

Apple Health (Medicaid) Preferred Drug List

Effective July 1, 2018

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

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSAGE FORM	PREFERRED STATUS	PA STATUS
ALLERGY : ANAPHYLAXIS - VASOPRESSOR SELF-INJECTABLES	ADRENALIN	SOLN	NON-PREFERRED	PA REQUIRED
	ADRENALIN	SOAJ	NON-PREFERRED	PA REQUIRED
	EPINEPHRINE	SOAJ	NON-PREFERRED	PA REQUIRED
	EPINEPHRINE (MYLAN)	SOAJ	PREFERRED	-
	EPIPEN 2-PAK	SOAJ	NON-PREFERRED	PA REQUIRED
	EPIPEN-JR 2-PAK	SOAJ	NON-PREFERRED	PA REQUIRED
ANALGESICS - OPIOID : LONG ACTING - AGONISTS	ARYMO ER	TBEA	NON-PREFERRED	PA REQUIRED
	CONZIP	CP24	NON-PREFERRED	PA REQUIRED
	DOLOPHINE	TABS	NON-PREFERRED	PA REQUIRED
	DURAGESIC	PT72	NON-PREFERRED	PA REQUIRED
	EMBEDA	CPCR	NON-PREFERRED	PA REQUIRED
	EXALGO	T24A	NON-PREFERRED	PA REQUIRED
	FENTANYL	PT72	PREFERRED	PA REQUIRED
	FENTANYL 37.5 MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 62.5 MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 87.5 MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HCL ER	T24A	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HYDROCHLORIDE	T24A	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HYDROCHLORIDE ER	T24A	NON-PREFERRED	PA REQUIRED
	HYSINGLA ER	T24A	NON-PREFERRED	PA REQUIRED
	KADIAN	CP24	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	CONC	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	SOLN	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	TABS	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	TBSO	NON-PREFERRED	PA REQUIRED
	METHADONE HCL INTENSOL	CONC	NON-PREFERRED	PA REQUIRED
	METHADOSE	CONC	NON-PREFERRED	PA REQUIRED
	METHADOSE	TBSO	NON-PREFERRED	PA REQUIRED

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ANALGESICS - OPIOID : LONG ACTING - AGONISTS (CONTINUED)	METHADOSE SUGAR-FREE	CONC	NON-PREFERRED	PA REQUIRED
	MORPHABOND ER	T12A	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	CP24	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	CP24	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	TBCR	PREFERRED	PA REQUIRED
	MS CONTIN	TBCR	NON-PREFERRED	PA REQUIRED
	NUCYNTA ER	TB12	NON-PREFERRED	PA REQUIRED
	OPANA ER (CRUSH RESISTANT)	T12A	NON-PREFERRED	PA REQUIRED
	OXYCODONE HCL ER	T12A	NON-PREFERRED	PA REQUIRED
	OXYCONTIN	T12A	NON-PREFERRED	PA REQUIRED
	OXYMORPHONE HYDROCHLORIDE ER	TB12	PREFERRED	PA REQUIRED
	TRAMADOL HCL ER	CP24	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL ER	TB24	PREFERRED	PA REQUIRED
	TRAMADOL HCL ER BIPHASIC RELEASE	TB24	NON-PREFERRED	PA REQUIRED
	XTAMPZA ER	C12A	NON-PREFERRED	PA REQUIRED
ZOXYDRO ER	C12A	NON-PREFERRED	PA REQUIRED	
ANALGESICS : MIGRAINE AGENTS - 5-HT1 AGONISTS	ALMOTRIPTAN	TABS	NON-PREFERRED	-
	ALMOTRIPTAN MALATE	TABS	NON-PREFERRED	-
	AMERGE	TABS	NON-PREFERRED	PA REQUIRED
	AXERT	TABS	NON-PREFERRED	PA REQUIRED
	ELETRIPTAN HYDROBROMIDE	TABS	NON-PREFERRED	-
	FROVA	TABS	NON-PREFERRED	PA REQUIRED
	FROVATRIPTAN SUCCINATE	TABS	NON-PREFERRED	-
	IMITREX	SOLN	NON-PREFERRED	PA REQUIRED
	IMITREX	SOLN	NON-PREFERRED	PA REQUIRED
	IMITREX	TABS	NON-PREFERRED	PA REQUIRED
	IMITREX STATDOSE REFILL	SOCT	NON-PREFERRED	PA REQUIRED
	IMITREX STATDOSE SYSTEM	SOAJ	NON-PREFERRED	PA REQUIRED
	MAXALT	TABS	NON-PREFERRED	PA REQUIRED
	MAXALT-MLT	TBDP	NON-PREFERRED	PA REQUIRED
	NARATRIPTAN HCL	TABS	PREFERRED	-
	ONZETRA XSAIL	EXHP	NON-PREFERRED	-
RELPAK	TABS	NON-PREFERRED	PA REQUIRED	

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ANALGESICS : MIGRAINE AGENTS - 5-HT1 AGONISTS (CONTINUED)	RIZATRIPTAN BENZOATE	TABS	PREFERRED	-
	RIZATRIPTAN BENZOATE ODT	TBDP	PREFERRED	-
	SUMATRIPTAN	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOAJ	PREFERRED	-
	SUMATRIPTAN SUCCINATE	TABS	PREFERRED	-
	SUMATRIPTAN SUCCINATE REFILL	SOCT	PREFERRED	-
	SUMAVEL DOSEPRO	SOTJ	NON-PREFERRED	-
	ZEMBRACE SYMTOUCH	SOAJ	NON-PREFERRED	-
	ZOLMITRIPTAN	TABS	NON-PREFERRED	-
	ZOLMITRIPTAN ODT	TBDP	NON-PREFERRED	-
	ZOMIG	SOLN	NON-PREFERRED	-
	ZOMIG	TABS	NON-PREFERRED	PA REQUIRED
ZOMIG ZMT	TBDP	NON-PREFERRED	PA REQUIRED	
ANTIBIOTICS : CEPHALOSPORINS - 1ST GENERATION	CEFADROXIL	CAPS	PREFERRED	-
	CEFADROXIL	SUSR	PREFERRED	-
	CEFADROXIL	TABS	PREFERRED	-
	CEFADYL	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEPHALEXIN	CAPS	PREFERRED	-
	CEPHALEXIN	SUSR	PREFERRED	-
	CEPHALEXIN	TABS	PREFERRED	-
	DAXBIA	CAPS	NON-PREFERRED	-
	KEFLEX	CAPS	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION	CEFACLOR	CAPS	PREFERRED	-
	CEFACLOR	SUSR	PREFERRED	PA REQUIRED
	CEFACLOR ER	TB12	NON-PREFERRED	-
	CEFOTAN	SOLR	PREFERRED	PA REQUIRED
	CEFOTETAN	SOLR	PREFERRED	PA REQUIRED

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ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION (CONTINUED)	CEFOTETAN/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEFOXITIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFOXITIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFOXITIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFPROZIL	SUSR	PREFERRED	-
	CEFPROZIL	TABS	PREFERRED	-
	CEFTIN	SUSR	NON-PREFERRED	-
	CEFUROXIME AXETIL	TABS	PREFERRED	-
	CEFUROXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFUROXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
	ZINACEF	SOLN	PREFERRED	PA REQUIRED
	ZINACEF	SOLR	PREFERRED	PA REQUIRED
	ZINACEF	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION	CEDAX	CAPS	NON-PREFERRED	-
	CEDAX	SUSR	NON-PREFERRED	-
	CEFDINIR	CAPS	PREFERRED	-
	CEFDINIR	SUSR	PREFERRED	-
	CEFIXIME	SUSR	PREFERRED	-
	CEFOTAXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFPODOXIME PROXETIL	SUSR	PREFERRED	-
	CEFPODOXIME PROXETIL	TABS	PREFERRED	-
	CEFTAZIDIME	SOLR	PREFERRED	PA REQUIRED
	CEFTAZIDIME/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEFTIBUTEN	CAPS	NON-PREFERRED	-
	CEFTIBUTEN	SUSR	NON-PREFERRED	-
	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	CEFTRIAXONE SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFTRIAXONE SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFTRIAXONE/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	FORTAZ	SOLR	NON-PREFERRED	PA REQUIRED
	FORTAZ	SOLR	NON-PREFERRED	PA REQUIRED
	FORTAZ	SOLN	NON-PREFERRED	PA REQUIRED

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ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION (CONTINUED)	SUPRAX	CAPS	PREFERRED	-
	SUPRAX	CHEW	PREFERRED	-
	SUPRAX	SUSR	NON-PREFERRED	PA REQUIRED
	TAZICEF	SOLR	PREFERRED	PA REQUIRED
	TAZICEF	SOLR	PREFERRED	PA REQUIRED
	TAZICEF	SOLN	PREFERRED	PA REQUIRED
ANTIBIOTICS : CEPHALOSPORINS - 4TH GENERATION	CEFEPIME	SOLR	PREFERRED	PA REQUIRED
	CEFEPIME	SOLN	PREFERRED	PA REQUIRED
	CEFEPIME/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	MAXIPIME INJ	SOLR	NON-PREFERRED	PA REQUIRED
	MAXIPIME IV	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : INHALED - AMINOGLYCOSIDES	BETHKIS	NEBU	PREFERRED	PA REQUIRED
	KITABIS PAK	NEBU	PREFERRED	PA REQUIRED
	TOBI	NEBU	NON-PREFERRED	PA REQUIRED
	TOBI PODHALER	CAPS	PREFERRED	PA REQUIRED
	TOBRAMYCIN	NEBU	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : INHALED - OTHER	CAYSTON	SOLR	PREFERRED	PA REQUIRED
ANTICOAGULANTS : COUMARIN ANTICOAGULANTS	COUMADIN	TABS	NON-PREFERRED	PA REQUIRED
	JANTOVEN	TABS	PREFERRED	-
	WARFARIN SODIUM	TABS	PREFERRED	-
ANTICOAGULANTS : FACTOR XA AND THROMBIN INHIBITORS	ELIQUIS	TABS	PREFERRED	-
	ELIQUIS STARTER PACK	TABS	PREFERRED	-
	PRADAXA	CAPS	PREFERRED	-
	SAVAYSA	TABS	NON-PREFERRED	-
	XARELTO	TABS	PREFERRED	-
	XARELTO STARTER PACK	TBPK	PREFERRED	-
ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS	ARIXTRA	SOLN	NON-PREFERRED	PA REQUIRED
	ENOXAPARIN SODIUM	SOLN	PREFERRED	-
	FONDAPARINUX SODIUM	SOLN	NON-PREFERRED	-
	FRAGMIN	SOLN	NON-PREFERRED	-
	HEPARIN SODIUM	SOLN	PREFERRED	PA REQUIRED

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ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS (CONTINUED)	HEPARIN SODIUM DCU	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM LOCK FLUSH	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/D5W	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/NACL 0.45%	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/NACL 0.9%	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	PREFERRED	PA REQUIRED
	LOVENOX	SOLN	NON-PREFERRED	PA REQUIRED
ANTICONSULSANTS : AMPA GLUTAMATE RECEPTOR ANTAGONIST	FYCOMPA	SUSP	PREFERRED	PA REQUIRED
	FYCOMPA	TABS	PREFERRED	PA REQUIRED
ANTICONSULSANTS : BENZODIAZEPINES	CLONAZEPAM	TABS	PREFERRED	-
	CLONAZEPAM ODT	TBDP	NON-PREFERRED	-
	DIASTAT ACUDIAL	GEL	PREFERRED	PA REQUIRED
	DIASTAT PEDIATRIC	GEL	PREFERRED	PA REQUIRED
	DIAZEPAM	GEL	PREFERRED	PA REQUIRED
	DIAZEPAM RECTAL GEL	GEL	PREFERRED	PA REQUIRED
	KLONOPIN	TABS	NON-PREFERRED	PA REQUIRED
	ONFI	SUSP	NON-PREFERRED	PA REQUIRED
	ONFI	TABS	NON-PREFERRED	PA REQUIRED
ANTICONSULSANTS : CARBAMATES	FELBAMATE	SUSP	PREFERRED	PA REQUIRED
	FELBAMATE	TABS	PREFERRED	PA REQUIRED
	FELBATOL	SUSP	NON-PREFERRED	PA REQUIRED
	FELBATOL	TABS	NON-PREFERRED	PA REQUIRED
ANTICONSULSANTS : GABA MODULATORS	GABITRIL	TABS	NON-PREFERRED	PA REQUIRED
	SABRIL	PACK	NON-PREFERRED	PA REQUIRED
	SABRIL	TABS	PREFERRED	PA REQUIRED
	TIAGABINE HYDROCHLORIDE	TABS	PREFERRED	PA REQUIRED
	VIGABATRIN	PACK	PREFERRED	PA REQUIRED
ANTICONSULSANTS : HYDANTOINS	CEREBYX	SOLN	PREFERRED	PA REQUIRED
	DILANTIN	CAPS	NON-PREFERRED	PA REQUIRED
	DILANTIN INFATABS	CHEW	NON-PREFERRED	PA REQUIRED
	DILANTIN-125	SUSP	NON-PREFERRED	PA REQUIRED
	FOSPHENYTOIN SODIUM	SOLN	PREFERRED	PA REQUIRED

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ANTICONVULSANTS : HYDANTOINS (CONTINUED)	PEGANONE	TABS	NON-PREFERRED	-
	PHENYTEK	CAPS	NON-PREFERRED	PA REQUIRED
	PHENYTOIN	CHEW	PREFERRED	-
	PHENYTOIN	SUSP	PREFERRED	-
	PHENYTOIN INFATABS	CHEW	PREFERRED	-
	PHENYTOIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	PHENYTOIN SODIUM EXTENDED	CAPS	PREFERRED	-
ANTICONVULSANTS : MISC	APTIOM	TABS	NON-PREFERRED	PA REQUIRED
	BANZEL	SUSP	NON-PREFERRED	PA REQUIRED
	BANZEL	TABS	NON-PREFERRED	PA REQUIRED
	BRIVIACT IV	SOLN	PREFERRED	PA REQUIRED
	BRIVIACT ORAL	SOLN	NON-PREFERRED	PA REQUIRED
	BRIVIACT	TABS	NON-PREFERRED	PA REQUIRED
	CARBAMAZEPINE	CHEW	PREFERRED	-
	CARBAMAZEPINE	SUSP	PREFERRED	-
	CARBAMAZEPINE	TABS	PREFERRED	-
	CARBAMAZEPINE ER	CP12	PREFERRED	-
	CARBAMAZEPINE ER	TB12	PREFERRED	-
	CARBATROL	CP12	NON-PREFERRED	PA REQUIRED
	EPITOL	TABS	PREFERRED	-
	GABAPENTIN	CAPS	PREFERRED	-
	GABAPENTIN	SOLN	PREFERRED	-
	GABAPENTIN	TABS	PREFERRED	-
	KEPPRA	SOLN	NON-PREFERRED	PA REQUIRED
	KEPPRA	SOLN	NON-PREFERRED	PA REQUIRED
	KEPPRA	TABS	NON-PREFERRED	PA REQUIRED
	KEPPRA XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMICTAL	TABS	NON-PREFERRED	PA REQUIRED
	LAMICTAL CHEWABLE DISPERSIBLE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	TBDP	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/TAKING CARBAMAZEPINE	KIT	NON-PREFERRED	PA REQUIRED

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ANTICONVULSANTS : MISC (CONTINUED)	LAMICTAL STARTER/TAKING VALPROATE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE	TABS	PREFERRED	-
	LAMOTRIGINE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE ER	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE ODT	TBDP	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/BLUE	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/GREEN	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/ORANGE	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE TITRATION	KIT	NON-PREFERRED	PA REQUIRED
	LEVETIRACETAM INJ	SOLN	PREFERRED	PA REQUIRED
	LEVETIRACETAM IV	SOLN	PREFERRED	PA REQUIRED
	LEVETIRACETAM ORAL	SOLN	PREFERRED	-
	LEVETIRACETAM	TABS	PREFERRED	-
	LEVETIRACETAM ER	TB24	PREFERRED	-
	LYRICA	CAPS	NON-PREFERRED	PA REQUIRED
	LYRICA	SOLN	NON-PREFERRED	PA REQUIRED
	MYSOLINE	TABS	NON-PREFERRED	PA REQUIRED
	NEURONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	NEURONTIN	SOLN	NON-PREFERRED	PA REQUIRED
	NEURONTIN	TABS	NON-PREFERRED	PA REQUIRED
	OXCARBAZEPINE	SUSP	PREFERRED	-
	OXCARBAZEPINE	TABS	PREFERRED	-
	OXTELLAR XR	TB24	NON-PREFERRED	PA REQUIRED
	POTIGA	TABS	NON-PREFERRED	PA REQUIRED
	PRIMIDONE	TABS	PREFERRED	-
	QUDEXY XR	CS24	NON-PREFERRED	PA REQUIRED
	ROWEEPRA	TABS	PREFERRED	-
	ROWEEPRA XR	TB24	PREFERRED	-
	SPRITAM	TB3D	NON-PREFERRED	PA REQUIRED
	TEGRETOL	SUSP	NON-PREFERRED	PA REQUIRED
	TEGRETOL	TABS	NON-PREFERRED	PA REQUIRED

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ANTICONVULSANTS : MISC (CONTINUED)	TEGRETOL-XR	TB12	NON-PREFERRED	PA REQUIRED
	TOPAMAX	TABS	NON-PREFERRED	PA REQUIRED
	TOPAMAX SPRINKLE	CPSP	NON-PREFERRED	PA REQUIRED
	TOPIRAMATE	CPSP	PREFERRED	-
	TOPIRAMATE	TABS	PREFERRED	-
	TOPIRAMATE ER	CS24	NON-PREFERRED	PA REQUIRED
	TRILEPTAL	SUSP	NON-PREFERRED	PA REQUIRED
	TRILEPTAL	TABS	NON-PREFERRED	PA REQUIRED
	TROKENDI XR	CP24	PREFERRED	-
	VIMPAT IV	SOLN	PREFERRED	PA REQUIRED
	VIMPAT	SOLN	PREFERRED	-
	VIMPAT	TABS	PREFERRED	-
	ZONEGRAN	CAPS	NON-PREFERRED	PA REQUIRED
	ZONISAMIDE	CAPS	PREFERRED	-
ANTICONVULSANTS : SUCCUNIMIDES	CELONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	ETHOSUXIMIDE	CAPS	NON-PREFERRED	PA REQUIRED
	ETHOSUXIMIDE	SOLN	NON-PREFERRED	PA REQUIRED
	ZARONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	ZARONTIN	SOLN	NON-PREFERRED	PA REQUIRED
ANTICONVULSANTS : VALPROIC ACID	DEPACON	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKENE	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKENE	CAPS	NON-PREFERRED	PA REQUIRED
	DEPAKOTE	TBEC	NON-PREFERRED	PA REQUIRED
	DEPAKOTE ER	TB24	NON-PREFERRED	PA REQUIRED
	DEPAKOTE SPRINKLES	CSDR	NON-PREFERRED	PA REQUIRED
	DIVALPROEX SODIUM	CSDR	PREFERRED	-
	DIVALPROEX SODIUM DR	TBEC	PREFERRED	-
	DIVALPROEX SODIUM ER	TB24	PREFERRED	-
	VALPROATE SODIUM	SOLN	PREFERRED	-
	VALPROIC ACID	SOLN	PREFERRED	-
	VALPROIC ACID	CAPS	PREFERRED	-

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ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - AMYLIN ANALOGS	SYMLINPEN 60	SOPN	PREFERRED	PA REQUIRED
	SYMLINPEN 120	SOPN	PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / SGLT2 INHIBITOR COMBINATIONS	GLYXAMBI	TABS	NON-PREFERRED	PA REQUIRED
	QTERN	TABS	NON-PREFERRED	PA REQUIRED
	STEGLUJAN	TABS	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / TZD COMBINATIONS	ALOGLIPTIN/PIOGLITAZONE	TABS	PREFERRED	PA REQUIRED
	OSENI	TABS	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITORS	ALOGLIPTIN	TABS	NON-PREFERRED	-
	ALOGLIPTIN/METFORMIN HCL	TABS	NON-PREFERRED	-
	JANUMET	TABS	PREFERRED	-
	JANUMET XR	TB24	PREFERRED	-
	JANUVIA	TABS	PREFERRED	-
	JENTADUETO	TABS	PREFERRED	-
	JENTADUETO XR	TB24	NON-PREFERRED	-
	KAZANO	TABS	NON-PREFERRED	-
	KOMBIGLYZE XR	TB24	NON-PREFERRED	-
	NESINA	TABS	NON-PREFERRED	-
	ONGLYZA	TABS	NON-PREFERRED	-
	TRADJENTA	TABS	PREFERRED	-
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONIST / INSULIN COMBINATIONS	SOLIQUA 100/33	SOPN	NON-PREFERRED	PA REQUIRED
	XULTOPHY 100/3.6	SOPN	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONISTS	ADLYXIN	SOPN	NON-PREFERRED	-
	ADLYXIN STARTER PACK	PNKT	NON-PREFERRED	-
	BYDUREON	SRER	PREFERRED	-
	BYDUREON BCISE	AUIJ	PREFERRED	-
	BYDUREON PEN	PEN	PREFERRED	-
	BYETTA	SOPN	PREFERRED	-
OZEMPIC	SOPN	NON-PREFERRED	-	

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ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONISTS (CONTINUED)	TANZEUM	PEN	NON-PREFERRED	-
	TRULICITY	SOPN	NON-PREFERRED	-
	VICTOZA	SOPN	PREFERRED	-
ANTIDIABETICS : INSULIN - INTERMEDIATE ACTING	HUMULIN N	SUSP	PREFERRED	-
	HUMULIN N KWIKPEN	SUPN	PREFERRED	-
ANTIDIABETICS : INSULIN - INTERMEDIATE ACTING (CONTINUED)	NOVOLIN N	SUSP	NON-PREFERRED	-
	NOVOLIN N RELION	SUSP	NON-PREFERRED	-
ANTIDIABETICS : INSULIN - LONG ACTING	BASAGLAR KWIKPEN	SOPN	NON-PREFERRED	PA REQUIRED
	LANTUS	SOLN	PREFERRED	-
	LANTUS SOLOSTAR	SOPN	PREFERRED	-
	LEVEMIR	SOLN	PREFERRED	-
	LEVEMIR FLEXTOUCH	SOPN	PREFERRED	-
	TOUJEO SOLOSTAR	SOPN	NON-PREFERRED	-
	TRESIBA FLEXTOUCH	SOPN	NON-PREFERRED	-
ANTIDIABETICS : INSULIN - PRE-MIXED	HUMALOG MIX 50/50	SUSP	PREFERRED	-
	HUMALOG MIX 50/50 KWIKPEN	SUPN	PREFERRED	-
	HUMALOG MIX 75/25	SUSP	PREFERRED	-
	HUMALOG MIX 75/25 KWIKPEN	SUPN	PREFERRED	-
	HUMULIN 70/30	SUSP	PREFERRED	-
	HUMULIN 70/30 KWIKPEN	SUPN	PREFERRED	-
	NOVOLIN 70/30	SUSP	NON-PREFERRED	-
	NOVOLIN 70/30 RELION	SUSP	NON-PREFERRED	-
	NOVOLOG MIX 70/30	SUSP	PREFERRED	-
	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUPN	PREFERRED	-
ANTIDIABETICS : INSULIN - RAPID ACTING	ADMELOG	SOLN	NON-PREFERRED	-
	ADMELOG SOLOSTAR	SOPN	NON-PREFERRED	-
	APIDRA	SOLN	NON-PREFERRED	-
	APIDRA SOLOSTAR	SOPN	NON-PREFERRED	-
	FIASP	SOLN	NON-PREFERRED	-
	FIASP FLEXTOUCH	SOPN	NON-PREFERRED	-
	HUMALOG	SOLN	PREFERRED	-
	HUMALOG	SOCT	PREFERRED	-

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ANTIDIABETICS : INSULIN - RAPID ACTING (CONTINUED)	HUMALOG JUNIOR KWIKPEN	SOPN	PREFERRED	-
	HUMALOG KWIKPEN	SOPN	PREFERRED	-
	NOVOLOG	SOLN	PREFERRED	-
	NOVOLOG FLEXPEN	SOPN	PREFERRED	-
	NOVOLOG PENFILL	SOCT	PREFERRED	-
ANTIDIABETICS : INSULIN - SHORT ACTING	AFREZZA	POWD	NON-PREFERRED	PA REQUIRED
	HUMULIN R	SOLN	PREFERRED	-
	HUMULIN R U-500 (CONCENTRATED)	SOLN	PREFERRED	-
	HUMULIN R U-500 KWIKPEN	SOPN	PREFERRED	-
	NOVOLIN R	SOLN	NON-PREFERRED	-
	NOVOLIN R RELION	SOLN	NON-PREFERRED	-
	RELION R	SOLN	NON-PREFERRED	-
ANTIEMETICS / ANTIVERTIGO : 5-HT3 RECEPTOR ANTAGONISTS	ALOXI	SOLN	NON-PREFERRED	-
	ANZEMET	TABS	NON-PREFERRED	-
	GRANISETRON HCL	SOLN	PREFERRED	-
	GRANISETRON HCL	TABS	PREFERRED	-
	GRANISETRON HYDROCHLORIDE	SOLN	PREFERRED	-
	ONDANSETRON HCL	SOLN	PREFERRED	-
	ONDANSETRON HCL	SOLN	PREFERRED	-
	ONDANSETRON HCL	TABS	PREFERRED	-
	ONDANSETRON ODT	TBDP	PREFERRED	-
	SANCUSO	PTCH	NON-PREFERRED	-
	SUSTOL	PRSY	NON-PREFERRED	-
	ZOFRAN	SOLN	NON-PREFERRED	PA REQUIRED
	ZOFRAN	TABS	NON-PREFERRED	PA REQUIRED
	ZOFRAN ODT	TBDP	NON-PREFERRED	PA REQUIRED
	ZUPLENZ	FILM	NON-PREFERRED	-
ANTIEMETICS / ANTIVERTIGO : OTHER	DICLEGIS	TBEC	PREFERRED	PA REQUIRED

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ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	APREPITANT	CAPS	PREFERRED	-
	APREPITANT	CAPS	PREFERRED	-
	CINVANTI	EMUL	NON-PREFERRED	PA REQUIRED
	EMEND	CAPS	NON-PREFERRED	PA REQUIRED
	EMEND	SUSR	NON-PREFERRED	PA REQUIRED
	EMEND	SOLR	NON-PREFERRED	PA REQUIRED
	EMEND TRIPACK	CAPS	NON-PREFERRED	PA REQUIRED
	VARUBI	EMUL	NON-PREFERRED	-
	VARUBI	TABS	NON-PREFERRED	-
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	ABILIFY	TABS	NON-PREFERRED	PA REQUIRED
	ABILIFY MAINTENA	PRSY	PREFERRED	-
	ABILIFY MAINTENA	SRER	PREFERRED	-
	ARIPIPRAZOLE	SOLN	PREFERRED	-
	ARIPIPRAZOLE	TABS	PREFERRED	-
	ARIPIPRAZOLE ODT	TBDP	PREFERRED	-
	ARISTADA	PRSY	PREFERRED	-
	CLOZAPINE	TABS	PREFERRED	-
	CLOZAPINE ODT	TBDP	NON-PREFERRED	PA REQUIRED
	CLOZARIL	TABS	NON-PREFERRED	PA REQUIRED
	FANAPT	TABS	PREFERRED	-
	FANAPT TITRATION PACK	TABS	NON-PREFERRED	-
	FAZACLO	TBDP	NON-PREFERRED	PA REQUIRED
	GEODON	CAPS	NON-PREFERRED	PA REQUIRED
	GEODON	SOLR	PREFERRED	-
	INVEGA	TB24	NON-PREFERRED	PA REQUIRED
	INVEGA SUSTENNA	SUSP	PREFERRED	-
	INVEGA TRINZA	SUSP	PREFERRED	-
	LATUDA	TABS	PREFERRED	-
	OLANZAPINE	SOLR	PREFERRED	-
	OLANZAPINE	TABS	PREFERRED	-
	OLANZAPINE ODT	TBDP	PREFERRED	-
	OLANZAPINE/FLUOXETINE	CAPS	NON-PREFERRED	-
	PALIPERIDONE ER	TB24	PREFERRED	-

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ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION (CONTINUED)	QUETIAPINE FUMARATE	TABS	PREFERRED	-
	QUETIAPINE FUMARATE ER	TB24	PREFERRED	-
	REXULTI	TABS	PREFERRED	-
	RISPERDAL	SOLN	NON-PREFERRED	PA REQUIRED
	RISPERDAL	TABS	NON-PREFERRED	PA REQUIRED
	RISPERDAL CONSTA	SUSR	PREFERRED	-
	RISPERDAL M-TAB	TBDP	NON-PREFERRED	PA REQUIRED
	RISPERIDONE	SOLN	PREFERRED	-
	RISPERIDONE	TABS	PREFERRED	-
	RISPERIDONE M-TAB	TBDP	PREFERRED	-
	RISPERIDONE ODT	TBDP	PREFERRED	-
	SAPHRIS	SUBL	PREFERRED	-
	SEROQUEL	TABS	NON-PREFERRED	PA REQUIRED
	SEROQUEL XR	TB24	NON-PREFERRED	PA REQUIRED
	SYMBYAX	CAPS	NON-PREFERRED	PA REQUIRED
	VERSACLOZ	SUSP	PREFERRED	-
	ZIPRASIDONE HCL	CAPS	PREFERRED	-
	ZYPREXA	SOLR	NON-PREFERRED	PA REQUIRED
	ZYPREXA	TABS	NON-PREFERRED	PA REQUIRED
	ZYPREXA RELPREVV	SUSR	PREFERRED	-
ZYPREXA ZYDIS	TBDP	NON-PREFERRED	PA REQUIRED	
ANTIVIRALS : HEPATITIS C AGENTS	DAKLINZA	TABS	NON-PREFERRED	PA REQUIRED
	EPCLUSA	TABS	PREFERRED	PA REQUIRED
	HARVONI	TABS	NON-PREFERRED	PA REQUIRED
	MAVYRET	TABS	PREFERRED	PA REQUIRED
	OLYSIO	TABS	NON-PREFERRED	PA REQUIRED
	SOVALDI	TABS	NON-PREFERRED	PA REQUIRED
	TECHNIVIE	TABS	NON-PREFERRED	PA REQUIRED
	VIEKIRA XR	TABS	NON-PREFERRED	PA REQUIRED
	VIEKIRA PAK	TABS	NON-PREFERRED	PA REQUIRED
	VOSEVI	TABS	PREFERRED	PA REQUIRED
	ZEPATIER	TABS	NON-PREFERRED	PA REQUIRED

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ANTIVIRALS : HIV	ABACAVIR	SOLN	PREFERRED	-
	ABACAVIR	TABS	PREFERRED	-
	ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	ABACAVIR/LAMIVUDINE	TABS	PREFERRED	-
	APTIVUS	CAPS	PREFERRED	-
	APTIVUS	SOLN	PREFERRED	-
	ATAZANAVIR	CAPS	PREFERRED	-
	ATRIPLA	TABS	PREFERRED	-
	BIKTARVY	TABS	NON-PREFERRED	-
	COMBIVIR	TABS	NON-PREFERRED	PA REQUIRED
	COMPLERA	TABS	PREFERRED	-
	CRIXIVAN	CAPS	PREFERRED	-
	DESCOVY	TABS	PREFERRED	-
	DIDANOSINE	CPDR	PREFERRED	-
	EDURANT	TABS	PREFERRED	-
	EFAVIRENZ	CAPS	PREFERRED	-
	EFAVIRENZ	TABS	PREFERRED	-
	EMTRIVA	CAPS	PREFERRED	-
	EMTRIVA	SOLN	PREFERRED	-
	EPIVIR	SOLN	NON-PREFERRED	PA REQUIRED
	EPIVIR	TABS	NON-PREFERRED	PA REQUIRED
	EPZICOM	TABS	NON-PREFERRED	PA REQUIRED
	EVOTAZ	TABS	PREFERRED	-
	FOSAMPRENAVIR CALCIUM	TABS	PREFERRED	-
	FUZEON	SOLR	PREFERRED	-
	GENVOYA	TABS	PREFERRED	-
	INTELENCE	TABS	PREFERRED	-
	INVIRASE	CAPS	PREFERRED	-
	INVIRASE	TABS	PREFERRED	-
	ISENTRESS	CHEW	PREFERRED	-
	ISENTRESS	PACK	PREFERRED	-
	ISENTRESS	TABS	PREFERRED	-
	ISENTRESS HD	TABS	PREFERRED	-

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ANTIVIRALS : HIV (CONTINUED)	JULUCA	TABS	NON-PREFERRED	-
	KALETRA	SOLN	NON-PREFERRED	PA REQUIRED
	KALETRA	TABS	PREFERRED	-
	LAMIVUDINE	SOLN	PREFERRED	-
	LAMIVUDINE	TABS	PREFERRED	-
	LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	LEXIVA	SUSP	PREFERRED	-
	LEXIVA	TABS	NON-PREFERRED	PA REQUIRED
	LOPINA VIR/RITONAVIR	SOLN	PREFERRED	-
	NEVIRAPINE	TABS	PREFERRED	-
	NEVIRAPINE ER	TB24	PREFERRED	-
	NORVIR	CAPS	NON-PREFERRED	PA REQUIRED
	NORVIR	SOLN	NON-PREFERRED	PA REQUIRED
	NORVIR	TABS	NON-PREFERRED	PA REQUIRED
	ODEFSEY	TABS	PREFERRED	-
	PREZCOBIX	TABS	PREFERRED	-
	PREZISTA	SUSP	PREFERRED	-
	PREZISTA	TABS	PREFERRED	-
	RESCRIPTOR	TABS	PREFERRED	-
	RETROVIR	CAPS	NON-PREFERRED	PA REQUIRED
	RETROVIR	SYRP	NON-PREFERRED	PA REQUIRED
	RETROVIR IV INFUSION	SOLN	PREFERRED	-
	REYATAZ	CAPS	NON-PREFERRED	PA REQUIRED
	REYATAZ	PACK	PREFERRED	-
	RITONAVIR	TABS	PREFERRED	-
	SELZENTRY	SOLN	PREFERRED	-
	SELZENTRY	TABS	PREFERRED	-
	STAVUDINE	CAPS	PREFERRED	-
	STRIBILD	TABS	PREFERRED	-
	SUSTIVA	CAPS	NON-PREFERRED	PA REQUIRED
	SUSTIVA	TABS	NON-PREFERRED	PA REQUIRED
	SYMFI LO	TABS	NON-PREFERRED	-

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ANTIVIRALS : HIV (CONTINUED)	TENOFOVIR DISOPROXIL FUMARATE 300 MG	TABS	PREFERRED	-
	TIVICAY	TABS	PREFERRED	-
	TRIUMEQ	TABS	PREFERRED	-
	TRIZIVIR	TABS	NON-PREFERRED	PA REQUIRED
	TROGARZO	SOLN	NON-PREFERRED	-
	TRUVADA	TABS	PREFERRED	-
	TYBOST	TABS	PREFERRED	-
	VIDEX EC	CPDR	NON-PREFERRED	PA REQUIRED
	VIDEX EC 125 MG	CPDR	PREFERRED	-
	VIDEX PEDIATRIC	SOLR	PREFERRED	-
	VIRACEPT	TABS	PREFERRED	-
	VIRAMUNE	SUSP	PREFERRED	-
	VIRAMUNE	TABS	NON-PREFERRED	PA REQUIRED
	VIRAMUNE XR	TB24	NON-PREFERRED	PA REQUIRED
	VIREAD	POWD	PREFERRED	-
	VIREAD	TABS	PREFERRED	-
	VIREAD 300 MG	TABS	NON-PREFERRED	PA REQUIRED
	ZERIT	CAPS	NON-PREFERRED	PA REQUIRED
	ZERIT	SOLR	PREFERRED	-
	ZIAGEN	SOLN	NON-PREFERRED	PA REQUIRED
	ZIAGEN	TABS	NON-PREFERRED	PA REQUIRED
	ZIDOVUDINE	CAPS	PREFERRED	-
ZIDOVUDINE	SYRP	PREFERRED	-	
ZIDOVUDINE	TABS	PREFERRED	-	
ASTHMA AND COPD AGENTS : ANTICHOLINERGICS	ATROVENT HFA	AERS	PREFERRED	-
	COMBIVENT RESPIMAT	AERS	PREFERRED	-
	CROMOLYN SODIUM	NEBU	PREFERRED	-
	IPRATROPIUM BROMIDE	SOLN	PREFERRED	-
	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	PREFERRED	-

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ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING	ARCAPTA NEOHALER	CAPS	NON-PREFERRED	-
	BROVANA	NEBU	NON-PREFERRED	-
	PERFOROMIST	NEBU	NON-PREFERRED	-
	SEREVENT DISKUS	AEPB	PREFERRED	-
	STRIVERDI RESPIMAT	AERS	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - ORAL	ALBUTEROL	TABS	PREFERRED	-
	ALBUTEROL SULFATE	SYRP	PREFERRED	-
	ALBUTEROL SULFATE	TABS	PREFERRED	-
	ALBUTEROL SULFATE ER	TB12	PREFERRED	-
	METAPROTERENOL SULFATE	SYRP	NON-PREFERRED	-
	METAPROTERENOL SULFATE	TABS	NON-PREFERRED	-
	TERBUTALINE SULFATE	TABS	NON-PREFERRED	-
	VOSPIRE ER	TB12	NON-PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : BETA AGONISTS - SHORT ACTING	ALBUTEROL SULFATE	NEBU	PREFERRED	-
	LEVALBUTEROL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL HCL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL HYDROCHLORIDE	NEBU	NON-PREFERRED	-
	LEVALBUTEROL TARTRATE HFA	AERO	NON-PREFERRED	-
	PROAIR HFA	AERS	PREFERRED	-
	PROAIR RESPICLICK	AEPB	NON-PREFERRED	-
	PROVENTIL HFA	AERS	PREFERRED	-
	TERBUTALINE SULFATE	SOLN	NON-PREFERRED	-
	VENTOLIN HFA	AERS	NON-PREFERRED	-
	XOPENEX	NEBU	NON-PREFERRED	-
	XOPENEX CONCENTRATE	NEBU	NON-PREFERRED	-
XOPENEX HFA	AERO	NON-PREFERRED	-	

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ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS	ADVAIR DISKUS	AEPB	PREFERRED	-
	ADVAIR HFA	AERO	PREFERRED	-
	AIRDUO RESPICLICK 113/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 232/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 55/14	AEPB	NON-PREFERRED	PA REQUIRED
	BREO ELLIPTA	AEPB	NON-PREFERRED	-
	DULERA	AERO	PREFERRED	-
	FLUTICASONE PROPIONATE/SALMETEROL	AEPB	NON-PREFERRED	PA REQUIRED
	SYMBICORT	AERO	PREFERRED	-
TRELEGY ELLIPTA	AEPB	NON-PREFERRED	-	
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROIDS	AEROSPAN	AERS	NON-PREFERRED	-
	ALVESCO	AERS	NON-PREFERRED	-
	ANORO ELLIPTA	AEPB	NON-PREFERRED	-
	ARMONAIR RESPICLICK 113	AEPB	NON-PREFERRED	-
	ARMONAIR RESPICLICK 232	AEPB	NON-PREFERRED	-
	ARMONAIR RESPICLICK 55	AEPB	NON-PREFERRED	-
	ARNUITY ELLIPTA	AEPB	NON-PREFERRED	-
	ASMANEX HFA	AERO	NON-PREFERRED	-
	ASMANEX TWISTHALER 120 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 14 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 30 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 60 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 7 METERED DOSES	AEPB	NON-PREFERRED	-
	BEVESPI AEROSPHERE	AERO	NON-PREFERRED	-
	BUDESONIDE	SUSP	PREFERRED	-
	FLOVENT DISKUS	AEPB	PREFERRED	-
	FLOVENT HFA	AERO	PREFERRED	-
	FLOVENT HFA	AERO	PREFERRED	-
	PULMICORT	SUSP	NON-PREFERRED	PA REQUIRED
	PULMICORT FLEXHALER	AEPB	PREFERRED	-

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ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENT / LONG ACTING BETA AGONIST COMBINATIONS	QVAR	AERS	NON-PREFERRED	-
	QVAR REDIHALER	AERB	NON-PREFERRED	-
	STIOLTO RESPIMAT	AERS	PREFERRED	-
	UTIBRON NEOHALER	CAPS	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS	INCRUSE ELLIPTA	AEPB	NON-PREFERRED	-
	SEEBRI NEOHALER	CAPS	NON-PREFERRED	-
	SPIRIVA HANDIHALER	CAPS	PREFERRED	-
	SPIRIVA RESPIMAT	AERS	NON-PREFERRED	-
	TUDORZA PRESSAIR	AEPB	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : MONOCLONAL ANTIBODIES	CINQAIR	SOLN	NON-PREFERRED	PA REQUIRED
	FASENRA	SOSY	NON-PREFERRED	PA REQUIRED
	NUCALA	SOLR	NON-PREFERRED	PA REQUIRED
	XOLAIR	SOLR	NON-PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : PHOSPHODIESTERASE 4 INHIBITORS				
	DALIRESP	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERLIPIDEMICS : PCSK-9 INHIBITORS	PRALUENT	SOPN	NON-PREFERRED	PA REQUIRED
	REPATHA	SOSY	PREFERRED	PA REQUIRED
	REPATHA PUSHTRONEX SYSTEM	SOCT	PREFERRED	PA REQUIRED
	REPATHA SURECLICK	SOAJ	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITOR COMBINATIONS	ACCURETIC	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	PREFERRED	-
	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOTENSIN HCT	TABS	NON-PREFERRED	PA REQUIRED
	LOTREL	CAPS	NON-PREFERRED	PA REQUIRED
	MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	PRESTALIA	TABS	NON-PREFERRED	-
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-	

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITOR COMBINATIONS	TARKA	TBCR	NON-PREFERRED	PA REQUIRED
	TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	NON-PREFERRED	PA REQUIRED
	VASERETIC	TABS	NON-PREFERRED	PA REQUIRED
	ZESTORETIC	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITORS	ACCUPRIL	TABS	NON-PREFERRED	PA REQUIRED
	ACEON	TABS	NON-PREFERRED	PA REQUIRED
	ALTACE	CAPS	NON-PREFERRED	PA REQUIRED
	BENAZEPRIL HCL	TABS	PREFERRED	-
	CAPTOPRIL	TABS	PREFERRED	-
	ENALAPRIL MALEATE	TABS	PREFERRED	-
	ENALAPRILAT	INJ	PREFERRED	-
	EPANED	SOLR	NON-PREFERRED	-
	EPANED	SOLN	NON-PREFERRED	-
	FOSINOPRIL SODIUM	TABS	PREFERRED	-
	LISINOPRIL	TABS	PREFERRED	-
	LOTENSIN	TABS	NON-PREFERRED	PA REQUIRED
	MOEXIPRIL HCL	TABS	NON-PREFERRED	-
	PERINDOPRIL ERBUMINE	TABS	NON-PREFERRED	-
	PRINIVIL	TABS	NON-PREFERRED	PA REQUIRED
	QBRELIS	SOLN	NON-PREFERRED	-
	QUINAPRIL HCL	TABS	NON-PREFERRED	-
	RAMIPRIL	CAPS	PREFERRED	-
	TRANDOLAPRIL	TABS	NON-PREFERRED	-
	VASOTEC	TABS	NON-PREFERRED	PA REQUIRED
ZESTRIL	TABS	NON-PREFERRED	PA REQUIRED	
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	AMLODIPINE BESYLATE/VALSARTAN	TABS	PREFERRED	-
	AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	NON-PREFERRED	-
	AMLODIPINE/VALSARTAN/HCTZ	TABS	NON-PREFERRED	-
	ATACAND HCT	TABS	NON-PREFERRED	PA REQUIRED
	AVALIDE	TABS	NON-PREFERRED	PA REQUIRED
	AZOR	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR HCT	TABS	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS (CONTINUED)	BYVALSON	TABS	NON-PREFERRED	-
	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	DIOVAN HCT	TABS	NON-PREFERRED	PA REQUIRED
	EDARBYCLOR	TABS	NON-PREFERRED	-
	EXFORGE	TABS	NON-PREFERRED	PA REQUIRED
	EXFORGE HCT	TABS	NON-PREFERRED	PA REQUIRED
	HYZAAR	TABS	NON-PREFERRED	PA REQUIRED
	IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	MICARDIS HCT	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL/AMLODIPINE/HCTZ	TABS	NON-PREFERRED	-
	OLMESARTAN MEDOXOMIL/HCTZ	TABS	PREFERRED	-
	TELMISARTAN/AMLODIPINE	TABS	NON-PREFERRED	-
	TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	TRIBENZOR	TABS	NON-PREFERRED	PA REQUIRED
TWYNSTA	TABS	NON-PREFERRED	PA REQUIRED	
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-	
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKERS	ATACAND	TABS	NON-PREFERRED	PA REQUIRED
	AVAPRO	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR	TABS	NON-PREFERRED	PA REQUIRED
	CANDESARTAN CILEXETIL	TABS	NON-PREFERRED	-
	COZAAR	TABS	NON-PREFERRED	PA REQUIRED
	DIOVAN	TABS	NON-PREFERRED	PA REQUIRED
	EDARBI	TABS	NON-PREFERRED	-
	EPROSARTAN MESYLATE	TABS	NON-PREFERRED	-
	IRBESARTAN	TABS	PREFERRED	-
	LOSARTAN POTASSIUM	TABS	PREFERRED	-
	MICARDIS	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL	TABS	PREFERRED	-
	TELMISARTAN	TABS	NON-PREFERRED	-
VALSARTAN	TABS	PREFERRED	-	

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITOR	TEKTURNA	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITOR COMBINATIONS	TEKTURNA HCT	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMBINATIONS	ENTRESTO	TABS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	LETAIRIS	TABS	PREFERRED	PA REQUIRED
	OPSUMIT	TABS	NON-PREFERRED	PA REQUIRED
	TRACLEER	TABS	PREFERRED	PA REQUIRED
	TRACLEER	TBSO	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PDEI	ADCIRCA	TABS	PREFERRED	PA REQUIRED
	REVATIO	SUSR	NON-PREFERRED	PA REQUIRED
	REVATIO	TABS	NON-PREFERRED	PA REQUIRED
	SILDENAFIL CITRATE	TABS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONISTS	UPTRAVI	TABS	PREFERRED	PA REQUIRED
	UPTRAVI	TBPK	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTAGLANDIN VASODILATORS	ORENITRAM	TBCR	NON-PREFERRED	PA REQUIRED
	TYVASO	SOLN	PREFERRED	PA REQUIRED
	TYVASO REFILL	SOLN	PREFERRED	PA REQUIRED
	TYVASO STARTER	SOLN	PREFERRED	PA REQUIRED
	VENTAVIS	SOLN	PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - SGC STIMULATOR	ADEMPAS	TABS	PREFERRED	PA REQUIRED
CYTOKINE AND CAM ANTAGONISTS	ACTEMRA	SOLN	NON-PREFERRED	PA REQUIRED
	ACTEMRA	SOSY	NON-PREFERRED	PA REQUIRED
	ARCALYST	SOLR	NON-PREFERRED	PA REQUIRED
	CIMZIA	KIT	NON-PREFERRED	PA REQUIRED
	CIMZIA	KIT	NON-PREFERRED	PA REQUIRED
	CIMZIA STARTER KIT	KIT	NON-PREFERRED	PA REQUIRED
	COSENTYX	SOSY	NON-PREFERRED	PA REQUIRED
	COSENTYX SENSOREADY PEN	SOAJ	NON-PREFERRED	PA REQUIRED
	ENBREL	SOLR	PREFERRED	PA REQUIRED
	ENBREL	SOSY	PREFERRED	PA REQUIRED
	ENBREL MINI	SOCT	NON-PREFERRED	PA REQUIRED
	ENBREL SURECLICK	SOAJ	PREFERRED	PA REQUIRED
	ENTYVIO	SOLR	NON-PREFERRED	PA REQUIRED
	HUMIRA	PSKT	PREFERRED	PA REQUIRED
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	PREFERRED	PA REQUIRED
	HUMIRA PEN	PNKT	PREFERRED	PA REQUIRED
	HUMIRA PEN-CROHNS DISEASESTARTER	PNKT	PREFERRED	PA REQUIRED
	HUMIRA PEN-PSORIASIS STARTER	PNKT	PREFERRED	PA REQUIRED
	ILARIS	SOLR	NON-PREFERRED	PA REQUIRED
	ILARIS	SOLN	NON-PREFERRED	PA REQUIRED
	INFLECTRA	SOLR	NON-PREFERRED	PA REQUIRED
	KEVZARA	SOSY	NON-PREFERRED	PA REQUIRED
	KINERET	SOSY	NON-PREFERRED	PA REQUIRED
	ORENCIA	SOLR	NON-PREFERRED	PA REQUIRED
	ORENCIA	SOSY	NON-PREFERRED	PA REQUIRED
	ORENCIA CLICKJECT	SOAJ	NON-PREFERRED	PA REQUIRED
	OTEZLA	TABS	NON-PREFERRED	PA REQUIRED
	OTEZLA	TBPK	NON-PREFERRED	PA REQUIRED
	REMICADE	SOLR	NON-PREFERRED	PA REQUIRED

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CYTOKINE AND CAM ANTAGONISTS (CONTINUED)	RENFLXIS	SOLR	NON-PREFERRED	PA REQUIRED
	SILIQ	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOAJ	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI ARIA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOSY	NON-PREFERRED	PA REQUIRED
	TALTZ	SOAJ	NON-PREFERRED	PA REQUIRED
	TALTZ	SOSY	NON-PREFERRED	PA REQUIRED
	TREMFYA	SOSY	NON-PREFERRED	PA REQUIRED
	XELJANZ	TABS	NON-PREFERRED	PA REQUIRED
	XELJANZ XR	TB24	NON-PREFERRED	PA REQUIRED
	DERMATOLOGICS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL	ELIDEL	CREA	PREFERRED
PROTOPIC		OINT	NON-PREFERRED	PA REQUIRED
TACROLIMUS		OINT	NON-PREFERRED	PA REQUIRED
DIGESTIVE AIDS : PANCREATIC ENZYMES	CREON	CPEP	PREFERRED	-
	PANCREAZE	CPEP	NON-PREFERRED	-
	PERTZYE	CPEP	NON-PREFERRED	-
	VIOKACE	TABS	NON-PREFERRED	-
	ZENPEP	CPEP	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS: ANDROGENS - TESTOSTERONE	ANDRODERM	PT24	PREFERRED	PA REQUIRED
	ANDROGEL	GEL	NON-PREFERRED	PA REQUIRED
	ANDROGEL PUMP	GEL	NON-PREFERRED	PA REQUIRED
	ANDROID	CAPS	NON-PREFERRED	PA REQUIRED
	AVEED	SOLN	NON-PREFERRED	PA REQUIRED
	AXIRON	SOLN	NON-PREFERRED	PA REQUIRED
	DEPO-TESTOSTERONE	SOLN	NON-PREFERRED	PA REQUIRED
	FORTESTA	GEL	NON-PREFERRED	PA REQUIRED
	METHITEST	TABS	NON-PREFERRED	PA REQUIRED
	METHYLTESTOSTERONE	CAPS	NON-PREFERRED	PA REQUIRED
	NATESTO	GEL	NON-PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS: ANDROGENS - TESTOSTERONE (CONTINUED)	STRIANT	MISC	NON-PREFERRED	PA REQUIRED
	TESTIM	GEL	NON-PREFERRED	PA REQUIRED
	TESTOPEL	PLLT	NON-PREFERRED	PA REQUIRED
	TESTOSTERONE	GEL	PREFERRED	PA REQUIRED
	TESTOSTERONE	SOLN	NON-PREFERRED	PA REQUIRED
	TESTOSTERONE CYPIONATE	SOLN	PREFERRED	-
	TESTOSTERONE ENANTHATE	SOLN	PREFERRED	-
	TESTOSTERONE PUMP	GEL	NON-PREFERRED	PA REQUIRED
	TESTOSTERONE PUMP (ACTAVIS)	GEL	PREFERRED	PA REQUIRED
	TESTOSTERONE TOPICAL SOLUTION	SOLN	NON-PREFERRED	PA REQUIRED
	TESTRED	CAPS	NON-PREFERRED	PA REQUIRED
	VOGELXO	GEL	NON-PREFERRED	PA REQUIRED
	VOGELXO PUMP	GEL	NON-PREFERRED	PA REQUIRED
	ENDOCRINE AND METABOLIC AGENTS: GROWTH HORMONES	GENOTROPIN	SOLR	PREFERRED
GENOTROPIN		SOLR	PREFERRED	PA REQUIRED
GENOTROPIN MINIQUICK		SOLR	PREFERRED	PA REQUIRED
HUMATROPE		SOLR	NON-PREFERRED	PA REQUIRED
HUMATROPE COMBO PACK		SOLR	NON-PREFERRED	PA REQUIRED
NORDITROPIN CARTRIDGE		SOLN	PREFERRED	PA REQUIRED
NORDITROPIN FLEXPLO		SOLN	PREFERRED	PA REQUIRED
NUTROPIN AQ NUSPIN 10		SOLN	NON-PREFERRED	PA REQUIRED
NUTROPIN AQ NUSPIN 20		SOLN	NON-PREFERRED	PA REQUIRED
NUTROPIN AQ NUSPIN 5		SOLN	NON-PREFERRED	PA REQUIRED
OMNITROPE		SOLR	NON-PREFERRED	PA REQUIRED
OMNITROPE		SOLN	NON-PREFERRED	PA REQUIRED
SAIZEN		SOLR	NON-PREFERRED	PA REQUIRED
SAIZEN CLICK.EASY		SOLR	NON-PREFERRED	PA REQUIRED
SAIZENPREP RECONSTITUTIONKIT		SOLR	NON-PREFERRED	PA REQUIRED
SEROSTIM		SOLR	NON-PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS: GROWTH HORMONES	ZOMACTON	SOLR	NON-PREFERRED	PA REQUIRED
	ZORBTIVE	SOLR	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS: PROGESTERONES	AYGESTIN	TABS	NON-PREFERRED	PA REQUIRED
	CRINONE	GEL	NON-PREFERRED	PA REQUIRED
	INTRAROSA	INST	NON-PREFERRED	PA REQUIRED
	MAKENA	OIL	PREFERRED	PA REQUIRED
	MAKENA	SOAJ	NON-PREFERRED	PA REQUIRED
	MEDROXYPROGESTERONE ACETATE	TABS	PREFERRED	-
	MEGACE ES	SUSP	NON-PREFERRED	PA REQUIRED
	MEGESTROL ACETATE	SUSP	PREFERRED	-
	NORETHINDRONE ACETATE	TABS	PREFERRED	-
	PROGESTERONE	OIL	PREFERRED	-
	PROGESTERONE	CAPS	PREFERRED	-
	PROMETRIUM	CAPS	NON-PREFERRED	PA REQUIRED
	PROVERA	TABS	NON-PREFERRED	PA REQUIRED
	GASTROINTESTINAL AGENTS - MISC : INFLAMMATORY BOWEL AGENTS	APRISO	CP24	PREFERRED
ASACOL HD		TBEC	NON-PREFERRED	-
AZULFIDINE		TABS	NON-PREFERRED	PA REQUIRED
AZULFIDINE EN-TABS		TBEC	NON-PREFERRED	PA REQUIRED
BALSALAZIDE DISODIUM		CAPS	PREFERRED	-
CANASA		SUPP	PREFERRED	-
COLAZAL		CAPS	NON-PREFERRED	PA REQUIRED
DELZICOL		CPDR	PREFERRED	-
DIPENTUM		CAPS	NON-PREFERRED	-
GIAZO		TABS	NON-PREFERRED	-
LIALDA		TBEC	PREFERRED	-
MESALAMINE		ENEM	PREFERRED	-
MESALAMINE		KIT	PREFERRED	-
MESALAMINE DR		TBEC	NON-PREFERRED	-
PENTASA		CPCR	PREFERRED	-
ROWASA		KIT	NON-PREFERRED	PA REQUIRED
SFROWASA		ENEM	NON-PREFERRED	-
SULFASALAZINE		TABS	PREFERRED	-

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GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY	ALOSETRON HYDROCHLORIDE	TABS	NON-PREFERRED	PA REQUIRED
	AMITIZA	CAPS	PREFERRED	PA REQUIRED
	ANASPAZ	TBDP	NON-PREFERRED	PA REQUIRED
	BELLADONNA & OPIUM	SUPP	NON-PREFERRED	-
	BELLADONNA ALKALOIDS & OPIUM	SUPP	NON-PREFERRED	-
	BENTYL	CAPS	NON-PREFERRED	PA REQUIRED
	BENTYL	SOLN	NON-PREFERRED	PA REQUIRED
	CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	CAPS	NON-PREFERRED	-
	CUVPOSA	SOLN	NON-PREFERRED	-
	DICYCLOMINE HCL	CAPS	PREFERRED	-
	DICYCLOMINE HCL	SOLN	PREFERRED	-
	DICYCLOMINE HCL	SOLN	PREFERRED	-
	DICYCLOMINE HCL	TABS	PREFERRED	-
	ED-SPAZ	TBDP	PREFERRED	-
	ENTEREG	CAPS	NON-PREFERRED	PA REQUIRED
	GLYCOPYRROLATE	SOLN	PREFERRED	-
	GLYCOPYRROLATE	TABS	PREFERRED	-
	HYOSCYAMINE SULFATE	ELIX	PREFERRED	-
	HYOSCYAMINE SULFATE	SOLN	PREFERRED	-
	HYOSCYAMINE SULFATE	TABS	PREFERRED	-
	HYOSCYAMINE SULFATE	TBDP	PREFERRED	-
	HYOSCYAMINE SULFATE	SUBL	PREFERRED	-
	HYOSCYAMINE SULFATE ER	TB12	PREFERRED	-
	HYOSCYAMINE SULFATE ODT	TBDP	PREFERRED	-
	LEVSIN	SOLN	NON-PREFERRED	-
	LEVSIN	TABS	NON-PREFERRED	PA REQUIRED
	LEVSIN/SL	SUBL	NON-PREFERRED	PA REQUIRED
	LIBRAX	CAPS	NON-PREFERRED	PA REQUIRED
	LINZESS	CAPS	PREFERRED	PA REQUIRED
	LOTRONEX	TABS	NON-PREFERRED	PA REQUIRED
	MOVANTIK	TABS	PREFERRED	PA REQUIRED
	NULEV	TBDP	PREFERRED	-
	OSCIMIN	TABS	PREFERRED	-

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GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY (CONTINUED)	OSCIMIN	TBDP	PREFERRED	-
	OSCIMIN	SUBL	PREFERRED	-
	OSCIMIN SR	TB12	PREFERRED	-
	RELISTOR	SOLN	NON-PREFERRED	PA REQUIRED
	RELISTOR	TABS	NON-PREFERRED	PA REQUIRED
	ROBINUL	SOLN	NON-PREFERRED	PA REQUIRED
	ROBINUL/ FORTE	TABS	NON-PREFERRED	PA REQUIRED
	SYMPROIC	TABS	NON-PREFERRED	PA REQUIRED
	TRULANCE	TABS	NON-PREFERRED	PA REQUIRED
	VIBERZI	TABS	NON-PREFERRED	PA REQUIRED
GASTROINTESTINAL AGENTS - MISC : PHOSPHATE BINDER AGENTS	AURYXIA	TABS	NON-PREFERRED	PA REQUIRED
	CALCIUM ACETATE	CAPS	PREFERRED	-
	CALCIUM ACETATE	TABS	PREFERRED	-
	CALPHRON	TABS	PREFERRED	-
	ELIPHOS	TABS	NON-PREFERRED	PA REQUIRED
	FOSRENOL	CHEW	PREFERRED	PA REQUIRED
	FOSRENOL	PACK	NON-PREFERRED	PA REQUIRED
	LANTHANUM CARBONATE	CHEW	NON-PREFERRED	PA REQUIRED
	PHOSLYRA	SOLN	PREFERRED	-
	RENAGEL	TABS	PREFERRED	PA REQUIRED
	REVELA	PACK	PREFERRED	PA REQUIRED
	REVELA	TABS	PREFERRED	PA REQUIRED
	SEVELAMER CARBONATE	PACK	NON-PREFERRED	PA REQUIRED
	SEVELAMER CARBONATE	TABS	NON-PREFERRED	PA REQUIRED
	VELPHORO	CHEW	NON-PREFERRED	PA REQUIRED

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HEMATOLOGICAL AGENTS - MISC : PLATELET AGGREGATION INHIBITORS	AGGRENOX	CP12	NON-PREFERRED	PA REQUIRED
	AGRYLIN	CAPS	NON-PREFERRED	PA REQUIRED
	ANAGRELIDE HYDROCHLORIDE	CAPS	PREFERRED	-
	ASPIRIN/DIPYRIDAMOLE	CP12	PREFERRED	-
	BRILINTA	TABS	PREFERRED	-
	CILOSTAZOL	TABS	PREFERRED	-
	CLOPIDOGREL	TABS	PREFERRED	-
	DIPYRIDAMOLE	TABS	PREFERRED	-
	DURLAZA	CP24	NON-PREFERRED	-
	EFFIENT	TABS	NON-PREFERRED	PA REQUIRED
	KENGREAL	SOLR	NON-PREFERRED	-
	PLAVIX	TABS	NON-PREFERRED	PA REQUIRED
	PRASUGREL	TABS	NON-PREFERRED	-
	YOSPRALA	TBEC	NON-PREFERRED	-
ZONTIVITY	TABS	NON-PREFERRED	-	
OPHTHALMIC AGENTS : GLAUCOMA AGENTS	ALPHAGAN P	SOLN	PREFERRED	-
	APRACLONIDINE	SOLN	NON-PREFERRED	-
	AZOPT	SUSP	PREFERRED	-
	BETAGAN	SOLN	NON-PREFERRED	PA REQUIRED
	BETAXOLOL HCL	SOLN	NON-PREFERRED	-
	BETOPTIC-S	SUSP	NON-PREFERRED	-
	BIMATOPROST	SOLN	NON-PREFERRED	-
	BRIMONIDINE TARTRATE	SOLN	PREFERRED	-
	CARTEOLOL HCL	SOLN	NON-PREFERRED	-
	COMBIGAN	SOLN	PREFERRED	-
	COSOPT	SOLN	NON-PREFERRED	PA REQUIRED
	COSOPT PF	SOLN	NON-PREFERRED	-
	DORZOLAMIDE HCL	SOLN	PREFERRED	-
	DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	PREFERRED	-
	IOPIDINE	SOLN	NON-PREFERRED	PA REQUIRED
	ISOPTO CARPINE	SOLN	NON-PREFERRED	PA REQUIRED
	ISTALOL	SOLN	NON-PREFERRED	PA REQUIRED
	LATANOPROST	SOLN	PREFERRED	-

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

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OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS	AZASITE	SOLN	NON-PREFERRED	-
	BACITRACIN	OINT	NON-PREFERRED	-
	BACITRACIN/POLYMYXIN B	OINT	NON-PREFERRED	-
	BESIVANCE	SUSP	NON-PREFERRED	-
	CILOXAN	OINT	NON-PREFERRED	-
	CILOXAN	SOLN	NON-PREFERRED	PA REQUIRED
	CIPROFLOXACIN HCL	SOLN	PREFERRED	-
	ERYTHROMYCIN	OINT	PREFERRED	-
	GATIFLOXACIN	SOLN	NON-PREFERRED	-
	GENTAK	OINT	NON-PREFERRED	-
	GENTAMICIN SULFATE	SOLN	PREFERRED	-
	LEVOFLOXACIN	SOLN	NON-PREFERRED	-
	MOXEZA	SOLN	PREFERRED	-
	MOXIFLOXACIN HCL	SOLN	NON-PREFERRED	-
	NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	NON-PREFERRED	-
	NEO-POLYCIN	OINT	NON-PREFERRED	-
	NEOSPORIN	SOLN	NON-PREFERRED	PA REQUIRED
	POLYCIN	OINT	NON-PREFERRED	-
	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	PREFERRED	-
	POLYTRIM	SOLN	NON-PREFERRED	PA REQUIRED
	TOBRAMYCIN	SOLN	PREFERRED	-
	TOBREX	OINT	NON-PREFERRED	-
TOBREX	SOLN	NON-PREFERRED	PA REQUIRED	
VIGAMOX	SOLN	PREFERRED	-	
ZYMAXID	SOLN	NON-PREFERRED	PA REQUIRED	
OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS - SULFONAMIDES	BLEPH-10	SOLN	NON-PREFERRED	PA REQUIRED
	SULFACETAMIDE SODIUM	OINT	PREFERRED	-
	SULFACETAMIDE SODIUM	SOLN	PREFERRED	-

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OPHTHALMIC AGENTS : OPTHALMIC STEROIDS - TOPICAL	ALREX	SUSP	NON-PREFERRED	-
	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	PREFERRED	-
	DUREZOL	EMUL	PREFERRED	-
	FLAREX	SUSP	NON-PREFERRED	-
	FLUOROMETHOLONE	SUSP	PREFERRED	-
	FML	OINT	NON-PREFERRED	-
	FML FORTE	SUSP	NON-PREFERRED	-
	FML LIQUIFILM	SUSP	NON-PREFERRED	PA REQUIRED
	LOTEMAX	GEL	NON-PREFERRED	-
	LOTEMAX	OINT	NON-PREFERRED	-
	LOTEMAX	SUSP	NON-PREFERRED	-
	MAXIDEX	SUSP	NON-PREFERRED	-
	OMNIPRED	SUSP	NON-PREFERRED	PA REQUIRED
	PRED FORTE	SUSP	NON-PREFERRED	PA REQUIRED
	PRED MILD	SUSP	NON-PREFERRED	-
	PREDNISOLONE ACETATE	SUSP	PREFERRED	-
PREDNISOLONE SODIUM PHOSPHATE	SOLN	NON-PREFERRED	-	
OTIC AGENTS : OTIC ANTI-INFECTIVES	CIPRO HC	SUSP	PREFERRED	-
	CIPRODEX	SUSP	PREFERRED	-
	CIPROFLOXACIN	SOLN	NON-PREFERRED	-
	COLY-MYCIN S	SUSP	NON-PREFERRED	-
	FLOXIN OTIC	SOLN	NON-PREFERRED	PA REQUIRED
	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLN	PREFERRED	-
	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	PREFERRED	-
	OFLOXACIN	SOLN	PREFERRED	-
	OTIPRIO	SUSP	NON-PREFERRED	-
	OTOVEL	SOLN	NON-PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - NON- STIMULANTS	ATOMOXETINE	CAPS	PREFERRED	-
	CLONIDINE HYDROCHLORIDE ER	TB12	PREFERRED	-
	CLONIDINE HYDROCHLORIDE	TB12	PREFERRED	-
	GUANFACINE ER	TB24	PREFERRED	-
	INTUNIV	TB24	NON-PREFERRED	PA REQUIRED
	KAPVAY	TB12	NON-PREFERRED	PA REQUIRED
	STRATTERA	CAPS	NON-PREFERRED	PA REQUIRED
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - AMPHETAMINES	ADDERALL	TABS	NON-PREFERRED	PA REQUIRED
	ADDERALL XR	CP24	NON-PREFERRED	PA REQUIRED
	ADZENYS ER	SUER	NON-PREFERRED	-
	ADZENYS XR-ODT	TBED	NON-PREFERRED	-
	AMPHETAMINE/DEXTROAMPHETAMINE	CP24	PREFERRED	-
	AMPHETAMINE/DEXTROAMPHETAMINE	TABS	PREFERRED	-
	DESOXYN	TABS	NON-PREFERRED	PA REQUIRED
	DEXEDRINE	CP24	NON-PREFERRED	PA REQUIRED
	DEXEDRINE	TABS	NON-PREFERRED	-
	DEXTROAMPHETAMINE SULFATE	SOLN	NON-PREFERRED	-
	DEXTROAMPHETAMINE SULFATE	TABS	NON-PREFERRED	-
	DEXTROAMPHETAMINE SULFATE ER	CP24	PREFERRED	-
	DYANAVAL XR	SUER	NON-PREFERRED	-
	EVEKEO	TABS	NON-PREFERRED	-
	METHAMPHETAMINE HCL	TABS	NON-PREFERRED	-
	MYDAYIS	CP24	NON-PREFERRED	-
	PROCENTRA	SOLN	NON-PREFERRED	PA REQUIRED
	VYVANSE	CAPS	PREFERRED	-
	VYVANSE	CHEW	PREFERRED	-
	ZENZEDI	TABS	NON-PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - METHYLPHENIDATES	APTENSIO XR	CP24	PREFERRED	-
	CONCERTA	TBCR	NON-PREFERRED	PA REQUIRED
	COTEMPLA XR-ODT	TBED	NON-PREFERRED	PA REQUIRED
	DAYTRANA	PTCH	NON-PREFERRED	PA REQUIRED
	DEXMETHYLPHENIDATE HCL ER	CP24	PREFERRED	-
	DEXMETHYLPHENIDATE HYDROCHLORIDE	TABS	PREFERRED	-
	FOCALIN	TABS	NON-PREFERRED	PA REQUIRED
	FOCALIN XR	CP24	NON-PREFERRED	PA REQUIRED
	METADATE CD	CPCR	NON-PREFERRED	PA REQUIRED
	METADATE ER	TBCR	PREFERRED	-
	METHYLIN	SOLN	PREFERRED	-
	METHYLPHENIDATE HCL	CHEW	PREFERRED	-
	METHYLPHENIDATE HCL	TABS	PREFERRED	-
	METHYLPHENIDATE HCL CD	CPCR	PREFERRED	-
	METHYLPHENIDATE HCL ER	CP24	PREFERRED	-
	METHYLPHENIDATE HCL ER	CPCR	PREFERRED	-
	METHYLPHENIDATE HCL ER	TB24	PREFERRED	-
	METHYLPHENIDATE HCL ER	TBCR	PREFERRED	-
	METHYLPHENIDATE HCL ER (LA)	CP24	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE	SOLN	PREFERRED	-
METHYLPHENIDATE HYDROCHLORIDE ER 72 MG	TBCR	NON-PREFERRED	-	
QUILLICHEW ER	CHER	PREFERRED	-	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC: ADHD / ANTI-NARCOLEPSY - STIMULANTS - METHYLPHENIDATES	QUILLIVANT XR	SUSR	PREFERRED	-
	RITALIN	TABS	NON-PREFERRED	PA REQUIRED
	RITALIN LA	CP24	NON-PREFERRED	PA REQUIRED
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - MISC	ARMODAFINIL	TABS	PREFERRED	PA REQUIRED
	MODAFINIL	TABS	PREFERRED	PA REQUIRED
	NUVIGIL	TABS	NON-PREFERRED	PA REQUIRED
	PROVIGIL	TABS	NON-PREFERRED	PA REQUIRED

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MULTIPLE SCLEROSIS AGENTS	AMPYRA	TB12	NON-PREFERRED	PA REQUIRED
	AUBAGIO	TABS	NON-PREFERRED	-
	AVONEX	KIT	PREFERRED	-
	AVONEX	PSKT	PREFERRED	-
	AVONEX PEN	AJKT	PREFERRED	-
	BETASERON	KIT	PREFERRED	-
	COPAXONE	SOSY	PREFERRED	-
	EXTAVIA	KIT	NON-PREFERRED	-
	GILENYA	CAPS	PREFERRED	-
	GLATIRAMER ACETATE	SOSY	NON-PREFERRED	-
	GLATOPA	SOSY	NON-PREFERRED	-
	LEMTRADA	SOLN	NON-PREFERRED	-
	OCREVUS	SOLN	NON-PREFERRED	PA REQUIRED
	PLEGRIDY	SOPN	NON-PREFERRED	-
	PLEGRIDY	SOSY	NON-PREFERRED	-
	PLEGRIDY STARTER PACK	SOPN	NON-PREFERRED	-
	PLEGRIDY STARTER PACK	SOSY	NON-PREFERRED	-
	REBIF	SOSY	PREFERRED	-
	REBIF REBIDOSE	SOAJ	PREFERRED	-
	REBIF REBIDOSE TITRATION PACK	SOAJ	PREFERRED	-
	REBIF TITRATION PACK	SOSY	PREFERRED	-
TECFIDERA	CPDR	PREFERRED	-	
TECFIDERA STARTER PACK	MISC	PREFERRED	-	
TYSABRI	CONC	NON-PREFERRED	-	
ZINBRYTA	SOSY	NON-PREFERRED	-	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENTS - NICOTINE REPLACEMENT PRODUCTS	GNP NICOTINE GUM	GUM	PREFERRED	-
	GNP NICOTINE POLACRILEX	GUM	PREFERRED	-
	GNP NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	GOODSENSE NICOTINE GUM	GUM	PREFERRED	-
	HM NICOTINE POLACRILEX	GUM	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENENTS - NICOTINE REPLACEMENT PRODUCTS (CONTINUED)	NICORELIEF	GUM	PREFERRED	-
	NICOTINE	PT24	PREFERRED	-
	NICOTINE POLACRILEX	GUM	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM	KIT	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	PREFERRED	-
	NICOTROL INHALER	INHA	NON-PREFERRED	PA REQUIRED
	NICOTROL NS	SOLN	NON-PREFERRED	PA REQUIRED
	SM NICOTINE	GUM	PREFERRED	-
	SM NICOTINE	PT24	PREFERRED	-
	SM NICOTINE POLACRILEX	GUM	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
THRIVE	GUM	PREFERRED	-	
SUBSTANCE USE DISORDER : OPIOID ANTAGONISTS	NALOXONE HCL	SOLN	PREFERRED	-
	NALOXONE HCL	SOCT	PREFERRED	-
	NALOXONE HCL	SOSY	PREFERRED	-
	NALTREXONE HCL	TABS	PREFERRED	-
	NARCAN	LIQD	PREFERRED	-
	VIVITROL	SUSR	PREFERRED	-
SUBSTANCE USE DISORDER : OPIOID PARTIAL AGONISTS	BUNAVAIL	FILM	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE HCL	SUBL	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE HCL/NALOXONE HCL	SUBL	PREFERRED	-
	PROBUPHINE IMPLANT KIT	IMPL	NON-PREFERRED	PA REQUIRED
	SUBLOCADE	SOSY	NON-PREFERRED	PA REQUIRED
	SUBOXONE	FILM	PREFERRED	-
	ZUBSOLV	SUBL	NON-PREFERRED	PA REQUIRED