



New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

NOTES:

- * Indicates a generic is available without PA.
- ** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.
- *** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CARDIOVASCULAR - ACE INHIBITORS & COMBINATIONS

Preferred

amlodipine/benazepril (generic for Lotrel®)
benazepril (generic for Lotensin®)
benazepril HCT (generic for Lotensin HCT®)
captopril (generic for Capoten®)
captopril-HCTZ (generic for Capozide®)
enalapril (generic for Vasotec®)
enalapril-HCTZ (generic for Vaseretic®)
lisinopril (generic for Prinivil® and Zestril®)
lisinopril-HCTZ (generic for Prinzide® and Zestoretic®)

Non-Preferred

Accupril®
Accuretic®
Aceon®
Altace®
Epaned® (non-preferred for adults only)
Fosinopril
Fosinopril HCTZ
Lexxel®
Lotensin®*
Lotensin HCT®*
Lotrel®*
Mavik®
Moexipril
Monopril®
Monopril-HCT®
perindopril (generic for Aceon®)
Prestalia®
Prinivil®*
Prinzide®*
Qbrelis®
Quinapril
Quinapril-HCTZ
Quinaretic®
ramipril (generic for Altace cap®)
Tarka®
trandolapril (generic for Mavik®)
trandolapril/verapamil (generic for Tarka®)
Uniretic®
Univasc®
Vaseretic®*
Vasotec®*
Zestoretic®*
Zestril®*

CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS & COMBINATIONS

Preferred

Diovan®
Diovan HCT®
Entresto®
losartan (generic for Cozaar®)
losartan/HCTZ (generic for Hyzaar®)

Non-Preferred

amlodipine/valsartan (generic for Exforge®)
Atacand®
Atacand HCT®
Avalide®
Avapro®
Azor®
Benicar®
Benicar HCT®
Byvalson®
candesartan (generic for Atacand®)
candesartan/HCTZ (generic for Atacand HCT®)
Cozaar®*
Edarbi®
Edarbyclor®
eprosartan (generic for Teveten®)
Exforge®
Exforge HCT®
Hyzaar®*
irbesartan (generic for Avapro®)
irbesartan/HCTZ (generic for Avalide®)
Micardis®
Micardis HCT®
telmsartan (generic for Micardis®)
telmisartan/amlodipine (generic for Twynsta)
telmsartan/HCTZ (generic for Micardis HCT®)
Teveten®
Teveten HCT®
Tribenzor®
Twynsta®
valsartan (generic for Diovan®)
valsartan/HCTZ (generic for Diovan HCT®)
Valturna®



New Hampshire Department of Health and Human Services

Fee-for-Service Medicaid

Preferred Drug List (PDL)

CARDIOVASCULAR - CALCIUM CHANNEL BLOCKERS (DHP) & COMBINATIONS

Preferred

afeditab CR® (generic for Adalat CC®)
amlodipine (generic for Norvasc®)
amlodipine/Benazepril (generic for Lotrel®)
felodipine (generic for Plendil®)
isradipine (generic for Dynacirc®)
nicardipine (generic for Cardene®)
nifediac CC (generic for Adalat CC®)
nifedical XL (generic for Procardia XL®)
nifedipine IR (generic for Procardia®)
nifedipine SA/ER (generic for Procardia XL®)
nisoldipine

Non-Preferred

Adalat®*
Adalat CC®*
Amturnide® (requires additional clinical PA)
Cardene®*
Cardene SR®
DynaCirc CR®
Exforge®
Exforge HCT®
Lexxel®
Lotrel®*
Nymalize®
nimodipine (generic for Nimotop®)
Nimotop®
Norvasc®*
Prestalia®
Procardia®*
Procardia XL®*
Sular®
Tekamlo® (requires additional clinical PA)
Tribenzor®
Twynsta®

CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) & COMBINATIONS

Preferred

Cartia XT®
Diltia XT®
diltiazem ER (generic for Cardizem CD®)
diltiazem HCL (generic for Cardizem®)
diltiazem SR (generic for Cardizem SR®)
diltiazem XR (generic for Dilacor XR®)
Taztia XT®
verapamil (generic for Calan®, Isoptin® and Verelan®)
verapamil ER (generic for Calan SR® and Isoptin SR®)

Non-Preferred

Calan®*
Calan SR®*
Cardizem®*
Cardizem CD®*
Cardizem LA®
Cardizem SR®*
Covera-HS®
Dilacor XR®*
Isoptin®*
Isoptin SR®*
Tarka®
Tiazac®
Vascor®
Verelan®*
Verelan PM®
verapamil ER PM (generic for Verelan PM®)

CARDIOVASCULAR - BETA-BLOCKERS & COMBINATIONS

Preferred

acebutolol (generic for Sectral®)
atenolol (generic for Tenormin®)
atenolol/chlorthalidone (generic for Tenoretic®)
betaxolol (generic for Kerlone®)
bisoprolol (generic for Zebeta®)
bisoprolol /HCTZ (generic for Ziac®)
carvedilol (generic for Coreg®)
Inderal LA®
labetalol (generic for Normodyne® and Trandate®)
metoprolol (generic for Lopressor®)
nadolol (generic for Corgard®)
nadolol/bendroflumethiazide (generic for Corzide®)
pindolol (generic for Visken®)
propranolol (generic for Inderal®)
propranolol/HCTZ (generic for Inderide®)
sotalol AF (generic for Betapace AF®)
sotalol (generic for Betapace®)
timolol (generic for Blocadren®)

Non-Preferred

Betapace®*
Betapace AF®*
Blocadren®*
Bystolic®
Coreg®*
Coreg CR®
Corgard®*
Corzide®*
Dutoprol®
Inderal®*
Innopran XL®
Kerlone®*
Levatol®
Lopressor®*
Lopressor HCT®*
metoprolol succinate (generic for Toprol XL®)
Normodyne®*
Sectral®*
Sorine®
Sotylize®
Tenormin®*
Tenoretic®*
Timolide®
Toprol XL®
Trandate®*
Zebeta®*
Ziac®*



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CARDIOVASCULAR – STATINS & COMBINATIONS

Preferred
lovastatin (generic for Mevacor®)
pravastatin (generic for Pravachol®)

Non-Preferred
Advicor®
Altoprev® (formerly
Altocor®)
fluvastatin (generic for
Lescol®)
Lescol/XL®
Liptruzet®
Mevacor®*
Pravachol®*
Pravigard PAC®

CARDIOVASCULAR – HIGH POTENCY STATINS & COMBINATIONS

Preferred
atorvastatin (generic for Lipitor®)
simvastatin (generic for Zocor®)

Non-Preferred
amlodipine/atorvastatin
(generic for Caduet®)
Caduet®
Crestor®
Lipitor®*
Livalo®
rosuvastatin (generic for
Crestor®)
Simcor®
Vytorin®
Zocor®*

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

Preferred

Vytorin®
Zetia®

Non-Preferred

Criteria for approval:
Failure of two high potency
statins & combination
products

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

Preferred
gemfibrozil (generic for Lopid®)
Tricor®
Trilipix®

Non-Preferred
Antara®
fenofibrate (generic for
Antara®, Fenoglide®,
Lofibra®, Liprofen®,
Tricor®, Triglide®)
Fenoglide®
Fibricor®
Lipofen®
Lofibra®
Lopid®*
Lovaza®
omega-3 ethyl ester (generic
for Lovaza®)
Triglide®
Vascepa®

CARDIOVASCULAR – PLATELET INHIBITORS

Preferred
Aggrenox®
clopidogrel (generic for Plavix®)
ticlopidine (generic for Ticlid®)

Non-Preferred
Brilinta®
dipyridamole (generic for Persantine®)
Effient®
Persantine®
Plavix®*

CARDIOVASCULAR-NIACIN DERIVATIVES

Preferred
Niaspan®

Non-Preferred
Niacor®



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CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

Preferred	Non-Preferred		
Letairis® sildenafil (generic for Revatio®) Tracleer®	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Acircra® Adempas® Opsumit® Orenitram® </td> <td style="width: 50%;"> Revatio®* Tyvaso® Upravi® Ventavis® </td> </tr> </table>	Acircra® Adempas® Opsumit® Orenitram®	Revatio®* Tyvaso® Upravi® Ventavis®
Acircra® Adempas® Opsumit® Orenitram®	Revatio®* Tyvaso® Upravi® Ventavis®		

GASTROINTESTINAL – PROTON PUMP INHIBITORS & COMBINATIONS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**	Non-Preferred**		
Nexium suspension omeprazole (generic for Prilosec®) (OTC/RX) pantoprazole (generic for Protonix®) Protonix® suspension	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Aciphex/sprinkles® Dexilant® (formerly known as Kapidex®) esomeprazole (generic for Nexium®) lansoprazole/OTC/solutab (generic for Prevacid / OTC/solutab (RX) Nexium® </td> <td style="width: 50%;"> omeprazole/sodium bicarbonate / OTC (generic for Zegerid®/OTC) Prevacid® capsules (RX) Prevacid Solutab® Prevacid Susp® Prilosec® (RX)* Protonix®* Zegerid® </td> </tr> </table>	Aciphex/sprinkles® Dexilant® (formerly known as Kapidex®) esomeprazole (generic for Nexium®) lansoprazole/OTC/solutab (generic for Prevacid / OTC/solutab (RX) Nexium®	omeprazole/sodium bicarbonate / OTC (generic for Zegerid®/OTC) Prevacid® capsules (RX) Prevacid Solutab® Prevacid Susp® Prilosec® (RX)* Protonix®* Zegerid®
Aciphex/sprinkles® Dexilant® (formerly known as Kapidex®) esomeprazole (generic for Nexium®) lansoprazole/OTC/solutab (generic for Prevacid / OTC/solutab (RX) Nexium®	omeprazole/sodium bicarbonate / OTC (generic for Zegerid®/OTC) Prevacid® capsules (RX) Prevacid Solutab® Prevacid Susp® Prilosec® (RX)* Protonix®* Zegerid®		

GASTROINTESTINAL - ANTIEMETICS

Preferred	Qty limits apply	Non-Preferred		
granisetron Tab (generic for Kytril®) ondansetron (generic for Zofran®)	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Qty limits apply </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Akynzeo® Anzemet® Diclegis® Emend® Kytril Tab®* Metozolv ODT® </td> <td style="width: 50%;"> Sancuso® Varubi® Zofran®* Zofran ODT® Zofran Sol® Zuplenz® </td> </tr> </table>	Akynzeo® Anzemet® Diclegis® Emend® Kytril Tab®* Metozolv ODT®	Sancuso® Varubi® Zofran®* Zofran ODT® Zofran Sol® Zuplenz®
Akynzeo® Anzemet® Diclegis® Emend® Kytril Tab®* Metozolv ODT®	Sancuso® Varubi® Zofran®* Zofran ODT® Zofran Sol® Zuplenz®			

GASTROINTESTINAL - HEPATITIS C AGENTS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Pegylated Interferon Alpha Products	
Preferred**	Non-Preferred**
Pegasys® Pegasys® Conv. Pack	PEG-Intron® PEG-Intron® Redipen
Ribavirin Products	
Preferred**	Non-Preferred**
Ribavirin	Copegus® Rebetol®
Direct Acting Antiviral Products	
Preferred**	Non-Preferred**
Epclusa® Harvoni® Viekira Pak™/XR™	Daklinza® Olysio® Sovaldi® Technivie® Zepatier®



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GASTROINTESTINAL -ULCERATIVE COLITIS

Preferred

Apriso®
balsalazide (generic for Colazol®)
Delzicol®
Pentasa®
sulfasalazine (generic for Azulfidine®)

Canasa supp.®
mesalamine enema (generic for Rowasa®)

Oral

Asacol HD®
Azulfidine®*
Colazal®*

Rectal

mesalamine kit (generic for Rowasa® kit)
Rowasa®
SFRowasa®

Non-Preferred

Dipentum®
Giazo®
Lialda®
Uceris®

OSTEOPOROSIS - BISPSPHONATES

Preferred

alendronate (generic for Fosamax®)

Non-Preferred

Actonel®
Atelvia®
Binosto®
Boniva®
etidronate sodium (generic for Didronel®)
Fosamax® * /D/soln
ibandronate (generic for Boniva®)
risedronate (generic for Actonel®)

OSTEOPOROSIS - NASAL CALCITONINS

Preferred

calcitonin salmon (generic for Miacalcin®)

Non-Preferred

Fortical®
Miacalcin®*

ENDOCRINOLOGY – BIGUANIDES & COMBOS

Preferred

metformin (generic for Glucophage®)
metformin-glyburide (generic for Glucovance®)
metformin XL (generic for Glucophage XL®)

Non-Preferred

ACTOplusmet®
ACTOplusmet XR®
Avandamet®
Fortamet®
Glucophage®*
Glucophage XL®*
Glucovance®
Glumetza®
Metaglip®
metformin ER (generic for Fortamet®)
metformin-glipizide (generic for Metaglip®)
Riomet®

ENDOCRINOLOGY – MEGLITINIDES

Preferred

nateglinide (generic for Starlix®)

Non-Preferred

PrandiMet®
repaglinide (generic for Prandin®)
repaglinide/metformin (generic for PrandiMet®)
Prandin®
Starlix®*



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ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS

Preferred**

Janumet®
Janumet XR®
Januvia®
Jentadueto®
Kombiglyze XR®
Tradjenta®

Non-Preferred**

Glyxambi®
Jentadueto XR®
Juvisync®
Kazano®
Nesina®
Onglyza®
Oseni®

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

Preferred

acarbose (generic for Precose®)
Glyset®

Non-Preferred

Precose®*

ENDOCRINOLOGY- 2ND GENERATION SULFONYLUREAS & COMBINATIONS

Preferred

glipizide (generic for Glucotrol®)
glipizide ER (generic for Glucotrol XL®)
glyburide (generic for Micronase®, DiaBeta®)
glyburide-metformin (generic for Glucovance®)
glyburide micronized (generic for Glynase®)

Non-Preferred

Amaryl®
Avandaryl®
Diabeta®*
glimepiride (generic for Amaryl®)
glipizide - metformin (generic for Metaglip®)
Glucotrol®*
Glucotrol XL®*
Glucovance®*
Glynase®*
Metaglip®

ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

Preferred

Invokamet®
Invokana®

Non-Preferred

Farxiga®
Glyxambi®
Jardiance®
Synjardy®
Xigduo XR®

ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS

Preferred

Bydureon®
Byetta®

Non-Preferred

Tanzeum®
Trulicity®
Victoza®

ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBINATIONS

Preferred

pioglitazone (generic for Actos®)

Non-Preferred

Actos®*
Actoplus Met/XR®
Avandia®
Avandamet®
Avandaryl®
Duetact®
pioglitazone/glimepiride (generic for Duetact®)
pioglitazone/metformin (generic for Actosplus Met®)



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ENDOCRINOLOGY – INSULINS

Rapid Acting

Preferred	Non-Preferred
Humalog® Novolog/cartridge/Flexpen®	Afrezza** Apidra/solostar® Humalog cartridge/pen®

Short Acting

Preferred	Non-Preferred
Humulin R®	Humulin R 500® Novolin R®

Intermediate Acting

Preferred	Non-Preferred
Humulin N®	Humulin N pen® Novolin N®

Long Acting

Preferred	Non-Preferred
Lantus vial® Levemir FlexTouch® Levemir vial®	Lantus cartridge® Lantus solostar® Toujeo® Tresiba®

Premixed Combinations

Preferred	Non-Preferred
Humalog Mix 75/25/pen® Humalog Mix 50/50/pen® Humulin 70/30® Novolog Mix 70/30®	Novolin 70/30® Novolog Mix 70/30 Flexpen®

** Indicates when additional Prior Approval is required.

ENDOCRINOLOGY -GROWTH HORMONE

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**	Non-Preferred**
Genotropin® Norditropin®	Humatrope® Nutropin AQ® Omnitrope® Saizen® Serostim® TevTropin® Zomacton™ Zorbtive®

ANALGESICS – LONG ACTING NARCOTICS

Preferred	Non-Preferred
fentanyl patch (generic for Duragesic®) Kadian® morphine sulfate SA (generic MS Contin®) oramorph SA (generic for MS Contin®)	Avinza® Belbuca® Butrans® Duragesic®* Embeda® Exalgo® hydromorphone ER (generic for Exalgo®) Hysingla ER® Ionsys® morphine ER (generic for Avinza®, Kadian®)* MS Contin®* Opana ER® Oxycodone SA Oxycontin®*** (requires additional clinical PA) oxymorphone ER (generic for Opana ER®) Xartemis XR® Xtampza ER® Zohydro ER®



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ANALGESIC -ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**

Celebrex®
meloxicam Tab/Susp (generic for Mobic®)

Non-Preferred**

celecoxib (generic for Celebrex®)
Mobic Tab/Susp®*
Vimovo®
Vivlodex™

****Criteria for Approval:** HX of GI bleed or PUD, or concurrent steroid. No PA needed if age ≥ 65.

ANALGESICS – TRAMADOL & TRAMADOL LIKE DERIVATIVES

Preferred

tramadol (generic for Ultram®)
tramadol/acetaminophen (generic for Ultracet®)

Non-Preferred

<p>Conzip® NucyntaER® Rybitx ODT® Ryzolt ER</p>	<p>tramadol ER (generic for Ryzolt ER®, Ultram ER®) Ultracet®* Ultram ER® Ultram®*</p>
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ANTIBIOTICS – 2ND GENERATION CEPHALOSPORINS

Preferred

cefaclor Susp (generic for Ceclor®)
cefuroxime (generic for Ceftin®)
cefprozil Susp/Tabs (generic for Cefzil Susp/Tabs®)

Non-Preferred

Cefaclor Caps®
Cefaclor CD/ER®
Ceftin®*
Ceftin Susp®

ANTIBIOTICS – 3RD GENERATION CEPHALOSPORINS

Preferred

cefdinir Caps/Susp (generic for Omnicef Caps/Susp®)
cefepodoxime (generic for Vantin®)
Suprax Susp®

Non-Preferred

<p>Cedax® Cedax Susp® cefditoren (generic for Spectracef®) Omnicef® * Omnicef Susp®*</p>	<p>Spectracef® Suprax chew/tab® Vantin®*</p>
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ANTIBIOTICS - MACROLIDES

Preferred

azithromycin (generic for Zithromycin®)
Biaxin Susp®***
clarithromycin (generic for Biaxin®)***
Ery-Tab®
erythromycin stearate
erythromycin base (generic for E-Mycin®)
erythromycin ethylsuccinate (generic for E.E.S.®)
erythromycin/sulfisoxazole (generic for Pediazole®)

Non-Preferred

<p>Biaxin®*/*** Biaxin XL® clarithromycin ER/suspension (generic for Biaxin XL®/suspension***) Dynabac® E.E.S®* E-Mycin®*</p>	<p>Eryc®* Eryped* Susp/Chew® Eryped 200* Susp® Eryped 400* Susp® Erythrocin® Ketek® PCE®* Pediazole® Zithromycin®* Zmax®</p>
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ANTIBIOTICS –2ND GENERATION QUINOLONES

Preferred***

ciprofloxacin (generic for Cipro®)
Cipro Susp®

Qty limits apply

Non-Preferred***

<p>Cipro®* Cipro XR® ciprofloxacin ER (generic for Cipro XR®)</p>	<p>Maxaquin® Noroxin® ofloxacin (generic for Floxin®) Proquin XR®</p>
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ANTIBIOTICS – 3RD GENERATION QUINOLONES

Preferred***
Avelox ABC®
levofloxacin (generic for Levaquin®)

Qty limits
apply

Non-Preferred***
Avelox®
Factive®
Levaquin®*
moxifloxacin (generic for Avelox®)

ANTIBIOTICS – HERPETIC ANTIVIRALS

Preferred
acyclovir (generic for Zovirax®)
famciclovir (generic for Famvir®)
valacyclovir (generic for Valtrex®)

Non-Preferred
Famvir®*
Sitavig®
Valtrex®*
Zovirax®*
Zovirax Susp®*

ANTIFUNGALS - ONYCHOMYCOSIS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**
ciclopirox (generic for Penlac®)
terbinafine (generic of Lamisil®)

**Criteria for approval:
Positive KOH/PAS stain or + fungal culture. PT has pain. For Sporonox®, PT must also have immunosuppression, diabetes, or peripheral vascular compromise. Penlac® requires failure of Lamisil®/Sporonox®

Non-Preferred**
CNL-8®
Itraconazole
Jublia®
Kerydin® (tavaborole)
Lamisil® *
Luzu®
Nuzole®
Onmel®
Pedipirox 4® nail kit
Penlac®*
Sporonox®
Terbinex®

ANTIVIRALS – TREATMENT/PROPYLAXIS OF INFLUENZA

Preferred
amantadine (generic for Symmetrel®)
Relenza®***
rimantadine (generic for Flumadine®)
Tamiflu®***

Non-Preferred
Flumadine tablet®*

RESPIRATORY – LEUKOTRIENE MODIFIERS

Preferred
montelukast (generic for Singulair®)
zafirlukast (generic for Accolate®)

Non-Preferred
Accolate®*
Singulair®*
Zyflo®
Zyflo CR®

Recipients' ≤ 10 years of age will be exempt from the PDL in the LTRA category

RESPIRATORY – SHORT ACTING BETA ADRENERGICS & COMBINATIONS – INHALERS/NEBS

Preferred
albuterol neb (generic for Proventil®/Ventolin® neb)
ProAir HFA®
Proventil HFA®

Non-Preferred
Accuneb®*
Airet®* neb
albuterol/ipratropium (generic for Duoneb®)
Alupent®* neb
Brethair®
Duoneb®
levalbuterol (generic for Xopenex®)
Xopenex®
Proventil®* neb and sol
Ventolin HFA®
Ventolin®* neb and sol
Xopenex®
Xopenex HFA®



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**RESPIRATORY – LONG ACTING BETA ADRENERGICS & COMBINATIONS–
INHALERS/NEBS**

Preferred

Dulera®
Foradil®
Serevent Diskus®

Non-Preferred

Anoro Elipta®
Arcapta®
Brovana®
Perforomist®
Striverdi Respimat®

RESPIRATORY – INHALED CORTICOSTEROIDS

Preferred

Advair Diskus®
Advair HFA®
Asmanex®
Flovent Diskus®
Flovent HFA®
Pulmicort® respules
QVAR®
Symbicort®

Non-Preferred

Aerobid/Aerobid M®
Aerospan®
Arnuity Ellipta®
Alvesco®
budesonide (generic for Pulmicort®) (No PA required for children ≤ 5 years of age)

Flovent Rotadisk®
Pulmicort flexhaler® (No PA required for children ≤ 5 years of age)

**RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC &
COMBINATIONS**

Preferred

Advair Diskus®
Advair HFA®
Dulera®
Symbicort®

Non-Preferred

Breo Ellipta®

SELF INJECTION EPINEPHRINE***

Preferred

Adrenaclick®
epinephrine

Non-Preferred

Auvi-Q®
Epipen®
Epipen Jr.®

RESPIRATORY – NASAL ANTIHISTAMINES

Preferred

Astelin®
Astepro®
Patanase®

Non-Preferred

azelastine (generic for Astelin®/Astepro®)
Dymista®
olopatadine (generic for Patanase®)

RESPIRATORY – NASAL CORTICOSTEROIDS***

Preferred

fluticasone (generic for Flonase®)
Nasonex®

Qty limits
apply

Non-Preferred

Beconase AQ®
budesonide (generic for Rhinocort Aqua®)
Dymista®
Flonase®*
flunisolide (generic for Nasarel®)
Nasacort AQ®
Nasarel®

Omnaris®
QNASL®
Rhinocort Aqua®
Ticanse®
triamcinolone (generic for Nasacort AQ®)
Tri-Nasal®
Veramyst®
Zetonna®



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RESPIRATORY - LOW SEDATING ANTIHISTAMINES & COMBINATIONS

Preferred

cetirizine Tabs/Syrup/chew (generic for Zyrtec® OTC)
 levocetirizine (generic for Xyzal®)
 loratadine (OTC) (generic for Claritin® OTC)
 loratadine Syrup (OTC) (generic for Claritin Syrup® OTC)
 loratadine Dis (OTC) (generic for Claritin Dis® OTC)

Non-Preferred

Allegra® Allegra D® Allegra ODT® cetirizine chew (generic for Zyrtec® chew) Clarinex® Clarinex Dis® desloratadine (generic for Clarinex®) fexofenadine/D	loratadine (RX) (generic for Claritin® RX) loratadine Syrup (RX) (generic for Claritin® syrup RX) loratadine dis (RX) (generic for Claritin® dis RX) Xyzal®
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OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

Preferred

Alphagan P®
 brimonidine (generic for Alphagan®)

Non-Preferred

apraclonidine (generic for Iopidine®)
 brimonidine P (generic for Alphagan P®)
 Iopidine®
 Simbrinza®

OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

Preferred

betaxolol (generic for Betoptic®)
 carteolol (generic for Ocupress®)
 Combigan®
 levobunolol (generic for Betagan®)
 timolol (generic for Timoptic®)
 timolol XE (generic for Timoptic XE®)

Non-Preferred

Akbeta®* Betagan®* Betimol®* Betoptic®*/Betoptic S® Istalol®*	metipranolol (generic for OptiPranolol®) Optipranolol® Timoptic®* Timoptic XE®*
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OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Preferred

Azopt®
 dorzolamine (generic for Trusopt®)
 dorzolamine/timolol (generic for Cosopt®)

Non-Preferred

Cosopt®*/Cosopt PF®
 Trusopt®*

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

Preferred

latanoprost (generic for Xalatan®)
 Travatan Z®

Non-Preferred

Lumigan®
 Rescula®
 travoprost (generic for Travatan®)
 Xalatan®*/***
 Zioptan®

OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

Preferred

Pataday®

Non-Preferred

Alocril® Alomide® Alrex® azelastine (generic for Optivar®) Bepreve® Cromolyn®	Elestat® Emadine® epinastine (generic for Elestat®) Lastacafi® Optivar® Patanol® Pazeo®
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New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

Preferred

ciprofloxacin (generic for Ciloxan®)
levofloxacin (generic for Quixin®)
Moxeza®
ofloxacin
Vigamox®

Non-Preferred

Azasite®
Besivance®
Ciloxan®*
Iquix®
Ocuflor®
Quixin®*
Zymar®
Zymaxid®

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

Preferred

diclofenac drops (generic for Voltaren oph drops®)
flurbiprofen (generic for Ocufer®)
Ilevro®
ketorolac 0.5% (generic for Acular®)
ketorolac 0.4% (generic for Acular LS®)

Non-Preferred

Acular®*
Acular LS®*
Acuvail®
bromfenac (generic for
Xibrom®)
Bromday®
Nevanac®
Ocufer®*
Prolensa®
Voltaren drops®*
Xibrom®

OPIATE DEPENDENCE TREATMENT***

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred

Suboxone®

Non-Preferred

Bunavail®(buprenorphine and naloxone)
buprenorphine (generic for Subutex®)
buprenorphine/naloxone (generic for Suboxone®)
Zubsolv®

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

Preferred

Ciprodex otic®
ofloxacin otic (generic for Floxin otic®)

Non-Preferred

Cetraxal®
ciprofloxacin (generic for Cetraxal),
Cipro HC otic®
Floxin otic®*

BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS & COMBOS

Preferred

clozapine (generic for Clozaril®)
clozapine ODT (generic for Fazaclo®)
Fanapt®
Invega Sustenna/Trinza®
Latuda®
olanzepine (generic for Zyprexa®)
quetiapine (generic for Seroquel®)
Risperdal Consta®***
risperidone (generic for Risperdal®)
risperidone M (generic for Risperdal MT®)
ziprasidone (generic for Geodon®)

Non-Preferred

Abilify®
Abilify Oral Solution®
Abilify DiscMelt®
Abilify Maintena®
Adasuve®
aripiprazole (generic for
Abilify®)
Aristada®
Clozaril®*
Fazaclo®*
Geodon®*
Geodon IM®
Invega®
olanzepine/fluoxetine
(generic for Symbyax®)
paliperidone (generic for
Invega®)
Rexulti®
Risperdal®*
Risperdal MT®*
Saphris®
Seroquel®*
Seroquel XR®
Symbyax®
Versacloz®
Vraylar®
Zyprexa®*
Zyprexa IM®
Zyprexa Relprevv®
Zyprexa Zydis®



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BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

Preferred

donepezil (generic for Aricept®)
 Exelon® patch
 memantine tab/dose pack (generic for Namenda® tab/dose pack)
 rivastigmine (generic for Exelon®)

Non-Preferred

Aricept®* Aricept ODT® Aricept 23mg® Cognex® donepezil ODT/23mg (generic for Aricept® ODT/23mg) Exelon®*	galantamine/ ER (generic for Razadyne®) memantine soln (generic for Namenda® soln) Razadyne® /ER (formerly Reminyl®) Namenda®/XR - (not a cholinesterase inhibitor) Namzaric®
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BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

Preferred

budeprion SR (generic for Wellbutrin SR®)
 budeprion XL (generic for Wellbutrin XL®)
 bupropion (generic for Wellbutrin®)
 bupropion SA (generic for Wellbutrin SR®)
 bupropion XL (generic for Wellbutrin XL®)
 mirtazapine (generic for Remeron®)
 mirtazapine RapDis (generic for Remeron Sol-Tabs®)
 trazodone (generic for Desyrel®)
 venlafaxine (generic for Effexor®)
 venlafaxine ER (generic for Effexor XR®)

Non-Preferred

Aplenzin® Brintellix® Cymbalta® (requires additional clinical PA) desvenlafaxine ER (generic for Khedezla®) duloxetine (generic for Cymbalta®) Emsam® Effexor®* Effexor XR® Fetzima® Forfivo XL® Khedezla®	nefazodone (generic for Serzone®) Oleptro® Pristiq® Remeron®* Remeron Sol-Tabs®* Venlafaxine ER® venlafaxine ER (generic for Venlafaxine XR®) Viibryd® Wellbutrin®* Wellbutrin SR®* Wellbutrin XL®*
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BEHAVIORAL HEALTH – ANXIOLYTICS

Preferred

alprazolam (generic for Xanax®)
 buspirone (generic for Buspar®)
 chlordiazepoxide (generic for Librium®)
 clonazepam (generic for Klonopin®)
 clorazepate (generic for Tranxene®)
 diazepam (generic for Valium®)
 lorazepam (generic for Ativan®)
 oxazepam (generic for Serax®)

Non-Preferred

Alprazolam XR Ativan®* Buspar®* Klonopin®* Klonopin Wafers®	Niravam ODT® Serax®* Tranxene®* Xanax®* Xanax XR®
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BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS & COMBOS

Preferred

citalopram (generic for Celexa®)
 escitalopram (generic for Lexapro®)
 fluoxetine (generic for Prozac®)
 fluvoxamine (generic for Luvox®)
 paroxetine (generic for Paxil®)
 selfemra (generic for Sarafem®)
 sertraline (generic for Zoloft®)

Recipients aged < 12 exempt from PDL in SSRI category

Non-Preferred

Brisdelle® Celexa®* escitalopram solution (generic for Lexapro®) fluvoxamine ER (generic for Luvox CR®) fluoxetine (weekly) (generic for Prozac Weekly®) Lexapro® Luvox®* Luvox CR® olanzepine/fluoxetine (generic for Symbyax®)	paroxetine ER (generic for Paxil CR®) Paxil CR® Paxil®* Paxil CR® Pexeva® Prozac®* Prozac Weekly® Sarafem®* Symbyax® Zoloft®*
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BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

Preferred

estazolam (generic for Prosom®)
flurazepam (generic for Dalmane®)
temazepam (generic for Restoril®)
triazolam (generic for Halcion®)
zolpidem (generic for Ambien®)

Non-Preferred

<p>Ambien®* AmbienCR® Belsomra® Doral® Eduar® eszopiclone (generic for Lunesta®) Halcion®* Intermezzo® Lunesta®</p>	<p>Restoril®* Rozerem® Silenor® Sonata® zaleplon (generic for Sonata®) zolpidem ER (generic for Ambien CR®) zolpidem tartrate (generic for Intermezzo®) Zolpimist®</p>
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BEHAVIORAL HEALTH – ANTIHYPERKINESIS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**

Adderall XR®
amphetamine Salt Combo (generic for Adderall®)
dexamethylphenidate (generic for Focalin®)
dextroamphetamine (generic for Dexedrine®)
dextroamphetamine SA (generic for Dexedrine SA®)
Dextrostat® (generic for Dexedrine®)
Focalin XR®
Metadate ER®
Methylin ER® (generic for Ritalin SR®)
Methylin® (generic for Ritalin®)
methylphenidate ER (generic for Concerta®)
methylphenidate SR (generic for Ritalin SR®)
methylphenidate(generic for Ritalin®)
Quillivant XR®
Vyvanse®

****Criteria for approval:**
< 21 years of age exempt from prior approval for preferred drugs.
≥ 21 years of age requires:
Dx = narcolepsy, DSM-IV-TR-2000.
See ADHD clinical criteria.

Non-Preferred**

<p>Adderall®* Adzenys XR® Aptensio XR® clonidine ER (generic for Kapvay®) Kapvay® Concerta® Daytrana® Desoxyn®* Dexedrine®* Dexedrine Elixir® Dexedrine SA®* dextroamphetamine soln (generic for Procentra®) dextroamphetamine/ampheta mine ER (generic for Adderall XR) dexamethylphenidateXR (generic for Focalin XR®) Dyanavel XR® Evekeo® Focalin®</p>	<p>guanfacine ER (generic for Intuniv®) Intuniv® Kapvay® Metadate CD® methamphetamine (generic for Desoxyn®) methylphenidate CD (generic for Metadate CD®) methylphenidate ER (generic for Ritalin LA®) methylphenidate liquid (generic for Methylin®) Procentra® Quillichew ER® Ritalin®* Ritalin LA® Ritalin SR®* Strattera® Zenedi®</p>
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CENTRAL NERVOUS SYSTEM –TRIPTANS

Preferred***

rizatriptan (generic for Maxalt®)
sumatriptan (generic for Imitrex®)

Qty limits
apply

Non-Preferred***

<p>almotriptan (generic for Axert®) Alsuma® Amerge® Axert® Frova® Imitrex® Maxalt table/MLT® Migranow®</p>	<p>naratriptan (generic for Amerge®) ONZETRA™ Xsail™ Relpax® Sumavel® Treximet® Zecuity® Zembrace SymTouch® zolmitriptan (generic for Zomig®) Zomig®</p>
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New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

CENTRAL NERVOUS SYSTEM - MULTIPLE SCLEROSIS

Preferred		Non-Preferred	
Avonex®***	Copaxone®***	Ampyra®	Lemtrada®
Betaseron®	Gilenya®	Aubagio®	Plegridy®
		Extavia®	Rebif®***
		glatopa (generic for Copaxone®)	Tecfidera®
			Zinbryta®

GENITOURINARY/RENAL - URINARY ANTISPASMODICS

Preferred		Non-Preferred	
oxybutynin (generic for Ditropan®)		Detrol/LA®	Oxytrol®
Toviaz®		Ditropan XL®	Sanctura®
Vesicare®		Ditropan®*	Sanctura XR®
		Enablex®	tolterodine (generic for Detrol®)
		Gelnique®	trospium ER (generic for Sanctura XR®)
		Myrbetriq®	
		oxybutynin ER (generic for Ditropan XL®)	

GENITOURINARY/RENAL -ELECTROLYTE DEPLETERS

Preferred		Non-Preferred	
calcium acetate(generic for PhosLo®)		Auryxia®	PhosLo®*
Renagel®		Eliphos®	Phoslyra®
		Fosrenol®	Renvela®
		Magnebind 400®	Velphoro®

GENITOURINARY/RENAL –ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

Preferred		Non-Preferred	
alfuzosin (generic for Uroxatral®)		Flomax®*	
tamsulosin (generic for Flomax®)		Jalyn®	
		Rapaflo®	
		Uroxatral®*	

GENITOURINARY/RENAL –ANDROGEN HORMONE INHIBITORS

Preferred		Non-Preferred	
dustasteride (generic for Avodart®)		Avodart®	
dustasteride/tamsulosin (generic for Jalyn®)		Proscar®*	
finasteride (generic for Proscar®)			

HEMATOLOGIC- HEMATOPOIETIC AGENTS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**		Qty limits apply	Non-Preferred**	
Aranesp®***		Qty limits apply		
Epogen®***				
Procrit®***				



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HEMATOLOGIC – ANTICOAGULANTS

Preferred

enoxaprin (generic for Lovenox®)
Fragmin®
Pradaxa®
warfarin (generic for Coumadin®)
Xarelto/dose pack®

Non-Preferred

Arixtra®
Coumadin®*
Durlaza®
Eliquis®
fondaparinux (generic for Arixtra®)
Innohep®
Jantoven®
Lovenox®
Savaysa®

TOPICAL – ANTIPARASITICS

Preferred

Eurax®
Natroba®
Permethrin® (OTC/RX)

Non-Preferred

Lindane®
Malathion®
Ovide®
Sklice®
spinosad (generic for Natroba®)
Ulesfia®

TOPICAL – STEROIDS

Very High Potency

Preferred

halobetasol propionate (generic for Halac®, Ultravate®, Halonate®)

Non-Preferred

Apexicon E®
clobetasol (generic for Clobex®)
Clobex®
Halac®*
Halonate®*
Olux-E®
Temovate®
Ultravate®*
Ultravate X®

High Potency

Preferred

betamethasone
fluocinonide/E
triamcinolone

Non-Preferred

Amcinonide
betamethasone dipropionate (augmented generic for Diprolene AF)
Diprolene AF®
Diprolene/AF®
desoximetasone
diflorasone diacetate
Halog®
Kenalog aerosol®
Vanos®

Medium Potency

Preferred

fluticasone propionate
hydrocortisone butyrate/valerate
mometasone
prednicarbate

Non-Preferred

betamethasone valerate foam (generic for Luziq®)
Cloderm®
Cordran tape®
Cutivate Lotion®
Dermatop®
Elocon®
fluocinolone acetate (generic for Synalar®)
Luziq®
Momexin®
Pandel®
Synalar®

Low Potency

Preferred

Desonide
Hydrocortisone acetate (OTC/RX) cr/oint

Non-Preferred

alclometasone dipropionate
Aqua Glycolic HC®
Capex Shampoo®
Derma-Smoother FS®
Desonate®
Desowen®
Desonil + Plus®
fluocinolone (generic for Derma Smoother®)
Hytone®
Pediaderm HC/TA®
Verdeso®



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TOPICAL – TOPICAL AGENTS FOR PSORIASIS

Preferred

calcipotriene cream/solution/oint. (generic for Dovonex®)

Non-Preferred

betamethasone/calcipotriene (generic for Taclonex®)
Calcitrene®
calcitriol (generic for Vectical®)
Dovonex®
Enstilar®
Sernivo® spray
Sorilux®
Taclonex®
Vectical®

TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**

Benzaclin®

Non-Preferred**

Acanya®
clindamycin/benzoyl peroxide (generic for Benzaclin®)
clindamycin/benzoyl peroxide (generic for Duac®)
Duac CS®
Onexton®

TOPICAL – TOPICAL IMMUNODULATORS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**

Elidel®

Non-Preferred**

Protopic®

TOPICAL – TOPICAL RETINOIDS

Preferred

Differin®
Retin A cream/gel®

Non-Preferred

adapalene (generic for Differin®)
Atralin®
Avita®
Epiduo®/Forte®
Fabior®
Retin A Micro®
Retin A Micro Pump®
Tazorac®
Tretinoin
Veltin®
Ziana®

TOPICAL – TOPICAL ANTIVIRALS

Preferred

Denavir®
Zovirax oint®

Non-Preferred

acyclovir (generic for Zovirax®)
Xerese®
Zovirax cream®

TOPICAL – TOPICAL ANTIBIOTICS

Preferred

Bactroban® cream
mupirocin oint (generic for Bactroban® oint)

Non-Preferred

Altanax®
Bactroban® nasal
Bactroban® oint*
Centany®
mupirocin cream (generic for Bactroban cream®)



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IMMUNOLOGIC - SYSTEMIC IMMUNOMODULATORS

** Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred**

Enbrel®
Humira®

Non-Preferred**

Actemra®
Amevive®
Arava®
Arcalyst®
Cimzia®
Cosentyx®
Entyvio®
Ilaris®
Kineret®
Orencia®
Otezla®
Raptiva®
Remicade®
Simponi/Aria®
Stelara®
Taltz®
Xeljanz®
Zeljanz®

ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

Preferred

pramipexole (generic for Mirapex®)
ropinirole (generic for Requip®)

Non-Preferred

Mirapex*/ER®
Neupro®
Requip*/XL®
Requip dose pack®
ropinirole ER (generic for Requip XL®)

ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

Preferred

carbamazepine chew (generic for Tegretol®)
carbamazepine ER (generic for Carbatrol®)
carbamazepine susp (generic for Tegretol®)
carbamazepine tab (generic for Tegretol®)
carbamazepine XR (generic for Tegretol XR®)
Carbatrol®
Epilex®
oxcarbazepine susp (generic for Trileptal® Susp)
oxcarbazepine tab (generic for Trileptal®)
Tegretol® XR

Non-Preferred

Oxtellar ER®
Tegretol® Susp*
Tegretol® Chew*
Tegretol® Tab*
Trileptal® Susp*
Trileptal® Tab*

ANTICONVULSANTS- FIRST GENERATION

Preferred

Celontin®
Depakote Sprinkle®
Dilantin Chew tab®
divalproex (generic for Depakote®)
divalproex ER (generic for Depakote ER®)
divalproex sprinkles (generic for Depakote Sprinkles®)
ethosuximide caps/syrup (generic for Zarontin®)
Felbatol®
phenytoin caps/susp (generic for Dilantin®)
primidone (generic for Mysoline®)
valproic acid caps/syrup (generic for Depakene®)

Non-Preferred

Depakene caps/syrup®*
Depakote®*
Depakote ER®*
Dilantin cap/susp®*
felbamate (generic for Felbatol®)
Phenytek®
phenytoin (generic for Phenytek®)
phenytoin chewable (generic for Dilantin®)
Stavzor®
Zarontin cap/syrup®*

ANTICONVULSANTS – RECTAL

Preferred

Diastat®

Non-Preferred

diazepam (generic for Diastat®)



New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

ANTICONVULSANTS- SECOND GENERATION

Preferred

gabapentin (generic for Neurontin®)
Gabitril®
lamotrigine (generic for Lamictal®)
lamotrigine ODT (generic for Lamictal ODT®)
levetiracetam /ER(generic for Keppra/XR®)
topiramate (generic for Topamax®)
zonisamide (generic for Zonegran®)

Non-Preferred

<p>Aptiom® Banzel® Briviact® Fycompa® Keppra tab/sol®* Keppra XR®* Lamictal tab®* Lamictal ODT®* Lamictal XR® lamotrigine XR (generic for Lamictal XR®) Lyrica® (requires additional clinical PA)</p>	<p>Neurontin®* Onfi® Potiga® Qudexy XR® Sabril® Spritam® tiagabine (generic for Gabitril®) Topamax®* Topiramate ER® Trokendi XR® Vimpat® Zonegran®*</p>
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MISCELLANEOUS- PANCREATIC ENZYMES

Preferred

Creon®
Pancrelipase®
Zenpep®

Non-Preferred

Pancreaze®
Pertzye®
Ultresa®
Viokace®

MISCELLANEOUS- SKELETAL MUSCLE RELAXANTS

Preferred

<p>Baclofen chlorzoxazone (generic for Parafon Forte®) cyclobenzaprine (generic for Flexeril®) dantrolene sodium (generic for Dantrium®)</p>	<p>methocarbamol (generic for Robaxin®) methocarbamol with aspirin (generic for Robaxisal®) orphenadrine citrate (generic for Norflex®) orphenadrine compound (generic for Norgesic Forte®)</p>
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Non-Preferred

<p>Amrix® carisoprodol (generic for Soma®) carisoprodol compound (generic for Soma® compound) cyclobenzaprine ER (generic for Amrix®) Dantrium®* Flexmid® Flexeril®* metaxolone (generic for Skelaxin®)</p>	<p>Lorzone® Norflex®* Norgesic Forte®* Parafon Forte®* Robaxisal®* Robaxin®* Skelaxin® Soma®* tizanidine (generic for Zanaflex®) Zanaflex®* Zanaflex®*</p>
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MISCELLANEOUS –SMOKING CESSATION

Preferred

bupropion SR (generic for Zyban®)
Chantix®
nicotine/gum/ lozenges/patch

Non-Preferred

Nicotrol inhalation/NS®
Zyban®*

MISCELLANEOUS –TOPICAL ANDROGENIC AGENTS

Preferred

AndroGel®
Testim®

Non-Preferred

<p>Androderm® Axiron®</p>	<p>Fortesta® Vogelxo®</p>
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