

Apple Health "Medicaid" Preferred Drug List
Effective January 1, 2020

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 preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred. Drugs may also have additional clinical criteria that is required for approval, these drugs are indicated with PA Required in the PA status column. Drugs with and X in the Preferred Status column are covered through the medical benefit only. Drugs with SON (Second Opinion Network) limits may be subject to review by an agency-designated mental health specialist from the Second Opinion Network. Drugs marked as MCO carve out are managed by the Fee For Service program and are excluded from managed care responsibility.

APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS	
ADHD / ANTI-NARCOLEPSY : NON-STIMULANTS	ATOMOXETINE HCL	ATOMOXETINE	CAPS	OR	-	PREFERRED	-	YES	
		STRATTERA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	CLONIDINE HCL (ADHD)	CLONIDINE HCL ER	TB12	OR	-	PREFERRED	-	YES	
		KAPVAY	TB12	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	GUANFACINE HCL (ADHD)	GUANFACINE ER	TB24	OR	-	PREFERRED	-	YES	
INTUNIV		TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES		
ADHD / ANTI-NARCOLEPSY : STIMULANTS - LONG ACTING	AMPHETAMINE	ADZENYS ER	SUER	OR	-	NON-PREFERRED	-	YES	
		ADZENYS XR-ODT	TBED	OR	-	NON-PREFERRED	-	YES	
		AMPHETAMINE ER	SUER	OR	-	NON-PREFERRED	-	YES	
		DYANAVEL XR	SUER	OR	-	NON-PREFERRED	-	YES	
	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL XR	CP24	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		AMPHETAMINE/DEXTROAMPHETAMINE	CP24	OR	-	PREFERRED	-	YES	
		MYDAYIS	CP24	OR	-	NON-PREFERRED	-	YES	
	DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL ER	CP24	OR	-	PREFERRED	-	YES	
		FOCALIN XR	CP24	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	DEXTROAMPHETAMINE SULFATE	DEXEDRINE	CP24	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		DEXTROAMPHETAMINE SULFATE ER	CP24	OR	-	PREFERRED	-	YES	
	LISDEXAMFETAMINE DIMESYLATE	VYVANSE	CAPS	OR	-	PREFERRED	-	YES	
		VYVANSE	CHEW	OR	-	PREFERRED	-	YES	
	METHYLPHENIDATE	COTEMPLA XR-ODT	TBED	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		DAYTRANA	PTCH	TD	-	NON-PREFERRED	PA REQUIRED	YES	
	METHYLPHENIDATE HCL	ADHANSIA XR	CP24	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		APTENSIO XR	CP24	OR	-	PREFERRED	-	YES	
		CONCERTA	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		JORNAY PM	CP24	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		METADATE ER	TBCR	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE CD	CPCR	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE ER	CP24	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE ER	TB24	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE ER	TBCR	OR	-	NON-PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE ER 72MG	TBCR	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE ER (LA)	CP24	OR	-	PREFERRED	-	YES	
		QUILLICHEW ER	CHER	OR	-	PREFERRED	-	YES	
		QUILLIVANT XR	SUSR	OR	-	PREFERRED	-	YES	
		RELEXXII	TBCR	OR	-	NON-PREFERRED	-	YES	
	RITALIN LA	CP24	OR	-	NON-PREFERRED	PA REQUIRED	YES		
	ADHD / ANTI-NARCOLEPSY : STIMULANTS - MISC	ARMODAFINIL	ARMODAFINIL	TABS	OR	-	PREFERRED	PA REQUIRED	YES
			NUVIGIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
METHAMPHETAMINE HCL		DESOXYN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		METHAMPHETAMINE HCL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
MODAFINIL		MODAFINIL	TABS	OR	-	PREFERRED	PA REQUIRED	YES	
	PROVIGIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES		

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ADHD / ANTI-NARCOLEPSY : STIMULANTS - SHORT ACTING	AMPHETAMINE SULFATE	AMPHETAMINE SULFATE	TABS	OR	-	NON-PREFERRED	-	YES	
		EVEKEO	TABS	OR	-	NON-PREFERRED	-	YES	
		EVEKEO ODT	TBDP	OR	-	NON-PREFERRED	-	YES	
	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		AMPHETAMINE/DEXTROAMPHETAMINE	TABS	OR	-	PREFERRED	-	YES	
	DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	TABS	OR	-	PREFERRED	-	YES	
		FOCALIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	DEXTROAMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	SOLN	OR	-	NON-PREFERRED	-	YES	
		DEXTROAMPHETAMINE SULFATE	TABS	OR	-	NON-PREFERRED	-	YES	
		PROCENTRA	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		ZENZEDI	TABS	OR	-	NON-PREFERRED	-	YES	
	METHYLPHENIDATE HCL	METHYLIN	SOLN	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE	CHEW	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE	SOLN	OR	-	PREFERRED	-	YES	
		METHYLPHENIDATE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	YES	
		RITALIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	ALLERGY : ALLERGENIC EXTRACTS / BIOLOGICALS - ORAL	DUST MITE MIXED ALLERGEN EXTRACT	ODACTRA	SUBL	SL	-	PREFERRED	PA REQUIRED	-
GRASS MIXED POLLENS ALLERGEN EXTRACT			ORALAIR	SUBL	SL	-	PREFERRED	PA REQUIRED	-
ORALAIR ADULT SAMPLE KIT		ORALAIR ADULT STARTER PACK	SUBL	SL	-	PREFERRED	PA REQUIRED	-	
		ORALAIR CHILDREN/ADOLESCENTS SAMPLE KIT	THPK	SL	-	PREFERRED	PA REQUIRED	-	
		ORALAIR CHILDREN/ADOLESCENTS STARTER PACK	SUBL	SL	-	PREFERRED	PA REQUIRED	-	
PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP		PALFORZIA INITIAL DOSE ESCALATION	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 1	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 10	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 11 (MAINTENANCE)	PACK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 11 (TITRATION)	PACK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 2	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 3	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 4	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 5	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 6	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 7	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 8	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
		PALFORZIA LEVEL 9	CSPK	OR	-	PREFERRED	PA REQUIRED	-	
SHORT RAGWEED POLLEN ALLERGEN EXTRACT		RAGWITEK	SUBL	SL	-	PREFERRED	PA REQUIRED	-	
TIMOTHY GRASS POLLEN ALLERGEN EXTRACT		GRASTEK	SUBL	SL	-	PREFERRED	PA REQUIRED	-	
ALLERGY : ANAPHYLAXIS - VASOPRESSOR SELF-INJECTABLES		EPINEPHRINE (ANAPHYLAXIS)	ADRENALIN	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
			ADYPHREN AMP KIT	KIT	IJ	-	NON-PREFERRED	PA REQUIRED	-
			ADYPHREN KIT	KIT	IJ	-	NON-PREFERRED	PA REQUIRED	-
			AUVI-Q	SOAJ	IJ	-	NON-PREFERRED	PA REQUIRED	-
			EPINEPHRINE	SOAJ	IJ	-	NON-PREFERRED	PA REQUIRED	-

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ALLERGY : ANAPHYLAXIS - VASOPRESSOR SELF-INJECTABLES CONT.		EPINEPHRINE (MYLAN)	SOAJ	IJ	-	PREFERRED	-	-
		EPINEPHRINE PROFESSIONAL	KIT	IJ	-	PREFERRED	-	-
		EPINEPHRINESNAP-EMS	KIT	IJ	-	PREFERRED	-	-
		EPINEPHRINESNAP-V	KIT	IJ	-	NON-PREFERRED	PA REQUIRED	-
		EPIPEN 2-PAK	SOAJ	IJ	-	NON-PREFERRED	PA REQUIRED	-
		EPIPEN-JR 2-PAK	SOAJ	IJ	-	NON-PREFERRED	PA REQUIRED	-
		EPISNAP	KIT	IJ	-	NON-PREFERRED	PA REQUIRED	-
		SYMJEPI	SOSY	IJ	-	NON-PREFERRED	PA REQUIRED	-
ALLERGY : NASAL ANTIHISTAMINES	AZELASTINE HCL	AZELASTINE HCL	SOLN	NA	-	PREFERRED	-	-
		AZELASTINE HYDROCHLORIDE	SOLN	NA	-	PREFERRED	-	-
	AZELASTINE HCL-FLUTICASONE PROPIONATE	AZELASTINE HYDROCHLORIDE/FLUTICASONE PROPIONATE	SUSP	NA	-	NON-PREFERRED	-	-
		DERMACINRX AZENASE PAK	THPK	NA	-	NON-PREFERRED	PA REQUIRED	-
		DYMISTA	SUSP	NA	-	NON-PREFERRED	-	-
	AZELASTINE HCL-FLUTICASONE PROPIONATE-SODIUM CHLORIDE	TICALAST	KIT	NA	-	NON-PREFERRED	PA REQUIRED	-
OLOPATADINE HCL (NASAL)	OLOPATADINE HCL	SOLN	NA	-	NON-PREFERRED	-	-	
	PATANASE	SOLN	NA	-	NON-PREFERRED	PA REQUIRED	-	
ANALGESICS - ANTIINFLAMMATORY : ANTIRHEUMATIC AGENTS	METHOTREXATE	XATMEP	SOLN	OR	-	PREFERRED	-	-
	METHOTREXATE (ANTIRHEUMATIC)	OTREXUP	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
		RASUVO	SOAJ	SC	-	PREFERRED	-	-
	METHOTREXATE SODIUM	METHOTREXATE	SOLN	IJ	-	PREFERRED	-	-
		METHOTREXATE	TABS	OR	-	PREFERRED	-	-
		METHOTREXATE SODIUM	SOLN	IJ	-	PREFERRED	-	-
		METHOTREXATE SODIUM	SOLR	IJ	-	PREFERRED	-	-
	TREXALL	TABS	OR	-	PREFERRED	-	-	
ANALGESICS : OPIOID AGONISTS - LONG ACTING	FENTANYL	DURAGESIC	PT72	TD	-	NON-PREFERRED	PA REQUIRED	-
		FENTANYL 37.5MG	PT72	TD	-	NON-PREFERRED	-	-
		FENTANYL 62.5MG	PT72	TD	-	NON-PREFERRED	-	-
		FENTANYL 87.5MG	PT72	TD	-	NON-PREFERRED	-	-
		FENTANYL	PT72	TD	-	PREFERRED	-	-
	HYDROCODONE BITARTRATE	HYDROCODONE BITARTRATE ER	C12A	OR	-	NON-PREFERRED	-	-
		HYSINGLA ER	T24A	OR	-	NON-PREFERRED	-	-
		ZOHYDRO ER	C12A	OR	-	NON-PREFERRED	-	-
	HYDROMORPHONE HCL	HYDROMORPHONE HCL ER	T24A	OR	-	NON-PREFERRED	-	-
	METHADONE HCL	DOLOPHINE	TABS	OR	-	NON-PREFERRED	-	-
		METHADONE HCL	CONC	OR	-	NON-PREFERRED	-	-
		METHADONE HCL	SOLN	IJ	-	NON-PREFERRED	-	-
		METHADONE HCL	SOLN	OR	-	NON-PREFERRED	-	-
		METHADONE HCL	TABS	OR	-	NON-PREFERRED	-	-
		METHADONE HCL	TBSO	OR	-	NON-PREFERRED	-	-
		METHADOSE	CONC	OR	-	NON-PREFERRED	-	-
		METHADOSE	TBSO	OR	-	NON-PREFERRED	-	-
		METHADOSE SUGAR-FREE	CONC	OR	-	NON-PREFERRED	-	-
	MORPHINE SULFATE	ARYMO ER	TBEA	OR	-	NON-PREFERRED	-	-
		KADIAN	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-
		MORPHABOND ER	T12A	OR	-	NON-PREFERRED	-	-
		MORPHINE SULFATE CR	TBCR	OR	-	PREFERRED	-	-

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ANALGESICS : OPIOID AGONISTS - LONG ACTING CONT.		MORPHINE SULFATE ER	CP24	OR	-	NON-PREFERRED	-	-
		MORPHINE SULFATE ER	TBCR	OR	-	PREFERRED	-	-
		MS CONTIN	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-
	MORPHINE SULFATE BEADS	MORPHINE SULFATE ER	CP24	OR	-	NON-PREFERRED	-	-
	MORPHINE-NALTREXONE	EMBEDA	CPCR	OR	-	NON-PREFERRED	-	-
	OXYCODONE	XTAMPZA ER	C12A	OR	-	NON-PREFERRED	-	-
	OXYCODONE HCL	OXYCODONE HCL ER	T12A	OR	-	NON-PREFERRED	-	-
		OXYCONTIN	T12A	OR	-	NON-PREFERRED	-	-
	OXYMORPHONE HCL	OXYMORPHONE HYDROCHLORIDE ER	TB12	OR	-	PREFERRED	-	-
	TAPENTADOL HCL	NUCYNTA ER	TB12	OR	-	NON-PREFERRED	-	-
	TRAMADOL HCL	CONZIP	CP24	OR	-	NON-PREFERRED	-	-
		TRAMADOL HCL ER	CP24	OR	-	NON-PREFERRED	-	-
		TRAMADOL HCL ER (BIPHASIC RELEASE)	TB24	OR	-	NON-PREFERRED	-	-
		TRAMADOL HCL ER	TB24	OR	-	PREFERRED	-	-
ANALGESICS : OPIOID AGONISTS - SHORT ACTING	ACETAMINOPHEN W/ CODEINE	ACETAMINOPHEN/CODEINE	SOLN	OR	-	PREFERRED	-	-
		ACETAMINOPHEN/CODEINE	TABS	OR	-	PREFERRED	-	-
		ACETAMINOPHEN/CODEINE PHOSPHATE	TABS	OR	-	PREFERRED	-	-
		TYLENOL/CODEINE #3	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TYLENOL/CODEINE #4	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ACETAMINOPHEN-CAFF-DIHYDROCOD	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	CAPS	OR	-	NON-PREFERRED	-	-
		ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	TABS	OR	-	PREFERRED	-	-
		DVORAH	TABS	OR	-	NON-PREFERRED	-	-
		TREZIX	CAPS	OR	-	NON-PREFERRED	-	-
	BENZHYDROCODONE HCL-ACETAMINOPHEN	APADAZ	TABS	OR	-	NON-PREFERRED	-	-
		BENZHYDROCODONE/ACETAMINOPHEN	TABS	OR	-	NON-PREFERRED	-	-
	BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	OR	-	PREFERRED	-	-
		FIORICET/CODEINE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	BUTALBITAL-ASPIRIN-CAFFEINE W/COD	ASCOMP/CODEINE	CAPS	OR	-	PREFERRED	-	-
		BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	OR	-	PREFERRED	-	-
		FIORINAL/CODEINE #3	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	BUTORPHANOL TARTRATE	BUTORPHANOL TARTRATE	SOLN	NA	-	NON-PREFERRED	-	-
	CODEINE SULFATE	CODEINE SULFATE	TABS	OR	-	PREFERRED	-	-
	FENTANYL	SUBSYS	LIQD	SL	-	NON-PREFERRED	-	-
	FENTANYL CITRATE	ABSTRAL	SUBL	SL	-	NON-PREFERRED	-	-
		ACTIQ	LPOP	BU	-	NON-PREFERRED	-	-
		FENTANYL CITRATE	TABS	BU	-	NON-PREFERRED	-	-
		FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	BU	-	NON-PREFERRED	-	-
		FENTORA	TABS	BU	-	NON-PREFERRED	-	-
		LAZANDA	SOLN	NA	-	NON-PREFERRED	-	-
	FENTANYL HCL	IONSYS	PTCH	TD	-	X	-	-
	HYDROCODONE-ACETAMINOPHEN	HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	OR	-	PREFERRED	-	-
		HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	OR	-	PREFERRED	-	-
		LORCET	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LORCET HD	TABS	OR	-	PREFERRED	-	-
		LORCET PLUS	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LORTAB	ELIX	OR	-	NON-PREFERRED	-	-
		NORCO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-

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

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ANORECTAL AGENTS : RECTAL ANESTHETIC / STEROID COMBINATIONS CONT.	LIDOCAINE-HYDROCORTISONE ACETATE (RECTAL)	ANA-LEX	KIT	RE	-	NON-PREFERRED	PA REQUIRED	-
		LIDOCAINE HCL/HYDROCORTISONE ACETATE	CREA	EX	-	PREFERRED	-	-
		LIDOCAINE HCL/HYDROCORTISONE ACETATE	KIT	RE	-	NON-PREFERRED	PA REQUIRED	-
		LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	GEL	RE	-	NON-PREFERRED	PA REQUIRED	-
ANORECTAL AGENTS : RECTAL STEROIDS	BUDESONIDE (INTRARECTAL)	UCERIS	FOAM	RE	-	NON-PREFERRED	PA REQUIRED	-
		HYDROCORTISONE (INTRARECTAL)	COLOCORT	ENEM	RE	-	PREFERRED	-
		CORTENEMA	ENEM	RE	-	NON-PREFERRED	PA REQUIRED	-
		HYDROCORTISONE	ENEM	RE	-	PREFERRED	-	-
	HYDROCORTISONE (RECTAL)	ANUSOL-HC	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		HYDROCORTISONE	CREA	EX	-	PREFERRED	-	-
		PROCTOCARE-HC	CREA	EX	-	PREFERRED	-	-
		PROCTOCORT	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		PROCTO-MED HC	CREA	EX	-	PREFERRED	-	-
		PROCTO-PAK	CREA	EX	-	PREFERRED	-	-
		PROCTOSOL HC	CREA	EX	-	PREFERRED	-	-
		PROCTOZONE-HC	CREA	EX	-	PREFERRED	-	-
	HYDROCORTISONE ACETATE (INTRARECTAL)	CORTIFOAM	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
	ANORECTAL AGENTS : VASODILATING AGENTS	NITROGLYCERIN (INTRA-ANAL)	RECTIV	OINT	RE	-	PREFERRED	PA REQUIRED
ANTIANSXIETY AGENTS : BENZODIAZEPINES	ALPRAZOLAM	ALPRAZOLAM	TABS	OR	-	PREFERRED	-	YES
		ALPRAZOLAM ER	TB24	OR	-	NON-PREFERRED	-	YES
		ALPRAZOLAM INTENSOL	CONC	OR	-	NON-PREFERRED	-	YES
		ALPRAZOLAM ODT	TBDP	OR	-	NON-PREFERRED	-	YES
		ALPRAZOLAM XR	TB24	OR	-	NON-PREFERRED	-	YES
		XANAX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		XANAX XR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
	CHLORDIAZEPOXIDE HCL	CHLORDIAZEPOXIDE HCL	CAPS	OR	-	PREFERRED	-	YES
	CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	TABS	OR	-	PREFERRED	-	YES
		TRANXENE T	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	DIAZEPAM	DIAZEPAM	CONC	OR	-	PREFERRED	-	YES
		DIAZEPAM	SOAJ	IM	-	PREFERRED	-	YES
		DIAZEPAM	SOLN	IJ	-	PREFERRED	-	YES
		DIAZEPAM	SOLN	OR	-	PREFERRED	-	YES
		DIAZEPAM	TABS	OR	-	PREFERRED	-	YES
		VALIUM	TABS	OR	-	PREFERRED	-	YES
			ATIVAN	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED
	LORAZEPAM	ATIVAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LORAZEPAM	CONC	OR	-	PREFERRED	-	YES
		LORAZEPAM	SOLN	IJ	-	PREFERRED	-	YES
		LORAZEPAM	TABS	OR	-	PREFERRED	-	YES
LORAZEPAM		CAPS	OR	-	NON-PREFERRED	-	YES	
ANTIANSXIETY AGENTS : MISC	BUSPIRONE HCL	BUSPIRONE HCL	TABS	OR	-	PREFERRED	-	YES
	DROPERIDOL	DROPERIDOL	SOLN	IJ	-	PREFERRED	-	YES
	HYDROXYZINE HCL	HYDROXYZINE HCL	SOLN	IM	-	PREFERRED	-	YES
		HYDROXYZINE HCL	SYRP	OR	-	PREFERRED	-	YES
		HYDROXYZINE HCL	TABS	OR	-	PREFERRED	-	YES
	HYDROXYZINE PAMOATE	HYDROXYZINE PAMOATE	CAPS	OR	-	PREFERRED	-	YES
		VISTARIL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES

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ANTI-ANXIETY AGENTS : MISC CONT.	MEPROBAMATE	MEPROBAMATE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
ANTIBIOTICS : AMINOGLYCOSIDES - INHALED	AMIKACIN SULFATE LIPOSOME	ARIKAYCE	SUSP	IN	-	NON-PREFERRED	PA REQUIRED	-
	TOBRAMYCIN	BETHKIS	NEBU	IN	-	PREFERRED	PA REQUIRED	-
		KITABIS PAK	NEBU	IN	-	PREFERRED	PA REQUIRED	-
		TOBI	NEBU	IN	-	NON-PREFERRED	PA REQUIRED	-
		TOBI PODHALER	CAPS	IN	-	PREFERRED	PA REQUIRED	-
		TOBRAMYCIN	NEBU	IN	-	NON-PREFERRED	PA REQUIRED	-
ANTIBIOTICS : AMINOGLYCOSIDES - ORAL	NEOMYCIN SULFATE	NEOMYCIN SULFATE	TABS	OR	-	PREFERRED	-	-
	PAROMOMYCIN SULFATE	PAROMOMYCIN SULFATE	CAPS	OR	-	PREFERRED	-	-
ANTIBIOTICS : AMINOPENICILLINS - INJECTABLE	AMPICILLIN SODIUM	AMPICILLIN SODIUM	SOLR	IJ	-	PREFERRED	-	-
		AMPICILLIN SODIUM	SOLR	IV	-	PREFERRED	-	-
ANTIBIOTICS : AMINOPENICILLINS - ORAL	AMOXICILLIN	AMOXICILLIN	CAPS	OR	-	PREFERRED	-	-
		AMOXICILLIN	CHEW	OR	-	PREFERRED	-	-
		AMOXICILLIN	SUSR	OR	-	PREFERRED	-	-
		AMOXICILLIN	TABS	OR	-	PREFERRED	-	-
	AMPICILLIN	AMPICILLIN	CAPS	OR	-	PREFERRED	-	-
ANTIBIOTICS : ANTI-INFECTIVE AGENTS - MISC - INHALED	PENTAMIDINE ISETHIONATE	NEBUPENT	SOLR	IN	-	PREFERRED	PA REQUIRED	-
		PENTAMIDINE ISETHIONATE	SOLR	IN	-	PREFERRED	PA REQUIRED	-
ANTIBIOTICS : ANTI-INFECTIVE AGENTS - MISC - ORAL	METRONIDAZOLE	FLAGYL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FLAGYL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		METRONIDAZOLE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		METRONIDAZOLE	TABS	OR	-	PREFERRED	-	-
	METRONIDAZOLE BENZOATE	FIRST-METRONIDAZOLE 100	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		FIRST-METRONIDAZOLE 50	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		METRONIDAZOLE BENZOATE/SYRSPEND SF PH4	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
	MILTEFOSINE	IMPAVIDO	CAPS	OR	-	NON-PREFERRED	-	-
	RIFAMYCIN SODIUM	AEMCOLO	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
	RIFAXIMIN	XIFAXAN	TABS	OR	-	PREFERRED	PA REQUIRED	-
TINIDAZOLE	TINIDAZOLE	TABS	OR	-	PREFERRED	-	-	
ANTIBIOTICS : ANTIMYCOBACTERIAL AGENTS - ORAL	AMINOSALICYLIC ACID	PASER	PACK	OR	-	NON-PREFERRED	-	-
	BEDAQUILINE FUMARATE	SIRTURO	TABS	OR	-	PREFERRED	-	-
	CYCLOSERINE	CYCLOSERINE	CAPS	OR	-	PREFERRED	-	-
	ETHAMBUTOL HCL	ETHAMBUTOL HCL	TABS	OR	-	PREFERRED	-	-
		MYAMBUTOL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ETHIONAMIDE	TRECTOR	TABS	OR	-	PREFERRED	-	-
	ISONIAZID	ISONIAZID	SYRP	OR	-	PREFERRED	-	-
		ISONIAZID	TABS	OR	-	PREFERRED	-	-
	ISONIAZID & RIFAMPIN	RIFAMATE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ISONIAZID-RIFAMPIN W/ PYRAZINAMIDE	RIFATER	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	PRETOMANID	PRETOMANID	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	PYRAZINAMIDE	PYRAZINAMIDE	TABS	OR	-	PREFERRED	-	-
	RIFABUTIN	MYCOBUTIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		RIFABUTIN	CAPS	OR	-	PREFERRED	-	-
	RIFAMPIN	RIFADIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		RIFAMPIN	CAPS	OR	-	PREFERRED	-	-
		RIFAMPIN/SYRSPEND SF PH4	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
	RIFAPENTINE	PRIFTIN	TABS	OR	-	PREFERRED	-	-

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

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ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION - INJECTABLE CONT.	CEFTRIAZONE SODIUM IN DEXTROSE	CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION - ORAL	CEFDINIR	CEFDINIR	CAPS	OR	-	PREFERRED	-	-
		CEFDINIR	SUSR	OR	-	PREFERRED	-	-
	CEFDITOREN PIVOXIL	CEFDITOREN PIVOXIL	TABS	OR	-	PREFERRED	-	-
		SPECTRACEF	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	CEFIXIME	CEFIXIME	CAPS	OR	-	PREFERRED	-	-
		CEFIXIME	SUSR	OR	-	PREFERRED	-	-
		SUPRAX	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SUPRAX	CHEW	OR	-	PREFERRED	-	-
	CEFPODOXIME PROXETIL	SUPRAX 500MG/5ML	SUSR	OR	-	NON-PREFERRED	-	-
		SUPRAX	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
CEFPODOXIME PROXETIL		SUSR	OR	-	PREFERRED	-	-	
CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL	TABS	OR	-	PREFERRED	-	-	
	CEFPODOXIME PROXETIL	TABS	OR	-	PREFERRED	-	-	
ANTIBIOTICS : CEPHALOSPORINS - 4TH GENERATION - INJECTABLE	CEFEPIME HCL	CEFEPIME	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		CEFEPIME	SOLR	IJ	-	PREFERRED	PA REQUIRED	-
		MAXIPIME	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
		MAXIPIME	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	CEFEPIME HCL-DEXTROSE	CEFEPIME/DEXTROSE	SOLR	IV	-	PREFERRED	PA REQUIRED	-
ANTIBIOTICS : CEPHALOSPORINS - OTHER - INJECTABLE	CEFIDEROCOL SULFATE TOSYLATE	FETROJA	SOLR	IV	-	PREFERRED	PA REQUIRED	-
ANTIBIOTICS : FLUOROQUINOLONES - ORAL	CIPROFLOXACIN	CIPRO	SUSR	OR	-	PREFERRED	-	-
		CIPROFLOXACIN	SUSR	OR	-	PREFERRED	-	-
	CIPROFLOXACIN HCL	CIPRO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		CIPROFLOXACIN HCL	TABS	OR	-	PREFERRED	-	-
	CIPROFLOXACIN-CIPROFLOXACIN HCL	CIPROFLOXACIN ER	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	DELAFLORACIN MEGLUMINE	BAXDELA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	LEVOFLOXACIN	LEVAQUIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LEVOFLOXACIN	SOLN	OR	-	NON-PREFERRED	-	-
		LEVOFLOXACIN	TABS	OR	-	PREFERRED	-	-
	MOXIFLOXACIN HCL	AVELOX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
MOXIFLOXACIN HYDROCHLORIDE		TABS	OR	-	NON-PREFERRED	-	-	
OFLOXACIN	OFLOXACIN	TABS	OR	-	NON-PREFERRED	-	-	
ANTIBIOTICS : GLYCOPEPTIDES - ORAL	VANCOMYCIN HCL	FIRST-VANCOMYCIN 25	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		FIRST-VANCOMYCIN 50	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		FIRVANQ	SOLR	OR	-	PREFERRED	-	-
		VANOCIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VANOCIN HCL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VANCOMYCIN HCL + SYRSPENDSF PH4	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		VANCOMYCIN HYDROCHLORIDE	CAPS	OR	-	PREFERRED	-	-
		VANCOMYCIN HYDROCHLORIDE	SOLR	OR	-	PREFERRED	-	-
ANTIBIOTICS : LEPROSTATICS - ORAL	DAPSONE	DAPSONE	TABS	OR	-	PREFERRED	-	-
ANTIBIOTICS : LINCOSAMIDES - ORAL	CLINDAMYCIN HCL	CLEOCIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		CLINDAMYCIN HCL	CAPS	OR	-	PREFERRED	-	-
	CLINDAMYCIN PALMITATE HYDROCHLORIDE	CLEOCIN PEDIATRIC GRANULES	SOLR	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIBIOTICS : MACROLIDES - ORAL	AZITHROMYCIN	CLINDAMYCIN PALMITATE HCL	SOLR	OR	-	PREFERRED	-	-
		AZITHROMYCIN	PACK	OR	-	PREFERRED	PA REQUIRED	-
ANTIBIOTICS : MACROLIDES - ORAL	AZITHROMYCIN	AZITHROMYCIN	SUSR	OR	-	PREFERRED	-	-

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ANTIBIOTICS : MACROLIDES - ORAL CONT.		AZITHROMYCIN	TABS	OR	-	PREFERRED	-	-	
		ZITHROMAX	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ZITHROMAX	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ZITHROMAX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ZITHROMAX TRI-PAK	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	CLARITHROMYCIN	CLARITHROMYCIN	SUSR	OR	-	PREFERRED	-	-	
		CLARITHROMYCIN	TABS	OR	-	PREFERRED	-	-	
		CLARITHROMYCIN ER	TB24	OR	-	NON-PREFERRED	-	-	
	ERYTHROMYCIN BASE	ERY-TAB	TBEC	OR	-	PREFERRED	-	-	
		ERYTHROMYCIN	CPEP	OR	-	PREFERRED	-	-	
		ERYTHROMYCIN BASE	TABS	OR	-	NON-PREFERRED	-	-	
		ERYTHROMYCIN DR	TBEC	OR	-	PREFERRED	-	-	
	ERYTHROMYCIN ETHYLSUCCINATE	E.E.S. 400	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		E.E.S. GRANULES	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ERYPED 200	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ERYPED 400	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ERYTHROMYCIN ETHYLSUCCINATE	SUSR	OR	-	PREFERRED	-	-	
		ERYTHROMYCIN ETHYLSUCCINATE	TABS	OR	-	PREFERRED	-	-	
	ERYTHROMYCIN STEARATE	ERYTHROCIN STEARATE	TABS	OR	-	NON-PREFERRED	-	-	
		ERYTHROMYCIN STEARATE	TABS	OR	-	NON-PREFERRED	-	-	
	FIDAXOMICIN	DIFICID	TABS	OR	-	NON-PREFERRED	-	-	
	ANTIBIOTICS : MONOBACTAMS - INHALED	AZTREONAM LYSINE	CAYSTON	SOLR	IN	-	PREFERRED	PA REQUIRED	-
	ANTIBIOTICS : NATURAL PENICILLINS - INJECTABLE	PENICILLIN G BENZATHINE	BICILLIN L-A	SUSP	IM	-	PREFERRED	PA REQUIRED	-
	PENICILLIN G POT IN DEXTROSE	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
	PENICILLIN G POTASSIUM	PENICILLIN G POTASSIUM	SOLR	IJ	-	PREFERRED	PA REQUIRED	-	
		PFIZERPEN	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-	
	PENICILLIN G PROCAINE	PENICILLIN G PROCAINE	SUSP	IM	-	PREFERRED	PA REQUIRED	-	
	PENICILLIN G SODIUM	PENICILLIN G SODIUM	SOLR	IJ	-	PREFERRED	PA REQUIRED	-	
ANTIBIOTICS : NATURAL PENICILLINS - ORAL	PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	SOLR	OR	-	PREFERRED	-	-	
		PENICILLIN V POTASSIUM	TABS	OR	-	PREFERRED	-	-	
ANTIBIOTICS : OXAZOLIDINONES - ORAL	LINEZOLID	LINEZOLID	SUSR	OR	-	PREFERRED	-	-	
		LINEZOLID	TABS	OR	-	PREFERRED	-	-	
		ZYVOX	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ZYVOX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	TEDIZOLID PHOSPHATE	SIVEXTRO	TABS	OR	-	NON-PREFERRED	-	-	
ANTIBIOTICS : PENICILLIN COMBINATIONS - INJECTABLE	AMPICILLIN & SULBACTAM SODIUM	AMPICILLIN-SULBACTAM	SOLR	IJ	-	PREFERRED	PA REQUIRED	-	
		AMPICILLIN-SULBACTAM	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
		UNASYN	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-	
		UNASYN BULK PACK	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-	
	PENICILLIN G BENZATHINE & PROCAINE	BICILLIN C-R	SUSP	IM	-	PREFERRED	PA REQUIRED	-	
	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM	PIPERACILLIN SODIUM/ TAZOBACTAM SODIUM	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
		ZOSYN	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-	
	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM IN DEXTROSE	ZOSYN	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
ANTIBIOTICS : PENICILLIN COMBINATIONS - ORAL	AMOXICILLIN & POT CLAVULANATE	AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	OR	-	PREFERRED	-	-	
		AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	OR	-	PREFERRED	-	-	
		AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	OR	-	PREFERRED	-	-	

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ANTIBIOTICS : PENICILLIN COMBINATIONS - ORAL CONT.		AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	OR	-	PREFERRED	-	-	
		AUGMENTIN	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		AUGMENTIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		AUGMENTIN ES-600	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTIBIOTICS : PENICILLINASE-RESISTANT PENICILLINS - ORAL	DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM	CAPS	OR	-	PREFERRED	-	-	
ANTIBIOTICS : SULFONAMIDES - INJECTABLE	SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFAMETHOXAZOLE/TRIMETHOPRIM	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
ANTIBIOTICS : SULFONAMIDES - ORAL	SULFADIAZINE	SULFADIAZINE	TABS	OR	-	PREFERRED	-	-	
	SULFAMETHOXAZOLE-TRIMETHOPRIM	BACTRIM	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		BACTRIM DS	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	OR	-	PREFERRED	-	-	
		SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	OR	-	PREFERRED	-	-	
		SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	OR	-	PREFERRED	-	-	
		SULFATRIM PEDIATRIC	SUSP	OR	-	PREFERRED	-	-	
		TRIMETHOPRIM/SULFAMETHOXAZOLE DS	TABS	OR	-	PREFERRED	-	-	
		TRIMETHOPRIM	TRIMETHOPRIM	TABS	OR	-	PREFERRED	-	-
		TRIMETHOPRIM HCL	PRIMSOL	SOLN	OR	-	PREFERRED	-	-
ANTIBIOTICS : TETRACYCLINES - INJECTABLE	DOXYCYCLINE HYCLATE	DOXY 100	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
		DOXYCYCLINE HYCLATE	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
	ERAVACYCLINE DIHYDROCHLORIDE	XERAVA	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
	MINOCYCLINE HCL	MINOCIN	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
	OMADACYCLINE TOSYLATE	NUZYRA	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
	TIGECYCLINE	TIGECYCLINE	SOLR	IV	-	PREFERRED	PA REQUIRED	-	
TYGACIL		SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-		
ANTIBIOTICS : TETRACYCLINES - ORAL	DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	TABS	OR	-	NON-PREFERRED	-	-	
	DOXYCYCLINE (MONOHYDRATE)	AVIDOXY	TABS	OR	-	PREFERRED	-	-	
		DOXYCYCLINE	SUSR	OR	-	NON-PREFERRED	-	-	
		DOXYCYCLINE	TABS	OR	-	PREFERRED	-	-	
		DOXYCYCLINE MONOHYDRATE 75MG & 150MG	CAPS	OR	-	NON-PREFERRED	-	-	
		DOXYCYCLINE MONOHYDRATE	CAPS	OR	-	PREFERRED	-	-	
		DOXYCYCLINE MONOHYDRATE	TABS	OR	-	PREFERRED	-	-	
		MONDOXYNE NL 75MG	CAPS	OR	-	NON-PREFERRED	-	-	
		MONDOXYNE NL	CAPS	OR	-	PREFERRED	-	-	
		OKEBO	CAPS	OR	-	NON-PREFERRED	-	-	
		VIBRAMYCIN	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-	
	DOXYCYCLINE CALCIUM	VIBRAMYCIN	SYRP	OR	-	NON-PREFERRED	-	-	
	DOXYCYCLINE HYCLATE	ACTICLATE	TABS	OR	-	PREFERRED	-	-	
		DORYX	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-	
		DORYX MPC	TBEC	OR	-	NON-PREFERRED	-	-	
		DOXYCYCLINE HYCLATE	CAPS	OR	-	PREFERRED	-	-	
		DOXYCYCLINE HYCLATE	TABS	OR	-	PREFERRED	-	-	
		DOXYCYCLINE HYCLATE DR	TBEC	OR	-	NON-PREFERRED	-	-	
		MORGIDOX 1X100MG	CAPS	OR	-	PREFERRED	-	-	
		MORGIDOX 1X50MG	CAPS	OR	-	PREFERRED	-	-	
		MORGIDOX 2X100MG	CAPS	OR	-	PREFERRED	-	-	
		TARGADOX	TABS	OR	-	PREFERRED	-	-	
	VIBRAMYCIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-		
	DOXYCYCLINE HYCLATE W/ CLEANSER	MORGIDOX 1X100MG	KIT	CO	-	NON-PREFERRED	-	-	
		MORGIDOX 1X50MG KIT	KIT	CO	-	NON-PREFERRED	-	-	
		MORGIDOX 2X100MG	KIT	CO	-	NON-PREFERRED	-	-	

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ANTIBIOTICS : TETRACYCLINES - ORAL CONT.	DOXYCYCLINE MONOHYDRATE W/ OMEGA 3-VIT E	NUTRIDOX	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-	
	DOXYCYCLINE MONOHYDRATE-BENZOYL PEROXIDE	BENZODOX 30 KIT	THPK	CO	-	NON-PREFERRED	PA REQUIRED	-	
		BENZODOX 60 KIT	THPK	CO	-	NON-PREFERRED	PA REQUIRED	-	
	MINOCYCLINE HCL	COREMINO	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-	
		MINOCIN	CAPS	OR	-	PREFERRED	-	-	
		MINOCYCLINE HCL	CAPS	OR	-	PREFERRED	-	-	
		MINOCYCLINE HCL	TABS	OR	-	NON-PREFERRED	-	-	
		MINOCYCLINE HYDROCHLORIDE ER	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-	
		MINOCYCLINE HYDROCHLORIDE ER	CP24	OR	-	NON-PREFERRED	-	-	
		MINOLIRA	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-	
		SOLODYN	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-	
		XIMINO	CP24	OR	-	NON-PREFERRED	-	-	
	OMADACYCLINE TOSYLATE	NUZYRA	TABS	OR	-	NON-PREFERRED	-	-	
	SARECYCLINE HCL	SEYSARA	TABS	OR	-	NON-PREFERRED	-	-	
	TETRACYCLINE HCL	TETRACYCLINE HYDROCHLORIDE	CAPS	OR	-	PREFERRED	-	-	
	ANTIBIOTICS : TOPICAL	BACITRACIN (TOPICAL)	BACITRACIN	OINT	EX	-	PREFERRED	-	-
			BACITRAYCIN PLUS	OINT	EX	-	PREFERRED	-	-
			BACTERICIN	OINT	EX	-	PREFERRED	-	-
			QC BACITRACIN	OINT	EX	-	PREFERRED	-	-
			SB BACITRACIN	OINT	EX	-	PREFERRED	-	-
SM FIRST AID ANTIBIOTIC		OINT	EX	-	PREFERRED	-	-		
BACITRACIN ZINC		BACITRACIN	OINT	EX	-	PREFERRED	-	-	
		BACITRACIN ZINC	OINT	EX	-	PREFERRED	-	-	
		CVS BACITRACIN	OINT	EX	-	PREFERRED	-	-	
		EQ BACITRACIN ZINC	OINT	EX	-	PREFERRED	-	-	
		EQL BACITRACIN ZINC	OINT	EX	-	PREFERRED	-	-	
		GNP BACITRACIN ZINC	OINT	EX	-	PREFERRED	-	-	
		HM BACITRACIN	OINT	EX	-	PREFERRED	-	-	
		KP BACITRACIN ZINC	OINT	EX	-	PREFERRED	-	-	
		RA BACITRACIN	OINT	EX	-	PREFERRED	-	-	
		RA BACITRACIN ZINC FIRST AID	OINT	EX	-	PREFERRED	-	-	
		SM ANTIBIOTIC	OINT	EX	-	PREFERRED	-	-	
		BACITRACIN-POLYMYXIN B	BACITRACIN/POLYMYXIN	OINT	EX	-	PREFERRED	-	-
CVS POLY BACITRACIN			OINT	EX	-	PREFERRED	-	-	
DOUBLE ANTIBIOTIC			OINT	EX	-	PREFERRED	-	-	
HM DOUBLE ANTIBIOTIC			OINT	EX	-	PREFERRED	-	-	
KP DOUBLE ANTIBIOTIC			OINT	EX	-	PREFERRED	-	-	
NEOSPORIN			OINT	EX	-	PREFERRED	-	-	
POLY BACITRACIN			OINT	EX	-	PREFERRED	-	-	
RA DOUBLE ANTIBIOTIC			OINT	EX	-	PREFERRED	-	-	
SM DOUBLE ANTIBIOTIC			OINT	EX	-	PREFERRED	-	-	
WAL-SPORIN			OINT	EX	-	PREFERRED	-	-	
BACITRACIN-POLYMYXIN-NEOMYCIN HC GENTAMICIN SULFATE (TOPICAL)		CORTISPORIN	OINT	EX	-	NON-PREFERRED	-	-	
		GENTAMICIN SULFATE	CREA	EX	-	PREFERRED	-	-	
		GENTAMICIN SULFATE	OINT	EX	-	PREFERRED	-	-	
MUPIROCI		CENTANY	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CENTANY AT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	

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ANTIBIOTICS : TOPICAL CONT.		MUPIROCIN	OINT	EX	-	PREFERRED	-	-
	MUPIROCIN CALCIUM (TOPICAL)	MUPIROCIN	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	NEOMYCIN SULFATE-FLUOCINOLONE ACETONIDE	NEO-SYNALAR	CREA	EX	-	NON-PREFERRED	-	-
	NEOMYCIN-FLUOCINOLONE & EMOLLIENT	NEO-SYNALAR KIT	KIT	EX	-	NON-PREFERRED	-	-
	NEOMYCIN-POLYMYXIN-HC	CORTISPORIN	CREA	EX	-	NON-PREFERRED	-	-
	OZENOXACIN	XEPI	CREA	EX	-	NON-PREFERRED	-	-
	RETAPAMULIN	ALTABAX	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
ANTIBIOTICS : VAGINAL	CLINDAMYCIN PHOSPHATE (ONE DOSE)	CLINDESSE	CREA	VA	-	NON-PREFERRED	PA REQUIRED	-
	CLINDAMYCIN PHOSPHATE VAGINAL	CLEOCIN	CREA	VA	-	NON-PREFERRED	PA REQUIRED	-
		CLEOCIN	SUPP	VA	-	PREFERRED	-	-
		CLINDAMYCIN PHOSPHATE	CREA	VA	-	PREFERRED	-	-
	METRONIDAZOLE VAGINAL	METROGEL-VAGINAL	GEL	VA	-	NON-PREFERRED	PA REQUIRED	-
		METRONIDAZOLE VAGINAL	GEL	VA	-	PREFERRED	-	-
		NUVESSA	GEL	VA	-	NON-PREFERRED	PA REQUIRED	-
		VANDAZOLE	GEL	VA	-	PREFERRED	-	-
SULFANILAMIDE VAGINAL	AVC	CREA	VA	-	NON-PREFERRED	-	-	
ANTICOAGULANTS : COUMARIN ANTICOAGULANTS	WARFARIN SODIUM	COUMADIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		JANTOVEN	TABS	OR	-	PREFERRED	-	-
		WARFARIN SODIUM	TABS	OR	-	PREFERRED	-	-
ANTICOAGULANTS : FACTOR XA AND THROMBIN INHIBITORS - ORAL	APIXABAN	ELIQUIS	TABS	OR	-	PREFERRED	-	-
		ELIQUIS STARTER PACK	TABS	OR	-	PREFERRED	-	-
	BETRIXABAN MALEATE	BEVYXA	CAPS	OR	-	NON-PREFERRED	-	-
	DABIGATRAN ETEXILATE MESYLATE	PRADAXA	CAPS	OR	-	PREFERRED	-	-
	EDOxabAN TOSYLATE	SAVAYSA	TABS	OR	-	NON-PREFERRED	-	-
	RIVAROXABAN	XARELTO	TABS	OR	-	PREFERRED	-	-
		XARELTO STARTER PACK	TBPK	OR	-	PREFERRED	-	-
ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS	DALTEPARIN SODIUM	FRAGMIN	SOLN	SC	-	NON-PREFERRED	-	-
	ENOxAPARIN SODIUM	ENOxAPARIN SODIUM	SOLN	IJ	-	PREFERRED	-	-
		ENOxAPARIN SODIUM	SOLN	SC	-	PREFERRED	-	-
		LOVENOX	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
		LOVENOX	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-
	FONDAPARINUX SODIUM	ARIXTRA	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-
		FONDAPARINUX SODIUM	SOLN	SC	-	NON-PREFERRED	-	-
	HEPARIN (PORCINE) IN SODIUM CHLORIDE	HEPARIN SODIUM/NACL 0.45%	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN SODIUM/NACL 0.9%	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN SODIUM/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN SODIUM/SODIUM CHLORIDE	SOSY	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	HEPARIN SOD (PORCINE) IN D5W	HEPARIN SODIUM/D5W	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	HEPARIN SOD (PORCINE) LOCK FLUSH & NACL & LIDO-PRILOCAINE	HEPMED	KIT	CO	-	PREFERRED	PA REQUIRED	-
		SOLU-PREF	KIT	CO	-	PREFERRED	PA REQUIRED	-
	HEPARIN SOD (PORCINE)-D10	HEPARIN SODIUM/DEXTROSE	SOSY	IV	-	PREFERRED	PA REQUIRED	-
	HEPARIN SODIUM (PORCINE)	HEPARIN SODIUM	SOLN	IJ	-	PREFERRED	PA REQUIRED	-

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ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS CONT.		HEPARIN SODIUM	SOSY	IJ	-	PREFERRED	PA REQUIRED	-
		HEPARIN SODIUM	SOSY	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN SODIUM DCU	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
	HEPARIN SODIUM (PORCINE) LOCK FLUSH	HEPARIN LOCK FLUSH	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN LOCK FLUSH FOR FLUSHING VASCULAR ACCESS DEVICES	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN LOCK FLUSH/NACL FOR FLUSHING VASCULAR ACCESS DEVICES	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		HEPARIN SODIUM LOCK FLUSH	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	HEPARIN SODIUM (PORCINE) LOCK FLUSH & NACL LOCK FLUSH	HEPARIN SODIUM LOCK FLUSH	KIT	IV	-	PREFERRED	PA REQUIRED	-
		SASH KIT FOR FLUSHING VASCULAR ACCESS DEVICES	KIT	IV	-	PREFERRED	PA REQUIRED	-
ANTICONVULSANTS : AMPA GLUTAMATE RECEPTOR ANTAGONISTS	PERAMPANEL	FYCOMPA	SUSP	OR	-	PREFERRED	PA REQUIRED	-
		FYCOMPA	TABS	OR	-	PREFERRED	PA REQUIRED	-
ANTICONVULSANTS : BENZODIAZEPINES - ORAL	CLOBAZAM	CLOBAZAM	SUSP	OR	-	PREFERRED	-	YES
		CLOBAZAM	TABS	OR	-	PREFERRED	-	YES
		ONFI	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		ONFI	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		SYMPAZAN	FILM	OR	-	NON-PREFERRED	PA REQUIRED	YES
	CLONAZEPAM	CLONAZEPAM	TABS	OR	-	PREFERRED	-	YES
		CLONAZEPAM ODT	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		KLONOPIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
ANTICONVULSANTS : BENZODIAZEPINES - RESCUE AGENTS	DIAZEPAM (ANTICONVULSANT)	DIASTAT ACUDIAL	GEL	RE	-	PREFERRED	-	YES
		DIASTAT PEDIATRIC	GEL	RE	-	PREFERRED	-	YES
		DIAZEPAM RECTAL GEL	GEL	RE	-	PREFERRED	-	YES
		VALTOCO	LIQD	NA	-	NON-PREFERRED	-	YES
		VALTOCO	LQPK	NA	-	NON-PREFERRED	-	YES
	MIDAZOLAM HCL	MIDAZOLAM HCL	SOLN	IJ	-	PREFERRED	-	YES
		MIDAZOLAM HYDROCHLORIDE	SOLN	IJ	-	PREFERRED	-	YES
		MIDAZOLAM HYDROCHLORIDE	SOLN	IV	-	PREFERRED	-	YES
	MIDAZOLAM-SODIUM CHLORIDE	MIDAZOLAM/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	-	YES
	MIDAZOLAM (ANTICONVULSANT)	NAYZILAM	SOLN	NA	-	NON-PREFERRED	-	YES
ANTICONVULSANTS : CARBAMATES	CENOBAMATE	XCOPRI	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		XCOPRI	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
	FELBAMATE	FELBAMATE	SUSP	OR	-	PREFERRED	PA REQUIRED	-
		FELBAMATE	TABS	OR	-	PREFERRED	PA REQUIRED	-
		FELBATOL	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		FELBATOL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTICONVULSANTS : GABA MODULATORS	TIAGABINE HCL	GABITRIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TIAGABINE HYDROCHLORIDE	TABS	OR	-	PREFERRED	PA REQUIRED	-
	VIGABATRIN	SABRIL	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		SABRIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VIGABATRIN	PACK	OR	-	PREFERRED	PA REQUIRED	-
		VIGABATRIN	TABS	OR	-	PREFERRED	PA REQUIRED	-
	VIGADRONE	PACK	OR	-	PREFERRED	PA REQUIRED	-	

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ANTICONVULSANTS : HYDANTOINS	ETHOTOIN	PEGANONE	TABS	OR	-	NON-PREFERRED	-	-
	FOSPHENYTOIN SODIUM	CEREBYX	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		FOSPHENYTOIN SODIUM	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
	PHENYTOIN	DILANTIN INFATABS	CHEW	OR	-	NON-PREFERRED	PA REQUIRED	-
		DILANTIN-125	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		PHENYTOIN	CHEW	OR	-	PREFERRED	-	-
		PHENYTOIN	SUSP	OR	-	PREFERRED	-	-
	PHENYTOIN SODIUM	PHENYTOIN SODIUM	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
	PHENYTOIN SODIUM EXTENDED	DILANTIN 100MG	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		DILANTIN	CAPS	OR	-	PREFERRED	-	-
PHENYTEK		CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
PHENYTOIN SODIUM EXTENDED		CAPS	OR	-	PREFERRED	-	-	
ANTICONVULSANTS : MISC	BRIVARACETAM	BRIVIACT	SOLN	IV	-	PREFERRED	PA REQUIRED	YES
		BRIVIACT	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		BRIVIACT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	CANNABIDIOL	EPIDIOLEX	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
	CARBAMAZEPINE	CARBAMAZEPINE	CHEW	OR	-	PREFERRED	-	YES
		CARBAMAZEPINE	SUSP	OR	-	PREFERRED	-	YES
		CARBAMAZEPINE	TABS	OR	-	PREFERRED	-	YES
		CARBAMAZEPINE ER	CP12	OR	-	PREFERRED	-	YES
		CARBAMAZEPINE ER	TB12	OR	-	PREFERRED	-	YES
		CARBATROL	CP12	OR	-	NON-PREFERRED	PA REQUIRED	YES
		EPITOL	TABS	OR	-	PREFERRED	-	YES
		TEGRETOL	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	YES
	TEGRETOL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	TEGRETOL-XR	TB12	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	ESLICARBAZEPINE ACETATE	APTiom	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	GABAPENTIN	FANATREX FUSEPAQ	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		GABAPENTIN	CAPS	OR	-	PREFERRED	-	YES
		GABAPENTIN	SOLN	OR	-	PREFERRED	-	YES
		GABAPENTIN	TABS	OR	-	PREFERRED	-	YES
		NEURONTIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		NEURONTIN	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		NEURONTIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	LACOSAMIDE	VIMPAT	SOLN	IV	-	PREFERRED	PA REQUIRED	YES
		VIMPAT	SOLN	OR	-	PREFERRED	-	YES
		VIMPAT	TABS	OR	-	PREFERRED	-	YES
	LAMOTRIGINE	LAMICTAL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LAMICTAL CHEWABLE DISPERSIBLE	CHEW	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LAMICTAL ODT	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMICTAL ODT	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMICTAL STARTER/TAKING VALPROATE	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMICTAL XR	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
LAMICTAL XR		TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES	
LAMOTRIGINE		CHEW	OR	-	NON-PREFERRED	PA REQUIRED	YES	
LAMOTRIGINE	TABS	OR	-	PREFERRED	-	YES		

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ANTICONVULSANTS : MISC CONT.		LAMOTRIGINE ER	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LAMOTRIGINE ODT	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LAMOTRIGINE STARTER KIT/BLUE	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMOTRIGINE STARTER KIT/GREEN	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMOTRIGINE STARTER KIT/ORANGE	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		SUBVENITE	TABS	OR	-	PREFERRED	-	YES
		SUBVENITE STARTER KIT/BLUE	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		SUBVENITE STARTER KIT/GREEN	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		SUBVENITE STARTER KIT/ORANGE	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
	LEVETIRACETAM	KEPPRA	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	YES
		KEPPRA	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		KEPPRA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		KEPPRA XR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LEVETIRACETAM	SOLN	IV	-	PREFERRED	PA REQUIRED	YES
		LEVETIRACETAM	SOLN	OR	-	PREFERRED	-	YES
		LEVETIRACETAM	TABS	OR	-	PREFERRED	-	YES
		LEVETIRACETAM ER	TB24	OR	-	PREFERRED	-	YES
		ROWEEPRA	TABS	OR	-	PREFERRED	-	YES
		ROWEEPRA XR	TB24	OR	-	PREFERRED	-	YES
		SPRITAM	TB3D	OR	-	NON-PREFERRED	PA REQUIRED	YES
	LEVETIRACETAM IN SODIUM CHLORIDE	LEVETIRACETAM	SOLN	IV	-	PREFERRED	PA REQUIRED	YES
		LEVETIRACETAM/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	YES
	OXCARBAZEPINE	OXCARBAZEPINE	SUSP	OR	-	PREFERRED	-	YES
		OXCARBAZEPINE	TABS	OR	-	PREFERRED	-	YES
		OXTELLAR XR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		TRILEPTAL	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		TRILEPTAL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	PREGABALIN	LYRICA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		LYRICA	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PREGABALIN	CAPS	OR	-	PREFERRED	-	YES
		PREGABALIN	SOLN	OR	-	PREFERRED	-	YES
	PRIMIDONE	MYSOLINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PRIMIDONE	TABS	OR	-	PREFERRED	-	YES
	RUFINAMIDE	BANZEL	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		BANZEL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	STIRIPENTOL	DIACOMIT	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		DIACOMIT	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
	TOPIRAMATE	QUDEXY XR	CS24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		TOPAMAX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		TOPAMAX SPRINKLE	CPSP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		TOPIRAMATE	CPSP	OR	-	PREFERRED	-	YES
		TOPIRAMATE	TABS	OR	-	PREFERRED	-	YES
		TOPIRAMATE ER	CS24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		TROKENDI XR	CP24	OR	-	PREFERRED	-	YES
ZONISAMIDE	ZONEGRAN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	ZONISAMIDE	CAPS	OR	-	PREFERRED	-	YES	
ANTICONVULSANTS : SUCCUNIMIDES	ETHOSUXIMIDE	ETHOSUXIMIDE	CAPS	OR	-	PREFERRED	-	-
		ETHOSUXIMIDE	SOLN	OR	-	PREFERRED	-	-
		ZARONTIN	CAPS	OR	-	PREFERRED	PA REQUIRED	-
		ZARONTIN	SOLN	OR	-	PREFERRED	PA REQUIRED	-

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ANTICONVULSANTS : SUCCUNIMIDES CONT.	METHSUXIMIDE	CELONTIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTICONVULSANTS : VALPROIC ACID	DIVALPROEX SODIUM	DEPAKOTE	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	YES
		DEPAKOTE ER	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		DEPAKOTE SPRINKLES	CSDR	OR	-	NON-PREFERRED	PA REQUIRED	YES
		DIVALPROEX SODIUM	CSDR	OR	-	PREFERRED	-	YES
		DIVALPROEX SODIUM DR	TBEC	OR	-	PREFERRED	-	YES
		DIVALPROEX SODIUM ER	TB24	OR	-	PREFERRED	-	YES
	VALPROATE SODIUM	DEPACON	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	YES
		DEPAKENE	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		VALPROATE SODIUM	SOLN	IV	-	PREFERRED	-	YES
		VALPROIC ACID	SOLN	OR	-	PREFERRED	-	YES
VALPROIC ACID	DEPAKENE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	VALPROIC ACID	CAPS	OR	-	PREFERRED	-	YES	
ANTIDEPRESSANTS : ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	MAPROTILINE HCL	MAPROTILINE HCL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	MIRTAZAPINE	MIRTAZAPINE	TABS	OR	-	PREFERRED	-	YES
		MIRTAZAPINE ODT	TBDP	OR	-	PREFERRED	-	YES
		REMERON	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		REMERON SOLTAB	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	YES
ANTIDEPRESSANTS : MONOAMINE OXIDASE INHIBITORS (MAOI)	ISOCARBOXAZID	MARPLAN	TABS	OR	-	NON-PREFERRED	-	YES
	PHENELZINE SULFATE	NARDIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PHENELZINE SULFATE	TABS	OR	-	PREFERRED	-	YES
	SELEGILINE	EMSAM	PT24	TD	-	PREFERRED	-	YES
	TRANLYCYPROMINE SULFATE	PARNATE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
TRANLYCYPROMINE SULFATE		TABS	OR	-	PREFERRED	-	YES	
ANTIDEPRESSANTS : NOREPINEPHRINE-DOPAMINE REUPTAKE INHIBITORS	BUPROPION HCL	BUPROPION HCL	TABS	OR	-	PREFERRED	-	YES
		BUPROPION HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	YES
		BUPROPION HYDROCHLORIDE ER (SR)	TB12	OR	-	PREFERRED	-	YES
		BUPROPION HYDROCHLORIDE ER (XL)	TB24	OR	-	PREFERRED	-	YES
		FORFIVO XL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		WELLBUTRIN SR	TB12	OR	-	NON-PREFERRED	PA REQUIRED	YES
		WELLBUTRIN XL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
	BUPROPION HYDROBROMIDE	APLENZIN	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)	CITALOPRAM HYDROBROMIDE	CELEXA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		CITALOPRAM	TABS	OR	-	PREFERRED	-	YES
		CITALOPRAM HYDROBROMIDE	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		CITALOPRAM HYDROBROMIDE	TABS	OR	-	PREFERRED	-	YES
	ESCITALOPRAM OXALATE	ESCITALOPRAM OXALATE	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		ESCITALOPRAM OXALATE	TABS	OR	-	PREFERRED	-	YES
		LEXAPRO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	FLUOXETINE HCL	FLUOXETINE DR	CPDR	OR	-	NON-PREFERRED	-	YES
		FLUOXETINE HCL	CAPS	OR	-	PREFERRED	-	YES
		FLUOXETINE HCL	SOLN	OR	-	PREFERRED	-	YES
		FLUOXETINE HYDROCHLORIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PROZAC	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	FLUOXETINE HCL (PMDD)	FLUOXETINE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		FLUOXETINE HYDROCHLORIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES

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

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ANTIDEPRESSANTS : TRICYCLIC AGENTS CONT.		PAMELOR	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	PROTRIPTYLINE HCL	PROTRIPTYLINE HCL	TABS	OR	-	NON-PREFERRED	-	YES
	TRIMIPRAMINE MALEATE	SURMONTIL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		TRIMIPRAMINE MALEATE	CAPS	OR	-	NON-PREFERRED	-	YES
ANTIDIABETICS : ALPHA-GLUCOSIDASE INHIBITORS	ACARBOSE	ACARBOSE	TABS	OR	-	PREFERRED	-	-
		PRECOSE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	MIGLITOL	GLYSET	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MIGLITOL	TABS	OR	-	NON-PREFERRED	-	-
ANTIDIABETICS : AMYLIN ANALOGS	PRAMLINTIDE ACETATE	SYMLINPEN 120	SOPN	SC	-	PREFERRED	PA REQUIRED	-
		SYMLINPEN 60	SOPN	SC	-	PREFERRED	PA REQUIRED	-
ANTIDIABETICS : BIGUANIDES	METFORMIN HCL	FORTAMET	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
		GLUCOPHAGE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		GLUMETZA	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
		METFORMIN HYDROCHLORIDE	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		METFORMIN HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-
		METFORMIN HYDROCHLORIDE ER (MODIFIED RELEASE)	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
		METFORMIN HYDROCHLORIDE ER	TB24	OR	-	PREFERRED	-	-
		RIOMET	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		RIOMET ER	SRER	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIDIABETICS : DOPAMINE RECEPTOR AGONISTS	BROMOCRIPTINE MESYLATE (DIABETES)	CYCLOSET	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIDIABETICS : DPP4 INHIBITOR / SGLT2 INHIBITOR COMBINATIONS	DAPAGLIFLOZIN-SAXAGLIPTIN	QTERN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	EMPAGLIFLOZIN-LINAGLIPTIN	GLYXAMBI	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ERTUGLIFLOZIN-SITAGLIPTIN	STEGLUJAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIDIABETICS : DPP4 INHIBITOR / TZD COMBINATIONS	ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN/PIOGLITAZONE	TABS	OR	-	PREFERRED	PA REQUIRED	-
		OSENI	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIDIABETICS : DPP4 INHIBITORS	ALOGLIPTIN BENZOATE	ALOGLIPTIN	TABS	OR	-	NON-PREFERRED	-	-
		NESINA	TABS	OR	-	NON-PREFERRED	-	-
	ALOGLIPTIN-METFORMIN HCL	ALOGLIPTIN/METFORMIN HCL	TABS	OR	-	NON-PREFERRED	-	-
		KAZANO	TABS	OR	-	NON-PREFERRED	-	-
	LINAGLIPTIN	TRADJENTA	TABS	OR	-	PREFERRED	-	-
	LINAGLIPTIN-METFORMIN HCL	JENTADUETO	TABS	OR	-	PREFERRED	-	-
		JENTADUETO XR	TB24	OR	-	NON-PREFERRED	-	-
	SAXAGLIPTIN HCL	ONGLYZA	TABS	OR	-	NON-PREFERRED	-	-
	SAXAGLIPTIN-METFORMIN HCL	KOMBIGLYZE XR	TB24	OR	-	NON-PREFERRED	-	-
	SITAGLIPTIN PHOSPHATE	JANUVIA	TABS	OR	-	PREFERRED	-	-
	SITAGLIPTIN-METFORMIN HCL	JANUMET	TABS	OR	-	PREFERRED	-	-
		JANUMET XR	TB24	OR	-	PREFERRED	-	-
ANTIDIABETICS : GLP1 AGONIST / INSULIN COMBINATIONS	INSULIN DEGLUDEC-LIRAGLUTIDE	XULTOPHY 100/3.6	SOPN	SC	-	NON-PREFERRED	PA REQUIRED	-
	INSULIN GLARGINE-LIXISENATIDE	SOLIQUA 100/33	SOPN	SC	-	NON-PREFERRED	PA REQUIRED	-
ANTIDIABETICS : GLP1 AGONISTS	DULAGLUTIDE	TRULICITY	SOPN	SC	-	NON-PREFERRED	-	-
	EXENATIDE	BYDUREON BCISE	AUIJ	SC	-	PREFERRED	-	-
		BYDUREON PEN	PEN	SC	-	PREFERRED	-	-
		BYETTA	SOPN	SC	-	PREFERRED	-	-
	LIRAGLUTIDE	VICTOZA	SOPN	SC	-	PREFERRED	-	-
	LIXISENATIDE	ADLYXIN	SOPN	SC	-	NON-PREFERRED	-	-
		ADLYXIN STARTER PACK	PNKT	SC	-	NON-PREFERRED	-	-

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ANTIDIABETICS : GLP1 AGONISTS CONT.	SEMAGLUTIDE	OZEMPIC	SOPN	SC	-	NON-PREFERRED	-	-
		RYBELSUS	TABS	OR	-	NON-PREFERRED	-	-
ANTIDIABETICS : INSULIN - INTERMEDIATE ACTING	INSULIN NPH (HUMAN) (ISOPHANE)	HUMULIN N	SUSP	SC	-	PREFERRED	-	-
		HUMULIN N KWIKPEN	SUPN	SC	-	PREFERRED	-	-
		NOVOLIN N	SUSP	SC	-	NON-PREFERRED	-	-
		NOVOLIN N FLEXPEN	SUPN	SC	-	NON-PREFERRED	-	-
		NOVOLIN N RELION	SUSP	SC	-	NON-PREFERRED	-	-
ANTIDIABETICS : INSULIN - LONG ACTING	INSULIN DEGLUDEC	TRESIBA	SOLN	SC	-	NON-PREFERRED	-	-
		TRESIBA FLEXTOUCH	SOPN	SC	-	NON-PREFERRED	-	-
	INSULIN DETEMIR	LEVEMIR	SOLN	SC	-	PREFERRED	-	-
		LEVEMIR FLEXTOUCH	SOPN	SC	-	PREFERRED	-	-
	INSULIN GLARGINE	BASAGLAR KWIKPEN	SOPN	SC	-	NON-PREFERRED	PA REQUIRED	-
		LANTUS	SOLN	SC	-	PREFERRED	-	-
		LANTUS SOLOSTAR WITH PATCH	SOPN	SC	-	NON-PREFERRED	PA REQUIRED	-
		LANTUS SOLOSTAR	SOPN	SC	-	PREFERRED	-	-
		TOUJEO MAX SOLOSTAR	SOPN	SC	-	NON-PREFERRED	-	-
		TOUJEO SOLOSTAR	SOPN	SC	-	NON-PREFERRED	-	-
ANTIDIABETICS : INSULIN - PRE-MIXED	INSULIN ASPART PROTAMINE & ASPART (HUMAN)	INSULIN ASPART PROTAMINE/INSULIN ASPART	SUSP	SC	-	PREFERRED	-	-
		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	SUPN	SC	-	PREFERRED	-	-
		NOVOLOG MIX 70/30	SUSP	SC	-	PREFERRED	-	-
	INSULIN LISPRO PROTAMINE & LISPRO	HUMALOG MIX 70/30 PREFILLED FLEXPEN	SUPN	SC	-	PREFERRED	-	-
		HUMALOG MIX 50/50	SUSP	SC	-	PREFERRED	-	-
		HUMALOG MIX 50/50 KWIKPEN	SUPN	SC	-	PREFERRED	-	-
		HUMALOG MIX 75/25	SUSP	SC	-	PREFERRED	-	-
		HUMALOG MIX 75/25 KWIKPEN	SUPN	SC	-	PREFERRED	-	-
		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	SUPN	SC	-	PREFERRED	-	-
	INSULIN NPH ISOPHANE & REG (HUMAN)	HUMULIN 70/30	SUSP	SC	-	PREFERRED	-	-
		HUMULIN 70/30 KWIKPEN	SUPN	SC	-	PREFERRED	-	-
		NOVOLIN 70/30	SUSP	SC	-	NON-PREFERRED	-	-
		NOVOLIN 70/30 FLEXPEN	SUPN	SC	-	NON-PREFERRED	-	-
ANTIDIABETICS : INSULIN - RAPID ACTING	INSULIN ASPART	INSULIN ASPART	SOLN	SC	-	NON-PREFERRED	-	-
		INSULIN ASPART FLEXPEN	SOPN	SC	-	NON-PREFERRED	-	-
		INSULIN ASPART PENFILL	SOCT	SC	-	NON-PREFERRED	-	-
		NOVOLOG	SOLN	SC	-	PREFERRED	-	-
		NOVOLOG FLEXPEN	SOPN	SC	-	PREFERRED	-	-
		NOVOLOG PENFILL	SOCT	SC	-	PREFERRED	-	-
	INSULIN ASPART (WITH NIACINAMIDE)	FIASP	SOLN	SC	-	NON-PREFERRED	-	-
		FIASP FLEXTOUCH	SOPN	SC	-	NON-PREFERRED	-	-
		FIASP PENFILL	SOCT	SC	-	NON-PREFERRED	-	-
	INSULIN GLULISINE	APIDRA	SOLN	IJ	-	NON-PREFERRED	-	-
		APIDRA SOLOSTAR	SOPN	SC	-	NON-PREFERRED	-	-
	INSULIN LISPRO	ADMELOG	SOLN	SC	-	NON-PREFERRED	-	-
		ADMELOG SOLOSTAR	SOPN	SC	-	NON-PREFERRED	-	-
		HUMALOG	SOCT	SC	-	PREFERRED	-	-
		HUMALOG	SOLN	SC	-	PREFERRED	-	-
		HUMALOG JUNIOR KWIKPEN	SOPN	SC	-	PREFERRED	-	-

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ANTIDIABETICS : INSULIN - RAPID ACTING CONT.		HUMALOG KWIKPEN	SOPN	SC	-	PREFERRED	-	-
		INSULIN LISPRO	SOLN	SC	-	NON-PREFERRED	-	-
		INSULIN LISPRO KWIKPEN	SOPN	SC	-	NON-PREFERRED	-	-
ANTIDIABETICS : INSULIN - SHORT ACTING	INSULIN REGULAR (HUMAN)	AFREZZA	POWD	IN	-	NON-PREFERRED	PA REQUIRED	-
		HUMULIN R	SOLN	IJ	-	PREFERRED	-	-
		HUMULIN R U-500 (CONCENTRATED)	SOLN	SC	-	PREFERRED	-	-
		HUMULIN R U-500 KWIKPEN	SOPN	SC	-	PREFERRED	-	-
		NOVOLIN R	SOLN	IJ	-	NON-PREFERRED	-	-
		RELION R	SOLN	IJ	-	NON-PREFERRED	-	-
ANTIDIABETICS : MEGLITINIDE ANALOGUES	NATEGLINIDE	NATEGLINIDE	TABS	OR	-	PREFERRED	-	-
		STARLIX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	REPAGLINIDE	PRANDIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		REPAGLINIDE	TABS	OR	-	PREFERRED	-	-
REPAGLINIDE-METFORMIN HCL	REPAGLINIDE/METFORMIN HYDROCHLORIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTIDIABETICS : SGLT2 INHIBITORS	CANAGLIFLOZIN	INVOKANA	TABS	OR	-	PREFERRED	-	-
	CANAGLIFLOZIN-METFORMIN HCL	INVOKAMET	TABS	OR	-	PREFERRED	-	-
		INVOKAMET XR	TB24	OR	-	NON-PREFERRED	-	-
	DAPAGLIFLOZIN PROPANEDIOL	FARXIGA	TABS	OR	-	PREFERRED	-	-
	DAPAGLIFLOZIN-METFORMIN HCL	XIGDUO XR	TB24	OR	-	PREFERRED	-	-
	EMPAGLIFLOZIN	JARDIANCE	TABS	OR	-	PREFERRED	-	-
	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	TRIJARDY XR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	EMPAGLIFLOZIN-METFORMIN HCL	SYNJARDY	TABS	OR	-	NON-PREFERRED	-	-
		SYNJARDY XR	TB24	OR	-	NON-PREFERRED	-	-
	ERTUGLIFLOZIN L-PYROGLUTAMIC ACID	STEGLATRO	TABS	OR	-	NON-PREFERRED	-	-
ERTUGLIFLOZIN-METFORMIN HCL	SEGLUROMET	TABS	OR	-	NON-PREFERRED	-	-	
ANTIDIABETICS : SULFONYLUREAS	CHLORPROPAMIDE	CHLORPROPAMIDE	TABS	OR	-	NON-PREFERRED	-	-
	GLIMEPIRIDE	AMARYL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		GLIMEPIRIDE	TABS	OR	-	PREFERRED	-	-
	GLIPIZIDE	GLIPIZIDE	TABS	OR	-	PREFERRED	-	-
		GLIPIZIDE ER	TB24	OR	-	PREFERRED	-	-
		GLIPIZIDE XL	TB24	OR	-	PREFERRED	-	-
	GLUCOTROL	GLUCOTROL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	GLUCOTROL XL	GLUCOTROL XL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	GLIPIZIDE-METFORMIN HCL	GLIPIZIDE/METFORMIN HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-
	GLYBURIDE	GLYBURIDE	TABS	OR	-	PREFERRED	-	-
	GLYBURIDE MICRONIZED	GLYBURIDE	TABS	OR	-	PREFERRED	-	-
		GLYBURIDE MICRONIZED	TABS	OR	-	PREFERRED	-	-
	GLYNASE	GLYNASE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	GLYBURIDE-METFORMIN	GLYBURIDE/METFORMIN HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-
	TOLAZAMIDE	TOLAZAMIDE	TABS	OR	-	NON-PREFERRED	-	-
	TOLBUTAMIDE	TOLBUTAMIDE	TABS	OR	-	NON-PREFERRED	-	-
ANTIDIABETICS : THIAZOLIDINEDIONES	PIOGLITAZONE HCL	ACTOS	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PIOGLITAZONE HCL	TABS	OR	-	PREFERRED	-	-
	PIOGLITAZONE HCL-GLIMEPIRIDE	DUETACT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	OR	-	NON-PREFERRED	-	-
	PIOGLITAZONE HCL-METFORMIN HCL	ACTOPLUS MET	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PIOGLITAZONE HCL/METFORMIN HCL	TABS	OR	-	NON-PREFERRED	-	-
ROSIGLITAZONE MALEATE	AVANDIA	TABS	OR	-	NON-PREFERRED	-	-	

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ANTIDOTES AND SPECIFIC ANTAGONISTS : CHELATING AGENTS	DEFERASIROX	DEFERASIROX	TABS	OR	-	PREFERRED	-	-
		DEFERASIROX	TBSO	OR	-	PREFERRED	-	-
	DEFERIPRONE	EXJADE	TBSO	OR	-	NON-PREFERRED	PA REQUIRED	-
		JADENU	TABS	OR	-	PREFERRED	-	-
		JADENU SPRINKLE	PACK	OR	-	PREFERRED	-	-
		FERRIPROX	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
	PENTETATE CALCIUM TRISODIUM	FERRIPROX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PENTETATE CALCIUM TRISODIUM	SOLN	CO	-	NON-PREFERRED	PA REQUIRED	-
	PENTETATE ZINC TRISODIUM	PENTETATE ZINC TRISODIUM	SOLN	CO	-	NON-PREFERRED	PA REQUIRED	-
	ANTIEMETICS / ANTIVERTIGO AGENTS : 5-HT3 RECEPTOR ANTAGONISTS	DOLASETRON MESYLATE	ANZEMET	TABS	OR	-	NON-PREFERRED	-
GRANISETRON		SANCUSO	PTCH	TD	-	NON-PREFERRED	-	-
		SUSTOL	PRSY	SC	-	NON-PREFERRED	-	-
GRANISETRON HCL		GRANISETRON HCL	SOLN	IV	-	PREFERRED	-	-
		GRANISETRON HCL	TABS	OR	-	PREFERRED	-	-
ONDANSETRON		ONDANSETRON ODT	TBDP	OR	-	PREFERRED	-	-
		ZUPLENZ	FILM	OR	-	NON-PREFERRED	-	-
ONDANSETRON HCL		ONDANSETRON HCL	SOLN	OR	-	PREFERRED	-	-
		ONDANSETRON HCL	TABS	OR	-	PREFERRED	-	-
		ONDANSETRON HYDROCHLORIDE	SOLN	IJ	-	PREFERRED	-	-
ONDANSETRON HCL AND DEXTROSE		ZOFRAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ONDANSETRON HYDROCHLORIDE/DEXTROSE	SOLN	IV	-	PREFERRED	-	-
ONDANSETRON HCL AND SODIUM CHLORIDE		ONDANSETRON HYDROCHLORIDE/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	-	-
PALONOSETRON HCL		ALOXI	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		PALONOSETRON HYDROCHLORIDE	SOLN	IV	-	NON-PREFERRED	-	-
		PALONOSETRON HYDROCHLORIDE	SOSY	IV	-	NON-PREFERRED	-	-
ANTIEMETICS / ANTIVERTIGO AGENTS : OTHER		DIMENHYDRINATE	DIMENHYDRINATE	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED
	DOXYLAMINE-PYRIDOXINE	BONJESTA	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-
		DICLEGIS	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
	DRONABINOL	DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE	TBEC	OR	-	PREFERRED	PA REQUIRED	-
		DRONABINOL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MARINOL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SYNDROS	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
	FOSNETUPITANT CHORIDE-PALONOSETRON HCL	AKYNZEO	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	MECLIZINE HCL	BONINE	CHEW	OR	-	PREFERRED	-	-
		CVS MOTION SICKNESS II	TABS	OR	-	PREFERRED	-	-
		CVS MOTION SICKNESS RELIEF	CHEW	OR	-	PREFERRED	-	-
		DRAMAMINE LESS DROWSY	TABS	OR	-	PREFERRED	-	-
		EQ MOTION SICKNESS RELIEF	TABS	OR	-	PREFERRED	-	-
		EQL MOTION SICKNESS RELIEF	TABS	OR	-	PREFERRED	-	-
		GNP MOTION SICKNESS RELIEF	TABS	OR	-	PREFERRED	-	-
		HM MOTION RELIEF	TABS	OR	-	PREFERRED	-	-
		HM MOTION SICKNESS RELIEF	TABS	OR	-	PREFERRED	-	-
		MECLIZINE 25	TABS	OR	-	PREFERRED	-	-
		MECLIZINE HCL	TABS	OR	-	PREFERRED	-	-
		MECLIZINE HYDROCHLORIDE	CHEW	OR	-	NON-PREFERRED	PA REQUIRED	-

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ANTIEMETICS / ANTIVERTIGO AGENTS : OTHER CONT.		MECLIZINE HYDROCHLORIDE	CHEW	OR	-	PREFERRED	-	-	
		MECLIZINE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-	
		MOTION SICKNESS RELIEF	CHEW	OR	-	PREFERRED	-	-	
		MOTION-TIME	CHEW	OR	-	PREFERRED	-	-	
		QC TRAVEL EASE	CHEW	OR	-	PREFERRED	-	-	
		RA MOTION SICKNESS RELIEF	CHEW	OR	-	PREFERRED	-	-	
		RA MOTION SICKNESS RELIEF	TABS	OR	-	PREFERRED	-	-	
		SM MOTION SICKNESS	TABS	OR	-	PREFERRED	-	-	
		TRAVEL SICKNESS	CHEW	OR	-	PREFERRED	-	-	
		TRAVEL-EASE	TABS	OR	-	PREFERRED	-	-	
		WAL-DRAM II	TABS	OR	-	PREFERRED	-	-	
		METOCLOPRAMIDE HCL	METOCLOPRAMIDE HCL	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
			METOCLOPRAMIDE HCL	SOLN	OR	-	PREFERRED	-	-
			METOCLOPRAMIDE HCL	TABS	OR	-	PREFERRED	-	-
			METOCLOPRAMIDE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-
			METOCLOPRAMIDE ODT	TBDP	OR	-	PREFERRED	-	-
			REGLAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		NABILONE	CESAMET	CAPS	OR	-	NON-PREFERRED	-	-
		PROCHLORPERAZINE	COMPRO	SUPP	RE	-	PREFERRED	-	YES
			PROCHLORPERAZINE	SUPP	RE	-	PREFERRED	-	YES
		PROCHLORPERAZINE EDISYLATE	PROCHLORPERAZINE EDISYLATE	SOLN	IJ	-	PREFERRED	PA REQUIRED	YES
		PROCHLORPERAZINE MALEATE	PROCHLORPERAZINE MALEATE	TABS	OR	-	PREFERRED	-	YES
		PROMETHAZINE HCL	PHENADOZ	SUPP	RE	-	PREFERRED	-	-
			PHENERGAN	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
			PROMETHAZINE HCL	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
			PROMETHAZINE HCL	SOLN	OR	-	PREFERRED	-	-
			PROMETHAZINE HCL	SUPP	RE	-	PREFERRED	-	-
			PROMETHAZINE HCL	SYRP	OR	-	PREFERRED	-	-
			PROMETHAZINE HCL	TABS	OR	-	PREFERRED	-	-
			PROMETHAZINE HCL PLAIN	SYRP	OR	-	PREFERRED	-	-
			PROMETHAZINE HYDROCHLORIDE	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
			PROMETHAZINE HYDROCHLORIDE	SOLN	OR	-	PREFERRED	-	-
			PROMETHAZINE HYDROCHLORIDE	SUPP	RE	-	PREFERRED	-	-
			PROMETHAZINE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-
			PROMETHEGAN	SUPP	RE	-	PREFERRED	-	-
		SCOPOLAMINE	SCOPOLAMINE	PT72	TD	-	PREFERRED	-	-
			TRANSDERM SCOP	PT72	TD	-	NON-PREFERRED	PA REQUIRED	-
			TRANSDERM-SCOP	PT72	TD	-	NON-PREFERRED	PA REQUIRED	-
		TRIMETHOBENZAMIDE HCL	TIGAN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
			TIGAN	SOLN	IM	-	NON-PREFERRED	PA REQUIRED	-
			TRIMETHOBENZAMIDE HYDROCHLORIDE	CAPS	OR	-	PREFERRED	-	-
	ANTIEMETICS / ANTIVERTIGO AGENTS : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	APREPITANT	APREPITANT	CAPS	OR	-	PREFERRED	-	-
			CINVANTI	EMUL	IV	-	NON-PREFERRED	PA REQUIRED	-
			EMEND	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
			EMEND	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
			EMEND TRIPACK	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FOSAPREPITANT DIMEGLUMINE	EMEND	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
		FOSAPREPITANT DIMEGLUMINE	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-	
ROLAPITANT HCL		VARUBI	TBPK	OR	-	NON-PREFERRED	-	-	

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ANTIEMETICS / ANTIVERTIGO AGENTS : SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST COMBINATIONS	NETUPITANT-PALONOSETRON	AKYNZEO	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIFUNGALS : INJECTABLE	AMPHOTERICIN B	AMPHOTERICIN B	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	AMPHOTERICIN B LIPID	ABELCET	SUSP	IV	-	PREFERRED	PA REQUIRED	-
	AMPHOTERICIN B LIPOSOME	AMBISOME	SUSR	IV	-	PREFERRED	PA REQUIRED	-
	ANIDULAFUNGIN	ERAXIS	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	CASPOFUNGIN ACETATE	CANCIDAS	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
		CASPOFUNGIN ACETATE	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	FLUCONAZOLE IN NACL	FLUCONAZOLE IN NACL	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	ISAVUCONAZONIUM SULFATE	CRESEMBA	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	MICAFUNGIN SODIUM	MYCAMINE	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	POSACONAZOLE	NOXAFIL	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	VORICONAZOLE	VFEND IV	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
		VORICONAZOLE	SOLR	IV	-	PREFERRED	PA REQUIRED	-
ANTIFUNGALS : ORAL	CLOTRIMAZOLE	CLOTRIMAZOLE	LOZG	MT	-	PREFERRED	-	-
		CLOTRIMAZOLE	TROC	MT	-	PREFERRED	-	-
	FLUCONAZOLE	DIFLUCAN	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		DIFLUCAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FLUCONAZOLE	SUSR	OR	-	PREFERRED	-	-
		FLUCONAZOLE	TABS	OR	-	PREFERRED	-	-
	FLUCYTOSINE	ANCOBON	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FLUCYTOSINE	CAPS	OR	-	NON-PREFERRED	-	-
	GRISEOFULVIN MICROSIZE	GRISEOFULVIN MICROSIZE	SUSP	OR	-	PREFERRED	-	-
		GRISEOFULVIN MICROSIZE	TABS	OR	-	PREFERRED	-	-
	GRISEOFULVIN ULTRAMICROSIZE	GRISEOFULVIN ULTRAMICROSIZE	TABS	OR	-	PREFERRED	-	-
	ISAVUCONAZONIUM SULFATE	CRESEMBA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ITRACONAZOLE	ITRACONAZOLE	CAPS	OR	-	NON-PREFERRED	-	-
		ITRACONAZOLE	SOLN	OR	-	PREFERRED	PA REQUIRED	-
		SPORANOX	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SPORANOX	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		TOLSURA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	KETOCONAZOLE	KETOCONAZOLE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	NYSTATIN	BIO-STATIN	CAPS	OR	-	NON-PREFERRED	-	-
		BIO-STATIN	POWD	OR	-	NON-PREFERRED	-	-
		NYSTATIN	TABS	OR	-	PREFERRED	-	-
	NYSTATIN (MOUTH-THROAT)	NYSTATIN	SUSP	MT	-	PREFERRED	-	-
	POSACONAZOLE	NOXAFIL	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		NOXAFIL	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
		POSACONAZOLE DR	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
	TERBINAFINE HCL	LAMISIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TERBINAFINE HCL	TABS	OR	-	PREFERRED	-	-
	VORICONAZOLE	VFEND	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		VFEND	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VORICONAZOLE	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		VORICONAZOLE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIFUNGALS : TOPICAL	ANTIFUNGAL COMBINATION PRODUCTS, MISC.	FUNGIMEZ	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-
		RECURA	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	BUTENAFINE HCL	MENTAX	CREA	EX	-	NON-PREFERRED	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS	
ANTIFUNGALS : TOPICAL CONT.	CICLOPIROX	CICLODAN	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CICLODAN SOLUTION KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CICLOPIROX	GEL	EX	-	NON-PREFERRED	-	-	
		CICLOPIROX	SHAM	EX	-	PREFERRED	-	-	
		CICLOPIROX NAIL LACQUER	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CICLOPIROX TREATMENT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		LOPROX SHAMPOO	SHAM	EX	-	NON-PREFERRED	PA REQUIRED	-	
		PENLAC NAIL LACQUER	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CICLOPIROX OLAMINE	CICLOPIROX	SUSP	EX	-	PREFERRED	-	-
			CICLOPIROX OLAMINE	CREA	EX	-	PREFERRED	-	-
	LOPROX		CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	LOPROX		SUSP	EX	-	NON-PREFERRED	PA REQUIRED	-	
	CICLOPIROX OLAMINE & CLEANSER	LOPROX	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		LOPROX KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
	CLOTRIMAZOLE (TOPICAL)	ANTI-FUNGAL	CREA	EX	-	PREFERRED	-	-	
		ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		CLOTRIMAZOLE	CREA	EX	-	PREFERRED	-	-	
		CLOTRIMAZOLE	SOLN	EX	-	PREFERRED	-	-	
		CLOTRIMAZOLE ANTI-FUNGAL	CREA	EX	-	PREFERRED	-	-	
		CLOTRIMAZOLE ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		CLOTRIMAZOLE GRX	CREA	EX	-	PREFERRED	-	-	
		CVS CLOTRIMAZOLE	CREA	EX	-	PREFERRED	-	-	
		CVS CLOTRIMAZOLE MAXIMUM STRENGTH	SOLN	EX	-	PREFERRED	-	-	
		CVS ITCH RELIEF ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		CVS RINGWORM	CREA	EX	-	PREFERRED	-	-	
		DESENEX	CREA	EX	-	PREFERRED	-	-	
		EQ ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		EQ ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		EQ JOCK ITCH	CREA	EX	-	PREFERRED	-	-	
		EQL ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		EQL ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		FUNGICURE INTENSIVE WITH NAILGUARD	SOLN	EX	-	PREFERRED	-	-	
		GNP ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		JOCK ITCH	CREA	EX	-	PREFERRED	-	-	
		KP CLOTRIMAZOLE	CREA	EX	-	PREFERRED	-	-	
		PRO-EX ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		PX ATHLETIC FOOT	CREA	EX	-	PREFERRED	-	-	
		QC CLOTRIMAZOLE	CREA	EX	-	PREFERRED	-	-	
		RA ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		RA CLOTRIMAZOLE	CREA	EX	-	PREFERRED	-	-	
		RA JOCK ITCH	CREA	EX	-	PREFERRED	-	-	
		SB CLOTRIMAZOLE FOOT	CREA	EX	-	PREFERRED	-	-	
		SHOPKO ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		SM ANTIFUNGAL CLOTRIMAZOLE	CREA	EX	-	PREFERRED	-	-	
		TGT CLOTRIMAZOLE	CREA	EX	-	PREFERRED	-	-	
		CLOTRIMAZOLE W/ BETAMETHASONE	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	EX	-	PREFERRED	-	-
			CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	EX	-	PREFERRED	-	-
LOTRISONE	CREA		EX	-	NON-PREFERRED	PA REQUIRED	-		

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ANTIFUNGALS : TOPICAL CONT.	CLOTRIMAZOLE-BETAMETHASONE-ZINC OXIDE	DERMACINRX THERAZOLE PAK	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-
	ECONAZOLE NITRATE	ECONAZOLE NITRATE	CREA	EX	-	NON-PREFERRED	-	-
		ECOZA	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
	ECONAZOLE NITRATE-NIACINAMIDE	ECONAZOLE NITRATE/NIACINAMIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	EFINACONAZOLE	JUBLIA	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-
	FLUCONAZOLE-IBUPROFEN-ITRACONAZOLE-TERBINAFINE HCL	FLUCONAZOLE/IBUPROFEN/ITRACONAZOLE/TERBINAFINE HYDROCHLORIDE	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-
	IDOQUINOL-HYDROCORTISONE-KETOCONAZOLE	HYDROCORTISONE/IDOQUINOL/KETOCONAZOLE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	ITRACONAZOLE-PHENYTOIN SODIUM	ACTIVE-PREP KIT V	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	KETOCONAZOLE & CLEANSER	KETODAN KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
	KETOCONAZOLE & MICONAZOLE	PEDIZOLPAK	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-
	KETOCONAZOLE & PYRITHIONE ZINC	XOLEGEL DUO/HEAD & SHOULDERS	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
		XOLEGEL DUO/XOLEX	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
	KETOCONAZOLE (TOPICAL)	EXTINA	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		KETOCONAZOLE	CREA	EX	-	PREFERRED	-	-
		KETOCONAZOLE	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		KETOCONAZOLE	SHAM	EX	-	PREFERRED	-	-
		KETODAN	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		NIZORAL	SHAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		XOLEGEL	GEL	EX	-	NON-PREFERRED	-	-
	KETOCONAZOLE-HYDROCORTISONE	HYDROCORTISONE/KETOCONAZOLE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		XOLEGEL COREPAK	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
	LULICONAZOLE	LULICONAZOLE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		LUZU	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	MICONAZOLE NITRATE (TOPICAL)	ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-
		CARRINGTON ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-
		CAVILON	CREA	EX	-	PREFERRED	-	-
		KP MICONAZOLE NITRATE	CREA	EX	-	PREFERRED	-	-
		MICADERM	CREA	EX	-	PREFERRED	-	-
		MICATIN	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		MICONAZOLE	CREA	EX	-	PREFERRED	-	-
		MICONAZOLE ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-
		MICONAZOLE NITRATE	CREA	EX	-	PREFERRED	-	-
		PODACTIN	CREA	EX	-	PREFERRED	-	-
		RA ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-
		REMEDY ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-
		SM ANTIFUNGAL MICONAZOLE	CREA	EX	-	PREFERRED	-	-
		SOOTHE & COOL INZO ANTIFUNGAL CREAM	CREA	EX	-	PREFERRED	-	-
		TINEACIDE	CREA	EX	-	PREFERRED	-	-
	MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM	MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		VUSION	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
	NAFTIFINE HCL	NAFTIFINE HCL	CREA	EX	-	NON-PREFERRED	-	-
		NAFTIFINE HYDROCHLORIDE	GEL	EX	-	NON-PREFERRED	-	-
		NAFTIN	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		NAFTIN	GEL	EX	-	NON-PREFERRED	-	-
	NYSTATIN (TOPICAL)	NYAMYC	POWD	EX	-	PREFERRED	-	-
		NYSTATIN	CREA	EX	-	PREFERRED	-	-

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ANTIFUNGALS : TOPICAL CONT.		NYSTATIN	OINT	EX	-	PREFERRED	-	-	
		NYSTATIN	POWD	EX	-	PREFERRED	-	-	
		NYSTOP	POWD	EX	-	PREFERRED	-	-	
	NYSTATIN-TRIAMCINOLONE	NYSTATIN/TRIAMCINOLONE	CREA	EX	-	PREFERRED	-	-	
		NYSTATIN/TRIAMCINOLONE	OINT	EX	-	PREFERRED	-	-	
		NYSTATIN/TRIAMCINOLONE ACETONIDE	CREA	EX	-	PREFERRED	-	-	
		NYSTATIN/TRIAMCINOLONE ACETONIDE	OINT	EX	-	PREFERRED	-	-	
	OXICONAZOLE NITRATE	OXICONAZOLE NITRATE	CREA	EX	-	NON-PREFERRED	-	-	
		OXISTAT	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		OXISTAT	LOTN	EX	-	NON-PREFERRED	-	-	
	SERTACONAZOLE NITRATE	ERTACZO	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	SODIUM THIOSULFATE-SALICYLIC ACID	EXODERM	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
	SULCONAZOLE NITRATE	EXELDERM	CREA	EX	-	NON-PREFERRED	-	-	
		EXELDERM	SOLN	EX	-	NON-PREFERRED	-	-	
		SULCONAZOLE NITRATE	CREA	EX	-	NON-PREFERRED	-	-	
		SULCONAZOLE NITRATE	SOLN	EX	-	NON-PREFERRED	-	-	
	TAVABOROLE	KERYDIN	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
	TOLNAFTATE	ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		CVS ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		EQ ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		EQL ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		FUNGI-GUARD	CREA	EX	-	PREFERRED	-	-	
		FUNGOID-D	CREA	EX	-	PREFERRED	-	-	
		GNP TOLNAFTATE	CREA	EX	-	PREFERRED	-	-	
		KP TOLNAFTATE	CREA	EX	-	PREFERRED	-	-	
		QC TOLNAFTATE	CREA	EX	-	PREFERRED	-	-	
		RA ATHLETES FOOT	CREA	EX	-	PREFERRED	-	-	
		RA FOOT CARE ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		SB ANTI-FUNGAL	CREA	EX	-	PREFERRED	-	-	
		SM ANTIFUNGAL TOLNAFTATE	CREA	EX	-	PREFERRED	-	-	
		TGT ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
		TOLNAFTATE	CREA	EX	-	PREFERRED	-	-	
		TOLNAFTATE ANTIFUNGAL	CREA	EX	-	PREFERRED	-	-	
	ANTIFUNGALS : VAGINAL	BUTOCONAZOLE NITRATE (ONE DOSE)	GYZAZOLE-1	CREA	VA	-	NON-PREFERRED	-	-
		CLOTRIMAZOLE VAGINAL	3 DAY VAGINAL	CREA	VA	-	PREFERRED	-	-
			CLOTRIMAZOLE	CREA	VA	-	PREFERRED	-	-
			CVS 3-DAY VAGINAL CREAM	CREA	VA	-	PREFERRED	-	-
			CVS CLOTRIMAZOLE 3	CREA	VA	-	PREFERRED	-	-
			GNP CLOTRIMAZOLE 3	CREA	VA	-	PREFERRED	-	-
			RA CLOTRIMAZOLE 3	CREA	VA	-	PREFERRED	-	-
			RA CLOTRIMAZOLE 7	CREA	VA	-	PREFERRED	-	-
			SM 3-DAY VAGINAL	CREA	VA	-	PREFERRED	-	-
		SM CLOTRIMAZOLE VAGINAL	CREA	VA	-	PREFERRED	-	-	
MICONAZOLE NITRATE VAGINAL		CVS MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-	
		EQ MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-	
		EQL MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-	
		GNP MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-	
		MICONAZOLE	CREA	VA	-	PREFERRED	-	-	
		MICONAZOLE 3	CREA	VA	-	PREFERRED	-	-	
	MICONAZOLE 3	SUPP	VA	-	PREFERRED	-	-		

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ANTIFUNGALS : VAGINAL CONT.		MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-
		MICONAZOLE NITRATE	CREA	VA	-	PREFERRED	-	-
		QC 3 DAY VAGINAL CREAM	CREA	VA	-	PREFERRED	-	-
		QC MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-
		RA MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-
		SM MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-
		TGT MICONAZOLE 7	CREA	VA	-	PREFERRED	-	-
	TERCONAZOLE VAGINAL	TERCONAZOLE	CREA	VA	-	PREFERRED	-	-
		TERCONAZOLE	SUPP	VA	-	NON-PREFERRED	-	-
ANTIHYPERSLIPIDEMICS : ADENOSINE TRIPHOSPHATE-CITRATE LYASE INHIBITORS	BEMPEDOIC ACID	NEXLETOL	TABS	OR	-	PREFERRED	PA REQUIRED	-
ANTIHYPERSLIPIDEMICS : ANTIHYPERSLIPIDEMICS MISC	ATORVASTATIN CALCIUM-COENZYME Q10	EQUAPAX/ATORVASTATIN CALCIUM/COQ10	THPK	OR	-	NON-PREFERRED	PA REQUIRED	-
	EZETIMIBE	EZETIMIBE	TABS	OR	-	PREFERRED	-	-
		ZETIA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ICOSAPENT ETHYL	VASCEPA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	OMEGA-3-ACID ETHYL ESTERS	LOVAZA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		OMEGA-3-ACID ETHYL ESTERS	CAPS	OR	-	NON-PREFERRED	-	-
	OMEGA-3-ACID ETHYL ESTERS & CHOLECALCIFEROL	OMEGA-3/D-3 WELLNESS PACK	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
		SURE RESULT O3D3 SYSTEM	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
	OMEGA-3-ACID ETHYL ESTERS & MULTIVITAMIN/MINERALS	OMEGA-3 RX COMPLETE	THPK	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIHYPERSLIPIDEMICS : BILE ACID SEQUESTRANTS	CHOLESTYRAMINE	CHOLESTYRAMINE	PACK	OR	-	PREFERRED	-	-
		CHOLESTYRAMINE	POWD	OR	-	PREFERRED	-	-
		QUESTRAN	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		QUESTRAN	POWD	OR	-	NON-PREFERRED	PA REQUIRED	-
	CHOLESTYRAMINE LIGHT	CHOLESTYRAMINE LIGHT	PACK	OR	-	PREFERRED	-	-
		CHOLESTYRAMINE LIGHT	POWD	OR	-	PREFERRED	-	-
		PREVALITE	PACK	OR	-	PREFERRED	-	-
		PREVALITE	POWD	OR	-	PREFERRED	-	-
		QUESTRAN LIGHT	POWD	OR	-	NON-PREFERRED	PA REQUIRED	-
	COLESEVELAM HCL	COLESEVELAM HYDROCHLORIDE	PACK	OR	-	NON-PREFERRED	-	-
		COLESEVELAM HYDROCHLORIDE	TABS	OR	-	NON-PREFERRED	-	-
		WELCHOL	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		WELCHOL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	COLESTIPOL HCL	COLESTID	GRAN	OR	-	NON-PREFERRED	PA REQUIRED	-
		COLESTID	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		COLESTID	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		COLESTID FLAVORED	GRAN	OR	-	NON-PREFERRED	PA REQUIRED	-
		COLESTID FLAVORED	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		COLESTIPOL HCL	GRAN	OR	-	NON-PREFERRED	-	-
		COLESTIPOL HCL	PACK	OR	-	NON-PREFERRED	-	-
	COLESTIPOL HCL	TABS	OR	-	PREFERRED	-	-	
ANTIHYPERSLIPIDEMICS : FIBRIC ACID DERIVATIVES	CHOLINE FENOFIBRATE	FENOFIBRIC ACID DR	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-
		TRILIPIX	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-
	FENOFIBRATE	FENOFIBRATE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FENOFIBRATE	TABS	OR	-	PREFERRED	-	-
		FENOGLIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LIPOFEN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-

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ANTHYPERLIPIDEMICS : FIBRIC ACID DERIVATIVES CONT.		TRICOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TRIGLIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	FENOFIBRATE MICRONIZED	ANTARA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FENOFIBRATE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FENOFIBRATE MICRONIZED	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	FENOFIBRIC ACID	FENOFIBRIC ACID	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FIBRICOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	GEMFIBROZIL	GEMFIBROZIL	TABS	OR	-	PREFERRED	-	-
	LOPID	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTHYPERLIPIDEMICS : HMG COA REDUCTASE INHIBITORS (STATINS) AND COMBINATIONS	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	TABS	OR	-	PREFERRED	-	-
		LIPITOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	EZETIMIBE-SIMVASTATIN	EZETIMIBE/SIMVASTATIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VYTORIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	FLUVASTATIN SODIUM	FLUVASTATIN	CAPS	OR	-	NON-PREFERRED	-	-
		FLUVASTATIN SODIUM ER	TB24	OR	-	NON-PREFERRED	-	-
		LESCOL XL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	LOVASTATIN	ALTOPREV	TB24	OR	-	NON-PREFERRED	-	-
		LOVASTATIN	TABS	OR	-	PREFERRED	-	-
	PITAVASTATIN CALCIUM	LIVALO	TABS	OR	-	NON-PREFERRED	-	-
	PITAVASTATIN MAGNESIUM	ZYPITAMAG	TABS	OR	-	NON-PREFERRED	-	-
	PRAVASTATIN SODIUM	PRAVACHOL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PRAVASTATIN SODIUM	TABS	OR	-	PREFERRED	-	-
	ROSUVASTATIN CALCIUM	CRESTOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		EZALLOR SPRINKLE	CPSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		ROSUVASTATIN CALCIUM	TABS	OR	-	PREFERRED	-	-
	SIMVASTATIN	FLOLIPID	SUSP	OR	-	PREFERRED	PA REQUIRED	-
		SIMVASTATIN	SUSP	OR	-	PREFERRED	PA REQUIRED	-
	SIMVASTATIN	TABS	OR	-	PREFERRED	-	-	
	ZOCOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTHYPERLIPIDEMICS : MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITOR	LOMITAPIDE MESYLATE	JUXTAPID	CAPS	OR	-	PREFERRED	PA REQUIRED	-
ANTHYPERLIPIDEMICS : PCSK-9 INHIBITORS	ALIROCUMAB	PRALUENT	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
	EVOLOCUMAB	REPATHA (NDC 55513-0750-01)	SOSY	SC	-	NON-PREFERRED	PA REQUIRED	-
		REPATHA (NDC 72511-0750-01)	SOSY	SC	-	PREFERRED	PA REQUIRED	-
		REPATHA PUSHTRONEX SYSTEM (NDC 55513-0770-01)	SOCT	SC	-	NON-PREFERRED	PA REQUIRED	-
		REPATHA PUSHTRONEX SYSTEM (NDC 72511-0770-01)	SOCT	SC	-	PREFERRED	PA REQUIRED	-
		REPATHA SURECLICK (NDC 55513-0760-01 & 55513-0760-02)	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
		REPATHA SURECLICK (72511-0760-01 & 72511-0760-02)	SOAJ	SC	-	PREFERRED	PA REQUIRED	-
	ANTHYPERTENSIVES : ACE INHIBITOR COMBINATIONS	AMLODIPINE BESYLATE-BENAZEPRIL HCL	AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	OR	-	PREFERRED	PA REQUIRED
	LOTREL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	BENAZEPRIL & HYDROCHLOROTHIAZIDE	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
	LOTENSIN HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	

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ANTIHYPERTENSIVES : ACE INHIBITOR COMBINATIONS CONT.	CAPTOPRIL & HYDROCHLOROTHIAZIDE	CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	NON-PREFERRED	-	-	
	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-	
		VASERETIC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-	
	LISINOPRIL & HYDROCHLOROTHIAZIDE	LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-	
		ZESTORETIC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	PERINDOPRIL ARGININE-AMLODIPINE BESYLATE	PRESTALIA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	QUINAPRIL-HYDROCHLOROTHIAZIDE	ACCURETIC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-	
	TRANDOLAPRIL-VERAPAMIL HCL	TARKA	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-	
	ANTIHYPERTENSIVES : ACE INHIBITORS	BENAZEPRIL HCL	BENAZEPRIL HCL	TABS	OR	-	PREFERRED	-	-
		CAPTOPRIL	LOTENSIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
CAPTOPRIL			CAPTOPRIL	TABS	OR	-	PREFERRED	-	-
ENALAPRIL MALEATE		ENALAPRIL MALEATE	TABS	OR	-	PREFERRED	-	-	
		EPANED	SOLN	OR	-	NON-PREFERRED	-	-	
		VASOTEC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ENALAPRILAT		ENALAPRILAT	INJ	IV	-	PREFERRED	-	-	
FOSINOPRIL SODIUM		FOSINOPRIL SODIUM	TABS	OR	-	PREFERRED	-	-	
LISINOPRIL		LISINOPRIL	TABS	OR	-	PREFERRED	-	-	
		PRINIVIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		QBRELIS	SOLN	OR	-	NON-PREFERRED	-	-	
MOEXIPRIL HCL		ZESTRIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		MOEXIPRIL HCL	TABS	OR	-	NON-PREFERRED	-	-	
PERINDOPRIL ERBUMINE		PERINDOPRIL ERBUMINE	TABS	OR	-	NON-PREFERRED	-	-	
QUINAPRIL HCL		ACCUPRIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		QUINAPRIL HCL	TABS	OR	-	NON-PREFERRED	-	-	
RAMIPRIL		ALTACE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		RAMIPRIL	CAPS	OR	-	PREFERRED	-	-	
TRANDOLAPRIL		MAVIK	TABS	OR	-	NON-PREFERRED	-	-	
		TRANDOLAPRIL	TABS	OR	-	NON-PREFERRED	-	-	
ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS		AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL	AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		AMLODIPINE BESYLATE-VALSARTAN	AZOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
			AMLODIPINE BESYLATE/VALSARTAN	TABS	OR	-	PREFERRED	PA REQUIRED	-
	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE	EXFORGE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		AMLODIPINE/VALSARTAN/HCTZ	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE	AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		EXFORGE HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	AZILSARTAN MEDOXOMIL-CHLORTHALIDONE	EDARBYCLOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE	ATACAND HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	

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ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS CONT.		CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	IRBESARTAN-HYDROCHLOROTHIAZIDE	AVALIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE	HYZAAR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
	NEBIVOLOL-VALSARTAN	BYVALSON	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	OLMESARTAN MEDOXOMIL-AMLODIPINE-HYDROCHLOROTHIAZIDE	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TRIBENZOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE	BENICAR HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	TELMISARTAN-AMLODIPINE	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
		TELMISARTAN/AMLODIPINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TWYNSTA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	TELMISARTAN-HYDROCHLOROTHIAZIDE	MICARDIS HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
TELMISARTAN/HYDROCHLOROTHIAZIDE		TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
VALSARTAN-HYDROCHLOROTHIAZIDE	DIOVAN HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-	
ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKERS	AZILSARTAN MEDOXOMIL	EDARBI	TABS	OR	-	NON-PREFERRED	-	-
	CANDESARTAN CILEXETIL	ATACAND	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		CANDESARTAN CILEXETIL	TABS	OR	-	NON-PREFERRED	-	-
	EPROSARTAN MESYLATE	EPROSARTAN MESYLATE	TABS	OR	-	NON-PREFERRED	-	-
	IRBESARTAN	AVAPRO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		IRBESARTAN	TABS	OR	-	PREFERRED	-	-
	LOSARTAN POTASSIUM	COZAAR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LOSARTAN POTASSIUM	TABS	OR	-	PREFERRED	-	-
	OLMESARTAN MEDOXOMIL	BENICAR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		OLMESARTAN MEDOXOMIL	TABS	OR	-	PREFERRED	-	-
	TELMISARTAN	MICARDIS	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TELMISARTAN	TABS	OR	-	NON-PREFERRED	-	-
	VALSARTAN	DIOVAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VALSARTAN	TABS	OR	-	PREFERRED	-	-
	ANTIHYPERTENSIVES : ANTIADRENERGIC COMBINATIONS	METHYLDOPA & HYDROCHLOROTHIAZIDE	METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED
ANTIHYPERTENSIVES : ANTIADRENERGICS	CLONIDINE	CATAPRES-TTS-1	PTWK	TD	-	NON-PREFERRED	PA REQUIRED	YES
		CATAPRES-TTS-2	PTWK	TD	-	NON-PREFERRED	PA REQUIRED	YES
		CATAPRES-TTS-3	PTWK	TD	-	NON-PREFERRED	PA REQUIRED	YES
		CLONIDINE HCL	PTWK	TD	-	PREFERRED	-	YES
		CATAPRES	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	CLONIDINE HCL	CLONIDINE HCL	TABS	OR	-	PREFERRED	-	YES
		CLONIDINE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	YES
		CARDURA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	DOXAZOSIN MESYLATE	DOXAZOSIN	TABS	OR	-	PREFERRED	-	-

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ANTIHYPERTENSIVES : ANTIADRENERGICS CONT.		DOXAZOSIN MESYLATE	TABS	OR	-	PREFERRED	-	-
	GUANFACINE HCL	GUANFACINE HCL	TABS	OR	-	PREFERRED	-	YES
	METHYLDOPA	METHYLDOPA	TABS	OR	-	PREFERRED	-	-
	PRAZOSIN HCL	MINIPRESS	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PRAZOSIN HCL	CAPS	OR	-	PREFERRED	-	YES
	TERAZOSIN HCL	TERAZOSIN HCL	CAPS	OR	-	PREFERRED	-	-
ANTIHYPERTENSIVES : BETA-BLOCKER COMBINATIONS	ATENOLOL & CHLORTHALIDONE	ATENOLOL/CHLORTHALIDONE	TABS	OR	-	PREFERRED	-	-
		TENORETIC 100	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TENORETIC 50	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	BISOPROLOL & HYDROCHLOROTHIAZIDE	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
		ZIAC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	METOPROLOL & HYDROCHLOROTHIAZIDE	DUTOPROL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
		LOPRESSOR HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
		METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
	PROPRANOLOL & HYDROCHLOROTHIAZIDE	PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
ANTIHYPERTENSIVES : BETA-BLOCKERS	ACEBUTOLOL HCL	ACEBUTOLOL HCL	CAPS	OR	-	PREFERRED	-	-
	ATENOLOL	ATENOLOL	TABS	OR	-	PREFERRED	-	-
		ATENOLOL/SYRSPEND SF PH4	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		FIRST-ATENOLOL	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		TENORMIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	BETAXOLOL HCL	BETAXOLOL HCL	TABS	OR	-	PREFERRED	-	-
	BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	TABS	OR	-	PREFERRED	-	-
	CARVEDILOL	CARVEDILOL	TABS	OR	-	PREFERRED	-	-
		COREG	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		CARVEDILOL PHOSPHATE	CP24	OR	-	PREFERRED	-	-
	CARVEDILOL PHOSPHATE	COREG CR	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-
	ESMOLOL HCL	BREVIBLOC	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		ESMOLOL HCL	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		ESMOLOL HYDROCHLORIDE	SOSY	IV	-	PREFERRED	PA REQUIRED	-
		ESMOLOL HYDROCHLORIDE IN WATER	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	ESMOLOL HCL-SODIUM CHLORIDE	BREVIBLOC	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		BREVIBLOC PREMIXED	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		BREVIBLOC PREMIXED DOUBLESTRENGTH	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	-	-
	LABETALOL HCL	LABETALOL HYDROCHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		LABETALOL HYDROCHLORIDE	SOSY	IV	-	PREFERRED	PA REQUIRED	-
		LABETALOL HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-
	LABETALOL HCL-SODIUM CHLORIDE	LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	METOPROLOL SUCCINATE	KAPSPARGO SPRINKLE	CS24	OR	-	NON-PREFERRED	PA REQUIRED	-
		METOPROLOL SUCCINATE ER	TB24	OR	-	PREFERRED	-	-
		TOPROL XL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	METOPROLOL TARTRATE	FIRST - METOPROLOL	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-

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

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ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS CONT.	DILTIAZEM HCL EXTENDED RELEASE BEADS	DILTIAZEM HCL ER	CP24	OR	-	PREFERRED	-	-	
		DILTIAZEM HYDROCHLORIDE ER	CP24	OR	-	PREFERRED	-	-	
		TAZTIA XT	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-	
		TIADYLT ER	CP24	OR	-	PREFERRED	-	-	
		TIAZAC	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-	
	FELODIPINE	FELODIPINE ER	TB24	OR	-	PREFERRED	-	-	
	ISRADIPINE	ISRADIPINE	CAPS	OR	-	NON-PREFERRED	-	-	
	NICARDIPINE HCL	NICARDIPINE HCL	CAPS	OR	-	NON-PREFERRED	-	-	
		NICARDIPINE HCL	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
	NICARDIPINE HCL IN DEXTROSE	CARDENE IV	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
		NICARDIPINE HYDROCHLORIDE/DEXTROSE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
	NICARDIPINE HCL IN SODIUM CHLORIDE	CARDENE IV	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
		NICARDIPINE HYDROCHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
		NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
	NIFEDIPINE	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE	SOSY	IV	-	PREFERRED	PA REQUIRED	-
			ADALAT CC	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
		AFEDITAB CR	TB24	OR	-	PREFERRED	-	-	
		NIFEDICAL XL	TB24	OR	-	PREFERRED	-	-	
		NIFEDIPINE	CAPS	OR	-	PREFERRED	-	-	
		NIFEDIPINE ER	TB24	OR	-	PREFERRED	-	-	
		PROCARDIA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		PROCARDIA XL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-	
	NIMODIPINE	NIMODIPINE	CAPS	OR	-	NON-PREFERRED	-	-	
		NYMALIZE	SOLN	OR	-	NON-PREFERRED	-	-	
	NISOLDIPINE	NISOLDIPINE ER	TB24	OR	-	NON-PREFERRED	-	-	
		SULAR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-	
	VERAPAMIL HCL	CALAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		CALAN SR	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ISOPTIN SR	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		VERAPAMIL HCL	TABS	OR	-	PREFERRED	-	-	
		VERAPAMIL HCL CR	TBCR	OR	-	PREFERRED	-	-	
		VERAPAMIL HCL ER	CP24	OR	-	NON-PREFERRED	-	-	
		VERAPAMIL HCL ER	TBCR	OR	-	PREFERRED	-	-	
		VERAPAMIL HCL SA	TBCR	OR	-	PREFERRED	-	-	
		VERAPAMIL HCL SR	CP24	OR	-	NON-PREFERRED	-	-	
		VERAPAMIL HCL SR 360MG	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-	
		VERAPAMIL HCL SR	TBCR	OR	-	PREFERRED	-	-	
		VERAPAMIL HYDROCHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
		VERELAN	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-	
		VERELAN PM	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTIHYPERTENSIVES : DIRECT RENIN INHIBITOR COMBINATIONS	ALISKIREN-HYDROCHLOROTHIAZIDE	TEKTURNA HCT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTIHYPERTENSIVES : DIRECT RENIN INHIBITORS	ALISKIREN FUMARATE	ALISKIREN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		TEKTURNA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTIHYPERTENSIVES : NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMBINATIONS	SACUBITRIL-VALSARTAN	ENTRESTO	TABS	OR	-	PREFERRED	PA REQUIRED	-	

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ANTIHYPERTENSIVES : OTHER	MECAMYLAMINE HCL	VECAMYL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ANTIPARASITICS : AMEBICIDES	SECNIDAZOLE	SOLOSEC	PACK	OR	-	PREFERRED	-	-
ANTIPARASITICS : ANTHELMINTICS	ALBENDAZOLE	ALBENDAZOLE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ALBENDAZOLE (IMPAX)	TABS	OR	-	PREFERRED	-	-
		ALBENZA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	BENZNIDAZOLE	BENZNIDAZOLE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	IVERMECTIN	IVERMECTIN	TABS	OR	-	PREFERRED	-	-
		STROMEKTOL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	MEBENDAZOLE	EMVERM	CHEW	OR	-	NON-PREFERRED	PA REQUIRED	-
	PRAZIQUANTEL	BILTRICIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PRAZIQUANTEL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	PYRANTEL PAMOATE	CVS PINWORM TREATMENT	SUSP	OR	-	PREFERRED	-	-
		PINWORM MEDICINE	SUSP	OR	-	PREFERRED	-	-
		REESES PINWORM MEDICINE	SUSP	OR	-	PREFERRED	-	-
		REESES PINWORM MEDICINE	TABS	OR	-	PREFERRED	-	-
	TRICLABENDAZOLE	EGATEN	TABS	OR	-	PREFERRED	-	-
	ANTIPARASITICS : ANTIMALARIALS	ARTEMETHER-LUMEFANTRINE	COARTEM	TABS	OR	-	PREFERRED	-
ATOVAQUONE-PROGUANIL HCL		ATOVAQUONE/PROGUANIL HCL	TABS	OR	-	PREFERRED	-	-
		ATOVAQUONE/PROGUANIL HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-
		MALARONE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
CHLOROQUINE PHOSPHATE		CHLOROQUINE PHOSPHATE	TABS	OR	-	PREFERRED	-	-
HYDROXYCHLOROQUINE SULFATE		HYDROXYCHLOROQUINE SULFATE	TABS	OR	-	PREFERRED	-	-
		PLAQUENIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
MEFLOQUINE HCL		MEFLOQUINE HCL	TABS	OR	-	PREFERRED	-	-
PRIMAQUINE PHOSPHATE		PRIMAQUINE PHOSPHATE (SANOFI)	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PRIMAQUINE PHOSPHATE	TABS	OR	-	PREFERRED	-	-
PYRIMETHAMINE		DARAPRIM	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PYRIMETHAMINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
PYRIMETHAMINE-LEUCOVORIN		PYRIMETHAMINE/LEUCOVORIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
QUININE SULFATE		QUALAQUIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		QUININE SULFATE	CAPS	OR	-	PREFERRED	-	-
TAFENOQUINE SUCCINATE	ARAKODA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	KRINTAFEL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTIPARASITICS : ANTIPROTOZOAL AGENTS	ATOVAQUONE	ATOVAQUONE	SUSP	OR	-	PREFERRED	-	-
		MEPRON	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
	NITAZOXANIDE	ALINIA	SUSP	OR	-	PREFERRED	PA REQUIRED	-
ALINIA		TABS	OR	-	PREFERRED	PA REQUIRED	-	
ANTIPARASITICS : SCABICIDES AND PEDICULICIDES	BENZYL ALCOHOL (PEDICULICIDE)	ULESFIA	LOTN	EX	-	NON-PREFERRED	-	-
		CROTAMITON	LOTN	EX	-	PREFERRED	-	-
		EURAX	CREA	EX	-	PREFERRED	-	-
		EURAX	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
	IVERMECTIN (PEDICULICIDE)	SKLICE	LOTN	EX	-	PREFERRED	-	-
	LINDANE	LINDANE	SHAM	EX	-	NON-PREFERRED	-	-
	MALATHION	MALATHION	LOTN	EX	-	NON-PREFERRED	-	-
		OVIDE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
	PERMETHRIN	CVS LICE TREATMENT	LIQD	EX	-	PREFERRED	-	-
		ELIMITE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		GNP LICE TREATMENT	LIQD	EX	-	PREFERRED	-	-
		HM LICE TREATMENT	LIQD	EX	-	PREFERRED	-	-
LICE TREATMENT		LIQD	EX	-	PREFERRED	-	-	

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ANTIPARASITICS : SCABICIDES AND PEDICULICIDES CONT.		LICE TREATMENT	LOTN	EX	-	PREFERRED	-	-
		NIX CREME RINSE	LIQD	EX	-	PREFERRED	-	-
		PERMETHRIN	CREA	EX	-	PREFERRED	-	-
		RA LICE TREATMENT	LOTN	EX	-	PREFERRED	-	-
		SB LICE TREATMENT	LIQD	EX	-	PREFERRED	-	-
		SM LICE TREATMENT	LOTN	EX	-	PREFERRED	-	-
	PYRETHRINS-PIPERONYL BUTOXIDE	CVS LICE KILLING	SHAM	EX	-	PREFERRED	-	-
		EQ LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	PREFERRED	-	-
		EQL LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	PREFERRED	-	-
		GNP LICE TREATMENT	SHAM	EX	-	PREFERRED	-	-
		HM LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	PREFERRED	-	-
		LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	PREFERRED	-	-
		LICIDE	SHAM	EX	-	PREFERRED	-	-
		RA LICE MAXIMUM STRENGTH	SHAM	EX	-	PREFERRED	-	-
		RID LICE KILLING SHAMPOO	SHAM	EX	-	PREFERRED	-	-
		SB LICE KILLING MAXIMUM STRENGTH	SHAM	EX	-	PREFERRED	-	-
		SB LICE TREATMENT	LIQD	EX	-	PREFERRED	-	-
		SM LICE KILLING	SHAM	EX	-	PREFERRED	-	-
		STOP LICE MAXIMUM STRENGTH	SHAM	EX	-	PREFERRED	-	-
		VANALICE	GEL	EX	-	PREFERRED	-	-
	SPINOSAD	NATROBA	SUSP	EX	-	NON-PREFERRED	PA REQUIRED	-
		SPINOSAD	SUSP	EX	-	NON-PREFERRED	-	-
	SULFURATED LIME (SCABACIDE)	SULFURATED LIME	SOLN	EX	-	NON-PREFERRED	-	-
	ANTIPARKINSON AGENTS : ANTICHOLINERGICS	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	SOLN	IJ	-	PREFERRED	-
		BENZTROPINE MESYLATE	TABS	OR	-	PREFERRED	-	YES
		COGENTIN	SOLN	IJ	-	PREFERRED	-	YES
TRIHEXYPHENIDYL HCL		TRIHEXYPHENIDYL HCL	SOLN	OR	-	PREFERRED	-	YES
		TRIHEXYPHENIDYL HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	YES
ANTIPARKINSON AGENTS : COMT INHIBITORS	ENTACAPONE	COMTAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ENTACAPONE	TABS	OR	-	PREFERRED	-	-
	TOLCAPONE	TASMAR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TOLCAPONE	TABS	OR	-	PREFERRED	-	-
ANTIPARKINSON AGENTS : DOPAMINERGICS	AMANTADINE HCL	AMANTADINE HCL	CAPS	OR	-	PREFERRED	-	YES
		AMANTADINE HCL	SYRP	OR	-	PREFERRED	-	YES
		AMANTADINE HCL	TABS	OR	-	NON-PREFERRED	-	YES
		GOCOVRI	CP24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		OSMOLEX ER	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
	APOMORPHINE HYDROCHLORIDE	APOKYN	SOCT	SC	-	NON-PREFERRED	-	YES
	BROMOCRIPTINE MESYLATE	BROMOCRIPTINE MESYLATE	CAPS	OR	-	NON-PREFERRED	-	YES
		BROMOCRIPTINE MESYLATE	TABS	OR	-	NON-PREFERRED	-	YES
		PARLODEL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PARLODEL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	CARBIDOPA	CARBIDOPA	TABS	OR	-	PREFERRED	-	YES
		LODOSYN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	CARBIDOPA-LEVODOPA	CARBIDOPA/LEVODOPA	TABS	OR	-	PREFERRED	-	YES
		CARBIDOPA/LEVODOPA ER	TBCR	OR	-	PREFERRED	-	YES
		CARBIDOPA/LEVODOPA ODT	TBDP	OR	-	NON-PREFERRED	-	YES
		DUOPA	SUSP	EN	-	NON-PREFERRED	-	YES
	RYTARY	CPCR	OR	-	NON-PREFERRED	-	YES	

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ANTIPARKINSON AGENTS : DOPAMINERGICS CONT.		SINEMET	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		SINEMET CR	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	CARBIDOPA-LEVODOPA-ENTACAPONE		CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	OR	-	NON-PREFERRED	-	YES
			STALEVO 100	TABS	OR	-	NON-PREFERRED	-	YES
			STALEVO 125	TABS	OR	-	NON-PREFERRED	-	YES
			STALEVO 150	TABS	OR	-	NON-PREFERRED	-	YES
			STALEVO 200	TABS	OR	-	NON-PREFERRED	-	YES
			STALEVO 50	TABS	OR	-	NON-PREFERRED	-	YES
			STALEVO 75	TABS	OR	-	NON-PREFERRED	-	YES
		LEVODOPA	INBRIJA	CAPS	IN	-	NON-PREFERRED	PA REQUIRED	-
	PRAMIPEXOLE DIHYDROCHLORIDE		MIRAPEX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
			MIRAPEX ER	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
			PRAMIPEXOLE DIHYDROCHLORIDE	TABS	OR	-	PREFERRED	-	YES
			PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	OR	-	NON-PREFERRED	-	YES
	ROPINIROLE HYDROCHLORIDE		REQUIP XL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
			ROPINIROLE ER	TB24	OR	-	NON-PREFERRED	-	YES
			ROPINIROLE HCL	TABS	OR	-	PREFERRED	-	YES
	ROTIGOTINE	NEUPRO	PT24	TD	-	NON-PREFERRED	-	YES	
	ANTIPARKINSON AGENTS : MONOAMINE OXIDASE INHIBITORS (MAOI)	RASAGILINE MESYLATE	AZILECT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
RASAGILINE MESYLATE			TABS	OR	-	NON-PREFERRED	-	YES	
SAFINAMIDE MESYLATE		XADAGO	TABS	OR	-	NON-PREFERRED	-	YES	
SELEGILINE HCL		SELEGILINE HCL	CAPS	OR	-	PREFERRED	-	YES	
		SELEGILINE HCL	TABS	OR	-	PREFERRED	-	YES	
		ZELAPAR	TBDP	OR	-	NON-PREFERRED	-	YES	
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIMANIC AGENTS	CARBAMAZEPINE (ANTIPSYCHOTIC)	EQUETRO	CP12	OR	-	PREFERRED	PA REQUIRED	YES	
	LITHIUM	LITHIUM	SOLN	OR	-	PREFERRED	-	YES	
	LITHIUM CARBONATE	LITHIUM CARBONATE	CAPS	OR	-	PREFERRED	-	YES	
		LITHIUM CARBONATE	TABS	OR	-	PREFERRED	-	YES	
		LITHIUM CARBONATE ER	TBCR	OR	-	PREFERRED	-	YES	
		LITHOBID	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	YES	
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPTSYCHOTICS - 1ST GENERATION	CHLORPROMAZINE HCL	CHLORPROMAZINE HCL	SOLN	IJ	-	PREFERRED	-	YES	
		CHLORPROMAZINE HCL	TABS	OR	-	PREFERRED	-	YES	
	FLUPHENAZINE DECANOATE	FLUPHENAZINE DECANOATE	SOLN	IJ	-	PREFERRED	-	YES	
		FLUPHENAZINE HCL	CONC	OR	-	PREFERRED	-	YES	
		FLUPHENAZINE HCL	SOLN	IJ	-	PREFERRED	-	YES	
		FLUPHENAZINE HCL	TABS	OR	-	PREFERRED	-	YES	
	HALOPERIDOL	HALOPERIDOL	TABS	OR	-	PREFERRED	-	YES	
		HALOPERIDOL DECANOATE	HALDOL DECANOATE 100	SOLN	IM	-	NON-PREFERRED	PA REQUIRED	YES
		HALDOL DECANOATE 50	SOLN	IM	-	NON-PREFERRED	PA REQUIRED	YES	
		HALOPERIDOL DECANOATE	SOLN	IM	-	PREFERRED	-	YES	
	HALOPERIDOL LACTATE	HALDOL	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	YES	
		HALOPERIDOL	CONC	OR	-	PREFERRED	-	YES	
		HALOPERIDOL LACTATE	SOLN	IJ	-	PREFERRED	-	YES	
	LOXAPINE	ADASUVE	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	YES	
	LOXAPINE SUCCINATE	LOXAPINE	CAPS	OR	-	PREFERRED	-	YES	
		LOXAPINE SUCCINATE	CAPS	OR	-	PREFERRED	-	YES	
	MOLINDONE HCL	MOLINDONE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	YES	

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ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 1ST GENERATION CONT.	PERPHENAZINE	PERPHENAZINE	TABS	OR	-	PREFERRED	-	YES
	PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE/AMITRIPTYLINE	TABS	OR	-	PREFERRED	-	YES
	THIORIDAZINE HCL	THIORIDAZINE HCL	TABS	OR	-	PREFERRED	-	YES
	THIOTHIXENE	THIOTHIXENE	CAPS	OR	-	PREFERRED	-	YES
	TRIFLUOPERAZINE HCL	TRIFLUOPERAZINE HCL	TABS	OR	-	PREFERRED	-	YES
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	ARIPIRAZOLE	ABILIFY	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		ABILIFY MAINTENA	PRSY	IM	-	PREFERRED	-	YES
		ABILIFY MAINTENA	SRER	IM	-	PREFERRED	-	YES
		ABILIFY MYCITE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		ARIPIRAZOLE	SOLN	OR	-	PREFERRED	-	YES
		ARIPIRAZOLE	TABS	OR	-	PREFERRED	-	YES
		ARIPIRAZOLE ODT	TBDP	OR	-	PREFERRED	-	YES
	ARIPIRAZOLE LAUROXIL	ARISTADA	PRSY	IM	-	PREFERRED	-	YES
		ARISTADA INITIO	PRSY	IM	-	NON-PREFERRED	PA REQUIRED	YES
	ASENAPINE MALEATE	SAPHRIS	SUBL	SL	-	PREFERRED	-	YES
	BREXPIRAZOLE	REXULTI	TABS	OR	-	PREFERRED	-	YES
	CARIPRAZINE HCL	VRAYLAR	CAPS	OR	-	PREFERRED	PA REQUIRED	YES
		VRAYLAR	CPPK	OR	-	PREFERRED	PA REQUIRED	YES
	CLOZAPINE	CLOZAPINE	TABS	OR	-	PREFERRED	-	YES
		CLOZAPINE ODT	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		CLOZARIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		FAZACLO	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		VERSACLOZ	SUSP	OR	-	PREFERRED	-	YES
	ILOPERIDONE	FANAPT	TABS	OR	-	PREFERRED	-	YES
		FANAPT TITRATION PACK	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	LUMATEPERONE TOSYLATE	CAPLYTA	CAPS	OR	-	PREFERRED	PA REQUIRED	YES
	LURASIDONE HCL	LATUDA	TABS	OR	-	PREFERRED	-	YES
	OLANZAPINE	OLANZAPINE	SOLR	IM	-	PREFERRED	-	YES
		OLANZAPINE	TABS	OR	-	PREFERRED	-	YES
		OLANZAPINE ODT	TBDP	OR	-	PREFERRED	-	YES
		ZYPREXA	SOLR	IM	-	NON-PREFERRED	PA REQUIRED	YES
		ZYPREXA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		ZYPREXA ZYDIS	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	YES
		OLANZAPINE PAMOATE	ZYPREXA RELPREVV	SUSR	IM	-	PREFERRED	-
	PALIPERIDONE	INVEGA	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PALIPERIDONE ER	TB24	OR	-	PREFERRED	-	YES
		INVEGA SUSTENNA	SUSY	IM	-	PREFERRED	-	YES
	PALIPERIDONE PALMITATE	INVEGA TRINZA	SUSY	IM	-	PREFERRED	-	YES
		QUETIAPINE FUMARATE	TABS	OR	-	PREFERRED	-	YES
		QUETIAPINE FUMARATE ER	TB24	OR	-	PREFERRED	-	YES
	RISPERIDONE	SEROQUEL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		SEROQUEL XR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	YES
		PERSERIS	PRSY	SC	-	NON-PREFERRED	PA REQUIRED	YES
		RISPERDAL	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES
		RISPERDAL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		RISPERIDONE	SOLN	OR	-	PREFERRED	-	YES
		RISPERIDONE	TABS	OR	-	PREFERRED	-	YES
	RISPERIDONE M-TAB	TBDP	OR	-	PREFERRED	-	YES	

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ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION CONT.		RISPERIDONE ODT	TBDP	OR	-	PREFERRED	-	YES
	RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	SRER	IM	-	PREFERRED	-	YES
	ZIPRASIDONE HCL	GEODON	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		ZIPRASIDONE HCL	CAPS	OR	-	PREFERRED	-	YES
	ZIPRASIDONE MESYLATE	GEODON	SOLR	IM	-	PREFERRED	-	YES
		ZIPRASIDONE MESYLATE	SOLR	IM	-	PREFERRED	-	YES
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - COMBINATIONS	OLANZAPINE-FLUOXETINE HCL	OLANZAPINE/FLUOXETINE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		SYMBYAX	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES
ANTIPSYCHOTICS / ANTIMANIC AGENTS : PARKINSONS PSYCHOTIC DISORDER	PIMAVANSERIN TARTRATE	NUPLAZID	CAPS	OR	-	PREFERRED	PA REQUIRED	YES
		NUPLAZID	TABS	OR	-	PREFERRED	PA REQUIRED	YES
ANTIVIRALS : CMV AGENTS	CIDOFOVIR	CIDOFOVIR	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	FOSCARNET SODIUM	FOSCAVIR	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	GANCICLOVIR	GANCICLOVIR	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	GANCICLOVIR SODIUM	CYTOVENE	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
		GANCICLOVIR	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		GANCICLOVIR	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	LETERMOVIR	PREVYMIS	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		PREVYMIS	TABS	OR	-	PREFERRED	PA REQUIRED	-
	VALGANCICLOVIR HCL	VALCYTE	SOLR	OR	-	NON-PREFERRED	PA REQUIRED	-
		VALCYTE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VALGANCICLOVIR	TABS	OR	-	PREFERRED	-	-
	VALGANCICLOVIR HYDROCHLORDE	SOLR	OR	-	PREFERRED	-	-	
ANTIVIRALS : HEPATITIS B AGENTS	ADEFOVIR DIPIVOXIL	ADEFOVIR DIPIVOXIL	TABS	OR	-	PREFERRED	-	-
		HEPSERA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ENTECAVIR	BARACLUDE	SOLN	OR	-	NON-PREFERRED	-	-
		BARACLUDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ENTECAVIR	TABS	OR	-	PREFERRED	-	-
	LAMIVUDINE (HBV)	EPIVIR HBV	SOLN	OR	-	PREFERRED	-	-
		EPIVIR HBV	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMIVUDINE	TABS	OR	-	PREFERRED	-	-
TENOFOVIR ALAFENAMIDE FUMARATE	VEMLIDY	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ANTIVIRALS : HEPATITIS C AGENTS	DACLATASVIR DIHYDROCHLORIDE	DAKLINZA	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-
	ELBASVIR-GRAZOPREXAVIR	ZEPATIER	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-
	GLECAPREXAVIR-PIBRENTASVIR	MAVYRET	TABS	OR	YES	PREFERRED	-	-
	LEDIPASVIR-SOFOSBUVIR	HARVONI	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-
		LEDIPASVIR/SOFOSBUVIR	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-
	OMBITASVIR-PARITAPREXAVIR-RITONAVIR-DASABUVIR	VIEKIRA PAK	TBPK	OR	YES	NON-PREFERRED	PA REQUIRED	-
	PEGINTERFERON ALFA-2A	PEGASYS	SOLN	SC	YES	NON-PREFERRED	PA REQUIRED	-
	PEGINTERFERON ALFA-2B	PEGINTRON	KIT	SC	YES	NON-PREFERRED	PA REQUIRED	-
	RIBAVIRIN (HEPATITIS C)	MODERIBA	TABS	OR	YES	PREFERRED	-	-
		MODERIBA 1200 DOSE PACK	TBPK	OR	YES	NON-PREFERRED	PA REQUIRED	-
		REBETOL	SOLN	OR	YES	NON-PREFERRED	PA REQUIRED	-
		RIBASPHERE	CAPS	OR	YES	PREFERRED	-	-
		RIBASPHERE 400MG & 600MG	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-
		RIBASPHERE	TABS	OR	YES	PREFERRED	-	-
	RIBASPHERE RIBAPAK	TBPK	OR	YES	NON-PREFERRED	PA REQUIRED	-	

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ANTIVIRALS : HEPATITIS C AGENTS CONT.		RIBAVIRIN	CAPS	OR	YES	PREFERRED	-	-	
		RIBAVIRIN	TABS	OR	YES	PREFERRED	-	-	
	SOFOSBUVIR	SOVALDI	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-	
	SOFOSBUVIR-VELPATASVIR	EPCLUSA	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-	
		SOFOSBUVIR/VELPATASVIR	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-	
		SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	VOSEVI	TABS	OR	YES	NON-PREFERRED	PA REQUIRED	-
ANTIVIRALS : HERPES AGENTS	ACYCLOVIR	ACYCLOVIR	CAPS	OR	-	PREFERRED	-	-	
		ACYCLOVIR	SUSP	OR	-	PREFERRED	-	-	
		ACYCLOVIR	TABS	OR	-	PREFERRED	-	-	
		SITAVIG	TABS	BU	-	NON-PREFERRED	PA REQUIRED	-	
		ZOVIRAX	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ZOVIRAX	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ZOVIRAX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	ACYCLOVIR SODIUM	ACYCLOVIR SODIUM	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
	ACYCLOVIR TOPICAL	ACYCLOVIR	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		ACYCLOVIR	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		ZOVIRAX	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		ZOVIRAX	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
	ACYCLOVIR-HYDROCORTISONE	XERESE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	FAMCICLOVIR	FAMCICLOVIR	TABS	OR	-	PREFERRED	-	-	
	PENCICLOVIR	DENAVIR	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	VALACYCLOVIR HCL	VALACYCLOVIR HCL	TABS	OR	-	PREFERRED	-	-	
		VALTREX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	ANTIVIRALS : HIV	ABACAVIR SULFATE	ABACAVIR	SOLN	OR	-	PREFERRED	-	-
			ABACAVIR	TABS	OR	-	PREFERRED	-	-
			ABACAVIR SULFATE	TABS	OR	-	PREFERRED	-	-
		ZIAGEN	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ZIAGEN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ABACAVIR SULFATE-LAMIVUDINE		ABACAVIR SULFATE/LAMIVUDINE	TABS	OR	-	PREFERRED	-	-	
		EPZICOM	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE		ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	OR	-	PREFERRED	-	-	
		TRIZIVIR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE		TRIUMEQ	TABS	OR	-	PREFERRED	-	-	
ATAZANAVIR SULFATE		ATAZANAVIR	CAPS	OR	-	PREFERRED	-	-	
		ATAZANAVIR SULFATE	CAPS	OR	-	PREFERRED	-	-	
		REYATAZ	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		REYATAZ	PACK	OR	-	PREFERRED	-	-	
ATAZANAVIR SULFATE-COBICISTAT		EVOTAZ	TABS	OR	-	PREFERRED	-	-	
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR									
ALAFENAMIDE FUMARATE		BIKTARVY	TABS	OR	-	NON-PREFERRED	-	-	
COBICISTAT		TYBOST	TABS	OR	-	PREFERRED	-	-	
DARUNAVIR ETHANOLATE		PREZISTA	SUSP	OR	-	PREFERRED	-	-	
		PREZISTA	TABS	OR	-	PREFERRED	-	-	
DARUNAVIR-COBICISTAT	PREZCOBIX	TABS	OR	-	PREFERRED	-	-		
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE	SYM TUZA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-		

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ANTIVIRALS : HIV CONT.	DELAVIRDINE MESYLATE	RESCRIPTOR	TABS	OR	-	PREFERRED	-	-
	DIDANOSINE	DIDANOSINE	CPDR	OR	-	PREFERRED	-	-
		VIDEX PEDIATRIC	SOLR	OR	-	PREFERRED	-	-
		VIDEX EC	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-
		VIDEX EC 125MG	CPDR	OR	-	PREFERRED	-	-
	DOLUTEGRAVIR SODIUM	TIVICAY	TABS	OR	-	PREFERRED	-	-
	DOLUTEGRAVIR SODIUM-LAMIVUDINE	DOVATO	TABS	OR	-	NON-PREFERRED	-	-
	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL	JULUCA	TABS	OR	-	NON-PREFERRED	-	-
	DORAVIRINE-LAMIVUDINE-TENOFOVIR							
	DISOPROXIL FUMARATE	DELSTRIGO	TABS	OR	-	NON-PREFERRED	-	-
	EFAVIRENZ	EFAVIRENZ	CAPS	OR	-	PREFERRED	-	-
		EFAVIRENZ	TABS	OR	-	PREFERRED	-	-
		SUSTIVA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SUSTIVA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	EFAVIRENZ-EMTRICITABINE-TENOFOVIR							
	DISOPROXIL FUMARATE	ATRIPLA	TABS	OR	-	PREFERRED	-	-
	EFAVIRENZ-LAMIVUDINE-TENOFOVIR							
	DISOPROXIL FUMARATE	SYMFI	TABS	OR	-	NON-PREFERRED	-	-
		SYMFI LO	TABS	OR	-	NON-PREFERRED	-	-
	ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE	GENVOYA	TABS	OR	-	PREFERRED	-	-
	ELVITEGRAVIR-COBIKISTAT-EMTRICITABINE-TENOFOVIR DF	STRIBILD	TABS	OR	-	PREFERRED	-	-
	EMTRICITABINE	EMTRIVA	CAPS	OR	-	PREFERRED	-	-
		EMTRIVA	SOLN	OR	-	PREFERRED	-	-
	EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE	ODEFSEY	TABS	OR	-	PREFERRED	-	-
	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE	COMPLERA	TABS	OR	-	PREFERRED	-	-
	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE	DESCOVY	TABS	OR	-	PREFERRED	-	-
	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	TRUVADA	TABS	OR	-	PREFERRED	-	-
	ENFUVRTIDE	FUZEON	SOLR	SC	-	PREFERRED	-	-
	ETRAVIRINE	INTELENCE	TABS	OR	-	PREFERRED	-	-
	FOSAMPRENAVIR CALCIUM	FOSAMPRENAVIR CALCIUM	TABS	OR	-	PREFERRED	-	-
		LEXIVA	SUSP	OR	-	PREFERRED	-	-
		LEXIVA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	IBALIZUMAB-UIYK	TROGARZO	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	INDINAVIR SULFATE	CRIXIVAN	CAPS	OR	-	PREFERRED	-	-
	LAMIVUDINE	EPIVIR	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		EPIVIR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LAMIVUDINE	SOLN	OR	-	PREFERRED	-	-
		LAMIVUDINE	TABS	OR	-	PREFERRED	-	-
	LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE	CIMDUO	TABS	OR	-	NON-PREFERRED	-	-
		TEMIXYS	TABS	OR	-	NON-PREFERRED	-	-
	LAMIVUDINE-ZIDOVUDINE	COMBIVIR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-

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ANTIVIRALS : HIV CONT.		LAMIVUDINE/ZIDOVUDINE	TABS	OR	-	PREFERRED	-	-
	LOPINAVIR-RITONAVIR	KALETRA	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		KALETRA	TABS	OR	-	PREFERRED	-	-
	MARAVIROC	LOPINAVIR/RITONAVIR	SOLN	OR	-	PREFERRED	-	-
		SELZENTRY	SOLN	OR	-	PREFERRED	-	-
	NELFINAVIR MESYLATE	SELZENTRY	TABS	OR	-	PREFERRED	-	-
		VIRACEPT	TABS	OR	-	PREFERRED	-	-
	NEVIRAPINE	NEVIRAPINE	SUSP	OR	-	PREFERRED	-	-
		NEVIRAPINE	TABS	OR	-	PREFERRED	-	-
		NEVIRAPINE ER	TB24	OR	-	PREFERRED	-	-
		VIRAMUNE	SUSP	OR	-	PREFERRED	-	-
		VIRAMUNE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		VIRAMUNE XR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	RALTEGRAVIR POTASSIUM	ISENTRESS	CHEW	OR	-	PREFERRED	-	-
		ISENTRESS	PACK	OR	-	PREFERRED	-	-
		ISENTRESS	TABS	OR	-	PREFERRED	-	-
		ISENTRESS HD	TABS	OR	-	PREFERRED	-	-
	RILPIVIRINE HCL	EDURANT	TABS	OR	-	PREFERRED	-	-
	RITONAVIR	NORVIR	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		NORVIR	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		NORVIR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		RITONAVIR	TABS	OR	-	PREFERRED	-	-
	SAQUINAVIR MESYLATE	INVIRASE	TABS	OR	-	PREFERRED	-	-
	STAVUDINE	STAVUDINE	CAPS	OR	-	PREFERRED	-	-
		ZERIT	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	TENOFVIR DISOPROXIL FUMARATE	TENOFVIR DISOPROXIL FUMARATE	TABS	OR	-	PREFERRED	-	-
		VIREAD	POWD	OR	-	PREFERRED	-	-
		VIREAD 300MG	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	TIPRANAVIR	VIREAD	TABS	OR	-	PREFERRED	-	-
		APTIVUS	CAPS	OR	-	PREFERRED	-	-
	ZIDOVUDINE	APTIVUS	SOLN	OR	-	PREFERRED	-	-
		RETROVIR	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	RETROVIR	SYRP	OR	-	NON-PREFERRED	PA REQUIRED	-	
	RETROVIR IV INFUSION	SOLN	IV	-	PREFERRED	-	-	
	ZIDOVUDINE	CAPS	OR	-	PREFERRED	-	-	
	ZIDOVUDINE	SYRP	OR	-	PREFERRED	-	-	
	ZIDOVUDINE	TABS	OR	-	PREFERRED	-	-	
ANTIVIRALS : INFLUENZA AGENTS	BALOXAVIR MARBOXIL	XOFLUZA	TBPK	OR	-	NON-PREFERRED	-	-
	OSELTAMIVIR PHOSPHATE	OSELTAMIVIR PHOSPHATE	CAPS	OR	-	PREFERRED	-	-
		OSELTAMIVIR PHOSPHATE	SUSR	OR	-	PREFERRED	-	-
	PERAMIVIR	TAMIFLU	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TAMIFLU	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
	RIMANTADINE HYDROCHLORIDE	RAPIVAB	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	ZANAMIVIR	FLUMADINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
RIMANTADINE HYDROCHLORIDE		TABS	OR	-	PREFERRED	-	-	
	RELENZA DISKHALER	AEPB	IN	-	NON-PREFERRED	-	-	
ANTIVIRALS : RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS	RIBAVIRIN	RIBAVIRIN	SOLR	IN	-	PREFERRED	PA REQUIRED	-
		VIRAZOLE	SOLR	IN	-	NON-PREFERRED	PA REQUIRED	-
ASTHMA AND COPD AGENTS : ANTICHOLINERGICS	CROMOLYN SODIUM	CROMOLYN SODIUM	NEBU	IN	-	PREFERRED	-	-

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ASTHMA AND COPD AGENTS : ANTICHOLINERGICS CONT.	IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	SOLN	IN	-	PREFERRED	-	-
	IPRATROPIUM BROMIDE HFA	ATROVENT HFA	AERS	IN	-	PREFERRED	-	-
	IPRATROPIUM-ALBUTEROL	COMBIVENT RESPIMAT	AERS	IN	-	PREFERRED	-	-
		IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	IN	-	PREFERRED	-	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING	ARFORMOTEROL TARTRATE	BROVANA	NEBU	IN	-	NON-PREFERRED	-	-
	FORMOTEROL FUMARATE	PERFORMIST	NEBU	IN	-	NON-PREFERRED	-	-
	INDACATEROL MALEATE	ARCAPTA NEOHALER	CAPS	IN	-	NON-PREFERRED	-	-
	OLODATEROL HCL	STRIVERDI RESPIMAT	AERS	IN	-	NON-PREFERRED	-	-
	SALMETEROL XINAFOATE	SEREVENT DISKUS	AEPB	IN	-	PREFERRED	-	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - ORAL	ALBUTEROL SULFATE	ALBUTEROL	TABS	OR	-	PREFERRED	-	-
		ALBUTEROL SULFATE	SYRP	OR	-	PREFERRED	-	-
		ALBUTEROL SULFATE	TABS	OR	-	PREFERRED	-	-
		ALBUTEROL SULFATE ER	TB12	OR	-	PREFERRED	-	-
	METAPROTERENOL SULFATE	METAPROTERENOL SULFATE	SYRP	OR	-	NON-PREFERRED	-	-
		METAPROTERENOL SULFATE	TABS	OR	-	NON-PREFERRED	-	-
	TERBUTALINE SULFATE	TERBUTALINE SULFATE	TABS	OR	-	NON-PREFERRED	-	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - SHORT ACTING	ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	IN	-	PREFERRED	-	-
		ALBUTEROL SULFATE HFA	AERS	IN	-	NON-PREFERRED	-	-
		ALBUTEROL SULFATE HFA (TEVA)	AERS	IN	-	PREFERRED	-	-
		PROAIR DIGIHALER	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	-
		PROAIR HFA	AERS	IN	-	PREFERRED	-	-
		PROAIR RESPICLICK	AEPB	IN	-	NON-PREFERRED	-	-
		PROVENTIL HFA	AERS	IN	-	PREFERRED	-	-
		VENTOLIN HFA	AERS	IN	-	NON-PREFERRED	-	-
	LEVALBUTEROL HCL	LEVALBUTEROL	NEBU	IN	-	NON-PREFERRED	-	-
		LEVALBUTEROL HCL	NEBU	IN	-	NON-PREFERRED	-	-
		XOPENEX	NEBU	IN	-	NON-PREFERRED	-	-
		XOPENEX CONCENTRATE	NEBU	IN	-	NON-PREFERRED	-	-
	LEVALBUTEROL TARTRATE	LEVALBUTEROL TARTRATE HFA	AERO	IN	-	NON-PREFERRED	-	-
		XOPENEX HFA	AERO	IN	-	NON-PREFERRED	-	-
		TERBUTALINE SULFATE	TERBUTALINE SULFATE	SOLN	IJ	-	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	AERO	IN	-	PREFERRED	-	-
		SYMBICORT	AERO	IN	-	PREFERRED	-	-
	FLUTICASONE FUROATE-VILANTEROL	BREO ELLIPTA	AEPB	IN	-	NON-PREFERRED	-	-
	FLUTICASONE-SALMETEROL	ADVAIR DISKUS	AEPB	IN	-	PREFERRED	-	-
		ADVAIR HFA	AERO	IN	-	PREFERRED	-	-
		AIRDUO RESPICLICK 113/14	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	-
		AIRDUO RESPICLICK 232/14	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	-
		AIRDUO RESPICLICK 55/14	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	-
		FLUTICASONE PROPIONATE/SALMETEROL	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	-
		FLUTICASONE PROPIONATE/SALMETEROL DISKUS	AEPB	IN	-	PREFERRED	-	-
		WIXELA INHUB	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	-
	FLUTICASONE-UMECLIDINIUM-VILANTEROL	TRELEGY ELLIPTA	AEPB	IN	-	NON-PREFERRED	-	-

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ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS CONT.	MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE	DULERA	AERO	IN	-	PREFERRED	-	-
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROIDS	BECLOMETHASONE DIPROPIONATE HFA	QVAR REDHALER	AERB	IN	-	NON-PREFERRED	-	-
	BUDESONIDE (INHALATION)	BUDESONIDE	SUSP	IN	-	PREFERRED	-	-
		PULMICORT	SUSP	IN	-	NON-PREFERRED	PA REQUIRED	-
		PULMICORT FLEXHALER	AEPB	IN	-	PREFERRED	-	-
	CICLESONIDE	ALVESCO	AERS	IN	-	NON-PREFERRED	-	-
	FLUTICASONE FUROATE (INHALATION)	ARNUITY ELLIPTA	AEPB	IN	-	NON-PREFERRED	-	-
	FLUTICASONE PROPIONATE (INHALATION)	FLOVENT DISKUS	AEPB	IN	-	PREFERRED	-	-
	FLUTICASONE PROPIONATE HFA	FLOVENT HFA	AERO	IN	-	PREFERRED	-	-
	MOMETASONE FUROATE (INHALATION)	ASMANEX HFA	AERO	IN	-	NON-PREFERRED	-	-
		ASMANEX TWISTHALER 120 METERED DOSES	AEPB	IN	-	NON-PREFERRED	-	-
		ASMANEX TWISTHALER 14 METERED DOSES	AEPB	IN	-	NON-PREFERRED	-	-
	ASMANEX TWISTHALER 30 METERED DOSES	AEPB	IN	-	NON-PREFERRED	-	-	
	ASMANEX TWISTHALER 60 METERED DOSES	AEPB	IN	-	NON-PREFERRED	-	-	
	ASMANEX TWISTHALER 7 METERED DOSES	AEPB	IN	-	NON-PREFERRED	-	-	
ASTHMA AND COPD AGENTS : LEUKOTRIENE MODIFIERS	MONTELUKAST SODIUM	MONTELUKAST SODIUM	CHEW	OR	-	PREFERRED	-	-
		MONTELUKAST SODIUM	PACK	OR	-	PREFERRED	-	-
		MONTELUKAST SODIUM	TABS	OR	-	PREFERRED	-	-
		SINGULAIR	CHEW	OR	-	NON-PREFERRED	PA REQUIRED	-
		SINGULAIR	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		SINGULAIR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ZAFIRLUKAST	ACCOLATE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ZAFIRLUKAST	TABS	OR	-	PREFERRED	-	-
	ZILEUTON	ZILEUTON ER	TB12	OR	-	NON-PREFERRED	-	-
		ZYFLO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ZYFLO CR	TB12	OR	-	NON-PREFERRED	PA REQUIRED	-	
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENT / LONG ACTING BETA AGONIST COMBINATIONS	ACLIDINIUM BROMIDE-FORMOTEROL FUMARATE	DUAKLIR PRESSAIR	AEPB	IN	-	NON-PREFERRED	PA REQUIRED	-
	GLYCOPYRROLATE-FORMOTEROL FUMARATE	BEVESPI AEROSPHERE	AERO	IN	-	NON-PREFERRED	-	-
	INDACATEROL MALEATE-GLYCOPYRROLATE	UTIBRON NEOHALER	CAPS	IN	-	NON-PREFERRED	-	-
	TIOTROPIUM BROMIDE-OLODATEROL HCL	STIOLTO RESPIMAT	AERS	IN	-	PREFERRED	-	-
	UMECLIDINIUM-VILANTEROL	ANORO ELLIPTA	AEPB	IN	-	NON-PREFERRED	-	-
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS	ACLIDINIUM BROMIDE	TUDORZA PRESSAIR	AEPB	IN	-	NON-PREFERRED	-	-
	GLYCOPYRROLATE (INHALATION)	LONHALA MAGNAIR REFILL KIT	SOLN	IN	-	NON-PREFERRED	-	-
		LONHALA MAGNAIR STARTER KIT	SOLN	IN	-	NON-PREFERRED	-	-
		SEEBRI NEOHALER	CAPS	IN	-	NON-PREFERRED	-	-
	REVEFENACIN	YUPELRI	SOLN	IN	-	NON-PREFERRED	-	-
	TIOTROPIUM BROMIDE MONOHYDRATE	SPIRIVA HANDHALER	CAPS	IN	-	PREFERRED	-	-
		SPIRIVA RESPIMAT	AERS	IN	-	NON-PREFERRED	PA REQUIRED	-
UMECLIDINIUM BROMIDE	INCRUSE ELLIPTA	AEPB	IN	-	NON-PREFERRED	-	-	

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ASTHMA AND COPD AGENTS : MONOCLONAL ANTIBODIES	BENRALIZUMAB	FASENRA	SOSY	SC	-	NON-PREFERRED	PA REQUIRED	-
		FASENRA PEN	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
	MEPOLIZUMAB	NUCALA	SOAJ	SC	-	PREFERRED	PA REQUIRED	-
		NUCALA	SOLR	SC	-	PREFERRED	PA REQUIRED	-
		NUCALA	SOSY	SC	-	PREFERRED	PA REQUIRED	-
	OMALIZUMAB	XOLAIR	SOLR	SC	-	PREFERRED	PA REQUIRED	-
		XOLAIR	SOSY	SC	-	PREFERRED	PA REQUIRED	-
RESLIZUMAB	CINQAIR	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
ASTHMA AND COPD AGENTS : PHOSPHODIESTERASE 4 INHIBITORS	ROFLUMILAST	DALIRESP	TABS	OR	-	PREFERRED	PA REQUIRED	-
ASTHMA AND COPD AGENTS : XANTHINES	AMINOPHYLLINE	AMINOPHYLLINE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	DYPHYLLINE-GUAIFENESIN	DIFIL-G FORTE	LIQD	OR	-	NON-PREFERRED	PA REQUIRED	-
		THEOPHYLLINE	ELIXOPHYLLIN	ELIX	OR	-	NON-PREFERRED	-
		THEO-24	CP24	OR	-	NON-PREFERRED	-	-
		THEOPHYLLINE	SOLN	OR	-	PREFERRED	-	-
		THEOPHYLLINE CR	TB12	OR	-	PREFERRED	-	-
		THEOPHYLLINE ER	TB12	OR	-	PREFERRED	-	-
		THEOPHYLLINE ER	TB24	OR	-	PREFERRED	-	-
		THEOPHYLLINE SR	TB12	OR	-	PREFERRED	-	-
	THEOPHYLLINE IN DEXTROSE	THEOPHYLLINE/D5W	SOLN	IV	-	PREFERRED	PA REQUIRED	-
ATOPIC DERMATITIS AGENTS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL COMBINATIONS	HYALURONATE SODIUM-NIACINAMIDE-TACROLIMUS	HYALURONIC ACID						
		SODIUM/NIACINAMIDE/TACROLIMUS	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	NIACINAMIDE-TACROLIMUS	NIACINAMIDE/TACROLIMUS MONOHYDRATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
BONE DENSITY REGULATORS - CALCITONINS	CALCITONIN (SALMON)	CALCITONIN SALMON	SOLN	NA	-	PREFERRED	-	-
		MIACALCIN	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		MIACALCIN	SOLN	NA	-	NON-PREFERRED	PA REQUIRED	-
BONE DENSITY REGULATORS - PARATHYROID HORMONE DERIVATIVES	ABALOPARATIDE	TYMLOS	SOPN	SC	-	NON-PREFERRED	PA REQUIRED	-
	PARATHYROID HORMONE (RECOMBINANT)	NATPARA	CART	SC	-	NON-PREFERRED	PA REQUIRED	-
		FORTEO	SOPN	SC	-	PREFERRED	PA REQUIRED	-
	TERIPARATIDE (RECOMBINANT)	TERIPARATIDE	SOPN	SC	-	PREFERRED	PA REQUIRED	-
BONE DENSITY REGULATORS : BISPHOSPHONATES	ALENDRONATE SODIUM	ALENDRONATE SODIUM	SOLN	OR	-	PREFERRED	-	-
		ALENDRONATE SODIUM	TABS	OR	-	PREFERRED	-	-
		BINOSTO	TBEF	OR	-	NON-PREFERRED	PA REQUIRED	-
		FOSAMAX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ALENDRONATE SODIUM-CHOLECALCIFEROL	FOSAMAX PLUS D	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ETIDRONATE DISODIUM	ETIDRONATE DISODIUM	TABS	OR	-	NON-PREFERRED	-	-
	IBANDRONATE SODIUM	BONIVA	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		BONIVA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		IBANDRONATE SODIUM	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		IBANDRONATE SODIUM	TABS	OR	-	PREFERRED	-	-
	PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
		PAMIDRONATE DISODIUM	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
	RISEDRONATE SODIUM	ACTONEL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ATELVIA	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
		RISEDRONATE SODIUM	TABS	OR	-	NON-PREFERRED	-	-
RISEDRONATE SODIUM DR		TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-	

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

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CARDIOVASCULAR AGENTS : ANTIARRHYTHMICS CONT.	PROCAINAMIDE HCL	PROCAINAMIDE HCL	SOLN	IJ	-	PREFERRED	PA REQUIRED	-	
	PROPafenone HCL	PROPafenone HCL	TABS	OR	-	PREFERRED	-	-	
		PROPafenone Hydrochloride ER	CP12	OR	-	PREFERRED	-	-	
		Rythmol SR	CP12	OR	-	NON-PREFERRED	PA REQUIRED	-	
	QUINIDINE GLUCONATE	QUINIDINE GLUCONATE CR	TBCR	OR	-	PREFERRED	-	-	
		QUINIDINE GLUCONATE ER	TBCR	OR	-	PREFERRED	-	-	
	QUINIDINE SULFATE	QUINIDINE SULFATE	TABS	OR	-	NON-PREFERRED	-	-	
CARDIOVASCULAR AGENTS : CARDIAC GLYCOSIDES	DIGOXIN	DIGITEK	TABS	OR	-	PREFERRED	-	-	
		DIGOX	TABS	OR	-	PREFERRED	-	-	
		DIGOXIN	SOLN	IJ	-	PREFERRED	-	-	
		DIGOXIN	SOLN	OR	-	PREFERRED	-	-	
		DIGOXIN	TABS	OR	-	PREFERRED	-	-	
		LANOXIN	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-	
		LANOXIN 62.5MCG	TABS	OR	-	NON-PREFERRED	-	-	
		LANOXIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
LANOXIN PEDIATRIC	SOLN	IJ	-	NON-PREFERRED	-	-			
CARDIOVASCULAR AGENTS : PHOSPHODIESTERASE INHIBITORS	MILRINONE LACTATE	MILRINONE LACTATE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
	MILRINONE LACTATE IN DEXTROSE	MILRINONE IN DEXTROSE	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
CARDIOVASCULAR AGENTS : SINUS NODE INHIBITORS	IVABRADINE HCL	CORLANOR	SOLN	OR	-	PREFERRED	PA REQUIRED	-	
		CORLANOR	TABS	OR	-	PREFERRED	PA REQUIRED	-	
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL	DESOGESTREL & ETHINYL ESTRADIOL	APRI	TABS	OR	-	PREFERRED	-	-	
		CYRED	TABS	OR	-	PREFERRED	-	-	
		DESOGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-	
		EMOQUETTE	TABS	OR	-	PREFERRED	-	-	
		ENSKYCE	TABS	OR	-	PREFERRED	-	-	
		ISIBLOOM	TABS	OR	-	PREFERRED	-	-	
		JULEBER	TABS	OR	-	PREFERRED	-	-	
		KALLIGA	TABS	OR	-	PREFERRED	-	-	
		RECLIPSEN	TABS	OR	-	PREFERRED	-	-	
		SOLIA	TABS	OR	-	PREFERRED	-	-	
		DROSPIRENONE-ETHINYL ESTRADIOL	DROSPIRENONE/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-
			GIANVI	TABS	OR	-	PREFERRED	-	-
	JASMIEL		TABS	OR	-	PREFERRED	-	-	
	LORYNA		TABS	OR	-	PREFERRED	-	-	
	LO-ZUMANDIMINE		TABS	OR	-	PREFERRED	-	-	
	NIKKI		TABS	OR	-	PREFERRED	-	-	
	OCELLA		TABS	OR	-	PREFERRED	-	-	
	SYEDA		TABS	OR	-	PREFERRED	-	-	
	YASMIN 28		TABS	OR	-	PREFERRED	-	-	
	YAZ		TABS	OR	-	PREFERRED	-	-	
	ZARAH	TABS	OR	-	PREFERRED	-	-		
	ZUMANDIMINE	TABS	OR	-	PREFERRED	-	-		
	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE CALCIUM	BEYAZ	TABS	OR	-	PREFERRED	-	-	
		DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	TABS	OR	-	PREFERRED	-	-	
		SAFYRAL	TABS	OR	-	PREFERRED	-	-	
		TYDEMY	TABS	OR	-	PREFERRED	-	-	

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

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	CHEW	OR	-	PREFERRED	-	-	
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	OR	-	PREFERRED	-	-	
		TARINA 24 FE	TABS	OR	-	PREFERRED	-	-	
		TARINA FE 1/20	TABS	OR	-	PREFERRED	-	-	
		TARINA FE 1/20 EQ	TABS	OR	-	PREFERRED	-	-	
		TAYTULLA	CAPS	OR	-	PREFERRED	-	-	
	NORETHINDRONE & ETH ESTRADIOL		ALYACEN 1/35	TABS	OR	-	PREFERRED	-	-
		BALZIVA	TABS	OR	-	PREFERRED	-	-	
		BRIELLYN	TABS	OR	-	PREFERRED	-	-	
		CYCLAFEM 1/35	TABS	OR	-	PREFERRED	-	-	
		DASETTA 1/35	TABS	OR	-	PREFERRED	-	-	
		NECON 0.5/35-28	TABS	OR	-	PREFERRED	-	-	
		NECON 1/35	TABS	OR	-	PREFERRED	-	-	
		NORTREL 0.5/35 (28)	TABS	OR	-	PREFERRED	-	-	
		NORTREL 1/35	TABS	OR	-	PREFERRED	-	-	
		ORTHO-NOVUM 1/35	TABS	OR	-	PREFERRED	-	-	
		PHILITH	TABS	OR	-	PREFERRED	-	-	
		PIRMELLA 1/35	TABS	OR	-	PREFERRED	-	-	
		VYFEMLA	TABS	OR	-	PREFERRED	-	-	
		WERA	TABS	OR	-	PREFERRED	-	-	
	NORETHINDRONE & ETHINYL ESTRADIOL-FE		GENERESS FE	CHEW	OR	-	PREFERRED	-	-
		KAITLIB FE	CHEW	OR	-	PREFERRED	-	-	
		LAYOLIS FE	CHEW	OR	-	PREFERRED	-	-	
		NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	OR	-	PREFERRED	-	-	
		WYMZYA FE	CHEW	OR	-	PREFERRED	-	-	
	NORETHINDRONE ACET & ETH ESTRA		AUROVELA 1.5/30	TABS	OR	-	PREFERRED	-	-
		AUROVELA 1/20	TABS	OR	-	PREFERRED	-	-	
		HAILEY 1.5/30	TABS	OR	-	PREFERRED	-	-	
		JUNEL 1.5/30	TABS	OR	-	PREFERRED	-	-	
		JUNEL 1/20	TABS	OR	-	PREFERRED	-	-	
		LARIN 1.5/30	TABS	OR	-	PREFERRED	-	-	
		LARIN 1/20	TABS	OR	-	PREFERRED	-	-	
		LOESTRIN 1.5/30-21	TABS	OR	-	PREFERRED	-	-	
		LOESTRIN 1/20-21	TABS	OR	-	PREFERRED	-	-	
		MICROGESTIN 1.5/30	TABS	OR	-	PREFERRED	-	-	
		MICROGESTIN 1/20	TABS	OR	-	PREFERRED	-	-	
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-	
	NORGESTIMATE-ETHINYL ESTRADIOL		ESTARYLLA	TABS	OR	-	PREFERRED	-	-
		FEMYNOR	TABS	OR	-	PREFERRED	-	-	
		MILI	TABS	OR	-	PREFERRED	-	-	
		MONO-LINYAH	TABS	OR	-	PREFERRED	-	-	
		MONONESSA	TABS	OR	-	PREFERRED	-	-	
		NORGESTIMATE/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-	
	ORTHO-CYCLEN	TABS	OR	-	PREFERRED	-	-		
	PREVIFEM	TABS	OR	-	PREFERRED	-	-		
	SPRINTEC 28	TABS	OR	-	PREFERRED	-	-		

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.		VYLIBRA	TABS	OR	-	PREFERRED	-	-
	NORGESTREL & ETHINYL ESTRADIOL	CRYSSELLE-28	TABS	OR	-	PREFERRED	-	-
		ELINEST	TABS	OR	-	PREFERRED	-	-
		LOW-OGESTREL	TABS	OR	-	PREFERRED	-	-
		OGESTREL	TABS	OR	-	PREFERRED	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, BIPHASIC	DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC)	AZURETTE	TABS	OR	-	PREFERRED	-	-
		BEKYREE	TABS	OR	-	PREFERRED	-	-
		DESOGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-
		KARIVA	TABS	OR	-	PREFERRED	-	-
		MIRCETTE	TABS	OR	-	PREFERRED	-	-
		PIMTREA	TABS	OR	-	PREFERRED	-	-
		SIMLIYA	TABS	OR	-	PREFERRED	-	-
		VIORELE	TABS	OR	-	PREFERRED	-	-
		VOLNEA	TABS	OR	-	PREFERRED	-	-
	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE FUM (BIPHASIC)	LO LOESTRIN FE	TABS	OR	-	PREFERRED	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, CONTINUOUS	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS)	AMETHYST	TABS	OR	-	PREFERRED	-	-
		LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, EXTENDED CYCLE	LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)	AMETHIA	TABS	OR	-	PREFERRED	-	-
		AMETHIA LO	TABS	OR	-	PREFERRED	-	-
		ASHLYNA	TABS	OR	-	PREFERRED	-	-
		CAMRESE	TABS	OR	-	PREFERRED	-	-
		CAMRESE LO	TABS	OR	-	PREFERRED	-	-
		DAYSEE	TABS	OR	-	PREFERRED	-	-
		FAYOSIM	TABS	OR	-	PREFERRED	-	-
		INTROVALE	TABS	OR	-	PREFERRED	-	-
		JAIMIESS	TABS	OR	-	PREFERRED	-	-
		JOLESSA	TABS	OR	-	PREFERRED	-	-
		LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-
		LOJAIMIESS	TABS	OR	-	PREFERRED	-	-
		LOSEASONIQUE	TABS	OR	-	PREFERRED	-	-
		QUARTETTE	TABS	OR	-	PREFERRED	-	-
		RIVELSA	TABS	OR	-	PREFERRED	-	-
		SEASONIQUE	TABS	OR	-	PREFERRED	-	-
		SETLAKIN	TABS	OR	-	PREFERRED	-	-
SIMPESSE	TABS	OR	-	PREFERRED	-	-		
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC	DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC)	CAZIAN	TABS	OR	-	PREFERRED	-	-
		CESIA	TABS	OR	-	PREFERRED	-	-
		VELIVET	TABS	OR	-	PREFERRED	-	-
	ESTRADIOL VALERATE-DIENOGEST	NATAZIA	TABS	OR	-	PREFERRED	-	-
	LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC)	ENPRESSE-28	TABS	OR	-	PREFERRED	-	-
		LEVONEST	TABS	OR	-	PREFERRED	-	-
		LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-
MYZILRA		TABS	OR	-	PREFERRED	-	-	

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC CONT.		TRIVORA-28	TABS	OR	-	PREFERRED	-	-	
	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE	ESTROSTEP FE	TABS	OR	-	PREFERRED	-	-	
		TILIA FE	TABS	OR	-	PREFERRED	-	-	
		TRI-LEGEST FE	TABS	OR	-	PREFERRED	-	-	
	NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC)	ALYACEN 7/7/7	TABS	OR	-	PREFERRED	-	-	
		ARANELLE	TABS	OR	-	PREFERRED	-	-	
		CYCLAFEM 7/7/7	TABS	OR	-	PREFERRED	-	-	
		DASETTE 7/7/7	TABS	OR	-	PREFERRED	-	-	
		LEENA	TABS	OR	-	PREFERRED	-	-	
		NORTREL 7/7/7	TABS	OR	-	PREFERRED	-	-	
		ORTHO-NOVUM 7/7/7	TABS	OR	-	PREFERRED	-	-	
		PIRMELLA 7/7/7	TABS	OR	-	PREFERRED	-	-	
		TRI-NORINYL 28	TABS	OR	-	PREFERRED	-	-	
		NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC)	NORGESTIMATE/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-
	ORTHO TRI-CYCLEN		TABS	OR	-	PREFERRED	-	-	
	ORTHO TRI-CYCLEN LO		TABS	OR	-	PREFERRED	-	-	
	TRI FEMYNOR		TABS	OR	-	PREFERRED	-	-	
	TRI-ESTARYLLA		TABS	OR	-	PREFERRED	-	-	
	TRI-LINYAH		TABS	OR	-	PREFERRED	-	-	
	TRI-LO-ESTARYLLA		TABS	OR	-	PREFERRED	-	-	
	TRI-LO-MARZIA		TABS	OR	-	PREFERRED	-	-	
	TRI-LO-MILI		TABS	OR	-	PREFERRED	-	-	
	TRI-LO-SPRINTEC		TABS	OR	-	PREFERRED	-	-	
	TRI-MILI		TABS	OR	-	PREFERRED	-	-	
	TRINESSA		TABS	OR	-	PREFERRED	-	-	
	TRI-PREVIFEM		TABS	OR	-	PREFERRED	-	-	
	TRI-SPRINTEC		TABS	OR	-	PREFERRED	-	-	
	TRI-VYLIBRA		TABS	OR	-	PREFERRED	-	-	
	TRI-VYLIBRA LO		TABS	OR	-	PREFERRED	-	-	
	CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - TRANSDERMAL		NORELGESTROMIN-ETHINYL ESTRADIOL	XULANE	PTWK	TD	-	PREFERRED	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - VAGINAL	ETONOGESTREL-ETHINYL ESTRADIOL	ELURYNG	RING	VA	-	PREFERRED	-	-	
		ETONOGESTREL/ETHINYL ESTRADIOL	RING	VA	-	PREFERRED	-	-	
		NUVARING	RING	VA	-	PREFERRED	-	-	
CONTRACEPTIVES : COPPER CONTRACEPTIVES - IUD	SEGESTERONE ACETATE-ETHINYL ESTRADIOL	ANNOVERA	RING	VA	-	PREFERRED	-	-	
		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE							
CONTRACEPTIVES : EMERGENCY CONTRACEPTIVES	COPPER (IUD)	T380A	IUD	IU	-	PREFERRED	-	-	
		LEVONORGESTREL (EMERGENCY OC)	AFTERA	TABS	OR	-	PREFERRED	-	-
			ECONTRA EZ	TABS	OR	-	PREFERRED	-	-
			ECONTRA ONE-STEP	TABS	OR	-	PREFERRED	-	-
			LEVONORGESTREL	TABS	OR	-	PREFERRED	-	-
			MY CHOICE	TABS	OR	-	PREFERRED	-	-
			MY WAY	TABS	OR	-	PREFERRED	-	-
NEW DAY	TABS	OR	-	PREFERRED	-	-			

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

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CONTRACEPTIVES : NON-PHARMACEUTICAL CONT.		TRUSTEX LUBRICATED EXTRA STRENGTH	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX LUBRICATED/RIBBED/STUDDED	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX LUBRICATED/SPERMICIDE	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX/RIA LUBRICATED	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX/RIA LUBRICATED SPERMICIDE	MISC	XX	-	PREFERRED	-	-	
		TRUSTEX/RIA LUBRICATED/SPERMICIDE	MISC	XX	-	PREFERRED	-	-	
		CONDOMS LATEX NON-LUBRICATED - MALE							
			KIMONO MICRO THIN	MISC	XX	-	PREFERRED	-	-
			TRUSTEX NON-LUBRICATED	MISC	XX	-	PREFERRED	-	-
			TRUSTEX/RIA NON-LUBRICATED	MISC	XX	-	PREFERRED	-	-
		CONDOMS NON-LATEX LUBRICATED - MALE							
			DUREX REALFEEL NON-LATEX	DEVI	XX	-	PREFERRED	-	-
		DIAPHRAGM ARC-SPRING	CAYA	DPRH	VA	-	PREFERRED	-	-
		DIAPHRAGM WIDE SEAL	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	DPRH	VA	-	PREFERRED	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 65	DPRH	VA	-	PREFERRED	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 70	DPRH	VA	-	PREFERRED	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 75	DPRH	VA	-	PREFERRED	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 80	DPRH	VA	-	PREFERRED	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 85	DPRH	VA	-	PREFERRED	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 90	DPRH	VA	-	PREFERRED	-	-
			WIDE-SEAL SILICONE DIAPHRAGM KIT 95	DPRH	VA	-	PREFERRED	-	-
		DIAPHRAGMS	OMNIFLEX DIAPHRAGM	DPRH	VA	-	PREFERRED	-	-
	CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IMPLANTS	ETONOGESTREL	NEXPLANON	IMPL	SC	-	PREFERRED	-	-
	CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - INJECTABLE	MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE)	DEPO-PROVERA CONTRACEPTIVE	SUSP	IM	-	PREFERRED	-	-
			DEPO-PROVERA CONTRACEPTIVE	SUSY	IM	-	PREFERRED	-	-
			DEPO-SUBQ PROVERA 104	SUSY	SC	-	PREFERRED	-	-
		MEDROXYPROGESTERONE ACETATE	SUSP	IM	-	PREFERRED	-	-	
		MEDROXYPROGESTERONE ACETATE	SUSY	IM	-	PREFERRED	-	-	
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IUD	LEVONORGESTREL (IUD)	KYLEENA	IUD	IU	-	PREFERRED	-	-	
		LILETTA	IUD	IU	-	PREFERRED	-	-	
		MIRENA	IUD	IU	-	PREFERRED	-	-	
		SKYLA	IUD	IU	-	PREFERRED	-	-	
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL	DROSPIRENONE	SLYND	TABS	OR	-	PREFERRED	-	-	
	NORETHINDRONE (CONTRACEPTIVE)	CAMILA	TABS	OR	-	PREFERRED	-	-	
		DEBLITANE	TABS	OR	-	PREFERRED	-	-	
		ERRIN	TABS	OR	-	PREFERRED	-	-	
		HEATHER	TABS	OR	-	PREFERRED	-	-	
		INCASSIA	TABS	OR	-	PREFERRED	-	-	
		JENCYCLA	TABS	OR	-	PREFERRED	-	-	

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CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL CONT.		JOLIVETTE	TABS	OR	-	PREFERRED	-	-
		LYZA	TABS	OR	-	PREFERRED	-	-
		NORA-BE	TABS	OR	-	PREFERRED	-	-
		NORETHINDRONE	TABS	OR	-	PREFERRED	-	-
		NORLYDA	TABS	OR	-	PREFERRED	-	-
		NORLYROC	TABS	OR	-	PREFERRED	-	-
		ORTHO MICRONOR	TABS	OR	-	PREFERRED	-	-
		SHAROBEL	TABS	OR	-	PREFERRED	-	-
	TULANA	TABS	OR	-	PREFERRED	-	-	
CORTICOSTEROIDS : GLUCOCORTICOSTEROID COMBINATIONS	BETAMETHASONE SOD PHOSPHATE & ACETATE	BETAMETHASONE COMBO	SUSP	IJ	-	NON-PREFERRED	PA REQUIRED	-
		BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE	SUSP	IJ	-	PREFERRED	PA REQUIRED	-
		CELESTONE-SOLUSPAN	SUSP	IJ	-	NON-PREFERRED	PA REQUIRED	-
	PREDNISONE-DIPHENHYDRAMINE HCL TRIAMCINOLONE ACETONIDE-LIDOCAINE-PRILOCAINE	CONTRAST ALLERGY PREMED PACK	KIT	OR	-	NON-PREFERRED	PA REQUIRED	-
	DERMACINRX CINLONE-I CPI	KIT	CO	-	PREFERRED	PA REQUIRED	-	
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	BETAMETHASONE SODIUM PHOSPHATE	BETAMETHASONE SODIUM PHOSPHATE	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
	BUDESONIDE	BUDESONIDE	CPEP	OR	-	PREFERRED	-	-
		BUDESONIDE ER	TB24	OR	-	PREFERRED	-	-
		ENTOCORT EC	CPEP	OR	-	NON-PREFERRED	PA REQUIRED	-
		UCERIS	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	CORTISONE ACETATE	CORTISONE ACETATE	TABS	OR	-	PREFERRED	-	-
	DEFLAZACORT	EMFLAZA	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		EMFLAZA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	DEXAMETHASONE	DECADRON	ELIX	OR	-	PREFERRED	-	-
		DECADRON	TABS	OR	-	PREFERRED	-	-
		DEXABLISS	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		DEXAMETHASONE	ELIX	OR	-	PREFERRED	-	-
		DEXAMETHASONE	SOLN	OR	-	PREFERRED	PA REQUIRED	-
		DEXAMETHASONE	TABS	OR	-	PREFERRED	-	-
		DEXAMETHASONE 10-DAY DOSE PACK	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		DEXAMETHASONE 13-DAY DOSE PACK	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		DEXAMETHASONE 6-DAY DOSE PACK	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		DEXAMETHASONE INTENSOL	CONC	OR	-	PREFERRED	-	-
		DEXPAK 10 DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		DEXPAK 13 DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		DEXPAK 6 DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		DXEVO 11-DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		HIDEX 6-DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		TAPERDEX 12-DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		TAPERDEX 6-DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		TAPERDEX 7-DAY	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
	DEXAMETHASONE ACETATE	DEXAMETHASONE (LA)	SUSP	IJ	-	PREFERRED	PA REQUIRED	-
	DEXAMETHASONE SODIUM PHOSPHATE	ACTIVE INJECTION KIT D	KIT	IJ	-	PREFERRED	PA REQUIRED	-
		DEXAMETHASONE SODIUM PHOSPHATE	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		DEXAMETHASONE SODIUM PHOSPHATE	SOSY	IJ	-	PREFERRED	PA REQUIRED	-

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CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS CONT.		DEXAMETHASONE SODIUM PHOSPHATE	SOSY	IV	-	PREFERRED	PA REQUIRED	-	
		DEXONTO 0.4%	SOLN	PH	-	PREFERRED	PA REQUIRED	-	
		DOUBLEDEX	KIT	IJ	-	PREFERRED	PA REQUIRED	-	
		MAS CARE-PAK	KIT	IJ	-	PREFERRED	PA REQUIRED	-	
		READYSHARP DEXAMETHASONE	KIT	IJ	-	PREFERRED	PA REQUIRED	-	
		TOPIDEX	KIT	IJ	-	PREFERRED	PA REQUIRED	-	
		DEXAMETHASONE SODIUM PHOSPHATE-DEXTROSE	DEXAMETHASONE SODIUM PHOSPHATE/DEXTROSE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		DEXAMETHASONE SODIUM PHOSPHATE-SODIUM CHLORIDE	DEXAMETHASONE SODIUM PHOSPHATE/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		HYDROCORTISONE	CORTEF	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
			HYDROCORTISONE	TABS	OR	-	PREFERRED	-	-
		HYDROCORTISONE SOD SUCCINATE	SOLU-CORTEF	SOLR	IJ	-	PREFERRED	PA REQUIRED	-
		METHYLPREDNISOLONE	MEDROL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
			MEDROL DOSEPAK	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
			METHYLPREDNISOLONE	TABS	OR	-	PREFERRED	-	-
			METHYLPREDNISOLONE	TBPK	OR	-	PREFERRED	-	-
		METHYLPREDNISOLONE ACETATE	DEPO-MEDROL	SUSP	IJ	-	NON-PREFERRED	PA REQUIRED	-
			DEPO-MEDROL 20MG/ML	SUSP	IJ	-	PREFERRED	PA REQUIRED	-
			METHYLPREDNISOLONE ACETATE	SUSP	IJ	-	PREFERRED	-	-
			P-CARE D40	KIT	IJ	-	PREFERRED	PA REQUIRED	-
			P-CARE D80	KIT	IJ	-	PREFERRED	PA REQUIRED	-
		METHYLPREDNISOLONE SOD SUCC	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	IJ	-	PREFERRED	-	-
			SOLU-MEDROL	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
		PREDNISOLONE	MILLIPRED	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
			MILLIPRED DP	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
			PREDNISOLONE	SOLN	OR	-	PREFERRED	-	-
			PREDNISOLONE	SYRP	OR	-	PREFERRED	-	-
		PREDNISOLONE SODIUM PHOSPHATE	MILLIPRED	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
			ORAPRED ODT	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	-
			PEDIAPRED	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
			PREDNISOLONE SODIUM PHOSPHATE	SOLN	OR	-	PREFERRED	-	-
			PREDNISOLONE SODIUM PHOSPHATE ODT	TBDP	OR	-	PREFERRED	-	-
			VERIPRED 20	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		PREDNISONE	PREDNISONE	SOLN	OR	-	PREFERRED	-	-
			PREDNISONE	TABS	OR	-	PREFERRED	-	-
			PREDNISONE	TBPK	OR	-	PREFERRED	-	-
			PREDNISONE INTENSOL	CONC	OR	-	PREFERRED	-	-
			RAYOS	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE	KENALOG-10	SUSP	IJ	-	PREFERRED	PA REQUIRED	-
			KENALOG-40	SUSP	IJ	-	NON-PREFERRED	PA REQUIRED	-
			KENALOG-80	SUSP	IJ	-	PREFERRED	PA REQUIRED	-
			P-CARE K40	KIT	IJ	-	PREFERRED	PA REQUIRED	-
			P-CARE K80	KIT	IJ	-	PREFERRED	PA REQUIRED	-
			POD-CARE 100K	KIT	IJ	-	PREFERRED	PA REQUIRED	-
			PRO-C-DURE 5 KIT	KIT	IJ	-	PREFERRED	PA REQUIRED	-
			PRO-C-DURE 6 KIT	KIT	IJ	-	PREFERRED	PA REQUIRED	-
			TRIAMCINOLONE ACETONIDE	SUSP	IJ	-	PREFERRED	PA REQUIRED	-
			TRIAMCINOLONE ACETONIDE PF	SUSP	IJ	-	PREFERRED	PA REQUIRED	-
			ZILRETTA	SRER	IX	-	PREFERRED	PA REQUIRED	-

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

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CYTOKINE AND CAM ANTAGONISTS : CONT.	VEDOLIZUMAB	ENTYVIO	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-	
DERMATOLOGICS : ACNE PRODUCTS - ORAL	ISOTRETINOIN	ABSORICA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		AMNESTEEM	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		CLARAVIS	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		ISOTRETINOIN	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		MYORISAN	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		ZENATANE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		ISOTRETINOIN MICRONIZED	ABSORICA LD	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
DERMATOLOGICS : AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS	SINECATECHINS	VEREGEN	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
DERMATOLOGICS : ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	ALITRETINOIN	PANRETIN	GEL	EX	-	PREFERRED	PA REQUIRED	-	
	AMINOLEVULINIC ACID HCL	AMELUZ	GEL	EX	-	PREFERRED	PA REQUIRED	-	
		LEVULAN KERASTICK	SOLR	EX	-	PREFERRED	PA REQUIRED	-	
	BEXAROTENE (TOPICAL)	TARGRETIN	GEL	EX	-	PREFERRED	PA REQUIRED	-	
	DICLOFENAC SODIUM & SILICONE TAPE	SOLARAVIX	THPK	TD	-	PREFERRED	PA REQUIRED	-	
	DICLOFENAC SODIUM (ACTINIC KERATOSES)	DICLOFENAC SODIUM	GEL	TD	-	PREFERRED	PA REQUIRED	-	
	DICLOFENAC SODIUM-B6-FA-B12	ORMECA	KIT	CO	-	PREFERRED	PA REQUIRED	-	
	DICLOFENAC SODIUM-SODIUM HYALURONATE-NIACINAMIDE	DICLOFENAC SODIUM/HYALURONIC ACID SODIUM	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SALT/NIACINAMIDE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
	FLUOROURACIL (TOPICAL)	CARAC	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		EFUDEX	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOROPLEX	CREA	EX	-	PREFERRED	PA REQUIRED	-	
		FLUOROURACIL 0.5%	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOROURACIL 5%	CREA	EX	-	PREFERRED	-	-	
		FLUOROURACIL	SOLN	EX	-	PREFERRED	PA REQUIRED	-	
		TOLAK	CREA	EX	-	PREFERRED	PA REQUIRED	-	
	IMIQUIMOD-LEVOCETIRIZINE DIHYDROCHLORIDE-NIACINAMIDE	IMIQUIMOD/LEVOCETIRIZINE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
	IMIQUIMOD-LEVOCETIRIZINE DIHYDROCHLORIDE-TRETINOIN	IMIQUIMOD/LEVOCETIRIZINE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
	DIHYDROCHLORIDE-TRETINOIN	DIHYDROCHLORIDE/TRETINOIN	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
	INGENOL MEBUTATE	PICATO	GEL	EX	-	PREFERRED	PA REQUIRED	-	
	MECHLORETHAMINE HCL (TOPICAL)	VALCHLOR	GEL	EX	-	PREFERRED	PA REQUIRED	-	
	SODIUM HYALURONATE-FLUOROURACIL	HYALUCIL-4	CREA	TD	-	PREFERRED	PA REQUIRED	-	
	DERMATOLOGICS : ANTIPRURITICS - TOPICAL	DOXEPIN HCL (ANTIPRURITIC)	DOXEPIN HYDROCHLORIDE	CREA	EX	-	PREFERRED	PA REQUIRED	-
			PRUDOXIN	CREA	EX	-	PREFERRED	PA REQUIRED	-
			ZONALON	CREA	EX	-	PREFERRED	PA REQUIRED	-
	DERMATOLOGICS : ANTIPSORIATICS - ORAL	ACITRETIN	ACITRETIN	CAPS	OR	-	PREFERRED	-	-
			SORIATANE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
METHOXSALEN RAPID		METHOXSALEN	CAPS	OR	-	NON-PREFERRED	-	-	
		OXSORALEN ULTRA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
DERMATOLOGICS : ANTIPSORIATICS - TOPICAL	ANTHRALIN	DRITHO-CREME HP	CREA	EX	-	NON-PREFERRED	-	-	
		ZITHRANOL	SHAM	EX	-	NON-PREFERRED	-	-	
	CALCIPOTRIENE	CALCIPOTRIENE	CREA	EX	-	PREFERRED	-	-	
		CALCIPOTRIENE	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CALCIPOTRIENE	OINT	EX	-	PREFERRED	-	-	
CALCIPOTRIENE	SOLN	EX	-	PREFERRED	-	-			

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DERMATOLOGICS : ANTIPSORIATICS - TOPICAL CONT.		CALCITRENE	OINT	EX	-	PREFERRED	-	-	
		DOVONEX	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SORILUX	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-	
	CALCIPOTRIENE-DIMETHICONE	NUDERMRXPAK 120	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-	
		NUDERMRXPAK 60	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-	
	CALCITRIOL (TOPICAL)	CALCITRIOL	OINT	EX	-	NON-PREFERRED	-	-	
		VECTICAL	OINT	EX	-	NON-PREFERRED	-	-	
	TAZAROTENE	TAZAROTENE	CREA	EX	-	NON-PREFERRED	-	-	
		TAZORAC	CREA	EX	-	NON-PREFERRED	-	-	
		TAZORAC 0.1%	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	TAZORAC	GEL	EX	-	NON-PREFERRED	-	-		
DERMATOLOGICS : BURN PRODUCTS	MAFENIDE ACETATE	MAFENIDE ACETATE	PACK	EX	-	PREFERRED	PA REQUIRED	-	
		SULFAMYLON	CREA	EX	-	PREFERRED	PA REQUIRED	-	
		SULFAMYLON	PACK	EX	-	NON-PREFERRED	PA REQUIRED	-	
	SILVER SULFADIAZINE	SILVADENE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SILVER SULFADIAZINE	CREA	EX	-	PREFERRED	-	-	
		SSD	CREA	EX	-	PREFERRED	-	-	
		THERMAZENE	CREA	EX	-	PREFERRED	-	-	
DERMATOLOGICS : ENZYMES - TOPICAL	COLLAGENASE	SANTYL	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
DERMATOLOGICS : IMMUNOMODULATING AGENTS - TOPICAL	IMIQUIMOD	ALDARA	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		IMIQUIMOD	CREA	EX	-	PREFERRED	-	-	
		IMIQUIMOD PUMP	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		ZYCLARA	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		ZYCLARA PUMP	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
DERMATOLOGICS : ROSACEA AGENTS	AZELAIC ACID	AZELAIC ACID	GEL	EX	-	PREFERRED	-	-	
		FINACEA	FOAM	EX	-	PREFERRED	-	-	
		FINACEA	GEL	EX	-	PREFERRED	-	-	
	BRIMONIDINE TARTRATE (TOPICAL)	MIRVASO	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
	DOXYCYCLINE (ROSACEA)	DOXYCYCLINE	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-	
		ORACEA	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-	
	IVERMECTIN (ROSACEA)	IVERMECTIN	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SOOLANTRA	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	IVERMECTIN-METRONIDAZOLE-NIACINAMIDE	IVERMECTIN/METRONIDAZOLE/NIACINAMIDE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
	METRONIDAZOLE (TOPICAL)	METROCREAM	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		METROGEL	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-	
		METROLOTION	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		METRONIDAZOLE	CREA	EX	-	PREFERRED	-	-	
		METRONIDAZOLE	GEL	EX	-	PREFERRED	-	-	
		METRONIDAZOLE	LOTN	EX	-	PREFERRED	-	-	
		NORITATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		ROSADAN	CREA	EX	-	PREFERRED	-	-	
		ROSADAN	GEL	EX	-	PREFERRED	-	-	
		METRONIDAZOLE W/ CLEANSER (TOPICAL)	ROSADAN KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
		OXYMETAZOLINE HCL (TOPICAL)	RHOFADE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY	AMCINONIDE	AMCINONIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		AMCINONIDE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		AMCINONIDE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	

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DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY CONT.	BETAMETHASONE DIPROPIONATE (TOPICAL)	BETAMETHASONE DIPROPIONATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		BETAMETHASONE DIPROPIONATE	LOTN	EX	-	PREFERRED	-	-
		BETAMETHASONE DIPROPIONATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		SERNIVO	EMUL	EX	-	NON-PREFERRED	PA REQUIRED	-
	BETAMETHASONE DIPROPIONATE AUGMENTED	AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-
		AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
		AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		BETAMETHASONE DIPROPIONATE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-
		DIPROLENE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		DIPROLENE AF	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	BETAMETHASONE VALERATE	BETAMETHASONE VALERATE	CREA	EX	-	PREFERRED	-	-
		BETAMETHASONE VALERATE	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		BETAMETHASONE VALERATE	LOTN	EX	-	PREFERRED	-	-
		BETAMETHASONE VALERATE	OINT	EX	-	PREFERRED	-	-
		LUXIQ	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT	EX	-	PREFERRED	-	-
		CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	SUSP	EX	-	NON-PREFERRED	PA REQUIRED	-
		ENSTILAR	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		TACLONEX	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		TACLONEX	SUSP	EX	-	NON-PREFERRED	PA REQUIRED	-
	CALCIPOTRIENE-CLOBETASOL PROPIONATE	CALCIPOTRIENE ANHYDROUS/CLOBETASOL PROPIONATE	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-
	CLOBETASOL PROPIONATE & CLEANSER	CLODAN KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
	CLOBETASOL PROPIONATE-LEVOCETIRIZINE DIHYDROCHLORIDE	CLOBETASOL PROPIONATE/LEVOCETIRIZINE DIHYDROCHLORIDE	SHAM	EX	-	NON-PREFERRED	PA REQUIRED	-
	CLOBETASOL PROPIONATE-NIACINAMIDE	CLOBETASOL PROPIONATE/NIACINAMIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		CLOBETASOL PROPIONATE/NIACINAMIDE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		CLOBETASOL PROPIONATE/NIACINAMIDE	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-
	DESOXIMETASONE	DESOXIMETASONE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		DESOXIMETASONE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-
		DESOXIMETASONE	LIQD	EX	-	NON-PREFERRED	PA REQUIRED	-
		DESOXIMETASONE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		TOPICORT	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		TOPICORT	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-
		TOPICORT	LIQD	EX	-	NON-PREFERRED	PA REQUIRED	-
		TOPICORT	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
	DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		DIFLORASONE DIACETATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		PSORCON	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	DIFLORASONE DIACETATE EMOLLIENT BASE	APEXICON E	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
	FLUOCINOLONE ACETONIDE	CAPEX	SHAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		DERMA-SMOOTH/FS BODY	OIL	EX	-	NON-PREFERRED	PA REQUIRED	-

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DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY CONT.		DERMA-SMOOTH/FS SCALP	OIL	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOCINOLONE ACETONIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOCINOLONE ACETONIDE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOCINOLONE ACETONIDE	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOCINOLONE ACETONIDE BODY	OIL	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOCINOLONE ACETONIDE SCALP	OIL	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SYNALAR	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SYNALAR	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SYNALAR	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUOCINOLONE ACETONIDE & CLEANSER	SYNALAR TS	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLUOCINOLONE ACETONIDE-NIACINAMIDE	FLUOCINOLONE ACETONIDE/NIACINAMIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLUOCINOLONE-CLEANSER-SILICONE	XILAPAK	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLUOCINOLONE-EMOLLIENT	SYNALAR CREAM KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
			SYNALAR OINTMENT KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLUOCINOLONE-UREA-SILICONE	NOXIPAK	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLUOCINONIDE	FLUOCINONIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			FLUOCINONIDE	GEL	EX	-	NON-PREFERRED	PA REQUIRED	-
			FLUOCINONIDE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
			FLUOCINONIDE	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-
			VANOS	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLUOCINONIDE & SILICONE	FLUOVIX	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLUOCINONIDE EMULSIFIED BASE	FLUOCINONIDE EMULSIFIED BASE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLURANDRENOLIDE	CORDRAN	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			CORDRAN	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
			CORDRAN	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
			FLURANDRENOLIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			FLURANDRENOLIDE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
			FLURANDRENOLIDE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
			NOLIX	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			NOLIX	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
		HALCINONIDE	HALCINONIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			HALOG	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			HALOG	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
			HYDROCORTISONE ACETATE/LIDOCAINE						
		LIDOCAINE-HYDROCORTISONE ACETATE	HYDROCHLORIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			LIDOSOL-HC	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		NIACINAMIDE-TRIAMCINOLONE ACETONIDE	NIACINAMIDE/TRIAMCINOLONE ACETONIDE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE & EMOLLIENT	DERMASORB TA	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
		TRIAMCINOLONE ACETONIDE (TOPICAL)	KENALOG	AERS	EX	-	NON-PREFERRED	PA REQUIRED	-
			TRIAMCINOLONE ACETONIDE	AERS	EX	-	NON-PREFERRED	PA REQUIRED	-
			TRIAMCINOLONE ACETONIDE	CREA	EX	-	PREFERRED	-	-
			TRIAMCINOLONE ACETONIDE	LOTN	EX	-	PREFERRED	-	-
		TRIAMCINOLONE ACETONIDE	OINT	EX	-	PREFERRED	-	-	
		TRIANEX	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	

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DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY CONT.		TRIDERM	CREA	EX	-	PREFERRED	-	-	
	TRIAMCINOLONE ACETONIDE-DIMETHICONE	ELLZIA PAK	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-	
	TRIAMCINOLONE ACETONIDE-DIMETHICONE-SILICONE	NUTRIARX CREAMPAK	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SANADERMRX SKIN REPAIR SOLUTION	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		SCARZEN SKIN REPAIR	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		TRIVIX	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
	TRIAMCINOLONE ACETONIDE-SILICONE	SILA III	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-	
		TRIAMSIL COMBIPAK	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-	
		TRIAMSIL MULTIPAK	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-	
DERMATOLOGICS : TOPICAL STEROIDS - MEDIUM POTENCY	CLOCORTOLONE PIVALATE	CLOCORTOLONE PIVALATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CLODERM	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	FLUTICASONE PROPIONATE	BESER	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CUTIVATE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUTICASONE PROPIONATE	CREA	EX	-	PREFERRED	-	-	
		FLUTICASONE PROPIONATE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		FLUTICASONE PROPIONATE	OINT	EX	-	PREFERRED	-	-	
	FLUTICASONE-EMOLLIENT	BESER	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
	HYDROCORTISONE & CLEANSER	DERMASORB HC	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-	
	HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		HYDROCORTISONE BUTYRATE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		HYDROCORTISONE BUTYRATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		HYDROCORTISONE BUTYRATE	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		LOCOID	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		LOCOID	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		LOCOID	SOLN	EX	-	NON-PREFERRED	PA REQUIRED	-	
	HYDROCORTISONE BUTYRATE								
	HYDROPHILIC LIPO BASE	HYDROCORTISONE BUTYRATE (LIPID)	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		HYDROCORTISONE BUTYRATE (LIPOPHILIC)	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		LOCOID LIPOCREAM	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	HYDROCORTISONE PROBUTATE	PANDEL	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
	HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		HYDROCORTISONE VALERATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
	MOMETASONE FUROATE	ELOCON	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		MOMETASONE FUROATE	CREA	EX	-	PREFERRED	-	-	
		MOMETASONE FUROATE	OINT	EX	-	PREFERRED	-	-	
		MOMETASONE FUROATE	SOLN	EX	-	PREFERRED	-	-	
	MOMETASONE FUROATE-DIMETHICONE	QUINIXIL	THPK	EX	-	NON-PREFERRED	PA REQUIRED	-	
	PREDNICARBATE	PREDNICARBATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		PREDNICARBATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
	DERMATOLOGICS : TOPICAL STEROIDS - VERY HIGH POTENCY	CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE	CREA	EX	-	PREFERRED	-	-
			CLOBETASOL PROPIONATE	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
			CLOBETASOL PROPIONATE	GEL	EX	-	PREFERRED	-	-
CLOBETASOL PROPIONATE			LIQD	EX	-	NON-PREFERRED	PA REQUIRED	-	

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DERMATOLOGICS : TOPICAL STEROIDS - VERY HIGH POTENCY CONT.		CLOBETASOL PROPIONATE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CLOBETASOL PROPIONATE	OINT	EX	-	PREFERRED	-	-	
		CLOBETASOL PROPIONATE	SHAM	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CLOBETASOL PROPIONATE	SOLN	EX	-	PREFERRED	-	-	
		CLOBEX	LIQD	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CLOBEX	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CLOBEX	SHAM	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CLODAN	SHAM	EX	-	NON-PREFERRED	PA REQUIRED	-	
		IMPOYZ	CREA	EX	-	PREFERRED	-	-	
		OLUX	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-	
		TEMOVATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-	
		TEMOVATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-	
		CLOBETASOL PROPIONATE EMOLLIENT BASE	CLOBETASOL PROPIONATE EMOLLIENT	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
		CLOBETASOL PROPIONATE EMULSION	CLOBETASOL PROPIONATE	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
			OLUX-E	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
			TOVET	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
		CLOBETASOL PROPIONATE EMULSION FOAM W/ MOISTURIZING CREAM	TOVET KIT	KIT	EX	-	NON-PREFERRED	PA REQUIRED	-
		FLURANDRENOLIDE	CORDRAN	TAPE	EX	-	NON-PREFERRED	PA REQUIRED	-
		HALOBETASOL PROPIONATE	BRYHALI	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
			HALOBETASOL PROPIONATE	CREA	EX	-	PREFERRED	-	-
			HALOBETASOL PROPIONATE	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
			HALOBETASOL PROPIONATE	OINT	EX	-	PREFERRED	-	-
			LEXETTE	FOAM	EX	-	NON-PREFERRED	PA REQUIRED	-
			ULTRAVATE	CREA	EX	-	NON-PREFERRED	PA REQUIRED	-
			ULTRAVATE	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
			ULTRAVATE	OINT	EX	-	NON-PREFERRED	PA REQUIRED	-
		HALOBETASOL PROPIONATE-TAZAROTENE	DUOBRII	LOTN	EX	-	NON-PREFERRED	PA REQUIRED	-
	DERMATOLOGICS : WOUND CARE PRODUCTS - GROWTH FACTOR AGENTS	BECAPLERMIN	REGRANEX	GEL	EX	-	PREFERRED	PA REQUIRED	-
	DIGESTIVE AIDS : PANCREATIC ENZYMES	PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)	CREON	CPEP	OR	-	PREFERRED	-	-
			PANCREAZE	CPEP	OR	-	NON-PREFERRED	-	-
			PERTZYE	CPEP	OR	-	NON-PREFERRED	-	-
			VIOKACE	TABS	OR	-	NON-PREFERRED	-	-
		ZENPEP	CPEP	OR	-	PREFERRED	-	-	
DIURETICS : CARBONIC ANHYDRASE INHIBITORS	ACETAZOLAMIDE	ACETAZOLAMIDE	TABS	OR	-	PREFERRED	-	-	
		ACETAZOLAMIDE ER	CP12	OR	-	PREFERRED	-	-	
	ACETAZOLAMIDE SODIUM	ACETAZOLAMIDE SODIUM	SOLR	IJ	-	PREFERRED	PA REQUIRED	-	
	DICHLORPHENAMIDE	KEVEYIS	TABS	OR	-	NON-PREFERRED	-	-	
	METHAZOLAMIDE	METHAZOLAMIDE	TABS	OR	-	PREFERRED	-	-	
DIURETICS : DIURETIC COMBINATIONS	AMILORIDE & HYDROCHLOROTHIAZIDE	AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-	
	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	ALDACTAZIDE	TABS	OR	-	NON-PREFERRED	-	-	
		ALDACTAZIDE 25-25MG	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-	

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DIURETICS : DIURETIC COMBINATIONS CONT.	TRIAMTERENE & HYDROCHLOROTHIAZIDE	DYAZIDE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MAXZIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MAXZIDE-25	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	OR	-	PREFERRED	-	-
		TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
DIURETICS : LOOP DIURETICS	BUMETANIDE	BUMETANIDE	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		BUMETANIDE	TABS	OR	-	PREFERRED	-	-
		BUMEX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ETHACRYNATE SODIUM	ETHACRYNATE SODIUM	SOLR	IV	-	PREFERRED	PA REQUIRED	-
		SODIUM EDECRIN	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
	ETHACRYNIC ACID	EDECRIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ETHACRYNIC ACID	TABS	OR	-	PREFERRED	-	-
	FUROSEMIDE	FUROSEMIDE	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		FUROSEMIDE	SOLN	OR	-	PREFERRED	-	-
		FUROSEMIDE	TABS	OR	-	PREFERRED	-	-
		LASIX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	TORSEMIDE	DEMADEX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TORSEMIDE	TABS	OR	-	PREFERRED	-	-
DIURETICS : POTASSIUM SPARING DIURETICS	AMILORIDE HCL	AMILORIDE HCL	TABS	OR	-	PREFERRED	-	-
		SPIRONOLACTONE	ALDACTONE	TABS	OR	-	NON-PREFERRED	PA REQUIRED
	SPIRONOLACTONE	CAROSPIR	SUSP	OR	-	NON-PREFERRED	-	-
		SPIRONOLACTONE	TABS	OR	-	PREFERRED	-	-
		TRIAMTERENE	DYRENIUM	CAPS	OR	-	NON-PREFERRED	-
DIURETICS : THIAZIDE AND THIAZIDE-LIKE DIURETICS	CHLOROTHIAZIDE	CHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
		DIURIL	SUSP	OR	-	NON-PREFERRED	-	-
	CHLOROTHIAZIDE SODIUM	CHLOROTHIAZIDE SODIUM	SOLR	IV	-	PREFERRED	PA REQUIRED	-
		SODIUM DIURIL	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	CHLORTHALIDONE	CHLORTHALIDONE	TABS	OR	-	PREFERRED	-	-
	HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE	CAPS	OR	-	PREFERRED	-	-
		HYDROCHLOROTHIAZIDE	TABS	OR	-	PREFERRED	-	-
	INDAPAMIDE	INDAPAMIDE	TABS	OR	-	PREFERRED	-	-
METHYCLOTHIAZIDE	METHYCLOTHIAZIDE	TABS	OR	-	PREFERRED	-	-	
METOLAZONE	METOLAZONE	TABS	OR	-	PREFERRED	-	-	
ENDOCRINE AND METABOLIC AGENTS : ANABOLIC STEROIDS - ORAL	OXANDROLONE	OXANDROLONE	TABS	OR	-	PREFERRED	PA REQUIRED	-
		OXYMETHOLONE	ANADROL-50	TABS	OR	-	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - OTHER	DANAZOL	DANAZOL	CAPS	OR	-	PREFERRED	-	-
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE	METHYLTESTOSTERONE	METHITEST	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		METHYLTESTOSTERONE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	NANDROLONE DECANOATE-TESTOSTERONE CYPIONATE & ENANTHATE TESTOSTERONE	NANDROLONE DECANOATE/TESTOSTERONE CYPIONATE/TESTOSTERONE ENA	OIL	IJ	-	NON-PREFERRED	PA REQUIRED	-
		ANDRODERM	PT24	TD	-	PREFERRED	PA REQUIRED	-
		ANDROGEL	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-
		ANDROGEL PUMP	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-
EC-RX TESTOSTERONE 0.2%	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-		

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ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE CONT.		EC-RX TESTOSTERONE 0.4%	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
		EC-RX TESTOSTERONE 10%	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
		EC-RX TESTOSTERONE 20%	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
		FORTESTA	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-	
		NATESTO	GEL	NA	-	NON-PREFERRED	PA REQUIRED	-	
		STRIANT	MISC	BU	-	NON-PREFERRED	PA REQUIRED	-	
		TESTIM	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOPEL	PLLT	IL	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOSTERONE 2%	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOSTERONE	GEL	TD	-	PREFERRED	PA REQUIRED	-	
		TESTOSTERONE	PLLT	IL	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOSTERONE	SOLN	TD	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOSTERONE COMPOUNDING KIT	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOSTERONE PUMP 20.25MG/ACT (1.62)	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOSTERONE PUMP	GEL	TD	-	PREFERRED	PA REQUIRED	-	
		TESTOSTERONE TOPICAL SOLUTION	SOLN	TD	-	NON-PREFERRED	PA REQUIRED	-	
		VOGELXO	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-	
		VOGELXO PUMP	GEL	TD	-	NON-PREFERRED	PA REQUIRED	-	
		TESTOSTERONE CYPIONATE	DEPO-TESTOSTERONE	SOLN	IM	-	NON-PREFERRED	PA REQUIRED	-
			TESTONE CIK	KIT	IM	-	NON-PREFERRED	PA REQUIRED	-
			TESTOSTERONE CYPIONATE	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
			TESTOSTERONE CYPIONATE	SOLN	IM	-	PREFERRED	PA REQUIRED	-
		TESTOSTERONE CYPIONATE & PROPIONATE	TESTOSTERONE CYPIONATE/TESTOSTERONE PROPIONATE	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
		TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
			TESTOSTERONE ENANTHATE	SOLN	IM	-	NON-PREFERRED	PA REQUIRED	-
			XYOSTED	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
		TESTOSTERONE PROPIONATE	TESTOSTERONE PROPIONATE	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
		TESTOSTERONE UNDECANOATE	AVEED	SOLN	IM	-	NON-PREFERRED	PA REQUIRED	-
			JATENZO	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ENDOCRINE AND METABOLIC AGENTS : ANTITHYROID AGENTS	METHIMAZOLE	METHIMAZOLE	TABS	OR	-	PREFERRED	-	-
			TAPAZOLE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
PROPYLTHIOURACIL		PROPYLTHIOURACIL	TABS	OR	-	PREFERRED	-	-	
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	OSPEMIFENE	OSPHENA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	RALOXIFENE HCL	EVISTA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		RALOXIFENE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-	
ENDOCRINE AND METABOLIC AGENTS : CALCIMIMETIC AGENTS - ORAL	CINACALCET HCL	CINACALCET HYDROCHLORIDE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		SENSIPAR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : CARNITINE REPLENISHER AGENTS - ORAL	LEVOCARNITINE (METABOLIC MODIFIERS)	CARNITOR	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-	
		CARNITOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		LEVOCARNITINE	SOLN	OR	-	PREFERRED	-	-	
		LEVOCARNITINE	TABS	OR	-	PREFERRED	-	-	
ENDOCRINE AND METABOLIC AGENTS : CORTICOTROPIN	CORTICOTROPIN	ACTHAR	GEL	IJ	-	PREFERRED	PA REQUIRED	-	

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ENDOCRINE AND METABOLIC AGENTS : CORTISOL SYNTHESIS INHIBITORS???	OSILODROSTAT PHOSPHATE	ISTURISA	TABS	OR	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / ANDROGEN COMBINATIONS	ESTRADIOL-ESTRIOL-TESTOSTERONE-PROGESTERONE MICRONIZED	BI-EST 50:50 PROGESTERONE-TESTOSTERONE COMPOUNDING KIT	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / PROGESTIN COMBINATIONS	CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE	PREMPHASE	TABS	OR	-	PREFERRED	-	-
		PREMPRO	TABS	OR	-	PREFERRED	-	-
	DROSPIRENONE-ESTRADIOL	ANGELIQ	TABS	OR	-	PREFERRED	-	-
	ESTRADIOL & NORETHINDRONE ACETATE	ACTIVELLA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		AMABELZ	TABS	OR	-	PREFERRED	-	-
		COMBIPATCH	PTTW	TD	-	PREFERRED	-	-
		ESTRADIOL/NORETHINDRONE ACETATE	TABS	OR	-	PREFERRED	-	-
		LOPREEZA	TABS	OR	-	PREFERRED	-	-
		MIMVEY	TABS	OR	-	PREFERRED	-	-
		MIMVEY LO	TABS	OR	-	PREFERRED	-	-
	ESTRADIOL-ESTRIOL-PROGESTERONE MICRONIZED	BI-EST 80:20 PROGESTERONE COMPOUNDING KIT	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-
		BIEST/PROGESTERONE	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-
	ESTRADIOL-LEVONORGESTREL	CLIMARA PRO	PTWK	TD	-	PREFERRED	-	-
	ESTRADIOL-NORGESTIMATE	PREFEST	TABS	OR	-	NON-PREFERRED	-	-
	ESTRADIOL-PROGESTERONE	BIJUVA	CAPS	OR	-	NON-PREFERRED	-	-
	ESTRIOL-ESTRADIOL	BI-EST 50:50 COMPOUNDING KIT	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-
	ESTRIOL-PROGESTERONE MICRONIZED	ESTRIOL-PROGESTERONE COMPOUNDING KIT	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-
	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL	FEMHRT LOW DOSE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		FYAVOLV	TABS	OR	-	PREFERRED	-	-
		JINTELI	TABS	OR	-	PREFERRED	-	-
		NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	OR	-	PREFERRED	-	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS	CONJUGATED ESTROGENS-BAZEDOXIFENE	DUAVEE	TABS	OR	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - INJECTABLE	ESTRADIOL CYPIONATE	DEPO-ESTRADIOL	OIL	IM	-	PREFERRED	-	-
	ESTRADIOL VALERATE	DELESTROGEN	OIL	IM	-	NON-PREFERRED	PA REQUIRED	-
		ESTRADIOL VALERATE	OIL	IM	-	PREFERRED	-	-
	ESTROGENS, CONJUGATED	PREMARIN	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - ORAL	ESTERIFIED ESTROGENS	MENEST	TABS	OR	-	PREFERRED	-	-
	ESTRADIOL	ESTRACE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ESTRADIOL	TABS	OR	-	PREFERRED	-	-
	ESTROGENS, CONJUGATED	PREMARIN	TABS	OR	-	PREFERRED	-	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - TOPICAL	ESTRADIOL	ALORA	PTTW	TD	-	NON-PREFERRED	PA REQUIRED	-
		CLIMARA	PTWK	TD	-	NON-PREFERRED	PA REQUIRED	-
		DIVIGEL	GEL	TD	-	NON-PREFERRED	-	-
		DOTTI	PTTW	TD	-	PREFERRED	-	-
		ELESTRIN	GEL	TD	-	NON-PREFERRED	-	-
		ESTRADIOL	PTTW	TD	-	PREFERRED	-	-
		ESTRADIOL	PTWK	TD	-	PREFERRED	-	-

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ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - TOPICAL CONT.		ESTROGEL	GEL	TD	-	NON-PREFERRED	-	-
		EVAMIST	SOLN	TD	-	NON-PREFERRED	-	-
		MENOSTAR	PTWK	TD	-	NON-PREFERRED	-	-
		MINIVELLE	PTTW	TD	-	NON-PREFERRED	PA REQUIRED	-
		VIVELLE-DOT	PTTW	TD	-	NON-PREFERRED	PA REQUIRED	-
	ESTRADIOL MICRONIZED	EC-RX ESTRADIOL 0.4%	CREA	TD	-	NON-PREFERRED	-	-
		EC-RX ESTRADIOL 0.6%	CREA	TD	-	NON-PREFERRED	-	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - VAGINAL	ESTRADIOL ACETATE VAGINAL	FEMRING	RING	VA	-	NON-PREFERRED	-	-
	ESTRADIOL VAGINAL	ESTRACE	CREA	VA	-	NON-PREFERRED	PA REQUIRED	-
		ESTRADIOL	CREA	VA	-	PREFERRED	-	-
		ESTRADIOL	TABS	VA	-	PREFERRED	-	-
		ESTRING	RING	VA	-	PREFERRED	-	-
		VAGIFEM	TABS	VA	-	NON-PREFERRED	PA REQUIRED	-
		YUVAFEM	TABS	VA	-	PREFERRED	-	-
	ESTROGENS, CONJUGATED VAGINAL	PREMARIN	CREA	VA	-	PREFERRED	-	-
ENDOCRINE AND METABOLIC AGENTS : FABRY DISEASE AGENTS - ORAL	MIGALASTAT HCL	GALAFOLD	CAPS	OR	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONE RECEPTOR ANTAGONISTS	PEGVISOMANT	SOMAVERT	SOLR	SC	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONE RELEASING HORMONES (GHRH)	IPAMORELIN ACETATE	IPAMORELIN ACETATE	SOLR	IJ	-	PREFERRED	PA REQUIRED	-
	TESAMORELIN ACETATE	EGRIFTA	SOLR	SC	-	PREFERRED	PA REQUIRED	-
		EGRIFTA SV	SOLR	SC	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES	SOMATROPIN	GENOTROPIN	SOLR	SC	-	PREFERRED	PA REQUIRED	-
		GENOTROPIN MINIQUICK	SOLR	SC	-	PREFERRED	PA REQUIRED	-
		HUMATROPE	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
		HUMATROPE COMBO PACK	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
		NORDITROPIN CARTRIDGE	SOLN	SC	-	PREFERRED	PA REQUIRED	-
		NORDITROPIN FLEXPPO	SOLN	SC	-	PREFERRED	PA REQUIRED	-
		NUTROPIN AQ NUSPIN 10	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-
		NUTROPIN AQ NUSPIN 20	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-
		NUTROPIN AQ NUSPIN 5	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-
		OMNITROPE	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-
		OMNITROPE	SOLR	SC	-	NON-PREFERRED	PA REQUIRED	-
		ZOMACTON	SOLR	SC	-	NON-PREFERRED	PA REQUIRED	-
	SOMATROPIN (NON-REFRIGERATED)	SAIZEN	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
		SAIZENPREP RECONSTITUTIONKIT	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
		SEROSTIM	SOLR	SC	-	NON-PREFERRED	PA REQUIRED	-
		ZORBTIVE	SOLR	SC	-	NON-PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : HEREDITARY TYROSINEMIA TYPE 1 (HT-1) AGENTS - ORAL	NITISINONE	NITISINONE	CAPS	OR	-	PREFERRED	PA REQUIRED	-
		NITYR	TABS	OR	-	PREFERRED	PA REQUIRED	-
		ORFADIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ORFADIN	SUSP	OR	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : HOMOCYSTINURIA AGENTS - ORAL	BETAINE	CYSTADANE	POWD	OR	-	PREFERRED	PA REQUIRED	-
	URIDINE TRIACETATE	XURIDEN	PACK	OR	-	PREFERRED	PA REQUIRED	-

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ENDOCRINE AND METABOLIC AGENTS : HYPERAMMONEMIA AGENTS - ORAL	CARGLUMIC ACID	CARBAGLU	TABS	OR	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : OXYTOCICS - ORAL	METHYLERGONOVINE MALEATE	METHERGINE	TABS	OR	-	PREFERRED	-	-
		METHYLERGONOVINE MALEATE	TABS	OR	-	PREFERRED	-	-
ENDOCRINE AND METABOLIC AGENTS : PHENYLKETONURIA (PKU) AGENTS - INJECTABLE	PEGVALIASE-PQPZ	PALYNZIQ	SOSY	SC	YES	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : PHENYLKETONURIA (PKU) AGENTS - ORAL	SAPROPTERIN DIHYDROCHLORIDE	KUVAN	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		KUVAN	TBSO	OR	-	NON-PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : PITUITARY SUPPRESSANTS	ELAGOLIX SODIUM	ORLISSA	TABS	OR	-	PREFERRED	PA REQUIRED	-
	HISTRELIN ACETATE (CPP)	SUPPRELIN LA	KIT	SC	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE & NORETHINDRONE ACETATE	LUPANETA PACK	KIT	CO	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE (CPP)	LUPRON DEPOT-PED (1-MONTH)	KIT	IM	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE (CPP) (3 MONTH)	LUPRON DEPOT-PED (3-MONTH)	KIT	IM	-	PREFERRED	PA REQUIRED	-
	NAFARELIN ACETATE	SYNAREL	SOLN	NA	-	PREFERRED	PA REQUIRED	-
	TRIPTORELIN PAMOATE (CPP)	TRIPTODUR	SRER	IM	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - INJECTABLE	DESMOPRESSIN ACETATE	DDAVP	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
		DESMOPRESSIN ACETATE	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
	VASOPRESSIN	VASOSTRICT	SOLN	IV	-	X	-	-
	VASOPRESSIN-DEXTROSE	VASOPRESSIN/DEXTROSE	SOLN	IV	-	X	-	-
	VASOPRESSIN-SODIUM CHLORIDE	VASOPRESSIN/SODIUM CHLORIDE	SOLN	IV	-	X	-	-
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - NASAL	DESMOPRESSIN ACETATE	NOCTIVA	EMUL	NA	-	NON-PREFERRED	PA REQUIRED	-
		STIMATE	SOLN	NA	-	NON-PREFERRED	PA REQUIRED	-
	DESMOPRESSIN ACETATE REFRIGERATED	DDAVP	SOLN	NA	-	NON-PREFERRED	PA REQUIRED	-
	DESMOPRESSIN ACETATE SPRAY	DDAVP	SOLN	NA	-	NON-PREFERRED	PA REQUIRED	-
		DESMOPRESSIN ACETATE	SOLN	NA	-	PREFERRED	-	-
	DESMOPRESSIN ACETATE SPRAY REFRIGERATED	DESMOPRESSIN ACETATE	SOLN	NA	-	PREFERRED	-	-
	ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - ORAL	DESMOPRESSIN ACETATE	DDAVP	TABS	OR	-	NON-PREFERRED	PA REQUIRED
DESMOPRESSIN ACETATE			TABS	OR	-	PREFERRED	-	-
NOCDURNA			SUBL	SL	-	NON-PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONE RECEPTOR ANTAGONISTS	MIFEPRISTONE	MIFEPREX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MIFEPRISTONE	TABS	OR	-	PREFERRED	-	-
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES	HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE	OIL	IM	-	PREFERRED	PA REQUIRED	-
		MAKENA	OIL	IM	-	PREFERRED	PA REQUIRED	-
		MAKENA	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
	HYDROXYPROGESTERONE CAPROATE (ANTINEOPLASTIC)	HYDROXYPROGESTERONE CAPROATE	SOLN	IM	-	PREFERRED	PA REQUIRED	-
	MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE	TABS	OR	-	PREFERRED	-	-
PROVERA		TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	

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ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES CONT.	MEDROXYPROGESTERONE ACETATE (ANTINEOPLASTIC)	DEPO-PROVERA	SUSP	IM	-	PREFERRED	PA REQUIRED	-	
	NORETHINDRONE ACETATE	AYGESTIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		NORETHINDRONE ACETATE	TABS	OR	-	PREFERRED	-	-	
	PROGESTERONE	PROGESTERONE	OIL	IM	-	PREFERRED	-	-	
	PROGESTERONE MICRONIZED	EC-RX PROGESTERONE 10%	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
		EC-RX PROGESTERONE 20%	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
	PROGESTERONE	PROGESTERONE	CAPS	OR	-	PREFERRED	-	-	
	PROGESTERONE 10% KIT	PROGESTERONE 10% KIT	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
	PROGESTERONE COMPOUNDING KIT	PROGESTERONE COMPOUNDING KIT	CREA	TD	-	NON-PREFERRED	PA REQUIRED	-	
PROMETRIUM	PROMETRIUM	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-		
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES - VAGINAL	PRASTERONE VAGINAL	INTRAROSA	INST	VA	-	NON-PREFERRED	PA REQUIRED	-	
	PROGESTERONE (VAGINAL)	CRINONE	GEL	VA	-	NON-PREFERRED	PA REQUIRED	-	
	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	SUPP	VA	-	NON-PREFERRED	PA REQUIRED	-	
	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	SUPP	VA	-	NON-PREFERRED	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : PROLACTIN INHIBITORS	CABERGOLINE	CABERGOLINE	TABS	OR	-	PREFERRED	-	-	
ENDOCRINE AND METABOLIC AGENTS : THYROID HORMONE - ORAL	LEVOTHYROXINE SODIUM	EUTHYROX	TABS	OR	-	PREFERRED	-	-	
		LEVO-T	TABS	OR	-	PREFERRED	-	-	
		LEVOTHYROXINE SODIUM	TABS	OR	-	PREFERRED	-	-	
		LEVOXYL	TABS	OR	-	PREFERRED	-	-	
		SYNTHROID	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		TIROSINT	CAPS	OR	-	NON-PREFERRED	-	-	
		TIROSINT-SOL	SOLN	OR	-	NON-PREFERRED	-	-	
	LIOTHYRONINE SODIUM	UNITHROID	TABS	OR	-	PREFERRED	-	-	
		CYTOMEL	TABS	OR	-	NON-PREFERRED	-	-	
	THYROID	LIOthyronine Sodium	LIOthyronine Sodium	TABS	OR	-	PREFERRED	-	-
		ARMOUR THYROID	ARMOUR THYROID	TABS	OR	-	PREFERRED	-	-
		LEVOTHYROXINE/LIOthyronine	LEVOTHYROXINE/LIOthyronine	TABS	OR	-	PREFERRED	-	-
		NATURE-THROID	NATURE-THROID	TABS	OR	-	PREFERRED	-	-
		NATURE-THROID NT-2.5	NATURE-THROID NT-2.5	TABS	OR	-	PREFERRED	-	-
		NP THYROID 120	NP THYROID 120	TABS	OR	-	PREFERRED	-	-
		NP THYROID 15	NP THYROID 15	TABS	OR	-	PREFERRED	-	-
		NP THYROID 30	NP THYROID 30	TABS	OR	-	PREFERRED	-	-
		NP THYROID 60	NP THYROID 60	TABS	OR	-	PREFERRED	-	-
		NP THYROID 90	NP THYROID 90	TABS	OR	-	PREFERRED	-	-
		THYROID	THYROID	TABS	OR	-	PREFERRED	-	-
	WESTHROID	WESTHROID	TABS	OR	-	PREFERRED	-	-	
WP THYROID	WP THYROID	TABS	OR	-	PREFERRED	-	-		
ENDOCRINE AND METABOLIC AGENTS : TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY AGENTS	CERLIPONASE ALFA	BRINEURA	KIT	VE	YES	PREFERRED	PA REQUIRED	-	
ENDOCRINE AND METABOLIC AGENTS : UREA CYCLE DISORDER AGENTS - ORAL	GLYCEROL PHENYL BUTYRATE	RAVICTI	LIQD	OR	-	NON-PREFERRED	PA REQUIRED	-	
	SODIUM PHENYL BUTYRATE	BUPHENYL	POWD	OR	-	NON-PREFERRED	PA REQUIRED	-	
		BUPHENYL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	SODIUM PHENYL BUTYRATE	SODIUM PHENYL BUTYRATE	POWD	OR	-	PREFERRED	PA REQUIRED	-	

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ENDOCRINE AND METABOLIC AGENTS : UREA CYCLE DISORDER AGENTS - ORAL CONT.		SODIUM PHENYL BUTYRATE	TABS	OR	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : VASOPRESSIN RECEPTOR ANTAGONISTS - ORAL	TOLVAPTAN	JYNARQUE	TABS	OR	-	PREFERRED	PA REQUIRED	-
		JYNARQUE	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
		SAMSCA	TABS	OR	-	PREFERRED	PA REQUIRED	-
ENDOCRINE AND METABOLIC AGENTS : X-LINKED HYPOPHOSPHATEMIA (XLH) AGENTS	BUROSUMAB-TWZA	CRYSVITA	SOLN	SC	YES	PREFERRED	PA REQUIRED	-
GASTROINTESTINAL AGENTS : GALLSTONE SOLUBILIZING AGENTS	CHENODIOL	CHENODAL	TABS	OR	-	NON-PREFERRED	-	-
	CHOLIC ACID	CHOLBAM	CAPS	OR	-	NON-PREFERRED	-	-
	OBETICHOIC ACID	OCALIVA	TABS	OR	-	NON-PREFERRED	-	-
	URSODIOL	ACTIGALL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		URSO 250	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		URSO FORTE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		URSODIOL	CAPS	OR	-	PREFERRED	-	-
		URSODIOL	TABS	OR	-	PREFERRED	-	-
		URSODIOL/SYRSPEND SF PH4	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
GASTROINTESTINAL AGENTS : INFLAMMATORY BOWEL AGENTS	BALSALAZIDE DISODIUM	BALSALAZIDE DISODIUM	CAPS	OR	-	PREFERRED	-	-
		COLAZAL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	MESALAMINE	APRISO	CP24	OR	-	PREFERRED	-	-
		ASACOL HD	TBEC	OR	-	NON-PREFERRED	-	-
		CANASA	SUPP	RE	-	PREFERRED	-	-
		DELZICOL	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-
		LIALDA	TBEC	OR	-	PREFERRED	-	-
		MESALAMINE	ENEM	RE	-	PREFERRED	-	-
		MESALAMINE	SUPP	RE	-	PREFERRED	-	-
		MESALAMINE DR	CPDR	OR	-	PREFERRED	-	-
		MESALAMINE DR 800MG	TBEC	OR	-	NON-PREFERRED	-	-
		MESALAMINE DR	TBEC	OR	-	PREFERRED	-	-
		MESALAMINE ER	CP24	OR	-	PREFERRED	-	-
		PENTASA	CPCR	OR	-	PREFERRED	-	-
		SFROWASA	ENEM	RE	-	NON-PREFERRED	-	-
	MESALAMINE W/ CLEANSER	MESALAMINE	KIT	RE	-	NON-PREFERRED	PA REQUIRED	-
		ROWASA	KIT	RE	-	NON-PREFERRED	PA REQUIRED	-
	OLSALAZINE SODIUM	DIPENTUM	CAPS	OR	-	NON-PREFERRED	-	-
	SULFASALAZINE	AZULFIDINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		AZULFIDINE EN-TABS	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
		SULFASALAZINE	TABS	OR	-	PREFERRED	-	-
		SULFASALAZINE	TBEC	OR	-	PREFERRED	-	-
		SULFAZINE	TABS	OR	-	PREFERRED	-	-
GASTROINTESTINAL AGENTS : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY	ALOSETRON HCL	ALOSETRON HYDROCHLORIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LOTRONEX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ALVIMOPAN	ENTEREG	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	BELLADONNA ALKALOIDS & OPIUM	BELLADONNA/OPIUM	SUPP	RE	-	NON-PREFERRED	-	-
	CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE	CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	CAPS	OR	-	NON-PREFERRED	-	-
		LIBRAX	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-

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GASTROINTESTINAL AGENTS : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY CONT.	DICYCLOMINE HCL	BENTYL	SOLN	IM	-	NON-PREFERRED	PA REQUIRED	-	
		DICYCLOMINE HCL	SOLN	OR	-	PREFERRED	-	-	
		DICYCLOMINE HYDROCHLORIDE	CAPS	OR	-	PREFERRED	-	-	
		DICYCLOMINE HYDROCHLORIDE	SOLN	IM	-	PREFERRED	-	-	
		DICYCLOMINE HYDROCHLORIDE	TABS	OR	-	PREFERRED	-	-	
	ELUXADOLINE	VIBERZI	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	GLYCOPYRROLATE	CUVPOSA	SOLN	OR	-	NON-PREFERRED	-	-	
		GLYCATE	TABS	OR	-	NON-PREFERRED	-	-	
		GLYCOPYRROLATE	SOLN	IJ	-	PREFERRED	-	-	
		GLYCOPYRROLATE	SOSY	IJ	-	NON-PREFERRED	-	-	
		GLYCOPYRROLATE	SOSY	IV	-	NON-PREFERRED	-	-	
		GLYCOPYRROLATE	TABS	OR	-	NON-PREFERRED	-	-	
		GLYCOPYRROLATE	TABS	OR	-	PREFERRED	-	-	
		GLYRX-PF	SOLN	IJ	-	NON-PREFERRED	-	-	
		HYOSCYAMINE SULFATE	ANASPAZ	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	-
			ED-SPAZ	TBDP	OR	-	PREFERRED	-	-
	HYOSCYAMINE SULFATE		ELIX	OR	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE		SOLN	IJ	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE		SOLN	OR	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE		SUBL	SL	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE		TABS	OR	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE		TBDP	OR	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE ER		TB12	OR	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE ODT		TBDP	OR	-	PREFERRED	-	-	
	HYOSCYAMINE SULFATE SR		TB12	OR	-	PREFERRED	-	-	
	LEVBID		TB12	OR	-	NON-PREFERRED	PA REQUIRED	-	
	LEVSIN		SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-	
	LEVSIN		TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	LEVSIN/SL		SUBL	SL	-	NON-PREFERRED	PA REQUIRED	-	
	NULEV	TBDP	OR	-	PREFERRED	-	-		
	OSCIMIN	SUBL	SL	-	PREFERRED	-	-		
	OSCIMIN	TABS	OR	-	PREFERRED	-	-		
	OSCIMIN	TBDP	OR	-	PREFERRED	-	-		
	OSCIMIN SR	TB12	OR	-	PREFERRED	-	-		
	SYMAX DUOTAB	TBCR	OR	-	NON-PREFERRED	-	-		
	SYMAX-SR	TB12	OR	-	PREFERRED	-	-		
	LINACLOTIDE	LINZESS	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	LUBIPROSTONE	AMITIZA	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	METHYLNALTREXONE BROMIDE	RELISTOR	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-	
		RELISTOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	NALDEMEDINE TOSYLATE	SYMPROIC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	NALOXEGOL OXALATE	MOVANTIK	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	PLECANATIDE	TRULANCE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	PRUCALOPRIDE SUCCINATE	MOTEGRITY	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	TEGASEROD MALEATE	ZELNORM	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	GASTROINTESTINAL AGENTS : PHOSPHATE BINDER AGENTS	CALCIUM ACETATE (PHOSPHATE BINDER)	CALCIUM ACETATE	CAPS	OR	-	PREFERRED	-	-
			CALCIUM ACETATE	TABS	OR	-	PREFERRED	-	-
			PHOSLO	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-

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GASTROINTESTINAL AGENTS : PHOSPHATE BINDER AGENTS CONT.		PHOSLYRA	SOLN	OR	-	PREFERRED	-	-
	FERRIC CITRATE	AURYXIA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	LANTHANUM CARBONATE	FOSRENOL	CHEW	OR	-	PREFERRED	PA REQUIRED	-
		FOSRENOL	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
	SEVELAMER CARBONATE	LANTHANUM CARBONATE	CHEW	OR	-	NON-PREFERRED	PA REQUIRED	-
		REVELA	PACK	OR	-	PREFERRED	PA REQUIRED	-
		REVELA	TABS	OR	-	PREFERRED	PA REQUIRED	-
		SEVELAMER CARBONATE	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		SEVELAMER CARBONATE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	SEVELAMER HCL	RENAGEL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	SEVELAMER HYDROCHLORIDE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
SUCROFERRIC OXYHYDROXIDE	VELPHORO	CHEW	OR	-	NON-PREFERRED	PA REQUIRED	-	
GASTROINTESTINAL AGENTS : SHORT BOWEL SYNDROME	TEDUGLUTIDE (RDNA)	GATTEX	KIT	SC	-	PREFERRED	PA REQUIRED	-
GENITOURINARY AGENTS : ACIDIFIERS	POTASSIUM & SODIUM ACID PHOSPHATES	K-PHOS NO 2	TABS	OR	-	PREFERRED	-	-
GENITOURINARY AGENTS : CYSTINOSIS AGENTS	CYSTEAMINE BITARTRATE	CYSTAGON	CAPS	OR	-	PREFERRED	-	-
		PROCYSBI	CPDR	OR	-	NON-PREFERRED	-	-
		PROCYSBI	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
GENITOURINARY AGENTS : INTERSTITIAL CYSTITIS AGENTS	DIMETHYL SULFOXIDE	RIMSO-50	SOLN	IS	-	PREFERRED	PA REQUIRED	-
	PENTOSAN POLYSULFATE SODIUM	ELMIRON	CAPS	OR	-	PREFERRED	PA REQUIRED	-
		PENTOSAN POLYSULFATE SODIUM DR	CPDR	OR	-	PREFERRED	PA REQUIRED	-
GENITOURINARY AGENTS : PROSTATIC HYPERTROPHY AGENTS	ALFUZOSIN HCL	ALFUZOSIN HCL ER	TB24	OR	-	PREFERRED	-	-
		UROXATRAL	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
	DOXAZOSIN MESYLATE (BPH)	CARDURA XL	TB24	OR	-	NON-PREFERRED	-	-
	DUTASTERIDE	AVODART	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		DUTASTERIDE	CAPS	OR	-	PREFERRED	-	-
	DUTASTERIDE-TAMSULOSIN HCL	DUTASTERIDE/TAMSULOSIN HCL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		JALYN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	FINASTERIDE	FINASTERIDE	TABS	OR	-	PREFERRED	-	-
		PROSCAR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	SILODOSIN	RAPAFLO	CAPS	OR	-	NON-PREFERRED	-	-
		SILODOSIN	CAPS	OR	-	NON-PREFERRED	-	-
	TADALAFIL	CIALIS	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TADALAFIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	TAMSULOSIN HCL	FLOMAX	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TAMSULOSIN HYDROCHLORIDE	CAPS	OR	-	PREFERRED	-	-
GENITOURINARY AGENTS : URINARY STONE AGENTS	ACETOHYDROXAMIC ACID	LITHOSTAT	TABS	OR	-	PREFERRED	PA REQUIRED	-
	TIOPRONIN	THIOLA	TABS	OR	-	PREFERRED	PA REQUIRED	-
		THIOLA EC	TBEC	OR	-	PREFERRED	PA REQUIRED	-
GI ULCER AGENTS : H. PYLORI ANTIBIOTICS	AMOXICILLIN-CLARITHROMYCIN W/ LANSOPRAZOLE	LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	MISC	OR	-	NON-PREFERRED	PA REQUIRED	-
	AMOXICILLIN-CLARITHROMYCIN W/ OMEPRAZOLE	OMECLAMOX-PAK	MISC	OR	-	NON-PREFERRED	PA REQUIRED	-
	AMOXICILLIN-RIFABUTIN-OMEPRAZOLE	TALICIA	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-

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GI ULCER AGENTS : H. PYLORI ANTIBIOTICS CONT.	BISMUTH SUBCITRATE POTASSIUM-METRONIDAZOLE-TETRACYCLINE	PYLERA	CAPS	OR	-	PREFERRED	-	-
GI ULCER AGENTS : MISC	METHSCOPOLAMINE BROMIDE	METHSCOPOLAMINE BROMIDE	TABS	OR	-	PREFERRED	-	-
	MISOPROSTOL	CYTOTEC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MISOPROSTOL	TABS	OR	-	PREFERRED	-	-
	PHENOBARBITAL-HYOSCYAMINE-ATROPINE-SCOPOLAMINE	PHENOBARBITAL/BELLADONNA ALKALOIDS	ELIX	OR	-	NON-PREFERRED	-	-
	PROPANTHELINE BROMIDE	PROPANTHELINE BROMIDE	TABS	OR	-	PREFERRED	-	-
	SUCRALFATE	CARAFATE	SUSP	OR	-	PREFERRED	-	-
		CARAFATE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SUCRALFATE	SUSP	OR	-	PREFERRED	-	-
		SUCRALFATE	TABS	OR	-	PREFERRED	-	-
GOUT AGENTS :	ALLOPURINOL	ALLOPURINOL	TABS	OR	-	PREFERRED	-	-
		ZYLOPRIM	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	ALLOPURINOL SODIUM	ALLOPURINOL SODIUM	SOLR	IV	-	PREFERRED	PA REQUIRED	-
		ALOPRIM	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	COLCHICINE	COLCHICINE	CAPS	OR	-	PREFERRED	-	-
		COLCHICINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		COLCRYS	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		GLOPERBA	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		MITIGARE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	COLCHICINE W/ PROBENECID	PROBENECID/COLCHICINE	TABS	OR	-	PREFERRED	-	-
	FEBUXOSTAT	FEBUXOSTAT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ULORIC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	PEGLOTICASE	KRYSTEXXA	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-
	PROBENECID	PROBENECID	TABS	OR	-	PREFERRED	-	-
HEMATOLOGICAL AGENTS : OTHER	ALTEPLASE	ACTIVASE	SOLR	IV	-	PREFERRED	PA REQUIRED	-
		CATHFLO ACTIVASE	SOLR	IJ	-	PREFERRED	PA REQUIRED	-
	HEMIN	PANHEMATIN	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	PENTOXIFYLLINE	PENTOXIFYLLINE CR	TBCR	OR	-	PREFERRED	-	-
		PENTOXIFYLLINE ER	TBCR	OR	-	PREFERRED	-	-
	PROTAMINE SULFATE	PROTAMINE SULFATE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	PROTEIN C CONCENTRATE (HUMAN)	CEPROTIN	SOLR	IV	-	PREFERRED	PA REQUIRED	-
	RETEPLASE	RETAVASE	KIT	IV	-	NON-PREFERRED	PA REQUIRED	-
		RETAVASE HALF-KIT	KIT	IV	-	NON-PREFERRED	PA REQUIRED	-
	TENECTEPLASE	TNKASE	KIT	IV	-	PREFERRED	PA REQUIRED	-
HEMATOLOGICAL AGENTS - MISC : ANTIHEMOPHILIC PRODUCTS	ANTIHEMOPHILIC FACTOR (HUMAN)	HEMOFIL M	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		KOATE	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		MONOCLATE-P	KIT	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII)	NOVOEIGHT	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RCMB) FC FUSION PROTEIN(BDD-RFVIII FC)	ELOCTATE	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RCMB) SIMOCTOCOG ALFA(BDD-RFVIII,SIM)	NUWIQ	KIT	IV	YES	PREFERRED	PA REQUIRED	-
		NUWIQ	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT PORCINE) (RPFVIII)	OBIZUR	SOLR	IV	YES	PREFERRED	PA REQUIRED	-

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HEMATOLOGICAL AGENTS - MISC : ANTIHEMOPHILIC PRODUCTS CONT.	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	HELIXATE FS	KIT	IV	YES	PREFERRED	PA REQUIRED	-
		KOGENATE FS	KIT	IV	YES	PREFERRED	PA REQUIRED	-
		RECOMBINATE	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) GLYCOPEGYLATED-EXEI	ESPEROCT	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED	ADYNOVATE	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED-AUCL	JIVI	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) PLASMA/ALBUMIN FREE	XYNTHA	KIT	IV	YES	PREFERRED	PA REQUIRED	-
		XYNTHA SOLOFUSE	KIT	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR (RECOMBINANT) SINGLE CHAIN	AFSTYLA	KIT	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR RAHF-PFM	ADVATE	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		KOVALTRY	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		HUMATE-P	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		WILATE	KIT	IV	YES	PREFERRED	PA REQUIRED	-
	ANTIINHIBITOR COAGULANT COMPLEX	FEIBA	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR IX	ALPHANINE SD	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		MONONINE	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR IX (RECOMB) FC FUSION PROTEIN (RFIXFC)	ALPROLIX	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR IX (RECOMBINANT)	BENEFIX	KIT	IV	YES	PREFERRED	PA REQUIRED	-
		IXINITY	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		RIXUBIS	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR IX (RECOMBINANT) GLYCOPEGYLATED	REBINYN	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR IX RECOMB ALBUMIN FUSION PROTEIN (RIX-FP)	IDELVION	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR VIIA (RECOMBINANT)	NOVOSEVEN	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		NOVOSEVEN RT	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR X (HUMAN)	COAGADEX	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	COAGULATION FACTOR XIII A-SUBUNIT (RECOMBINANT)	TRETEN	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	EMICIZUMAB-KXWH	HEMLIBRA	SOLN	SC	YES	PREFERRED	PA REQUIRED	-
	FACTOR IX COMPLEX	PROFILNINE	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
		PROFILNINE SD	SOLR	IV	YES	PREFERRED	PA REQUIRED	-
	FACTOR XIII CONCENTRATE (HUMAN)	CORIFACT	KIT	IV	YES	PREFERRED	PA REQUIRED	-
	VON WILLEBRAND FACTOR (RECOMBINANT)	VONVENDI	SOLR	IV	YES	PREFERRED	PA REQUIRED	-

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HEMATOLOGICAL AGENTS - MISC : COMPLIMENT INHIBITORS	ECULIZUMAB	SOLIRIS	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	RAVULIZUMAB-CWVZ	ULTOMIRIS	SOLN	IV	-	PREFERRED	PA REQUIRED	-
HEMATOLOGICAL AGENTS : HEREDITARY ANGIOEDEMA AGENTS	C1 ESTERASE INHIBITOR (HUMAN)	BERINERT	KIT	IV	-	NON-PREFERRED	PA REQUIRED	-
		HAEGARDA	SOLR	SC	-	PREFERRED	PA REQUIRED	-
	ECALLANTIDE	KALBITOR	SOLN	SC	-	PREFERRED	PA REQUIRED	-
	ICATIBANT ACETATE	FIRAZYR	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-
		ICATIBANT ACETATE	SOLN	SC	-	PREFERRED	PA REQUIRED	-
LANADELUMAB-FLYO	TAKHZYRO	SOLN	SC	-	NON-PREFERRED	PA REQUIRED	-	
HEMATOLOGICAL AGENTS : PLATELET AGGREGATION INHIBITORS	ANAGRELIDE HCL	AGRYLIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ANAGRELIDE HYDROCHLORIDE	CAPS	OR	-	PREFERRED	-	-
	ASPIRIN (PLATELET AGGREGATION INHIBITOR)	DURLAZA	CP24	OR	-	NON-PREFERRED	-	-
		ASPIRIN-DIPYRIDAMOLE	AGGRENOLX	CP12	OR	-	NON-PREFERRED	PA REQUIRED
	ASPIRIN-OMEPRAZOLE	ASPIRIN/DIPYRIDAMOLE	CP12	OR	-	PREFERRED	-	-
		ASPIRIN/DIPYRIDAMOLE ER	CP12	OR	-	PREFERRED	-	-
		ASPIRIN/OMEPRAZOLE	ASPIRIN/OMEPRAZOLE	TBEC	OR	-	NON-PREFERRED	PA REQUIRED
	CANGRELOR TETRASODIUM	YOSPRALA	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
		KENGREAL	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
	CILOSTAZOL	CILOSTAZOL	TABS	OR	-	PREFERRED	-	-
	CLOPIDOGREL BISULFATE	CLOPIDOGREL	TABS	OR	-	PREFERRED	-	-
		PLAVIX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	DIPYRIDAMOLE	DIPYRIDAMOLE	TABS	OR	-	PREFERRED	-	-
	PRASUGREL HCL	EFFIENT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PRASUGREL	TABS	OR	-	NON-PREFERRED	-	-
TICAGRELOR	BRILINTA	TABS	OR	-	PREFERRED	-	-	
VORAPAXAR SULFATE	ZONTIVITY	TABS	OR	-	NON-PREFERRED	-	-	
HEMATOPOIETIC AGENTS : ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)	DARBEPOETIN ALFA	ARANESP ALBUMIN FREE	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		ARANESP ALBUMIN FREE	SOSY	IJ	-	PREFERRED	PA REQUIRED	-
	EPOETIN ALFA	EPOGEN	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		PROCRIT	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
	EPOETIN ALFA-EPBX	RETACRIT	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA	MIRCERA	SOSY	IJ	-	NON-PREFERRED	PA REQUIRED	-	
HEMATOPOIETIC AGENTS : GAUCHER DISEASE	ELIGLUSTAT TARTRATE	CERDELGA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
	IMIGLUCERASE	CEREZYME	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
	MIGLUSTAT	MIGLUSTAT	CAPS	OR	-	PREFERRED	PA REQUIRED	-
		ZAVESCA	CAPS	OR	-	PREFERRED	PA REQUIRED	-
	TALIGLUCERASE ALFA	ELELYSO	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-
VELAGLUCERASE ALFA	VPRIV	SOLR	IV	-	NON-PREFERRED	PA REQUIRED	-	
HEMATOPOIETIC AGENTS : GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)	FILGRASTIM	NEUPOGEN	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		NEUPOGEN	SOSY	IJ	-	PREFERRED	PA REQUIRED	-
	FILGRASTIM-AAFI	NIVESTYM	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
		NIVESTYM	SOSY	IJ	-	NON-PREFERRED	PA REQUIRED	-
	FILGRASTIM-SNDZ	ZARXIO	SOSY	IJ	-	NON-PREFERRED	PA REQUIRED	-
PEGFILGRASTIM	NEULASTA	SOSY	SC	-	NON-PREFERRED	PA REQUIRED	-	

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
HEMATOPOIETIC AGENTS : GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) CONT.		NEULASTA ONPRO KIT	PSKT	SC	-	NON-PREFERRED	PA REQUIRED	-
	PEGFILGRASTIM-BMEZ	ZIEXTENZO	SOSY	SC	-	NON-PREFERRED	PA REQUIRED	-
	PEGFILGRASTIM-CBQV	UDENYCA	SOSY	SC	-	NON-PREFERRED	PA REQUIRED	-
	PEGFILGRASTIM-JMDB	FULPHILA	SOSY	SC	-	NON-PREFERRED	PA REQUIRED	-
	SARGRAMOSTIM	LEUKINE	SOLR	IJ	-	NON-PREFERRED	PA REQUIRED	-
	TBO-FILGRASTIM	GRANIX	SOLN	SC	-	PREFERRED	PA REQUIRED	-
		GRANIX	SOSY	SC	-	PREFERRED	PA REQUIRED	-
HEMATOPOIETIC AGENTS : SICKLE CELL ANEMIA	CRIZANLIZUMAB-TMCA	ADAKVEO	SOLN	IV	-	X	-	-
	GLUTAMINE (SICKLE CELL)	ENDARI	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
	HYDROXYUREA (SICKLE CELL ANEMIA)	DROXIA	CAPS	OR	-	PREFERRED	-	-
		SIKLOS	TABS	OR	-	PREFERRED	-	-
	VOXELOTOR	OXBRYTA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
HEMATOPOIETIC AGENTS : THROMBOPOIESIS (TPO) STIMULATING PROTEINS	AVATROMBOPAG MALEATE	DOPTELET	TABS	OR	-	PREFERRED	PA REQUIRED	-
	ELTROMBOPAG OLAMINE	PROMACTA	PACK	OR	-	PREFERRED	PA REQUIRED	-
		PROMACTA	TABS	OR	-	PREFERRED	PA REQUIRED	-
	FOSTAMATINIB DISODIUM	TAVALISSE	TABS	OR	-	PREFERRED	PA REQUIRED	-
	LUSUTROMBOPAG	MULPLETA	TABS	OR	-	PREFERRED	PA REQUIRED	-
	ROMIPLOSTIM	NPLATE	SOLR	SC	-	PREFERRED	PA REQUIRED	-
HEMOSTATICS : SYSTEMIC - INJECTABLE	AMINOCAPROIC ACID	AMINOCAPROIC ACID	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	TRANEXAMIC ACID	CYKLOKAPRON	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		TRANEXAMIC ACID	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	TRANEXAMIC ACID-SODIUM CHLORIDE	TRANEXAMIC ACID/SODIUM CHLORIDE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
HEMOSTATICS : SYSTEMIC - ORAL	AMINOCAPROIC ACID	AMICAR	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		AMICAR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		AMINOCAPROIC ACID	SOLN	OR	-	PREFERRED	-	-
		AMINOCAPROIC ACID	TABS	OR	-	PREFERRED	-	-
	TRANEXAMIC ACID	LYSTEDA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TRANEXAMIC ACID	TABS	OR	-	PREFERRED	-	-
IMMUNE MODULATORS : MYELODYSPLASTIC SYNDROMES	LENALIDOMIDE	REVLIMID	CAPS	OR	-	PREFERRED	PA REQUIRED	-
IMMUNOSUPPRESSIVE AGENTS : CYCLOSPORINE ANALOGS - ORAL	CYCLOSPORINE	CYCLOSPORINE	CAPS	OR	-	PREFERRED	-	-
		SANDIMMUNE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SANDIMMUNE	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
	CYCLOSPORINE MODIFIED (FOR MICROEMULSION)	CYCLOSPORINE MODIFIED 50MG	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		CYCLOSPORINE MODIFIED	CAPS	OR	-	PREFERRED	-	-
		CYCLOSPORINE MODIFIED	SOLN	OR	-	PREFERRED	-	-
		GENGRAF	CAPS	OR	-	PREFERRED	-	-
	GENGRAF	SOLN	OR	-	PREFERRED	-	-	
	NEORAL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	NEORAL	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-	
IMMUNOSUPPRESSIVE AGENTS : INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - ORAL	MYCOPHENOLATE MOFETIL	CELLCEPT	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		CELLCEPT	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		CELLCEPT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MYCOPHENOLATE MOFETIL	CAPS	OR	-	PREFERRED	-	-

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IMMUNOSUPPRESSIVE AGENTS : INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - ORAL CONT.		MYCOPHENOLATE MOFETIL	SUSR	OR	-	PREFERRED	-	-
		MYCOPHENOLATE MOFETIL	TABS	OR	-	PREFERRED	-	-
	MYCOPHENOLATE SODIUM	MYCOPHENOLIC ACID DR	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
		MYFORTIC	TBEC	OR	-	NON-PREFERRED	PA REQUIRED	-
IMMUNOSUPPRESSIVE AGENTS : MACROLIDE IMMUNOSUPPRESSANTS	EVEROLIMUS (IMMUNOSUPPRESSANT)	EVEROLIMUS	TABS	OR	-	NON-PREFERRED	-	-
		ZORTRESS	TABS	OR	-	NON-PREFERRED	-	-
	SIROLIMUS	RAPAMUNE	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		RAPAMUNE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SIROLIMUS	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		SIROLIMUS	TABS	OR	-	PREFERRED	-	-
	TACROLIMUS	ASTAGRAF XL	CP24	OR	-	NON-PREFERRED	PA REQUIRED	-
		ENVARUS XR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-
		PROGRAF	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		PROGRAF	PACK	OR	-	NON-PREFERRED	PA REQUIRED	-
		PROGRAF	SOLN	IV	-	PREFERRED	PA REQUIRED	-
	TACROLIMUS	CAPS	OR	-	PREFERRED	-	-	
IMMUNOSUPPRESSIVE AGENTS : MONOCLONAL ANTIBODIES	EMAPALUMAB-LZSG	GAMIFANT	SOLN	IV	YES	PREFERRED	PA REQUIRED	-
IMMUNOSUPPRESSIVE AGENTS : PURINE ANALOGS	AZATHIOPRINE	AZASAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		AZATHIOPRINE	TABS	OR	-	PREFERRED	-	-
		IMURAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	AZATHIOPRINE SODIUM	AZATHIOPRINE	SOLR	IJ	-	X	-	-
MIGRAINE AGENTS : CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	ERENUMAB-AOOE	AIMOVIG	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
	FREMANEZUMAB-VFRM	AJOVY	SOAJ	SC	-	NON-PREFERRED	PA REQUIRED	-
		AJOVY	SOSY	SC	-	NON-PREFERRED	PA REQUIRED	-
	GALCANEZUMAB-GNLM	EMGALITY	SOAJ	SC	-	PREFERRED	PA REQUIRED	-
		EMGALITY	SOSY	SC	-	PREFERRED	PA REQUIRED	-
	RIMEGEPANT SULFATE	NURTEC	TBDP	OR	-	NON-PREFERRED	PA REQUIRED	-
	UBROGEPANT	UBRELVY	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
MIGRAINE AGENTS : ERGOT DERIVATIVES	DIHYDROERGOTAMINE MESYLATE	D.H.E. 45	SOLN	IJ	-	NON-PREFERRED	PA REQUIRED	-
		DIHYDROERGOTAMINE MESYLATE	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
		DIHYDROERGOTAMINE MESYLATE	SOLN	NA	-	PREFERRED	PA REQUIRED	-
		MIGRANAL	SOLN	NA	-	NON-PREFERRED	PA REQUIRED	-
	ERGOTAMINE TARTRATE	ERGOMAR	SUBL	SL	-	PREFERRED	-	-
	ERGOTAMINE W/ CAFFEINE	CAFERGOT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ERGOTAMINE TARTRATE/CAFFEINE	TABS	OR	-	PREFERRED	-	-
		MIGERGOT	SUPP	RE	-	PREFERRED	-	-
MIGRAINE AGENTS : OTHER	DICLOFENAC POTASSIUM (MIGRAINE)	CAMBIA	PACK	OR	-	PREFERRED	PA REQUIRED	-
MISCELLANEOUS THERAPEUTIC CLASSES : POTASSIUM REMOVING AGENTS	PATIROMER SORBITE CALCIUM	VELTASSA	PACK	OR	-	PREFERRED	-	-
	SODIUM POLYSTYRENE SULFONATE	KIONEX	SUSP	OR	-	PREFERRED	-	-
		SODIUM POLYSTYRENE SULFONATE	POWD	OR	-	PREFERRED	-	-
		SODIUM POLYSTYRENE SULFONATE	SUSP	OR	-	PREFERRED	-	-
		SODIUM POLYSTYRENE SULFONATE	SUSP	RE	-	PREFERRED	-	-
		SPS	SUSP	OR	-	PREFERRED	-	-
		SODIUM ZIRCONIUM CYCLOSILICATE	LOKELMA	PACK	OR	-	NON-PREFERRED	PA REQUIRED

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MOVEMENT DISORDER AGENTS :	DEUTETRABENAZINE	AUSTEDO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	TETRABENAZINE	TETRABENAZINE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		XENAZINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	VALBENAZINE TOSYLATE	INGREZZA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	INGREZZA	CPPK	OR	-	NON-PREFERRED	PA REQUIRED	-		
MULTIPLE SCLEROSIS AGENTS :	ALEMTUZUMAB (MS)	LEMTRADA	SOLN	IV	-	NON-PREFERRED	-	-	
	CLADRIBINE (MULTIPLE SCLEROSIS)	MAVENCLAD	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-	
	DALFAMPRIDINE	AMPYRA	TB12	OR	-	NON-PREFERRED	PA REQUIRED	-	
		DALFAMPRIDINE ER	TB12	OR	-	NON-PREFERRED	PA REQUIRED	-	
	DIMETHYL FUMARATE	TECFIDERA	CPDR	OR	-	PREFERRED	-	-	
		TECFIDERA STARTER PACK	MISC	OR	-	PREFERRED	-	-	
	DIROXIMEL FUMARATE	VUMERITY	CPDR	OR	-	NON-PREFERRED	PA REQUIRED	-	
	FINGOLIMOD HCL	GILENYA 0.25MG	CAPS	OR	-	NON-PREFERRED	-	-	
		GILENYA	CAPS	OR	-	PREFERRED	-	-	
	GLATIRAMER ACETATE	COPAXONE	SOSY	SC	-	PREFERRED	-	-	
		GLATIRAMER ACETATE	SOSY	SC	-	NON-PREFERRED	-	-	
		GLATOPA	SOSY	SC	-	NON-PREFERRED	-	-	
	INTERFERON BETA-1A	AVONEX	PSKT	IM	-	PREFERRED	-	-	
		AVONEX PEN	AJKT	IM	-	PREFERRED	-	-	
		REBIF	SOSY	SC	-	PREFERRED	-	-	
		REBIF REBIDOSE	SOAJ	SC	-	PREFERRED	-	-	
		REBIF REBIDOSE TITRATION PACK	SOAJ	SC	-	PREFERRED	-	-	
		REBIF TITRATION PACK	SOSY	SC	-	PREFERRED	-	-	
	INTERFERON BETA-1B	BETASERON	KIT	SC	-	PREFERRED	-	-	
		EXTAVIA	KIT	SC	-	NON-PREFERRED	-	-	
	NATALIZUMAB	TYSABRI	CONC	IV	-	NON-PREFERRED	-	-	
	OCRELIZUMAB	OCREVUS	SOLN	IV	-	NON-PREFERRED	PA REQUIRED	-	
	PEGINTERFERON BETA-1A	PLEGRIDY	SOPN	SC	-	NON-PREFERRED	-	-	
		PLEGRIDY	SOSY	SC	-	NON-PREFERRED	-	-	
		PLEGRIDY STARTER PACK	SOPN	SC	-	NON-PREFERRED	-	-	
		PLEGRIDY STARTER PACK	SOSY	SC	-	NON-PREFERRED	-	-	
	SIPONIMOD FUMARATE	MAYZENT	TABS	OR	-	NON-PREFERRED	-	-	
		MAYZENT STARTER PACK	TBPK	OR	-	NON-PREFERRED	-	-	
	TERIFLUNOMIDE	AUBAGIO	TABS	OR	-	NON-PREFERRED	-	-	
	MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS	BACLOFEN	BACLOFEN	SOLN	IT	-	X	-	-
			BACLOFEN 5MG	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
			BACLOFEN	TABS	OR	-	PREFERRED	-	-
		FIRST-BACLOFEN 1	SUSP	OR	-	PREFERRED	PA REQUIRED	-	
		FIRST-BACLOFEN 5	SUSP	OR	-	PREFERRED	PA REQUIRED	-	
		GABLOFEN	SOLN	IT	-	X	-	-	
		GABLOFEN	SOSY	IT	-	X	-	-	
		LIORESAL INTRATHECAL	SOLN	IT	-	X	-	-	
		OZOBAX	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-	
CARISOPRODOL		CARISOPRODOL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		SOMA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
CARISOPRODOL W/ ASPIRIN		CARISOPRODOL/ASPIRIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
CARISOPRODOL W/ ASPIRIN & CODEINE		CARISOPRODOL/ASPIRIN/CODEINE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
CHLORZOXAZONE		CHLORZOXAZONE	TABS	OR	-	NON-PREFERRED	-	-	

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

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NEUROLOGICAL AGENTS : OTHER CONT.	MILNACIPRAN HCL	SAVELLA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		SAVELLA TITRATION PACK	MISC	OR	-	NON-PREFERRED	PA REQUIRED	-	
	PIMOZIDE	PIMOZIDE	TABS	OR	-	PREFERRED	-	-	
	PREGABALIN (ONCE-DAILY)	LYRICA CR	TB24	OR	-	NON-PREFERRED	PA REQUIRED	-	
	SODIUM OXYBATE	XYREM	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-	
NEUROMUSCULAR AGENTS : ALS AGENTS - BENZATHIAZOLES	RILUZOLE	RILUTEK	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		RILUZOLE	TABS	OR	-	PREFERRED	-	-	
		TIGLUTIK	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-	
NEUROMUSCULAR AGENTS : ALS AGENTS - MISC	EDARAVONE	RADICAVA	SOLN	IV	YES	PREFERRED	PA REQUIRED	-	
NEUROMUSCULAR AGENTS : ANTIMYASTHENIC/CHOLINERGIC AGENTS	AMIFAMPRIDINE	RUZURGI	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	AMIFAMPRIDINE PHOSPHATE	FIRDAPSE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	GUANIDINE HCL	GUANIDINE HCL	TABS	OR	-	NON-PREFERRED	-	-	
	NEOSTIGMINE METHYLSULFATE	BLOXIVERZ	BLOXIVERZ	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		NEOSTIGMINE METHYLSULFATE	NEOSTIGMINE METHYLSULFATE	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		NEOSTIGMINE METHYLSULFATE	NEOSTIGMINE METHYLSULFATE	SOSY	IV	-	PREFERRED	PA REQUIRED	-
	PYRIDOSTIGMINE BROMIDE	MESTINON	MESTINON	SOLN	OR	-	PREFERRED	PA REQUIRED	-
		MESTINON	MESTINON	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		MESTINON TIMESPAN	MESTINON TIMESPAN	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-
		PYRIDOSTIGMINE BROMIDE	PYRIDOSTIGMINE BROMIDE	SOLN	OR	-	PREFERRED	PA REQUIRED	-
		PYRIDOSTIGMINE BROMIDE	PYRIDOSTIGMINE BROMIDE	TABS	OR	-	PREFERRED	-	-
		PYRIDOSTIGMINE BROMIDE ER	PYRIDOSTIGMINE BROMIDE ER	TBCR	OR	-	PREFERRED	-	-
	REGONOL	REGONOL	SOLN	IV	-	PREFERRED	PA REQUIRED	-	
	NEUROMUSCULAR AGENTS : MUSCULAR DYSTROPHY AGENTS	ETEPLIRSEN	EXONDYS 51	SOLN	IV	YES	X	PA REQUIRED	-
GOLODIRSEN		VYONDYS 53	SOLN	IV	YES	X	PA REQUIRED	-	
NEUROMUSCULAR AGENTS : SPINAL MUSCULAR ATROPHY - GENE THERAPY AGENTS	ONASEMNOGENE ABEPARVOVEC-XIOI	ZOLGENSMA 10.1-10.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 10.6-11.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 11.1-11.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 11.6-12.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 12.1-12.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 12.6-13.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 13.1-13.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 2.6-3.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 3.1-3.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 3.6-4.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 4.1-4.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 4.6-5.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 5.1-5.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 5.6-6.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 6.1-6.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 6.6-7.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 7.1-7.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 7.6-8.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 8.1-8.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 8.6-9.0 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 9.1-9.5 KG	KIT	IV	YES	X	PA REQUIRED	-	
		ZOLGENSMA 9.6-10.0 KG	KIT	IV	YES	X	PA REQUIRED	-	

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NEUROMUSCULAR AGENTS : SPINAL MUSCULAR ATROPHY AGENTS - ANTISENSE OLIGONUCLEOTIDES	NUSINERSEN	SPINRAZA	SOLN	IT	YES	X	PA REQUIRED	-
ONCOLOGY AGENTS : ALKYLATING AGENTS - ORAL	BUSULFAN	MYLERAN	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ANDROGEN BIOSYNTHESIS INHIBITORS - ORAL	ABIRATERONE ACETATE	ABIRATERONE ACETATE	TABS	OR	-	PREFERRED	PA REQUIRED	-
		YONSA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		ZYTIGA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ANTIADRENALS - ORAL	MITOTANE	LYSODREN	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ANTIANDROGENS - ORAL	APALUTAMIDE	ERLEADA	TABS	OR	-	PREFERRED	PA REQUIRED	-
	BICALUTAMIDE	BICALUTAMIDE	TABS	OR	-	PREFERRED	-	-
		CASODEX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	DAROLUTAMIDE	NUBEQA	TABS	OR	-	PREFERRED	PA REQUIRED	-
	ENZALUTAMIDE	XTANDI	CAPS	OR	-	PREFERRED	PA REQUIRED	-
	FLUTAMIDE	FLUTAMIDE	CAPS	OR	-	PREFERRED	-	-
	NILUTAMIDE	NILANDRON	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		NILUTAMIDE	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ANTIESTROGENS - ORAL	TAMOXIFEN CITRATE	SOLTAMOX	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	-
		TAMOXIFEN CITRATE	TABS	OR	-	PREFERRED	-	-
	TOREMIFENE CITRATE	FARESTON	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TOREMIFENE CITRATE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ANTIMETABOLITES - ORAL	CAPECITABINE	CAPECITABINE	TABS	OR	-	PREFERRED	PA REQUIRED	-
		XELODA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	MERCAPTOPYRINE	MERCAPTOPYRINE	TABS	OR	-	PREFERRED	-	-
		PURIXAN	SUSP	OR	-	PREFERRED	PA REQUIRED	-
	THIOGUANINE	TABLOID	TABS	OR	-	PREFERRED	-	-
ONCOLOGY AGENTS : ANTINEOPLASTIC PROGESTINS - ORAL	MEGESTROL ACETATE	MEGESTROL ACETATE	SUSP	OR	-	PREFERRED	-	-
		MEGESTROL ACETATE	TABS	OR	-	PREFERRED	-	-
	MEGESTROL ACETATE (APPETITE)	MEGACE ES	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	-
		MEGESTROL ACETATE	SUSP	OR	-	PREFERRED	-	-
ONCOLOGY AGENTS : ANTINEOPLASTICS - MISC COMBINATIONS - ORAL	RIBOCICLIB SUCCINATE-LETROZOLE	KISQALI FEMARA 200 DOSE	TBPK	OR	-	PREFERRED	PA REQUIRED	-
		KISQALI FEMARA 400 DOSE	TBPK	OR	-	PREFERRED	PA REQUIRED	-
		KISQALI FEMARA 600 DOSE	TBPK	OR	-	PREFERRED	PA REQUIRED	-
	TRIFLURIDINE-TIPRACIL	LONSURF	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ANTINEOPLASTICS MISC - ORAL	HYDROXYUREA	HYDREA	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		HYDROXYUREA	CAPS	OR	-	PREFERRED	-	-
	PROCARBAZINE HCL	MATULANE	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : AROMATASE INHIBITORS - ORAL	ANASTROZOLE	ANASTROZOLE	TABS	OR	-	PREFERRED	-	-
		ARIMIDEX	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
	EXEMESTANE	AROMASIN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		EXEMESTANE	TABS	OR	-	PREFERRED	-	-
	LETROZOLE	FEMARA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LETROZOLE	TABS	OR	-	PREFERRED	-	-
ONCOLOGY AGENTS : AUTOLOGOUS CELLULAR IMMUNOTHERAPY (CAR-T)	AXICABTAGENE CILOLEUCEL	YESCARTA	SUSP	IV	YES	X	PA REQUIRED	-
	TISAGENLEUCLEUCEL	KYMTRIAH	SUSP	IV	YES	X	PA REQUIRED	-
ONCOLOGY AGENTS : BCL-2 INHIBITORS - ORAL	VENETOCLAX	VENCLEXTA	TABS	OR	-	PREFERRED	PA REQUIRED	-
		VENCLEXTA STARTING PACK	TBPK	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : BRAF KINASE INHIBITORS - ORAL	DABRAFENIB MESYLATE	TAFINLAR	CAPS	OR	-	PREFERRED	PA REQUIRED	-

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ONCOLOGY AGENTS : BRAF KINASE INHIBITORS - ORAL CONT.	ENCORAFENIB	BRAFTOVI	CAPS	OR	-	PREFERRED	PA REQUIRED	-
	VEMURAFENIB	ZELBORAF	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : CHEMOTHERAPY RESCUE / ANTIDOTE AGENTS - URINARY TRACT PROTECTIVE AGENTS - ORAL	MESNA	MESNEX	TABS	OR	-	PREFERRED	-	-
ONCOLOGY AGENTS : CYCLIN DEPENDENT KINASES (CDK) INHIBITORS - ORAL	ABEMACICLIB	VERZENIO	TABS	OR	-	PREFERRED	PA REQUIRED	-
	PALBOCICLIB	IBRANCE	CAPS	OR	-	PREFERRED	PA REQUIRED	-
		IBRANCE	TABS	OR	-	PREFERRED	PA REQUIRED	-
	RIBOCICLIB SUCCINATE	KISQALI	TBPK	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ESTROGENS-ANTINEOPLASTIC - ORAL	ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	CAPS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : FOLIC ACID ANTAGONISTS RESCUE AGENTS - ORAL	LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM 10MG & 15MG	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		LEUCOVORIN CALCIUM	TABS	OR	-	PREFERRED	-	-
ONCOLOGY AGENTS : HEDGEHOG PATHWAY INHIBITORS - ORAL	GLASDEGIB MALEATE	DAURISMO	TABS	OR	-	PREFERRED	PA REQUIRED	-
	SONIDEGIB PHOSPHATE	ODOMZO	CAPS	OR	-	PREFERRED	PA REQUIRED	-
	VISMODEGIB	ERIVEDGE	CAPS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : HISTONE DEACETYLASE INHIBITORS - ORAL	PANOBINOSTAT LACTATE	FARYDAK	CAPS	OR	-	PREFERRED	PA REQUIRED	-
	VORINOSTAT	ZOLINZA	CAPS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : IMIDAZOTETRAZINES - ORAL	TEMOZOLOMIDE	TEMODAR	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TEMOZOLOMIDE	CAPS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : IMMUNOMODULATORS - ORAL	POMALIDOMIDE	POMALYST	CAPS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS - ORAL	IVOSIDENIB	TIBSOVO	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS - ORAL	ENASIDENIB MESYLATE	IDHIFA	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : JANUS ASSOCIATED KINASE (JAK) INHIBITORS - ORAL	FEDRATINIB HCL	INREBIC	CAPS	OR	-	PREFERRED	PA REQUIRED	-
	RUXOLITINIB PHOSPHATE	JAKAFI	TABS	OR	-	PREFERRED	PA REQUIRED	-
ONCOLOGY AGENTS : LHRH ANALOGS - INJECTABLE	GOSERELIN ACETATE	ZOLADEX	IMPL	SC	-	PREFERRED	PA REQUIRED	-
	HISTRELIN ACETATE	VANTAS	KIT	SC	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE	ELIGARD	KIT	SC	-	PREFERRED	PA REQUIRED	-
		LEUPROLIDE ACETATE	KIT	IJ	-	PREFERRED	PA REQUIRED	-
		LUPRON DEPOT (1-MONTH)	KIT	IM	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE (3 MONTH)	ELIGARD	KIT	SC	-	PREFERRED	PA REQUIRED	-
		LUPRON DEPOT (3-MONTH)	KIT	IM	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE (4 MONTH)	ELIGARD	KIT	SC	-	PREFERRED	PA REQUIRED	-
		LUPRON DEPOT (4-MONTH)	KIT	IM	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE (6 MONTH)	ELIGARD	KIT	SC	-	PREFERRED	PA REQUIRED	-
		LUPRON DEPOT (6-MONTH)	KIT	IM	-	PREFERRED	PA REQUIRED	-
	LEUPROLIDE ACETATE/BUPIVACAINE	LEUPROLIDE ACETATE/BUPIVACAINE						
	LEUPROLIDE ACETATE-BUPIVACAINE HCL	HYDROCHLORIDE	SOLN	IM	-	PREFERRED	PA REQUIRED	-
TRIPTORELIN PAMOATE	TRELSTAR MIXJECT	SUSR	IM	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : MEK INHIBITORS - ORAL	BINIMETINIB	MEKTOVI	TABS	OR	-	PREFERRED	PA REQUIRED	-
	COBIMETINIB FUMARATE	COTELLIC	TABS	OR	-	PREFERRED	PA REQUIRED	-
	SELUMETINIB SULFATE	KOSELUGO	CAPS	OR	-	PREFERRED	PA REQUIRED	-

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ONCOLOGY AGENTS : MEK INHIBITORS - ORAL CONT.	TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST	TABS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : MITOTIC INHIBITORS - ORAL	ETOPOSIDE	ETOPOSIDE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : MTOR KINASE INHIBITORS - ORAL	EVEROLIMUS	AFINITOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		AFINITOR 10MG	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		AFINITOR DISPERZ	TBSO	OR	-	PREFERRED	PA REQUIRED	-	
		EVEROLIMUS	TABS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : MULTIKINASE INHIBITORS - ORAL	MIDOSTAURIN	RYDAPT	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		REGORAFENIB	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		SORAFENIB TOSYLATE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		SUNITINIB MALATE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : NITROGEN MUSTARDS - ORAL	CHLORAMBUCIL	LEUKERAN	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		CYCLOPHOSPHAMIDE	CAPS	OR	-	PREFERRED	-	-	
		MELPHALAN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		MELPHALAN	TABS	OR	-	PREFERRED	-	-	
ONCOLOGY AGENTS : NITROSOUREAS - ORAL	LOMUSTINE	GLEOSTINE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - ORAL	ALPELISIB	PIQRAY 200MG DAILY DOSE	TBPK	OR	-	PREFERRED	PA REQUIRED	-	
		PIQRAY 250MG DAILY DOSE	TBPK	OR	-	PREFERRED	PA REQUIRED	-	
		PIQRAY 300MG DAILY DOSE	TBPK	OR	-	PREFERRED	PA REQUIRED	-	
	DUVELISIB	COPIKTRA	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	IDELALISIB	ZYDELIG	TABS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - ORAL	NIRAPARIB TOSYLATE	ZEJULA	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		OLAPARIB	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		RUCAPARIB CAMSYLATE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		TALAZOPARIB TOSYLATE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : PROTEASOME INHIBITORS - ORAL	IXAZOMIB CITRATE	NINLARO	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : RADIOPHARMACEUTICALS	LUTETIUM LU 177 DOTATATE	LUTATHERA	SOLN	IV	YES	X	PA REQUIRED	-	
ONCOLOGY AGENTS : RETINOIDS - ORAL	TRETINOIN (CHEMOTHERAPY)	TRETINOIN	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : SELECTIVE RETINOID X RECEPTOR AGONISTS - ORAL	BEXAROTENE	BEXAROTENE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		TARGRETIN	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : TOPOISOMERASE INHIBITORS - ORAL	TOPOTECAN HCL	HYCAMTIN	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : TROPOMYOSIN RECEPTOR KINASE INHIBITORS - ORAL	ENTRECTINIB	ROZLYTREK	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		LAROTRECTINIB SULFATE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		VITRAKVI	SOLN	OR	-	PREFERRED	PA REQUIRED	-	
ONCOLOGY AGENTS : TYROSINE KINASE INHIBITORS - ORAL	ACALABRUTINIB	CALQUENCE	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		AFATINIB DIMALEATE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		ALECTINIB HCL	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		AVAPRITINIB	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		AXITINIB	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		BOSUTINIB	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		BRIGATINIB	ALUNBRIG	TABS	OR	-	PREFERRED	PA REQUIRED	-
			ALUNBRIG	TBPK	OR	-	PREFERRED	PA REQUIRED	-
		CABOZANTINIB S-MALATE	CABOMETYX	TABS	OR	-	PREFERRED	PA REQUIRED	-
			COMETRIQ	KIT	OR	-	PREFERRED	PA REQUIRED	-
CERITINIB	ZYKADIA	CAPS	OR	-	PREFERRED	PA REQUIRED	-		

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ONCOLOGY AGENTS : TYROSINE KINASE INHIBITORS - ORAL CONT.		ZYKADIA	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	CRIZOTINIB	XALKORI	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	DACOMITINIB	VIZIMPRO	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	DASATINIB	SPRYCEL	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	ERLOTINIB HCL	ERLOTINIB HYDROCHLORIDE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
		TARCEVA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	GEFITINIB	IRESSA	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	GILTERITINIB FUMARATE	XOSPATA	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	IBRUTINIB	IMBRUVICA	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		IMBRUVICA	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	IMATINIB MESYLATE	GLEEVEC	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
		IMATINIB MESYLATE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	LAPATINIB DITOSYLATE	TYKERB	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	LENVATINIB MESYLATE	LENVIMA 10 MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
		LENVIMA 12MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
		LENVIMA 14 MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
		LENVIMA 18 MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
		LENVIMA 20 MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
		LENVIMA 24 MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
		LENVIMA 4 MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
		LENVIMA 8 MG DAILY DOSE	CPPK	OR	-	PREFERRED	PA REQUIRED	-	
	LORLATINIB	LORBRENA	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	NERATINIB MALEATE	NERLYNX	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	NILOTINIB HCL	TASIGNA	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	OSIMERTINIB MESYLATE	TAGRISSE	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	PAZOPANIB HCL	VOTRIENT	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	PEXIDARTINIB HCL	TURALIO	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	PONATINIB HCL	ICLUSIG	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	VANDETANIB	CAPRELSA	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	ZANUBRUTINIB	BRUKINSA	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	OPHTHALMIC AGENTS : ANTIALLERGIC	ALCAFTADINE	LASTACFT	SOLN	OP	-	NON-PREFERRED	-	-
		AZELASTINE HCL (OPHTH)	AZELASTINE HCL	SOLN	OP	-	NON-PREFERRED	-	-
BEPOTASTINE BESILATE		BEPREVE	SOLN	OP	-	NON-PREFERRED	-	-	
CETIRIZINE HCL (OPHTH)		ZERVIAE	SOLN	OP	-	NON-PREFERRED	-	-	
CROMOLYN SODIUM (OPHTH)		CROMOLYN SODIUM	SOLN	OP	-	PREFERRED	-	-	
EPINASTINE HCL (OPHTH)		ELESTAT	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		EPINASTINE HCL	SOLN	OP	-	NON-PREFERRED	-	-	
KETOTIFEN FUMARATE (OPHTH)		ALAWAY	SOLN	OP	-	PREFERRED	-	-	
		ALAWAY CHILDRENS ALLERGY EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-	
		ALLERGY EYE DROPS	SOLN	OP	-	PREFERRED	-	-	
		CLARITIN EYE	SOLN	OP	-	PREFERRED	-	-	
		CVS ALLERGY EYE DROPS	SOLN	OP	-	PREFERRED	-	-	
		CVS EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-	
		EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-	
		GNP EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-	
		GNP ITCHY EYE	SOLN	OP	-	PREFERRED	-	-	
	HM EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-		
	KETOTIFEN FUMARATE	SOLN	OP	-	PREFERRED	-	-		
	KP KETOTIFEN FUMARATE	SOLN	OP	-	PREFERRED	-	-		

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OPHTHALMIC AGENTS : ANTIALLERGIC CONT.		RA ANTIHISTAMINE EYE DROPS	SOLN	OP	-	PREFERRED	-	-
		RA EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-
		SM EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-
		THERATEARS ALLERGY EYE ITCH RELIEF	SOLN	OP	-	PREFERRED	-	-
	LODOXAMIDE TROMETHAMINE	ALOMIDE	SOLN	OP	-	NON-PREFERRED	-	-
	NEDOCROMIL SODIUM (OPHTH)	ALOCRI	SOLN	OP	-	NON-PREFERRED	-	-
	OLOPATADINE HCL	OLOPATADINE HCL	SOLN	OP	-	NON-PREFERRED	-	-
		OLOPATADINE HYDROCHLORIDE	SOLN	OP	-	NON-PREFERRED	-	-
		PATADAY	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		PATANOL	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
	PAZEO	SOLN	OP	-	NON-PREFERRED	-	-	
OPHTHALMIC AGENTS : ANTIBIOTICS	AZITHROMYCIN (OPHTH)	AZASITE	SOLN	OP	-	NON-PREFERRED	-	-
		KLARITY-A	SOLN	OP	-	NON-PREFERRED	-	-
	BACITRACIN (OPHTHALMIC)	BACITRACIN	OINT	OP	-	NON-PREFERRED	-	-
	BACITRACIN-POLYMYXIN B (OPHTH)	AK-POLY-BAC	OINT	OP	-	NON-PREFERRED	-	-
		BACITRACIN/POLYMYXIN B	OINT	OP	-	NON-PREFERRED	-	-
		POLYCIN	OINT	OP	-	NON-PREFERRED	-	-
	BESIFLOXACIN HCL	BESIVANCE	SUSP	OP	-	NON-PREFERRED	-	-
	CIPROFLOXACIN HCL (OPHTH)	CILOXAN	OINT	OP	-	NON-PREFERRED	-	-
		CILOXAN	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		CIPROFLOXACIN HYDROCHLORIDE	SOLN	OP	-	PREFERRED	-	-
	ERYTHROMYCIN (OPHTH)	ERYTHROMYCIN	OINT	OP	-	PREFERRED	-	-
	GATIFLOXACIN (OPHTH)	GATIFLOXACIN	SOLN	OP	-	NON-PREFERRED	-	-
		ZYMAXID	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
	GENTAMICIN SULFATE (OPHTH)	GENTAK	OINT	OP	-	NON-PREFERRED	-	-
		GENTAMICIN SULFATE	SOLN	OP	-	PREFERRED	-	-
	LEVOFLOXACIN (OPHTH)	LEVOFLOXACIN	SOLN	OP	-	NON-PREFERRED	-	-
	MITOMYCIN (OPHTHALMIC)	MITOSOL	KIT	OP	-	NON-PREFERRED	-	-
	MOXIFLOXACIN HCL (OPHTH)	MOXEZA	SOLN	OP	-	PREFERRED	-	-
		MOXIFLOXACIN	SOLN	IO	-	X	-	-
		MOXIFLOXACIN HYDROCHLORIDE	SOLN	IO	-	X	-	-
		MOXIFLOXACIN HYDROCHLORIDE	SOLN	OP	-	PREFERRED	-	-
		MOXIFLOXACIN HYDROCHLORIDE	SOSY	IO	-	X	-	-
		VIGAMOX	SOLN	OP	-	PREFERRED	-	-
	NEOMYCIN-BACITRACIN ZN-POLYMYXIN	NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	OP	-	NON-PREFERRED	-	-
		NEOMYCIN/POLYMYXIN/BACITRACIN	OINT	OP	-	NON-PREFERRED	-	-
		NEO-POLYCIN	OINT	OP	-	NON-PREFERRED	-	-
	NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	OP	-	NON-PREFERRED	-	-
	OFLOXACIN (OPHTH)	OCUFLOX	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		OFLOXACIN	SOLN	OP	-	PREFERRED	-	-
	POLYMYXIN B-TRIMETHOPRIM	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	OP	-	PREFERRED	-	-
		POLYTRIM	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	OP	-	PREFERRED	-	-
	TOBRAMYCIN (OPHTH)	TOBRAMYCIN	SOLN	OP	-	PREFERRED	-	-
		TOBRAMYCIN SULFATE	SOLN	OP	-	PREFERRED	-	-
TOBREX		OINT	OP	-	NON-PREFERRED	-	-	
TOBREX		SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	

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OPHTHALMIC AGENTS : ANTIBIOTICS - SULFONAMIDES	SULFACETAMIDE SODIUM (OPHTH)	BLEPH-10	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		SODIUM SULFACETAMIDE	SOLN	OP	-	PREFERRED	-	-
		SULFACETAMIDE SODIUM	OINT	OP	-	PREFERRED	-	-
		SULFACETAMIDE SODIUM	SOLN	OP	-	PREFERRED	-	-
OPHTHALMIC AGENTS : ANTIBIOTIC-STEROID COMBINATIONS	BACITRACIN-POLY-NEOMYCIN-HC	NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE						
		NE	OINT	OP	-	NON-PREFERRED	-	-
		NEO-POLYCIN HC	OINT	OP	-	NON-PREFERRED	-	-
	DEXAMETHASONE SOD PHOS-MOXIFLOXACIN HCL-KETOROLAC TROMETH	DEXAMETHASONE/MOXIFLOXACIN/KETOROLAC	SOLN	IO	-	X	-	-
	DEXAMETHASONE SODIUM PHOSPHATE-MOXIFLOXACIN HCL	DEXAMETHASONE/MOXIFLOXACIN HCL	SOLN	IO	-	X	-	-
	GATIFLOXACIN-DEXAMETHASONE	GATIFLOXACIN-DEXAMETHASONE	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
	GENTAMICIN-PREDNISOLONE ACETATE	PRED-G	SUSP	OP	-	NON-PREFERRED	-	-
		PRED-G S.O.P.	OINT	OP	-	NON-PREFERRED	-	-
	LOTEPREDNOL ETABONATE-TOBRAMYCIN	ZYLET	SUSP	OP	-	NON-PREFERRED	-	-
	NEOMYCIN-POLYMY-DEXAMETH	MAXITROL	OINT	OP	-	NON-PREFERRED	PA REQUIRED	-
		MAXITROL	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
		NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	OP	-	PREFERRED	-	-
		NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	OP	-	PREFERRED	-	-
	NEOMYCIN-POLYMYXIN-HC (OPHTH)	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	OP	-	NON-PREFERRED	-	-
	PREDNISOLONE ACETATE-MOXIFLOXACIN	PREDNISOLONE ACETATE/MOXIFLOXACIN	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
	PREDNISOLONE ACETATE-MOXIFLOXACIN-BROMFENAC	PREDNISOLONE						
		ACETATE/MOXIFLOXACIN/BROMFENAC	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
	PREDNISOLONE ACETATE-MOXIFLOXACIN-NEPAFENAC	PREDNISOLONE						
		ACETATE/MOXIFLOXACIN/NEPAFENAC	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
	PREDNISOLONE ACETATE-NEPAFENAC	PREDNISOLONE ACETATE/NEPAFENAC	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
	PREDNISOLONE-BROMFENAC	PREDNISOLONE SODIUM PHOSPHATE/BROMFENAC	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		PREDNISOLONE/BROMFENAC	SUSP	OP	-	NON-PREFERRED	-	-
	PREDNISOLONE-GATIFLOXACIN	PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		PREDNISOLONE-GATIFLOXACIN	SUSP	OP	-	NON-PREFERRED	-	-
	PREDNISOLONE-GATIFLOXACIN-BROMFENAC	PREDNISOLONE SODIUM						
		PHOSPHATE/GATIFLOXACIN/BROMFENAC	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		PREDNISOLONE/GATIFLOXACIN/BROMFENAC	SUSP	OP	-	NON-PREFERRED	-	-
	PREDNISOLONE-MOXIFLOXACIN	DOUBLE PM	SOLR	OP	-	NON-PREFERRED	PA REQUIRED	-
		PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
	PREDNISOLONE-MOXIFLOXACIN-BROMFENAC	PREDNISOLONE SODIUM						
PHOSPHATE/MOXIFLOXACIN/BROMFENAC		SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
	TRIPLE PMB	SOLR	OP	-	NON-PREFERRED	PA REQUIRED	-	
PREDNISOLONE-MOXIFLOXACIN-KETOROLAC	TRIPLE PMK	SOLR	OP	-	NON-PREFERRED	PA REQUIRED	-	
SULFACETAMIDE SOD-PREDNISOLONE	BLEPHAMIDE	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-	
	BLEPHAMIDE S.O.P.	OINT	OP	-	NON-PREFERRED	PA REQUIRED	-	
	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	OP	-	PREFERRED	-	-	

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OPHTHALMIC AGENTS : ANTI-BIOTIC-STEROID COMBINATIONS CONT.		SULFACETAMIDE/PREDNISOLONE	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
	TOBRAMYCIN-DEXAMETHASONE	TOBRADEX	OINT	OP	-	PREFERRED	-	-
		TOBRADEX	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
		TOBRADEX ST	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
		TOBRAMYCIN/DEXAMETHASONE	SUSP	OP	-	PREFERRED	-	-
	TRIAMCINOLONE ACETONIDE-MOXIFLOXACIN HCL	TRIAMCINOLONE/MOXIFLOXACIN HCL	SUSP	IO	-	X	-	-
OPHTHALMIC AGENTS : ANTI-FUNGALS	NATAMYCIN	NATACYN	SUSP	OP	-	PREFERRED	-	-
OPHTHALMIC AGENTS : ANTI-VIRALS	GANCICLOVIR OPHTHALMIC	ZIRGAN	GEL	OP	-	NON-PREFERRED	PA REQUIRED	-
	TRIFLURIDINE	TRIFLURIDINE	SOLN	OP	-	PREFERRED	-	-
		VIROPTIC	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
OPHTHALMIC AGENTS : CYCLOPLEGIC MYDRIATICS	ATROPINE SULFATE (OPHTHALMIC)	ATROPINE SULFATE	OINT	OP	-	PREFERRED	-	-
		ATROPINE SULFATE	SOLN	OP	-	PREFERRED	-	-
		ATROPINE SULFATE MONOHYDRATE	SOLN	OP	-	PREFERRED	-	-
		ISOPTO ATROPINE	SOLN	OP	-	PREFERRED	-	-
	CYCLOPENTOLATE HCL	CYCLOGYL	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		CYCLOPENTOLATE HCL	SOLN	OP	-	PREFERRED	-	-
	CYCLOPENTOLATE W/ PHENYLEPHRINE PHENYLEPHRINE HCL (MYDRIATIC)	CYCLOMYDRIL	SOLN	OP	-	PREFERRED	-	-
		ALTAFRIN	SOLN	OP	-	PREFERRED	-	-
		PHENYLEPHRINE HCL	SOLN	OP	-	PREFERRED	-	-
	TROPICAMIDE	MYDRIACYL	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		TROPICAMIDE	SOLN	OP	-	PREFERRED	-	-
	TROPICAMIDE W/ PHENYLEPHRINE	TROPICAMIDE/PHENYLEPHRINE	SOLN	OP	-	PREFERRED	-	-
	TROPICAMIDE-CYCLOPENTOLATE-PHENYLEPRINE	TROPICAMIDE/CYCLOPENTOLATE	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		HYDROCHLORIDE/PHENYLEPHRINE HYDRO	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		TROPICAMIDE/CYCLOPENTOLATE/PHENYLEPHRINE	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
TROPICAMIDE-PROPARACAINE-PHENYLEPHRINE-KETOROLAC	TROPICAMIDE/PROPARACAINE/PHENYLEPHRINE/KETOROLAC	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
OPHTHALMIC AGENTS : CYSTINOSIS AGENTS	CYSTEAMINE HCL	CYSTARAN	SOLN	OP	-	PREFERRED	PA REQUIRED	-
OPHTHALMIC AGENTS : GENE THERAPY	VORETIGENE NEPARVOVEC-RZYL	LUXTURN A	SUSP	IO	YES	X	PA REQUIRED	-
OPHTHALMIC AGENTS : GLAUCOMA AGENTS	ACETYLCHOLINE CHLORIDE	MIOCHOL-E	SOLR	IO	-	X	-	-
	APRACLONIDINE HCL	APRACLONIDINE	SOLN	OP	-	NON-PREFERRED	-	-
		IOPIDINE	SOLN	OP	-	NON-PREFERRED	-	-
	BETAXOLOL HCL (OPHTH)	BETAXOLOL HCL	SOLN	OP	-	NON-PREFERRED	-	-
		BETOPTIC-S	SUSP	OP	-	NON-PREFERRED	-	-
	BIMATOPROST	BIMATOPROST	SOLN	OP	-	NON-PREFERRED	-	-
		LUMIGAN	SOLN	OP	-	NON-PREFERRED	-	-
	BRIMONIDINE TARTRATE	ALPHAGAN P	SOLN	OP	-	PREFERRED	-	-
		BRIMONIDINE TARTRATE	SOLN	OP	-	PREFERRED	-	-
	BRIMONIDINE TARTRATE-DORZOLAMIDE HCL	BRIMONIDE/DORZOLAMIDE P-F	SOLN	OP	-	PREFERRED	-	-
	BRIMONIDINE TARTRATE-TIMOLOL MALEATE	COMBIGAN	SOLN	OP	-	PREFERRED	-	-
	BRINZOLAMIDE	AZOPT	SUSP	OP	-	PREFERRED	-	-
	BRINZOLAMIDE-BRIMONIDINE TARTRATE	SIMBRINZA	SUSP	OP	-	PREFERRED	-	-
	CARBACHOL (OPHTH)	MIOSTAT	SOLN	IO	-	X	-	-
	CARTEOLOL HCL (OPHTH)	CARTEOLOL HCL	SOLN	OP	-	NON-PREFERRED	-	-

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OPHTHALMIC AGENTS : GLAUCOMA AGENTS CONT.	DORZOLAMIDE HCL	DORZOLAMIDE HCL	SOLN	OP	-	PREFERRED	-	-	
		DORZOLAMIDE HYDROCHLORIDE	SOLN	OP	-	PREFERRED	-	-	
		TRUSOPT	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
	DORZOLAMIDE HCL-TIMOLOL MALEATE	COSOPT	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		COSOPT PF	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	OP	-	NON-PREFERRED	-	-	
		DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	OP	-	PREFERRED	-	-	
		DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE							
		PF	SOLN	OP	-	PREFERRED	-	-	
	ECHOTHIOPHATE IODIDE	PHOSPHOLINE IODIDE	SOLR	OP	-	NON-PREFERRED	-	-	
	LATANOPROST	LATANOPROST	SOLN	OP	-	PREFERRED	-	-	
		XALATAN	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		XELPROS	EMUL	OP	-	NON-PREFERRED	PA REQUIRED	-	
	LATANOPROSTENE BUNOD	VYZULTA	SOLN	OP	-	NON-PREFERRED	-	-	
	LATANOPROST-TIMOLOL MALEATE	TIMOLOL/LATANOPROST	SOLN	OP	-	PREFERRED	-	-	
	LEVOBUNOLOL HCL	LEVOBUNOLOL HCL	SOLN	OP	-	PREFERRED	-	-	
	NETARSUDIL DIMESYLATE	RHOPRESSA	SOLN	OP	-	NON-PREFERRED	-	-	
	NETARSUDIL DIMESYLATE-LATANOPROST	ROCKLATAN	SOLN	OP	-	NON-PREFERRED	-	-	
	PILOCARPINE HCL	ISOPTO CARPINE	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		PILOCARPINE HCL	SOLN	OP	-	NON-PREFERRED	-	-	
	TAFLUPROST	ZIOPTAN	SOLN	OP	-	NON-PREFERRED	-	-	
	TIMOLOL	BETIMOL	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
	TIMOLOL MAL-BRIMONIDINE TART-DORZOLAMIDE HCL-LATANOPROST	TIMOLOL/BRIMONIDINE/DORZOLAMIDE/LATANOPROST	SOLN	OP	-	PREFERRED	-	-	
	TIMOLOL MALEATE (OPHTH)	ISTALOL	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		TIMOLOL MALEATE	SOLN	OP	-	PREFERRED	-	-	
		TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	OP	-	PREFERRED	-	-	
		TIMOPTIC	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		TIMOPTIC OCUDOSE	SOLN	OP	-	NON-PREFERRED	-	-	
		TIMOPTIC-XE	SOLG	OP	-	PREFERRED	-	-	
	TIMOLOL MALEATE-BRIMONIDINE TARTRATE-DORZOLAMIDE HCL	TIMOLOL/BRIMONIDE/DORZOLAMIDE	SOLN	OP	-	PREFERRED	-	-	
	TIMOLOL MALEATE-DORZOLAMIDE HCL-LATANOPROST	TIMOLOL/DORZOLAMIDE/LATANOPROST	SOLN	OP	-	PREFERRED	-	-	
	TRAVOPROST	TRAVATAN Z	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-	
		TRAVOPROST	SOLN	OP	-	PREFERRED	-	-	
	OPHTHALMIC AGENTS : IMMUNOMODULATORS	CYCLOSPORINE (OPHTH)	CEQUA	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
			CYCLOSPORINE IN KLARITY	EMUL	OP	-	NON-PREFERRED	PA REQUIRED	-
			RESTASIS	EMUL	OP	-	PREFERRED	-	-
		LIFITEGRAST	XIIDRA	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
	OPHTHALMIC AGENTS : LOCAL ANESTHETICS	LIDOCAINE HCL (OPHTH)	AKTEN	GEL	OP	-	NON-PREFERRED	-	-
		PROPARACAINE HCL	ALCAINE	SOLN	OP	-	PREFERRED	PA REQUIRED	-
		PROPARACAINE HCL	SOLN	OP	-	PREFERRED	-	-	
	TETRACAINE HCL (OPHTH)	ALTACAINE	SOLN	OP	-	PREFERRED	-	-	
		TETCAINE	SOLN	OP	-	PREFERRED	-	-	
		TETRACAINE HCL	SOLN	OP	-	PREFERRED	-	-	
		TETRAVISC	SOLN	OP	-	PREFERRED	-	-	
OPHTHALMIC AGENTS : NERVE GROWTH FACTORS	CENEGERMIN-BKBJ	OXERVATE	SOLN	OP	-	PREFERRED	PA REQUIRED	-	

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OPHTHALMIC AGENTS : NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	BROMFENAC SODIUM (OPHTH)	BROMFENAC	SOLN	OP	-	NON-PREFERRED	-	-
		BROMSITE	SOLN	OP	-	NON-PREFERRED	-	-
		PROLENSA	SOLN	OP	-	NON-PREFERRED	-	-
	DICLOFENAC SODIUM (OPHTH)	DICLOFENAC SODIUM	SOLN	OP	-	PREFERRED	-	-
	FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM	SOLN	OP	-	PREFERRED	-	-
	KETOROLAC TROMETHAMINE (OPHTH)	ACULAR	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		ACULAR LS	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
		ACUVAIL	SOLN	OP	-	NON-PREFERRED	-	-
		KETOROLAC TROMETHAMINE	SOLN	OP	-	PREFERRED	-	-
	NEPAFENAC	ILEVRO	SUSP	OP	-	PREFERRED	-	-
	NEVANAC	SUSP	OP	-	NON-PREFERRED	-	-	
OPHTHALMIC AGENTS : STEROIDS - TOPICAL	BETAMETHASONE SODIUM PHOSPHATE (OPHTH)	KLARITY-B	SOLN	OP	-	NON-PREFERRED	PA REQUIRED	-
	DEXAMETHASONE (OPHTH)	MAXIDEX	SUSP	OP	-	NON-PREFERRED	-	-
	DEXAMETHASONE SODIUM PHOSPHATE (OPHTH)	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	OP	-	PREFERRED	-	-
	DIFLUPREDNATE	DUREZOL	EMUL	OP	-	PREFERRED	-	-
	FLUOROMETHOLONE (OPHTH)	FLUOROMETHOLONE	SUSP	OP	-	PREFERRED	-	-
		FML	OINT	OP	-	NON-PREFERRED	-	-
		FML FORTE	SUSP	OP	-	NON-PREFERRED	-	-
		FML LIQUIFILM	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
	FLUOROMETHOLONE ACETATE	FLAREX	SUSP	OP	-	NON-PREFERRED	-	-
	LOTEPREDNOL ETABONATE	ALREX	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
		INVELTYS	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
		KLARITY-L	EMUL	OP	-	NON-PREFERRED	PA REQUIRED	-
		LOTEMAX	GEL	OP	-	NON-PREFERRED	PA REQUIRED	-
		LOTEMAX	OINT	OP	-	NON-PREFERRED	PA REQUIRED	-
		LOTEMAX	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
		LOTEMAX SM	GEL	OP	-	NON-PREFERRED	PA REQUIRED	-
		LOTEPREDNOL ETABONATE	SUSP	OP	-	NON-PREFERRED	-	-
	PREDNISOLONE ACETATE (OPHTH)	PRED FORTE	SUSP	OP	-	NON-PREFERRED	PA REQUIRED	-
		PRED MILD	SUSP	OP	-	NON-PREFERRED	-	-
		PREDNISOLONE ACETATE	SUSP	OP	-	PREFERRED	-	-
	PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	PREDNISOLONE SODIUM PHOSPHATE	SOLN	OP	-	NON-PREFERRED	-	-
	TRIAMCINOLONE ACETONIDE (OPHTH)	TRIESENCE	SUSP	IO	-	NON-PREFERRED	-	-
	OTIC AGENTS : ANALGESICS COMBINATIONS	PRAMOXINE-CHLOROXYLENOL	PRAMOTIC	LIQD	OT	-	PREFERRED	-
OTIC AGENTS : ANTI-INFECTIVES	CIPROFLOXACIN (OTIC)	OTIPRIO	SUSP	TP	-	X	-	-
	CIPROFLOXACIN HCL (OTIC)	CETRAXAL	SOLN	OT	-	X	-	-
		CIPROFLOXACIN	SOLN	OT	-	X	-	-
	CIPROFLOXACIN-DEXAMETHASONE	CIPRODEX	SUSP	OT	-	PREFERRED	-	-
	CIPROFLOXACIN-FLUOCINOLONE ACETONIDE	CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF	SOLN	OT	-	NON-PREFERRED	-	-
		OTOVEL	SOLN	OT	-	NON-PREFERRED	-	-
	CIPROFLOXACIN-HYDROCORTISONE	CIPRO HC	SUSP	OT	-	PREFERRED	-	-
	NEOMYCIN-COLISTIN-HC-THONZONIUM	COLY-MYCIN S	SUSP	OT	-	NON-PREFERRED	-	-
		CORTISPORIN-TC	SUSP	OT	-	NON-PREFERRED	-	-
	NEOMYCIN-POLYMYXIN-HC (OTIC)	ANTIBIOTIC EAR	SOLN	OT	-	PREFERRED	-	-

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APPLE HEALTH DRUG CLASS	GENERIC NAME	DRUG NAME	DOSE FORM	ROUTE OF ADMINISTRATION	MCO CARVE OUT	PREFERRED STATUS	PA STATUS	SUBJECT TO SON LIMITS
OTIC AGENTS : ANTI-INFECTIVES CONT.		NEO/POLYMYXIN/HC 5-10000-1	SUSP	OT	-	PREFERRED	-	-
		NEOMYCIN/POLYMYXIN/HC	SOLN	OT	-	PREFERRED	-	-
		NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLN	OT	-	PREFERRED	-	-
		NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	OT	-	PREFERRED	-	-
	OFLOXACIN (OTIC)	FLOXIN OTIC	SOLN	OT	-	NON-PREFERRED	PA REQUIRED	-
		OFLOXACIN	SOLN	OT	-	PREFERRED	-	-
OTIC AGENTS : STEROIDS	FLUOCINOLONE ACETONIDE (OTIC)	DERMOTIC	OIL	OT	-	NON-PREFERRED	PA REQUIRED	-
		FLAC	OIL	OT	-	PREFERRED	-	-
		FLUOCINOLONE ACETONIDE	OIL	OT	-	PREFERRED	-	-
		FLUOCINOLONE ACETONIDE EAR DROPS	OIL	OT	-	PREFERRED	-	-
	HYDROCORTISONE W/ACETIC ACID	ACETASOL HC	SOLN	OT	-	PREFERRED	-	-
		HYDROCORTISONE/ACETIC ACID	SOLN	OT	-	PREFERRED	-	-
PULMONARY HYPERTENSION AGENTS : ENDOTHELIN RECEPTOR ANTAGONISTS	AMBRISENTAN	AMBRISENTAN	TABS	OR	-	PREFERRED	PA REQUIRED	-
		LETAIRIS	TABS	OR	-	PREFERRED	PA REQUIRED	-
	BOSENTAN	BOSENTAN	TABS	OR	-	PREFERRED	PA REQUIRED	-
		TRACLEER	TABS	OR	-	PREFERRED	PA REQUIRED	-
		TRACLEER	TBSO	OR	-	PREFERRED	PA REQUIRED	-
	MACITENTAN	OPSUMIT	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS : PROSTACYCLIN RECEPTOR AGONISTS	SELEXIPAG	UPTRAVI	TABS	OR	-	PREFERRED	PA REQUIRED	-
		UPTRAVI	TBPK	OR	-	PREFERRED	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS : PROSTAGLANDIN VASODILATORS	ILOPROST	VENTAVIS	SOLN	IN	-	PREFERRED	PA REQUIRED	-
	TREPROSTINIL	TYVASO	SOLN	IN	-	PREFERRED	PA REQUIRED	-
		TYVASO REFILL	SOLN	IN	-	PREFERRED	PA REQUIRED	-
		TYVASO STARTER	SOLN	IN	-	PREFERRED	PA REQUIRED	-
	TREPROSTINIL DIOLAMINE	ORENITRAM	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS : SGC STIMULATOR	RIOCIGUAT	ADEMPAS	TABS	OR	-	PREFERRED	PA REQUIRED	-
PULMONARY HYPERTENSION AGENTS- PHOSPHODIESTERASE INHIBITORS (PDEI)	SILDENAFIL CITRATE (PULMONARY HYPERTENSION)	REVATIO	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		REVATIO	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		SILDENAFIL CITRATE	SUSR	OR	-	NON-PREFERRED	PA REQUIRED	-
		SILDENAFIL CITRATE	TABS	OR	-	PREFERRED	PA REQUIRED	-
	TADALAFIL (PULMONARY HYPERTENSION)	ADCIRCA	TABS	OR	-	PREFERRED	PA REQUIRED	-
		ALYQ	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TADALAFIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
		TADALAFIL	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-
RESPIRATORY AGENTS : ALPHA-PROTEINASE INHIBITOR (HUMAN)	ALPHA1-PROTEINASE INHIBITOR (HUMAN)	ARALAST NP	SOLR	IV	-	PREFERRED	PA REQUIRED	-
		GLASSIA	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		PROLASTIN-C	SOLN	IV	-	PREFERRED	PA REQUIRED	-
		PROLASTIN-C	SOLR	IV	-	PREFERRED	PA REQUIRED	-
		ZEMAIRA	SOLR	IV	-	PREFERRED	PA REQUIRED	-
		ZEMAIRA	SOLR	IV	-	PREFERRED	PA REQUIRED	-
RESPIRATORY AGENTS : CYSTIC FIBROSIS AGENTS	DORNASE ALFA	PULMOZYME	SOLN	IN	-	PREFERRED	PA REQUIRED	-
	ELEXACAFTOR-TEZACAFTOR-IVACAFTOR	TRIKAFTA	TBPK	OR	-	NON-PREFERRED	PA REQUIRED	-
	IVACAFTOR	KALYDECO	PACK	OR	-	PREFERRED	PA REQUIRED	-
		KALYDECO	TABS	OR	-	PREFERRED	PA REQUIRED	-

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RESPIRATORY AGENTS : CYSTIC FIBROSIS AGENTS CONT.	LUMACAFITOR-IVACAFITOR	ORKAMBI	PACK	OR	-	PREFERRED	PA REQUIRED	-	
		ORKAMBI	TABS	OR	-	PREFERRED	PA REQUIRED	-	
	TEZACAFITOR-IVACAFITOR	SYMDEKO	TBPK	OR	-	PREFERRED	PA REQUIRED	-	
RESPIRATORY AGENTS : PULMONARY FIBROSING AGENTS	NINTEDANIB ESYLATE	OFEV	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
	PIRFENIDONE	ESBRIET	CAPS	OR	-	PREFERRED	PA REQUIRED	-	
		ESBRIET	TABS	OR	-	PREFERRED	PA REQUIRED	-	
SLEEP DISORDER AGENTS : BARBITURATE HYPNOTICS	AMOBARBITAL SODIUM	AMYTAL SODIUM	SOLR	IJ	-	PREFERRED	PA REQUIRED	-	
	BUTABARBITAL SODIUM	BUTISOL SODIUM	TABS	OR	-	NON-PREFERRED	PA REQUIRED	-	
	PENTOBARBITAL SODIUM	NEMBUTAL SODIUM	SOLN	IJ	-	PREFERRED	PA REQUIRED	-	
		PENTOBARBITAL SODIUM	PENTOBARBITAL SODIUM	SOLN	IJ	-	PREFERRED	PA REQUIRED	-
	PHENOBARBITAL	PHENOBARBITAL	ELIX	OR	-	PREFERRED	-	-	
		PHENOBARBITAL	PHENOBARBITAL	SOLN	OR	-	PREFERRED	-	-
		PHENOBARBITAL	PHENOBARBITAL	TABS	OR	-	PREFERRED	-	-
	PHENOBARBITAL SODIUM	PHENOBARBITAL SODIUM	SOLN	IJ	-	PREFERRED	-	-	
SECOBARBITAL SODIUM	SECONAL SODIUM	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	-		
SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS	ESTAZOLAM	ESTAZOLAM	TABS	OR	-	NON-PREFERRED	-	YES	
	FLURAZEPAM HCL	FLURAZEPAM HCL	CAPS	OR	-	NON-PREFERRED	-	YES	
	MIDAZOLAM	MIDAZOLAM/SYRSPEND SF PH4	SUSP	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	MIDAZOLAM HCL	MIDAZOLAM HCL	SYRP	OR	-	NON-PREFERRED	-	YES	
	MIDAZOLAM HCL-DEXTROSE	MIDAZOLAM HYDROCHLORIDE/DEXTROSE	SOLN	IV	-	NON-PREFERRED	-	YES	
	MIDAZOLAM HCL-SODIUM CHLORIDE	MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE	SOLN	IV	-	NON-PREFERRED	-	YES	
		MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE	SOSY	IV	-	NON-PREFERRED	PA REQUIRED	YES	
	MIDAZOLAM-KETAMINE HCL- ONDANSETRON HCL	MIDAZOLAM/KETAMINE HYDROCHLORIDE/ONDANSETRON HYDROCHLORIDE	TROC	MT	-	NON-PREFERRED	PA REQUIRED	YES	
		MKO MELT DOSE PACK	TROC	MT	-	NON-PREFERRED	PA REQUIRED	YES	
	QUAZEPAM	DORAL	TABS	OR	-	NON-PREFERRED	-	YES	
		QUAZEPAM	QUAZEPAM	TABS	OR	-	NON-PREFERRED	-	YES
	TEMAZEPAM	RESTORIL	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		TEMAZEPAM	TEMAZEPAM	CAPS	OR	-	PREFERRED	-	YES
TRIAZOLAM	HALCION	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES		
	TRIAZOLAM	TRIAZOLAM	TABS	OR	-	PREFERRED	-	YES	
SLEEP DISORDER AGENTS : NON-BENZODIAZEPINE	ESZOPICLONE	ESZOPICLONE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		LUNESTA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	ZALEPLON	ZALEPLON	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	ZOLPIDEM TARTRATE	AMBIEN	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
		AMBIEN CR	TBCR	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	EDLUAR	EDLUAR	SUBL	SL	-	NON-PREFERRED	PA REQUIRED	YES	
	INTERMEZZO	INTERMEZZO	SUBL	SL	-	NON-PREFERRED	PA REQUIRED	YES	
	ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE	SUBL	SL	-	PREFERRED	-	YES	
	ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE	TABS	OR	-	PREFERRED	-	YES	
	ZOLPIDEM TARTRATE ER	ZOLPIDEM TARTRATE ER	TBCR	OR	-	PREFERRED	-	YES	
	ZOLPIMIST	ZOLPIMIST	SOLN	OR	-	NON-PREFERRED	PA REQUIRED	YES	
SLEEP DISORDER AGENTS : SELECTIVE MELATONIN RECEPTOR AGONISTS	RAMELTEON	RAMELTEON	TABS	OR	-	PREFERRED	PA REQUIRED	YES	
		ROZEREM	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES	
	TASIMELTEON	HETLIOZ	CAPS	OR	-	NON-PREFERRED	PA REQUIRED	YES	

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SLEEP DISORDER AGENTS : TRICYCLIC AGENTS	DOXEPIN HCL (SLEEP)	DOXEPIN HYDROCHLORIDE	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
		SILENOR	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
	SUVOREXANT	BELSOMRA	TABS	OR	-	NON-PREFERRED	PA REQUIRED	YES
SMOKING DETERRENTS : MISC - OTHER	BUPROPION HCL (SMOKING DETERRENT)	BUPROPION HYDROCHLORIDE ER (SR)	TB12	OR	-	PREFERRED	-	YES
		ZYBAN	TB12	OR	-	NON-PREFERRED	PA REQUIRED	YES
	VARENICLINE TARTRATE	CHANTIX	TABS	OR	-	PREFERRED	-	YES
		CHANTIX CONTINUING MONTH PAK	TABS	OR	-	PREFERRED	-	YES
		CHANTIX STARTING MONTH PAK	TABS	OR	-	PREFERRED	-	YES
SMOKING DETERRENTS : NICOTINE REPLACEMENT PRODUCTS	NICOTINE	CVS NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	PREFERRED	-	-
		CVS NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	TD	-	PREFERRED	-	-
		CVS NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	PREFERRED	-	-
		CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3	PT24	TD	-	PREFERRED	-	-
		EQ NICOTINE	PT24	TD	-	PREFERRED	-	-
		EQ NICOTINE STEP 3	PT24	TD	-	PREFERRED	-	-
		GNP NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	PREFERRED	-	-
		GNP NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	PREFERRED	-	-
		HM NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	PREFERRED	-	-
		HM NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	PREFERRED	-	-
		HM NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	TD	-	PREFERRED	-	-
		HM NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	PREFERRED	-	-
		HM NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	TD	-	PREFERRED	-	-
		NICODERM CQ	PT24	TD	-	NON-PREFERRED	PA REQUIRED	-
		NICOTINE	PT24	TD	-	PREFERRED	-	-
		NICOTINE STEP 1	PT24	TD	-	PREFERRED	-	-
		NICOTINE STEP 3	PT24	TD	-	PREFERRED	-	-
		NICOTINE TRANSDERMAL SYSTEM	KIT	TD	-	NON-PREFERRED	PA REQUIRED	-
		NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	PREFERRED	-	-
		NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	TD	-	PREFERRED	-	-
		NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	TD	-	PREFERRED	-	-
		NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	TD	-	PREFERRED	-	-
		NICOTROL INHALER	INHA	IN	-	NON-PREFERRED	-	-
		NICOTROL NS	SOLN	NA	-	NON-PREFERRED	-	-
		RA NICOTINE	PT24	TD	-	PREFERRED	-	-
		RA NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	PREFERRED	-	-
		RA NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	TD	-	PREFERRED	-	-
		SM NICOTINE TRANSDERMAL SYSTEM	PT24	TD	-	PREFERRED	-	-
		SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	PT24	TD	-	PREFERRED	-	-
		SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR	PT24	TD	-	PREFERRED	-	-
		SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR	PT24	TD	-	PREFERRED	-	-
		TGT NICOTINE STEP ONE	PT24	TD	-	PREFERRED	-	-
		TGT NICOTINE STEP THREE	PT24	TD	-	PREFERRED	-	-
		TGT NICOTINE STEP TWO	PT24	TD	-	PREFERRED	-	-
NICOTINE POLACRILEX	COMMIT	LOZG	MT	-	NON-PREFERRED	PA REQUIRED	-	
	CVS NICOTINE	GUM	MT	-	PREFERRED	-	-	
	CVS NICOTINE LOZENGE	LOZG	MT	-	PREFERRED	-	-	

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

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