

New Hampshire Non-Legend Drug List

This page lists non-legend drugs that are covered by New Hampshire Medicaid.

Insulins are covered for recipients. Please refer to the New Hampshire Preferred Drug List (PDL) for the insulins that are available without prior authorization.

The items in this appendix are listed alphabetically by therapeutic class, then by the generic name of the drug or drug ingredients. New Hampshire Medicaid pays only for **generic** versions of these non-legend drugs, singly or in combination, regardless of strength or dosage form. Combination products that contain active ingredients that are not covered will not be covered.

Analgesics:

acetaminophen
aspirin
aspirin with buffers
ibuprofen
ketoprofen
naproxen

Antihistamines:

brompheniramine
cetirizine
chlorpheniramine
diphenhydramine
loratadine

Antimicrobials/ Antifungals, Topical:

bacitracin
clotrimazole
miconazole
neomycin
polymixin B
tolnaftate

Spermicides:

nonoxynol-9

Gastrointestinal Products:

alginic acid
aluminum carbonate
aluminum hydroxide
bisacodyl
calcium carbonate
calcium polycarbophil
casanthranol
cellulose
cimetidine
docusate calcium
docusate sodium
famotidine
glycerin suppositories
magaldrate
magnesium citrate
magnesium hydroxide
magnesium trisalicylate
meclizine
methylcellulose
nizatadine
omeprazole**
psyllium
ranitidine
sennosides

Vitamins and Nutrients:

calcium carbonate
calcium carbonate/vit D
calcium citrate
calcium glubionate
calcium gluconate
calcium phosphate
ferrous fumarate
ferrous gluconate
ferrous sulfate
magnesium chloride
magnesium gluconate
magnesium oxide
niacin
niacinamide
nicotinic acid

Miscellaneous Products:

A&D ointment
ammonium lactate 12%
hydrocortisone
instant dextrose/glucose
lanolin
nicotine
permethrin
salicylic acid
sodium chloride solution
for inhalation
water for inhalation
zinc oxide

** A Prior Authorization is required for omeprazole OTC after the first 8 weeks of therapy.