



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/olmesartan (generic for Azor®)
amlodipine/olmesartan/HCTZ (generic for Tribenzor®)
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®
Prestalia®
telmsartan (generic for Micardis®)
telmisartan/amlodipine (generic for Twynsta®)
telmisartan/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

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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®)
bisoprolol (generic for Zebeta®)
bisoprolol /HCTZ(generic for Ziac®)
carvedilol (generic for Coreg®)
Inderal XL®
labetalol (generic for Normodyne® and Trandate®)
metoprolol (generic for Lopressor®)
nadolol/bendroflumethiazide (generic for Corzide®)
pindolol (generic for Visken®)
propranolol (generic for Inderal®)
sotalol AF (generic for Betapace AF®)
sotalol (generic for Betapace®)

Non-Preferred

Betapace®*
Betapace AF®*
betaxolol (generic for Kerlone®)
Blocadren®
Bystolic®
Coreg®*
Coreg CR®
Corgard®
Corzide®*
Dutoprol®
Hemangeol®
Inderal®*
Inderal LA®
Innopran XL®
Kerlone®
Levatol®
Lopressor®*
Lopressor HCT®
metoprolol/HCTZ (generic for Lopressor HCT®)
metoprolol succinate (generic for Toprol XL®)
nadolol (generic for Corgard®)
Normodyne®*
propranolol/HCTZ (generic for Inderide®)
Sectral®*
Sorine®
Sotylize®
Tenormin®*
Tenoretic®*
Timolide®
timolol (generic for Blocadren®)
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 Altacor®) fluvastatin (generic for Lescol®) Lescol/XL®	Liptruzet® Mevacor®* Pravachol®* Pravigard PAC®
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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®*
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CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

Preferred

Non-Preferred

ezetimibe (generic for Zetia®)
Vytorin®
Zetia®

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

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

Preferred

fenofibrate (generic for Tricor®, Trilipix®)
gemfibrozil (generic for Lopid®)

Non-Preferred

Antara® fenofibrate (generic for Antara®, Fenoglide®, Fibricor®, Lofibra®, Lipofen®) Fenoglide® Fibricor® Lipofen® Lofibra®	Lopid®* Lovaza® omega-3 ethyl ester (generic for Lovaza®) Tricor® Triglide® Trilipix® Vascepa®
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CARDIOVASCULAR – PLATELET INHIBITORS

Preferred

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

Non-Preferred

aspirin/dipyridamole (generic for
Aggrenox®)
dipyridamole (generic for Persantine®)
Durlaza®
Effient®
Persantine®
Plavix®*
Yosprala®
Zontivity®



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CARDIOVASCULAR-NIACIN DERIVATIVES

Preferred	Non-Preferred
Niaspan®	Niacor®

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%;">Adcirca® Adempas® Opsumit® Orenitram®</td> <td style="width: 50%;">Revatio®* Tyvaso® Upravi® Ventavis®</td> </tr> </table>	Adcirca® Adempas® Opsumit® Orenitram®	Revatio®* Tyvaso® Upravi® Ventavis®
Adcirca® 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**	**Criteria for approval:	Non-Preferred**		
Nexium suspension omeprazole (generic for Prilosec®) (OTC/RX) pantoprazole (generic for Protonix®) Protonix® suspension	First 8 weeks do not require prior approval for preferred drugs. Erosive Esophagitis Grade 2 or greater Barrett's Esophagus Zollinger-Ellison Syndrome GERD + H. Pylori diagnosis Active GI Bleed Hyperacidity in CF patients LTC, Hospice, or End of Life	<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®* rabeprazole (generic for Aciphex®) 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®* rabeprazole (generic for Aciphex®) 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®* rabeprazole (generic for Aciphex®) Zegerid®			

GASTROINTESTINAL - ANTIEMETICS

Preferred	Qty limits apply	Non-Preferred		
granisetron Tab (generic for Kytril®) ondansetron (generic for Zofran®)	Qty limits apply	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Akynzeo® Anzemet® aprepitant/ pack (generic for Emend®/pack) Diclegis® Emend®/pack Kytril Tab®* Metozolv ODT®</td> <td style="width: 50%;">Sancuso® Sustol® Varubi® Zofran®* Zofran ODT® Zofran Sol® Zuplenz®</td> </tr> </table>	Akynzeo® Anzemet® aprepitant/ pack (generic for Emend®/pack) Diclegis® Emend®/pack Kytril Tab®* Metozolv ODT®	Sancuso® Sustol® Varubi® Zofran®* Zofran ODT® Zofran Sol® Zuplenz®
Akynzeo® Anzemet® aprepitant/ pack (generic for Emend®/pack) Diclegis® Emend®/pack Kytril Tab®* Metozolv ODT®	Sancuso® Sustol® 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® RibaPak® Ribasphere®



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GASTROINTESTINAL - HEPATITIS C AGENTS (cont.)

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

Direct Acting Antiviral Products

Preferred**

Epclusa®
Harvoni®
Viekira Pak™/XR™

Non-Preferred**

Daklinza®
Olysio®
Sovaldi®
Technivie®
Zepatier®

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®*
Colazol®*

Rectal

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

Non-Preferred

Dipentum®
Giazo®
Lialda®
Uceris®

OSTEOPOROSIS - BISPHOSPHONATES

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®



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ENDOCRINOLOGY – MEGLITINIDES

Preferred

nateglinide (generic for Starlix®)

Non-Preferred

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

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

Preferred**

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

Non-Preferred**

alogliptin (generic for Nesina®)
Nesina®
aogliptin/pioglitazone (generic for Oseni®)
alogliptin/metformin (generic for Kazano®)
Glyxambi®
Jentadueto XR®
Juvisync®
Kazano®
Nesina®
Onglyza®
Oseni®

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

acarbose (generic for Precose®)
Glyset®

Non-Preferred

miglitol (generic for Glyset®)
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

Farxiga®
Invokana®

Non-Preferred

Glyxambi®
Invokamet®/XR
Jardiance®
Synjardy®
Xigduo XR®



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

Preferred	Non-Preferred
Bydureon® Byetta®	Adlyxin® Soliqua® Tanzeum® Trulicity® Victoza® Xultophy®

ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBINATIONS

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

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®/pen Novolin R®
Intermediate Acting	
Preferred	Non-Preferred
Humulin N®	Humulin N pen® Novolin N®
Long Acting	
Preferred	Non-Preferred
Lantus solostar® Lantus vial® Levemir FlexTouch® Levemir vial®	Basaglar pen® Toujeo® Tresiba pen®
Premixed Combinations	
Preferred	Non-Preferred
Humalog Mix 75/25/pen® Humalog Mix 50/50/pen® Humulin 70/30 vial® Novolog Mix 70/30®	Humulin 70/30 pen® Novolin 70/30I® Novolog Mix 70/30 Flexpen®

** Indicates when additional Prior Approval is required.



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ENDOCRINOLOGY -GROWTH HORMONE

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

Preferred**

Genotropin®
Norditropin®

Non-Preferred**

Humatrope®	Serostim®
Nutropin AQ®	TevTropin®
Omnitrope®	Zomacton™
Saizen®	Zorbitive®

ANALGESICS – LONG ACTING NARCOTICS

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

Preferred**

Embeda®
fentanyl patch (generic for Duragesic®)
morphine sulfate SA (generic MS Contin®)
oramorph SA (generic for MS Contin®)

Non-Preferred**

Avinza®	morphine ER (generic for Avinza®, Kadian®)*
Belbuca®	MS Contin®*
Butrans®	Opana ER®
Duragesic®*	Oxycodone SA
Exalgo®	Oxycontin®***
hydromorphone ER (generic for Exalgo®)	oxymorphone ER (generic for Opana ER®)
Hysingla ER®	Xartemis XR®
Ionsys®	Xtampza ER®
Kadian®	Zohydro ER®

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

Conzip®	tramadol ER (generic for Ryzolt ER®, Ultram ER®)
NucyntaER®	Ultracet®*
Rybix ODT®	Ultram ER®
Ryzolt ER	Ultram®*

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®



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ANTIBIOTICS – 3RD GENERATION CEPHALOSPORINS

Preferred

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

Non-Preferred

Cedax®	Omnicef® caps/ susp®*
Cedax Susp®	Spectracef®
cefditoren (generic for Spectracef®)	Suprax chew/tab®
	Vantin®*

ANTIBIOTICS - MACROLIDES

Preferred

azithromycin (generic for Zithromax®)
Biaxin Susp®***
clarithromycin (generic for Biaxin®)***
erythromycin stearate
erythromycin base capsule (generic for Eryc®)
erythromycin ethylsuccinate (generic for E.E.S.®)
erythromycin/sulfisoxazole (generic for Pediazole®)

Non-Preferred

Biaxin®*/***	Eryped 200 Susp®
Biaxin XL®	Eryped 400 Susp®
clarithromycin ER/suspension (generic for Biaxin XL®/suspension***)	Ery-Tab®
Dynabac®	Erythrocin®
E.E.S®*	erythromycin base tablet (generic for E-Mycin®)
E-Mycin®*	Ketek®
Eryc®	PCE®*
Eryped Susp/Chew®	Pediazole®
	Zithromax®*
	Zmax®

ANTIBIOTICS – 2ND GENERATION QUINOLONES

Preferred***

ciprofloxacin (generic for Cipro®)
Cipro Susp®

Qty limits
apply

Non-Preferred***

Cipro®*	Maxaquin®
Cipro XR®	Noroxin®
ciprofloxacin ER (generic for Cipro XR®)	ofloxacin (generic for Floxin®)
	Proquin XR®

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®/Sporanox®

Non-Preferred**

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



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ANTIVIRALS – TREATMENT/PROPYLAXIS OF INFLUENZA

Preferred

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

Non-Preferred

Flumadine tablet®*
oseltamivir (generic for Tamiflu®)

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

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

Preferred

Dulera®
Foradil®
Serevent Diskus®

Non-Preferred

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

RESPIRATORY – INHALED CORTICOSTEROIDS

Preferred

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

Non-Preferred

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



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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®
Ticase®
triamcinolone (generic for
Nasacort AQ®)
Tri-Nasal®
Veramyst®
Zetonna®

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®

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

Preferred

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

Non-Preferred

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

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

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

OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

Preferred

Pataday®
Pazeo®

Non-Preferred

Alocril®
Alomide®
Alrex®
azelastine (generic for
Optivar®)
Bepreve®
Cromolyn®
Elestat®
Emadine®
epinastine (generic for
Elestat®)
Lastacaft®
olopatadine (generic for
Patanol®)
Optivar®
Patanol®

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

Preferred

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

Non-Preferred

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

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

Preferred

diclofenac drops (generic for Voltaren oph drops®)
flurbiprofen (generic for Ocufen®)
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®
BromSite®
Nevanac®
Ocufen®*
Prolensa®
Voltaren drops®*
Xibrom®

OPIATE DEPENDENCE TREATMENT***

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

Preferred

buprenorphine (generic for Subutex®)
Suboxone®

Non-Preferred

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



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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

Abilify Maintena®
aripiprazole (generic for Abilify®)
clozapine (generic for Clozaril®)
Invega Sustenna/Trinza®
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®
Adasuve®
aripiprazole ODT/solution
(generic for
Abilify/DiscMelt®/oral
solution)
Aristada®
clozapine ODT (generic for
Fazaclo®)
Clozaril®*
Fanapt®
Fazaclo®*
Geodon®*
Geodon IM®
Invega®
Latuda®
olanzepine/fluoxetine
(generic for Symbyax®)
paliperidone (generic for
Invega®)
quetiapine ER (generic for
Seroquel XR®)
Rexulti®
Risperdal®*
Risperdal MT®*
Saphris®
Seroquel®*
Seroquel XR®
Symbyax®
Versacloz®
Vraylar®
Zyprexa®*
Zyprexa IM®
Zyprexa Relprevv®
Zyprexa Zydis®

BEHAVIORAL HEALTH – ALZHEIMER'S AGENTS

Preferred

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

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)
rivastigmine patch
(generic for Exelon®
patch)
Namenda®/XR (not a
cholinesterase inhibitor)
Namzaric®
Razadyne®/ER
(formerly Reminyl®)

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®

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®*

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

Ambien®*
AmbienCR®
Belsomra®
Doral®
Edluar®
eszopiclone (generic for
Lunesta®)
Halcion®*
Intermezzo®
Lunesta®
Restoril®*
Rozerem®
Silenor®
Sonata®
zaleplon (generic for
Sonata®)
zolpidem ER (generic for
Ambien CR®)
zolpidem tartrate (generic
for Intermezzo®)
Zolpimist®



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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®)
 dextroamphetamine (generic for Dexedrine®)
 dextroamphetamine ER (generic for Dexedrine ER®)
 Focalin/ XR®
 guanfacine ER (generic for Intuniv®)
 Methylin® chew/soln
 methylphenidate SR (generic for Ritalin SR®)
 methylphenidate(generic for Ritalin®)
 Vyvanse®

Non-Preferred**

Adderall®*
 Adzenys XR®
 amphetamine salt combo (generic for Adderall XR®)
 Aptensio XR®
 clonidine ER (generic for Kapvay®)
 Concerta®
 Daytrana®
 Desoxyn®*
 Dexedrine®*
 Dexedrine SA®*
 dextroamphetamine soln (generic for Procentra®)
 dexmethylphenidate/XR (generic for Focalin/XR®)
 Dyanavel XR®
 Evekeo®
 Intuniv®
 Kapvay®
 Metadate CD®
 methamphetamine (generic for Desoxyn®)
 methylphenidate CD (generic for Metadate CD®)
 methylphenidate chewable (generic for Methylin® chew)
 methylphenidate ER (generic for Concerta®)
 methylphenidate ER (generic for Ritalin LA®)
 methylphenidate soln (generic for Methylin®soln)
 Procentra®
 Quillichew ER®
 Quillivant XR®
 Ritalin®*
 Ritalin LA®
 Strattera®
 Zenedi®

****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.

CENTRAL NERVOUS SYSTEM –TRIPTANS

Preferred***

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

Qty limits apply

Non-Preferred***

almotriptan (generic for Axert®)
 Alsuma®
 Amerge®
 Axert®
 Frova®
 frovatriptan (generic for Frova®)
 Imitrex®
 Maxalt table/MLT®
 Migranow®
 naratriptan (generic for Amerge®)
 ONZETRA™ Xsail™
 Relpax®
 Sumavel®
 Treximet®
 Zecuity®
 Zembrace SymTouch®
 zolmitriptan (generic for Zomig®)
 Zomig®

CENTRAL NERVOUS SYSTEM - MULTIPLE SCLEROSIS

Preferred

Avonex®***
 Betaseron®
 Copaxone®***
 Gilenya®
 Rebif®***

Non-Preferred

Ampyra®
 Aubagio®
 Extavia®
 glatopa (generic for Copaxone®)
 Lemtrada®
 Plegridy®
 Tecfidera®
 Zinbryta®



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GENITOURINARY/RENAL - URINARY ANTISPASMODICS

Preferred

oxybutynin (generic for Ditropan®)
Toviaz®
Vesicare®

Non-Preferred

darifenacin ER (generic for Enablex®) Detrol/LA® Ditropan XL® Ditropan®* Enablex® Gelnique® Myrbetriq® oxybutynin ER (generic for Ditropan XL®)	Oxytrol® Sanctura® Sanctura XR® tolterodine (generic for Detrol®) trospium ER (generic for Sanctura XR®)
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GENITOURINARY/RENAL -ELECTROLYTE DEPLETERS

Preferred

calcium acetate(generic for PhosLo®)
Renagel®

Non-Preferred

Auryxia® Eliphos® Fosrenol® Magnebind 400®	PhosLo®* Phoslyra® Renvela® Velphoro®
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GENITOURINARY/RENAL –ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

Preferred

alfuzosin (generic for Uroxatral®)
tamsulosin (generic for Flomax®)

Non-Preferred

Flomax®*
Jalyn®
Rapaflo®
Uroxatral®*

GENITOURINARY/RENAL –ANDROGEN HORMONE INHIBITORS

Preferred

dutasteride (generic for Avodart®)
dutasteride/tamsulosin (generic for Jalyn®)
finasteride (generic for Proscar®)

Non-Preferred

Avodart®
Proscar®*

HEMATOLOGIC- HEMATPOIETIC AGENTS

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

Preferred**

Aranesp®***
Procrit®***

Qty limits
apply

Non-Preferred**

Epogen®***

HEMATOLOGIC –ANTICOAGULANTS

Preferred

Eliquis®
enoxaprin (generic for Lovenox®)
Fragmin®
Pradaxa®
warfarin (generic for Coumadin®)
Xarelto®

Non-Preferred

Arixtra® Coumadin®* Durlaza® fondaparinox (generic for Arixtra®)	Innohep® Jantoven® Lovenox® Savaysa® Xarelto dose pack®
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TOPICAL – ANTIPARASITICS

Preferred

Natroba®
Permethrin® (OTC/RX)
Sklice®

Non-Preferred

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

TOPICAL – STEROIDS

Very High Potency

Preferred

clobetasol foam (generic for Olux-E® foam)
clobetasol cream/soln. (generic for Temovate® cream/soln.)
halobetasol propionate (generic for Halac®, Ultravate®, Halonate®)

Non-Preferred

Apexicon E®
clobetasol ltn./shamp./spr. (generic for Clobex® ltn./shamp./spr.)
clobetasol gel/oint. (generic for Temovate® gel/oint.)
Clobex®
Halac®*
Halonate®*
Olux-E®
Temovate®
Ultravate®*
Ultravate X®

High Potency

Preferred

betamethasone valerate
triamcinolone

Non-Preferred

Amcinonide
betamethasone dipropionate (augmented generic for Diprolene AF)
Dermasorb TA®
Diprolene/AF®
desoximetasone (generic for Topicort®)
diflorasone diacetate
fluocinonide/E
Halog®
Kenalog aerosol®
Sernivo®
Topicort®
Trianex®
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®)
Locoid®
Luziq®
Momexin®
Pandel®
Synalar®

Low Potency

Preferred

alclometasone dipropionate
hydrocortisone acetate (OTC/RX) cr/oint

Non-Preferred

Aqua Glycolic HC®
Capex Shampoo®
Derma-Smoothe FS®
Desonate®
desonide
Desowen®
Desonil + Plus®
fluocinolone (generic for Derma Smoothe®)
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

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®
clindamycin/tretinoin (generic for Veltin®)
Epiduo®/Forte®
Fabior®
Retin A Micro®
Retin A Micro Pump®
Tazorac®
tretinoin (generic for Atralin®, Avita®, Retin-A®/Micro)
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®
Inflixtra®
Kineret®
Orencia®
Otezia®
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®
pramipexole ER (generic for Mirapex® ER)
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®)
Epilex®
oxcarbazepine susp (generic for Trileptal® Susp)
oxcarbazepine tab (generic for Trileptal®)
Tegretol® XR

Non-Preferred

Carbatrol®
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®)
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®)
Felbatol®
Phenytek®
phenytoin (generic for Phenytek®)
phenytoin chewable (generic for Dilantin®)
Stavzor®
Zarontin cap/syrup®*



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ANTICONVULSANTS – RECTAL

Preferred

Diastat®

Non-Preferred

diazepam (generic for Diastat®)

ANTICONVULSANTS- SECOND GENERATION

Preferred

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

Non-Preferred

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

MISCELLANEOUS- PANCREATIC ENZYMES

Preferred

Creon®
Pancrelipase®
Zenpep®

Non-Preferred

Pancreaze®
Pertzye®
Ultresa®
Viokace®

MISCELLANEOUS- SKELETAL MUSCLE RELAXANTS

Preferred

Baclofen
chlorzoxazone (generic for
Parafon Forte®)
cyclobenzaprine (generic for
Flexeril®)
dantrolene sodium (generic
for Dantrium®)
methocarbamol (generic for
Robaxin®)
methocarbamol with aspirin
(generic for Robaxisal®)
orphenadrine citrate (generic
for Norflex®)
orphenadrine compound
(generic for Norgesic
Forte®)

Non-Preferred

Amrix®
carisoprodol (generic for
Soma®)
carisoprodol compound
(generic for Soma®
compound)
cyclobenzaprine ER (generic
for Amrix®)
Dantrium®*
Fexmid®
Flexeril®*
metaxalone (generic for
Skelaxin®)
Lorzone®
Norflex®*
Norgesic Forte®*
Parafon Forte®*
Robaxisal®*
Robaxin®*
Skelaxin®
Soma®*
tizanidine (generic for
Zanaflex®)
Zanaflex®*

MISCELLANEOUS –SMOKING CESSATION

Preferred

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

Non-Preferred

Nicotrol inhalation/NS®
Zyban®*



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

MISCELLANEOUS –TOPICAL ANDROGENIC AGENTS

Preferred

Androgel®
testosterone (generic for Androgel®, Fortesta® Testim®,
Vogelxo®)

Non-Preferred

Androderm®
Axiron®
Fortesta®
Testim®
Vogelxo®