	SOLN	PREFERRED	PA REQUIRED
	TNKASE	KIT	PREFERRED	PA REQUIRED
<b>HEMATOLOGICAL AGENTS - MISC : PLATELET AGGREGATION INHIBITORS</b>	AGGRENOX	CP12	NON-PREFERRED	PA REQUIRED
	AGRYLIN	CAPS	NON-PREFERRED	PA REQUIRED
	ANAGRELIDE HYDROCHLORIDE	CAPS	PREFERRED	-
	ASPIRIN/DIPYRIDAMOLE	CP12	PREFERRED	-
	BRILINTA	TABS	PREFERRED	-
	CILOSTAZOL	TABS	PREFERRED	-
	CLOPIDOGREL	TABS	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>HEMATOLOGICAL AGENTS - MISC : PLATELET AGGREGATION INHIBITORS (CONT.)</b>	DIPYRIDAMOLE	TABS	PREFERRED	-
	EFFIENT	TABS	NON-PREFERRED	PA REQUIRED
	KENGREAL	SOLR	NON-PREFERRED	-
	PLAVIX	TABS	NON-PREFERRED	PA REQUIRED
	PRASUGREL	TABS	NON-PREFERRED	-
	YOSPRALA	TBEC	NON-PREFERRED	-
	ZONTIVITY	TABS	NON-PREFERRED	-
<b>HEMATOPOIETIC AGENTS : AGENTS FOR GAUCHER DISEASE</b>	CERDELGA	CAPS	NON-PREFERRED	PA REQUIRED
	CEREZYME	SOLR	NON-PREFERRED	PA REQUIRED
	ELELYSO	SOLR	NON-PREFERRED	PA REQUIRED
	MIGLUSTAT	CAPS	PREFERRED	PA REQUIRED
	VPRIV	SOLR	NON-PREFERRED	PA REQUIRED
	ZAVESCA	CAPS	PREFERRED	PA REQUIRED
<b>HEMATOPOIETIC AGENTS : AGENTS FOR SICKLE CELL ANEMIA</b>	DROXIA	CAPS	PREFERRED	-
	ENDARI	PACK	NON-PREFERRED	PA REQUIRED
	SIKLOS	TABS	PREFERRED	-
<b>HEMATOPOIETIC AGENTS : ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</b>	ARANESP ALBUMIN FREE	SOLN	PREFERRED	PA REQUIRED
	ARANESP ALBUMIN FREE	SOSY	PREFERRED	PA REQUIRED
	EPOGEN	SOLN	PREFERRED	PA REQUIRED
	MIRCERA	SOSY	NON-PREFERRED	PA REQUIRED
	PROCRIT	SOLN	NON-PREFERRED	PA REQUIRED
	RETACRIT	SOLN	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>HEMATOPOIETIC AGENTS : GRANULOCYTE COLONY- STIMULATING FACTORS (G-CSF)</b>	FULPHILA	SOSY	NON-PREFERRED	PA REQUIRED
	GRANIX	SOSY	PREFERRED	PA REQUIRED
	LEUKINE	SOLR	NON-PREFERRED	PA REQUIRED
	NEULASTA	SOSY	NON-PREFERRED	PA REQUIRED
	NEULASTA ONPRO KIT	PSKT	NON-PREFERRED	PA REQUIRED
	NEUPOGEN	SOLN	PREFERRED	PA REQUIRED
	NEUPOGEN	SOSY	PREFERRED	PA REQUIRED
	NIVESTYM	SOSY	NON-PREFERRED	PA REQUIRED
	ZARXIO	SOSY	NON-PREFERRED	PA REQUIRED
<b>HEMATOPOIETIC AGENTS : HEMATOPOIETIC AGENTS : THROMBOPOIESIS (TPO) STIMULATING PROTEINS</b>	DOPTELET	TABS	PREFERRED	PA REQUIRED
	MULPLETA	TABS	PREFERRED	PA REQUIRED
	NPLATE	SOLR	PREFERRED	PA REQUIRED
	PROMACTA	TABS	PREFERRED	PA REQUIRED
	TAVALLISSE	TABS	PREFERRED	PA REQUIRED
<b>HEMOSTATICS : SYSTEMIC - INJECTABLE</b>	AMINOCAPROIC ACID	SOLN	PREFERRED	PA REQUIRED
	CYKLOKAPRON	SOLN	PREFERRED	PA REQUIRED
	TRANEXAMIC ACID	SOLN	PREFERRED	PA REQUIRED
<b>HEMOSTATICS : SYSTEMIC - ORAL</b>	AMICAR	SOLN	PREFERRED	-
	AMICAR	TABS	PREFERRED	-
	LYSTEDA	TABS	NON-PREFERRED	PA REQUIRED
	TRANEXAMIC ACID	TABS	PREFERRED	-
<b>HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BARBITURATE HYPNOTICS</b>	AMYTAL SODIUM	SOLR	PREFERRED	PA REQUIRED
	BUTISOL SODIUM	TABS	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BARBITURATE HYPNOTICS (CONT.)</b>	PENTOBARBITAL SODIUM	SOLN	PREFERRED	PA REQUIRED
	PHENOBARBITAL	ELIX	PREFERRED	-
	PHENOBARBITAL	SOLN	PREFERRED	-
	PHENOBARBITAL	TABS	PREFERRED	-
	PHENOBARBITAL SODIUM	SOLN	PREFERRED	-
	SECONAL SODIUM	CAPS	NON-PREFERRED	PA REQUIRED
<b>HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS</b>	ESTAZOLAM	TABS	NON-PREFERRED	-
	FLURAZEPAM HCL	CAPS	NON-PREFERRED	-
	HALCION	TABS	NON-PREFERRED	PA REQUIRED
	MIDAZOLAM HCL	SOLN	PREFERRED	PA REQUIRED
	MIDAZOLAM HCL	SYRP	NON-PREFERRED	-
	RESTORIL	CAPS	NON-PREFERRED	PA REQUIRED
	TEMAZEPAM	CAPS	PREFERRED	-
	TRIAZOLAM	TABS	PREFERRED	-
<b>HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : NON-BENZODIAZEPINE</b>	AMBIEN	TABS	NON-PREFERRED	PA REQUIRED
	AMBIEN CR	TBCR	NON-PREFERRED	PA REQUIRED
	EDLUAR	SUBL	NON-PREFERRED	PA REQUIRED
	ESZOPICLONE	TABS	NON-PREFERRED	PA REQUIRED
	INTERMEZZO	SUBL	NON-PREFERRED	PA REQUIRED
	LUNESTA	TABS	NON-PREFERRED	PA REQUIRED
	SONATA	CAPS	NON-PREFERRED	PA REQUIRED
	ZALEPLON	CAPS	NON-PREFERRED	PA REQUIRED
	ZOLPIDEM TARTRATE	SUBL	PREFERRED	-
	ZOLPIDEM TARTRATE	TABS	PREFERRED	-
	ZOLPIDEM TARTRATE ER	TBCR	PREFERRED	-
	ZOLPIMIST	SOLN	NON-PREFERRED	PA REQUIRED



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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : SELECTIVE MELATONIN RECEPTOR AGONISTS	HETLIOZ	CAPS	NON-PREFERRED	PA REQUIRED
	ROZEREM	TABS	PREFERRED	PA REQUIRED
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : TRICYCLIC AGENTS	BELSOMRA	TABS	NON-PREFERRED	PA REQUIRED
	SILENOR	TABS	NON-PREFERRED	PA REQUIRED
MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS	AMRIX	CP24	NON-PREFERRED	PA REQUIRED
	BACLOFEN	TABS	PREFERRED	-
	BACLOFEN 5MG	TABS	NON-PREFERRED	PA REQUIRED
	CARISOPRODOL	TABS	NON-PREFERRED	PA REQUIRED
	CARISOPRODOL/ASPIRIN	TABS	NON-PREFERRED	PA REQUIRED
	CARISOPRODOL/ASPIRIN/CODEINE	TABS	NON-PREFERRED	PA REQUIRED
	CHLORZOXAZONE	TABS	NON-PREFERRED	-
	CYCLOBENZAPRINE HCL	TABS	PREFERRED	-
	DANTRIUM	CAPS	NON-PREFERRED	PA REQUIRED
	DANTRIUM IV	SOLR	PREFERRED	PA REQUIRED
	DANTROLENE SODIUM	CAPS	NON-PREFERRED	-
	FEXMID	TABS	NON-PREFERRED	PA REQUIRED
	GABLOFEN	SOLN	NON-PREFERRED	PA REQUIRED
	GABLOFEN	SOSY	NON-PREFERRED	PA REQUIRED
	LIORESAL INTRATHECAL	SOLN	NON-PREFERRED	PA REQUIRED
	LORZONE	TABS	NON-PREFERRED	-
	METAXALL	TABS	NON-PREFERRED	-
	METAXALONE	TABS	NON-PREFERRED	-
	METHOCARBAMOL	SOLN	NON-PREFERRED	PA REQUIRED
	METHOCARBAMOL	TABS	PREFERRED	-
	ORPHENADRINE CITRATE	SOLN	NON-PREFERRED	PA REQUIRED
	ORPHENADRINE CITRATE ER	TB12	NON-PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS (CONT.)</b>	REVONTO	SOLR	PREFERRED	PA REQUIRED
	ROBAXIN	SOLN	NON-PREFERRED	PA REQUIRED
	ROBAXIN	TABS	NON-PREFERRED	PA REQUIRED
	ROBAXIN-750	TABS	NON-PREFERRED	PA REQUIRED
	RYANODEX	SUSR	PREFERRED	PA REQUIRED
	SKELAXIN	TABS	NON-PREFERRED	PA REQUIRED
	SOMA	TABS	NON-PREFERRED	PA REQUIRED
	TIZANIDINE HCL	CAPS	NON-PREFERRED	PA REQUIRED
	TIZANIDINE HCL	TABS	PREFERRED	-
	ZANAFLEX	CAPS	NON-PREFERRED	PA REQUIRED
	ZANAFLEX	TABS	NON-PREFERRED	PA REQUIRED
<b>NEUROMUSCULAR AGENTS : ALS AGENTS - BENZATHIAZOLES</b>	RILUTEK	TABS	NON-PREFERRED	PA REQUIRED
	RILUZOLE	TABS	PREFERRED	-
	TIGLUTIK	SUSP	NON-PREFERRED	PA REQUIRED
<b>NEUROMUSCULAR AGENTS : ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>	ENLON	SOLN	PREFERRED	PA REQUIRED
	GUANIDINE HCL	TABS	NON-PREFERRED	-
	MESTINON	SYRP	NON-PREFERRED	PA REQUIRED
	MESTINON	TABS	NON-PREFERRED	PA REQUIRED
	MESTINON TIMESPAN	TBCR	NON-PREFERRED	PA REQUIRED
	NEOSTIGMINE METHYLSULFATE	SOLN	PREFERRED	PA REQUIRED
	PYRIDOSTIGMINE BROMIDE	TABS	PREFERRED	-
	PYRIDOSTIGMINE BROMIDE ER	TBCR	PREFERRED	-
	REGONOL	SOLN	PREFERRED	PA REQUIRED
<b>OPHTHALMIC AGENTS : CYCLOPLEGIC MYDRIATICS</b>	ATROPINE SULFATE	OINT	PREFERRED	-
	ATROPINE SULFATE	SOLN	PREFERRED	-
	CYCLOGYL	SOLN	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>OPHTHALMIC AGENTS : CYCLOPLEGIC MYDRIATICS (CONT.)</b>	CYCLOMYDRIL	SOLN	PREFERRED	-
	CYCLOPENTOLATE HCL	SOLN	PREFERRED	-
	ISOPTO ATROPINE	SOLN	PREFERRED	-
	MYDRIACYL	SOLN	NON-PREFERRED	PA REQUIRED
	TROPICAMIDE	SOLN	PREFERRED	-
<b>OPHTHALMIC AGENTS : GLAUCOMA AGENTS</b>	ALPHAGAN P	SOLN	PREFERRED	-
	APRACLONIDINE	SOLN	NON-PREFERRED	-
	AZOPT	SUSP	PREFERRED	-
	BETAGAN	SOLN	NON-PREFERRED	PA REQUIRED
	BETAXOLOL HCL	SOLN	NON-PREFERRED	-
	BETOPTIC-S	SUSP	NON-PREFERRED	-
	BIMATOPROST	SOLN	NON-PREFERRED	-
	BRIMONIDINE TARTRATE	SOLN	PREFERRED	-
	CARTEOLOL HCL	SOLN	NON-PREFERRED	-
	COMBIGAN	SOLN	PREFERRED	-
	COSOPT	SOLN	NON-PREFERRED	PA REQUIRED
	COSOPT PF	SOLN	NON-PREFERRED	PA REQUIRED
	DORZOLAMIDE HCL	SOLN	PREFERRED	-
	DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	PREFERRED	-
	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE PF	SOLN	PREFERRED	-
	IOPIDINE	SOLN	NON-PREFERRED	PA REQUIRED
	IOPIDINE 1%	SOLN	NON-PREFERRED	-
	ISOPTO CARPINE	SOLN	NON-PREFERRED	PA REQUIRED
	ISTALOL	SOLN	NON-PREFERRED	PA REQUIRED
	LATANOPROST	SOLN	PREFERRED	-
	LEVOBUNOLOL HCL	SOLN	PREFERRED	-
	LUMIGAN	SOLN	NON-PREFERRED	-
	METIPRANOLOL	SOLN	NON-PREFERRED	-
	MIOCHOL-E	SOLR	NON-PREFERRED	-
	MIOSTAT	SOLN	NON-PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>OPHTHALMIC AGENTS : GLAUCOMA AGENTS (CONT.)</b>	<b>PHOSPHOLINE IODIDE</b>	SOLR	<b>NON-PREFERRED</b>	-
	<b>PILOCARPINE HCL</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>RHOPRESSA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>SIMBRINZA</b>	SUSP	<b>PREFERRED</b>	-
	<b>TIMOLOL MALEATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>TIMOLOL MALEATE OPHTHALMIC GEL FORMING</b>	SOLG	<b>PREFERRED</b>	-
	<b>TIMOPTIC</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TIMOPTIC OCUDOSE</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>TIMOPTIC-XE</b>	SOLG	<b>PREFERRED</b>	-
	<b>TRAVATAN Z</b>	SOLN	<b>PREFERRED</b>	-
	<b>TRUSOPT</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>VYZULTA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>XALATAN</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZIOPTAN</b>	SOLN	<b>NON-PREFERRED</b>	-
<b>OPHTHALMIC AGENTS : NONSTEROIDAL ANTI- INFLAMMATORY AGENTS</b>	<b>ACULAR</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACULAR LS</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ACUVAIL</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>BROMFENAC</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>BROMSITE</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>DICLOFENAC SODIUM</b>	SOLN	<b>PREFERRED</b>	-
	<b>FLURBIPROFEN SODIUM</b>	SOLN	<b>PREFERRED</b>	-
	<b>ILEVRO</b>	SUSP	<b>PREFERRED</b>	-
	<b>KETOROLAC TROMETHAMINE</b>	SOLN	<b>PREFERRED</b>	-
	<b>NEVANAC</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>PROLENSA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS</b>	<b>AK-POLY-BAC</b>	OINT	<b>NON-PREFERRED</b>
<b>AZASITE</b>		SOLN	<b>NON-PREFERRED</b>	-
<b>BACITRACIN</b>		OINT	<b>NON-PREFERRED</b>	-
<b>BACITRACIN/POLYMYXIN B</b>		OINT	<b>NON-PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS (CONT.)</b>	BESIVANCE	SUSP	NON-PREFERRED	-
	CILOXAN	OINT	NON-PREFERRED	-
	CILOXAN	SOLN	NON-PREFERRED	PA REQUIRED
	CIPROFLOXACIN HCL	SOLN	PREFERRED	-
	ERYTHROMYCIN	OINT	PREFERRED	-
	GATIFLOXACIN	SOLN	NON-PREFERRED	-
	GENTAK	OINT	NON-PREFERRED	-
	GENTAMICIN SULFATE	SOLN	PREFERRED	-
	LEVOFLOXACIN	SOLN	NON-PREFERRED	-
	MOXEZA	SOLN	PREFERRED	-
	MOXIFLOXACIN HYDROCHLORIDE	SOLN	NON-PREFERRED	-
	NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/BACITRACIN	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	NON-PREFERRED	-
	NEO-POLYCIN	OINT	NON-PREFERRED	-
	NEOSPORIN	SOLN	NON-PREFERRED	PA REQUIRED
	OCUFLOX	SOLN	NON-PREFERRED	PA REQUIRED
	OFLOXACIN	SOLN	PREFERRED	-
	POLYCIN	OINT	NON-PREFERRED	-
	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	PREFERRED	-
	POLYTRIM	SOLN	NON-PREFERRED	PA REQUIRED
	TOBRAMYCIN	SOLN	PREFERRED	-
	TOBRAMYCIN SULFATE	SOLN	PREFERRED	-
	TOBREX	OINT	NON-PREFERRED	-
	TOBREX	SOLN	NON-PREFERRED	PA REQUIRED
	TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	PREFERRED	-
	VIGAMOX	SOLN	PREFERRED	-
	ZYMAXID	SOLN	NON-PREFERRED	PA REQUIRED
<b>OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS - SULFONAMIDES</b>	<b>BLEPH-10</b>	SOLN	NON-PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS - SULFONAMIDES (CONT.)</b>	<b>SODIUM SULFACETAMIDE</b>	SOLN	<b>PREFERRED</b>	-
	<b>SULFACETAMIDE SODIUM</b>	OINT	<b>PREFERRED</b>	-
	<b>SULFACETAMIDE SODIUM</b>	SOLN	<b>PREFERRED</b>	-
<b>OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTIC- STEROID COMBINATIONS</b>	<b>BLEPHAMIDE</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>BLEPHAMIDE S.O.P.</b>	OINT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MAXITROL</b>	OINT	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>MAXITROL</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE</b>	OINT	<b>NON-PREFERRED</b>	-
	<b>NEOMYCIN/POLYMYXIN/DEXAMETHASONE</b>	OINT	<b>PREFERRED</b>	-
	<b>NEOMYCIN/POLYMYXIN/DEXAMETHASONE</b>	SUSP	<b>PREFERRED</b>	-
	<b>NEOMYCIN/POLYMYXIN/HYDROCORTISONE</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>NEO-POLYCIN HC</b>	OINT	<b>NON-PREFERRED</b>	-
	<b>PRED-G</b>	SUSP	<b>NON-PREFERRED</b>	-
	<b>PRED-G S.O.P.</b>	OINT	<b>NON-PREFERRED</b>	-
	<b>SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE</b>	SOLN	<b>PREFERRED</b>	-
	<b>TOBRADEX</b>	OINT	<b>PREFERRED</b>	-
	<b>TOBRADEX</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TOBRADEX ST</b>	SUSP	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>TOBRAMYCIN/DEXAMETHASONE</b>	SUSP	<b>PREFERRED</b>	-
	<b>ZYLET</b>	SUSP	<b>NON-PREFERRED</b>	-
<b>OPHTHALMIC AGENTS : OPHTHALMIC ANTIFUNGALS</b>	<b>NATACYN</b>	SUSP	<b>PREFERRED</b>	-
<b>OPHTHALMIC AGENTS : OPHTHALMIC ANTIVIRALS</b>	<b>TRIFLURIDINE</b>	SOLN	<b>PREFERRED</b>	-
	<b>VIROPTIC</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ZIRGAN</b>	GEL	<b>NON-PREFERRED</b>	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>OPHTHALMIC AGENTS : OPHTHALMIC IMMUNOMODULATORS</b>	RESTASIS	EMUL	PREFERRED	-
	RESTASIS MULTIDOSE	EMUL	PREFERRED	-
	XIIDRA	SOLN	NON-PREFERRED	PA REQUIRED
<b>OPHTHALMIC AGENTS : OPHTHALMIC LOCAL ANESTHETICS</b>	AKTEN	GEL	NON-PREFERRED	-
	PROPARACAINE HCL	SOLN	PREFERRED	-
	TETRACAINE HCL	SOLN	PREFERRED	-
<b>OPHTHALMIC AGENTS : OPHTHALMIC STEROIDS - TOPICAL</b>	ALREX	SUSP	NON-PREFERRED	-
	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	PREFERRED	-
	DUREZOL	EMUL	PREFERRED	-
	FLAREX	SUSP	NON-PREFERRED	-
	FLUOROMETHOLONE	SUSP	PREFERRED	-
	FML	OINT	NON-PREFERRED	-
	FML FORTE	SUSP	NON-PREFERRED	-
	FML LIQUIFILM	SUSP	NON-PREFERRED	PA REQUIRED
	LOTEMAX	GEL	NON-PREFERRED	-
	LOTEMAX	OINT	NON-PREFERRED	-
	LOTEMAX	SUSP	NON-PREFERRED	-
	MAXIDEX	SUSP	NON-PREFERRED	-
	OMNIPRED	SUSP	NON-PREFERRED	PA REQUIRED
	PRED FORTE	SUSP	NON-PREFERRED	PA REQUIRED
	PRED MILD	SUSP	NON-PREFERRED	-
	PREDNISOLONE ACETATE	SUSP	PREFERRED	-
	PREDNISOLONE SODIUM PHOSPHATE	SOLN	NON-PREFERRED	-
<b>OPHTHALMIC AGENTS : OPHTHALMICS - CYSTINOSIS AGENTS</b>	CYSTARAN	SOLN	PREFERRED	PA REQUIRED

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
OTIC AGENTS : OTIC ANALGESICS COMBINATIONS	CORTIC-ND	SOLN	PREFERRED	-
	CYOTIC	SOLN	PREFERRED	-
	PRAMOTIC	LIQD	PREFERRED	-
OTIC AGENTS : OTIC ANTI-INFECTIVES	CIPRO HC	SUSP	PREFERRED	-
	CIPRODEX	SUSP	PREFERRED	-
	CIPROFLOXACIN	SOLN	NON-PREFERRED	-
	COLY-MYCIN S	SUSP	NON-PREFERRED	-
	FLOXIN OTIC	SOLN	NON-PREFERRED	PA REQUIRED
	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLN	PREFERRED	-
	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	PREFERRED	-
	OFLOXACIN	SOLN	PREFERRED	-
	OTIPRIO	SUSP	NON-PREFERRED	-
	OTOVEL	SOLN	NON-PREFERRED	-
OTIC AGENTS : OTIC STEROIDS	ACETASOL HC	SOLN	PREFERRED	-
	DERMOTIC	OIL	NON-PREFERRED	PA REQUIRED
	FLAC	OIL	PREFERRED	-
	FLUOCINOLONE ACETONIDE	OIL	PREFERRED	-
	FLUOCINOLONE ACETONIDE EAR DROPS	OIL	PREFERRED	-
	HYDROCORTISONE/ACETIC ACID	SOLN	PREFERRED	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - NON-STIMULANTS	ATOMOXETINE	CAPS	PREFERRED	-
	ATOMOXETINE HYDROCHLORIDE	CAPS	PREFERRED	-
	CLONIDINE HCL ER	TB12	PREFERRED	-
	CLONIDINE HYDROCHLORIDE	TB12	PREFERRED	-
	GUANFACINE ER	TB24	PREFERRED	-
	GUANFACINE HYDROCHLORIDE	TB24	PREFERRED	-
	INTUNIV	TB24	NON-PREFERRED	PA REQUIRED
	KAPVAY	TB12	NON-PREFERRED	PA REQUIRED
	STRATTERA	CAPS	NON-PREFERRED	PA REQUIRED



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

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

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

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

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MOVEMENT DISORDERS (CONT.)</b>	<b>TETRABENAZINE</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>XENAZINE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MULTIPLE SCLEROSIS AGENTS</b>	<b>AMPYRA</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>AUBAGIO</b>	TABS	<b>NON-PREFERRED</b>	-
	<b>AVONEX</b>	KIT	<b>PREFERRED</b>	-
	<b>AVONEX</b>	PSKT	<b>PREFERRED</b>	-
	<b>AVONEX PEN</b>	AJKT	<b>PREFERRED</b>	-
	<b>BETASERON</b>	KIT	<b>PREFERRED</b>	-
	<b>COPAXONE</b>	SOSY	<b>PREFERRED</b>	-
	<b>DALFAMPRIDINE ER</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>EXTAVIA</b>	KIT	<b>NON-PREFERRED</b>	-
	<b>GILENYA</b>	CAPS	<b>PREFERRED</b>	-
	<b>GILENYA 0.25MG</b>	CAPS	<b>NON-PREFERRED</b>	-
	<b>GLATIRAMER ACETATE</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>GLATOPA</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>LEMTRADA</b>	SOLN	<b>NON-PREFERRED</b>	-
	<b>OCREVUS</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PLEGRIDY</b>	SOPN	<b>NON-PREFERRED</b>	-
	<b>PLEGRIDY</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>PLEGRIDY STARTER PACK</b>	SOPN	<b>NON-PREFERRED</b>	-
	<b>PLEGRIDY STARTER PACK</b>	SOSY	<b>NON-PREFERRED</b>	-
	<b>REBIF</b>	SOSY	<b>PREFERRED</b>	-
	<b>REBIF REBIDOSE</b>	SOAJ	<b>PREFERRED</b>	-
	<b>REBIF REBIDOSE TITRATION PACK</b>	SOAJ	<b>PREFERRED</b>	-
	<b>REBIF TITRATION PACK</b>	SOSY	<b>PREFERRED</b>	-
	<b>TECFIDERA</b>	CPDR	<b>PREFERRED</b>	-
	<b>TECFIDERA STARTER PACK</b>	MISC	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MULTIPLE SCLEROSIS AGENTS (CONT.)</b>	<b>TYSABRI</b>	CONC	<b>NON-PREFERRED</b>	-
	<b>ZINBRYTA</b>	SOSY	<b>NON-PREFERRED</b>	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : OTHER</b>	<b>ERGOLOID MESYLATES</b>	TABS	<b>PREFERRED</b>	-
	<b>GRALISE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GRALISE STARTER</b>	MISC	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>HORIZANT</b>	TBCR	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>LYRICA CR</b>	TB24	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>NUEDEXTA</b>	CAPS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>ORAP</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>PIMOZIDE</b>	TABS	<b>PREFERRED</b>	-
	<b>SAVELLA</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>SAVELLA TITRATION PACK</b>	MISC	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>XYREM</b>	SOLN	<b>NON-PREFERRED</b>	PA REQUIRED
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENENTS - NICOTINE REPLACEMENT PRODUCTS</b>	<b>COMMIT</b>	LOZG	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>GNP NICOTINE GUM</b>	GUM	<b>PREFERRED</b>	-
	<b>GNP NICOTINE MINI LOZENGE</b>	LOZG	<b>PREFERRED</b>	-
	<b>GNP NICOTINE POLACRILEX</b>	GUM	<b>PREFERRED</b>	-
	<b>GNP NICOTINE POLACRILEX</b>	LOZG	<b>PREFERRED</b>	-
	<b>GNP NICOTINE POLACRILEX MINI</b>	LOZG	<b>PREFERRED</b>	-
	<b>GNP NICOTINE TRANSDERMAL SYSTEM</b>	PT24	<b>PREFERRED</b>	-
	<b>GOODSENSE NICOTINE GUM</b>	GUM	<b>PREFERRED</b>	-
	<b>GOODSENSE NICOTINE POLACRILEX</b>	LOZG	<b>PREFERRED</b>	-
	<b>HM NICOTINE POLACRILEX</b>	GUM	<b>PREFERRED</b>	-
	<b>HM NICOTINE POLACRILEX</b>	LOZG	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENTS - NICOTINE REPLACEMENT PRODUCTS (CONT.)</b>	HM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	PREFERRED	-
	NICODERM CQ	PT24	NON-PREFERRED	PA REQUIRED
	NICORELIEF	GUM	PREFERRED	-
	NICORETTE	GUM	NON-PREFERRED	PA REQUIRED
	NICORETTE	LOZG	NON-PREFERRED	PA REQUIRED
	NICORETTE MINI	LOZG	NON-PREFERRED	PA REQUIRED
	NICORETTE STARTER KIT	GUM	NON-PREFERRED	PA REQUIRED
	NICOTINE	PT24	PREFERRED	-
	NICOTINE POLACRILEX	GUM	PREFERRED	-
	NICOTINE POLACRILEX	LOZG	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM	KIT	NON-PREFERRED	PA REQUIRED
	NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	PREFERRED	-
	NICOTROL INHALER	INHA	NON-PREFERRED	-
	NICOTROL NS	SOLN	NON-PREFERRED	-
	SM NICOTINE	GUM	PREFERRED	-
	SM NICOTINE	LOZG	PREFERRED	-
	SM NICOTINE POLACRILEX	GUM	PREFERRED	-
	SM NICOTINE POLACRILEX	LOZG	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	PT24	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR	PT24	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR	PT24	PREFERRED	-
	THRIVE	GUM	PREFERRED	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENTS - OTHER</b>	<b>BUPROPION HCL SR</b>	TB12	<b>PREFERRED</b>	-
	<b>CHANTIX</b>	TABS	<b>PREFERRED</b>	-
	<b>CHANTIX CONTINUING MONTH PAK</b>	TABS	<b>PREFERRED</b>	-
	<b>CHANTIX STARTING MONTH PAK</b>	TABS	<b>PREFERRED</b>	-
	<b>ZYBAN</b>	TB12	<b>NON-PREFERRED</b>	PA REQUIRED
<b>RESPIRATORY AGENTS - MISC : ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>	<b>ARALAST NP</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>GLASSIA</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>PROLASTIN-C</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
		SOLR	<b>PREFERRED</b>	PA REQUIRED
	<b>ZEMAIRA</b>	SOLR	<b>PREFERRED</b>	PA REQUIRED
<b>RESPIRATORY AGENTS - MISC : CYSTIC FIBROSIS AGENTS</b>	<b>KALYDECO</b>	PACK	<b>PREFERRED</b>	PA REQUIRED
	<b>KALYDECO</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>ORKAMBI</b>	PACK	<b>PREFERRED</b>	PA REQUIRED
	<b>ORKAMBI</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>PULMOZYME</b>	SOLN	<b>PREFERRED</b>	PA REQUIRED
	<b>SYMDEKO</b>	TBPK	<b>PREFERRED</b>	PA REQUIRED
<b>RESPIRATORY AGENTS - MISC : PULMONARY FIBROSING AGENTS</b>	<b>ESBRIET</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
	<b>ESBRIET</b>	TABS	<b>PREFERRED</b>	PA REQUIRED
	<b>OFEV</b>	CAPS	<b>PREFERRED</b>	PA REQUIRED
<b>SUBSTANCE USE DISORDER : ALCOHOL DETERRENTS</b>	<b>ACAMPROSATE CALCIUM DR</b>	TBEC	<b>PREFERRED</b>	-
	<b>ANTABUSE</b>	TABS	<b>NON-PREFERRED</b>	PA REQUIRED
	<b>DISULFIRAM</b>	TABS	<b>PREFERRED</b>	-
<b>SUBSTANCE USE DISORDER : OPIOID ANTAGONISTS</b>	<b>NALOXONE HCL</b>	SOCT	<b>PREFERRED</b>	-

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
<b>SUBSTANCE USE DISORDER : OPIOID ANTAGONISTS (CONT.)</b>	NALOXONE HCL	SOLN	PREFERRED	-
	NALOXONE HCL	SOSY	PREFERRED	-
	NALTREXONE HCL	TABS	PREFERRED	-
	NARCAN	LIQD	PREFERRED	-
	VIVITROL	SUSR	PREFERRED	-
<b>SUBSTANCE USE DISORDER : OPIOID PARTIAL AGONISTS</b>	BUNAVAIL	FILM	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE HCL	SUBL	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE HCL/NALOXONE HCL	SUBL	PREFERRED	-
	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLO	FILM	PREFERRED	-
	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLO	SUBL	PREFERRED	-
	PROBUPHINE IMPLANT KIT	IMPL	NON-PREFERRED	PA REQUIRED
	SUBLOCADE	SOSY	NON-PREFERRED	PA REQUIRED
	SUBOXONE	FILM	PREFERRED	-
ZUBSOLV	SUBL	NON-PREFERRED	PA REQUIRED	
<b>SUBSTANCE USE DISORDER : OTHER</b>	LUCEMYRA	TABS	NON-PREFERRED	PA REQUIRED
<b>VASOPRESSORS : MISC</b>	DOBUTAMINE HCL	SOLN	PREFERRED	-
	DOBUTAMINE HCL/D5W	SOLN	PREFERRED	-
	DOBUTAMINE HYDROCHLORIDE/DEXTROSE	SOLN	PREFERRED	-
	DOBUTAMINE/DEXTROSE 5%	SOLN	PREFERRED	-
	DOPAMINE HCL	SOLN	PREFERRED	-
	DOPAMINE HYDROCHLORIDE/DEXTROSE	SOLN	PREFERRED	-
	DOPAMINE/D5W	SOLN	PREFERRED	-
	EPHEDRINE SULFATE	SOLN	PREFERRED	-
	EPINEPHRINE HCL	SOLN	PREFERRED	-
	EPINEPHRINE HCL	SOSY	PREFERRED	-
	LEVOPHED	SOLN	PREFERRED	-
	MIDODRINE HCL	TABS	PREFERRED	-
	NOREPINEPHRINE BITARTRATE	SOLN	PREFERRED	-
	NORTHERA	CAPS	PREFERRED	-
	PHENYLEPHRINE HCL	SOLN	PREFERRED	PA REQUIRED