



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®)
 fosinopril/HCTZ
 lisinopril (generic for Prinivil® and Zestril®)
 lisinopril-HCTZ (generic for Prinzide® and Zestoretic®)
 moexipril
 perindopril (generic for Aceon®)
 quinapril (generic for Accupril®)
 quinapril/HCTZ (generic for Accyretic®)
 ramipril (generic for Altace cap®)
 trandolapril (generic for Mavik®)
 trandolapril/verapamil (generic for Tarka®)

Non-Preferred

Accupril®*	Prinivil®*
Accuretic®	Qbrelis®
Altace®*	Tarka®
Epaned® (non-preferred for adults only)	Vaseretic®*
Lotensin®*/HCT	Vasotec®*
Lotrel®*	Zestoretic®*
Monopril®/HCT	Zestril®*
Prestalia®	

CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS & COMBINATIONS

Preferred

amlodipine/olmesartan (generic for Azor®)
 amlodipine/olmesartan/HCTZ (generic for Tribenzor®)
 amlodipine/valsartan (generic for Exforge®)
 candesartan (generic for Atacand®)
 candesartan/HCTZ (generic for Atacand HCT®)
 Diovan®
 Diovan HCT®
 Entresto®
 eprosartan (generic for Teveten®)
 irbesartan (generic for Avapro®)
 irbesartan/HCTZ (generic for Avalide®)
 losartan (generic for Cozaar®)
 losartan/HCTZ (generic for Hyzaar®)
 olmesartan (generic for Benicar®)
 olmesartan/HCTZ (generic for Benicar HCT®)
 telmisartan (generic for Micardis®)
 telmisartan/amlodipine (generic for Twynsta®)
 telmisartan /HCTZ (generic for Micardis HCT®)
 valsartan (generic for Diovan®)
 valsartan/HCTZ (generic for Diovan HCT®)

Non-Preferred

Atacand®*/HCT
 Avalide®*
 Avapro®
 Azor®
 Benicar®*/HCT
 Byvalson®
 Cozaar®*
 Edarbi®
 Edarbyclor®
 Exforge®/HCT
 Hyzaar®*
 Micardis®/HCT
 Prestalia®
 Tribenzor®
 Twynsta®



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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®)
 nifedipine (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®)
 nimodipine (generic for Nimotop®)
 nisoldipine

Non-Preferred

Adalat CC®*	Prestalia®
Exforge®	Procardia®*/XL
Exforge HCT®	Sular®
Lotrel®*	Tribenzor®
Norvasc®*	Twynsta®
Nymalize®	

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®)
 verapamil ER PM (generic for Verelan PM®)

Non-Preferred

Calan®*	Cardizem LA®
Calan SR®*	Tarka®
Cardizem®*	Tiazac®
Cardizem CD®*	Verelan®/PM*

CARDIOVASCULAR – BETA-BLOCKERS & COMBINATIONS

Preferred

acebutolol (generic for Sactal®)
 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 XL®
 labetalol (generic for Normodyne® and Trandate®)
 metoprolol (generic for Lopressor®)
 metoprolol/HCTZ (generic for Lopressor HCT®)
 metoprolol succinate ER/HCTZ (generic for Dutoprol®)
 metoprolol succinate (generic for Toprol XL®)
 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®*	Innopran XL®
Betapace AF®*	Levadol®
Bystolic®	Lopressor®*
Coreg®/CR*	Sorine®
Corgard®	Sotylize®
Corzide®*	Tenormin®*
Dutoprol®	Tenoretic®*
Hemangeol®	Toprol XL®*
Inderal®/LA*	Ziac®*



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CARDIOVASCULAR – STATINS & COMBINATIONS

Preferred

fluvastatin/ER (generic for Lescol®/XL)
lovastatin (generic for Mevacor®)
pravastatin (generic for Pravachol®)

Non-Preferred

Altoprev® (formerly Altocor®) Lescol/XL®*	Mevacor®* Pravachol®*
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CARDIOVASCULAR – HIGH POTENCY STATINS & COMBINATIONS

Preferred

amlodipine/atorvastatin (generic for Caduet®)
atorvastatin (generic for Lipitor®)
rosuvastatin (generic for Crestor®)
simvastatin (generic for Zocor®)

Non-Preferred

Caduet®* Crestor®* Lipitor®*	Livalo® Vytorin®* Zocor®*
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CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

Preferred

ezetimibe (generic for Zetia®)
ezetimibe/simvastatin (generic for Vytorin®)

Non-Preferred

Vytorin®*
Zetia®*

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

Preferred

fenofibrate (generic for Antara®, Fenoglide®,
Fibricor®, Lofibra®, Lipofen®, Tricor®, Triglide®,
Trilipix®)
gemfibrozil (generic for Lopid®)
omega-3 ethyl ester (generic for Lovaza®)

Non-Preferred

Antara®* Fenoglide®* Fibricor®* Lipofen®*	Lovaza®* Tricor®* Triglide®* Trilipix®* Vascepa®
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CARDIOVASCULAR – PLATELET INHIBITORS

Preferred

Aggrenox®
aspirin/dipyridamole (generic for Aggrenox®)
Brilinta®
clopidogrel (generic for Plavix®)
dipyridamole (generic for Persantine®)
prasugrel (generic for Effient®)
ticlopidine (generic for Ticlid®)

Non-Preferred

Effient®*
Plavix®*
Yosprala®
Zontivity®

CARDIOVASCULAR – NIACIN DERIVATIVES

Preferred

Niaspan®

Non-Preferred

Niacor®

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

Preferred

Letairis®
sildenafil (generic for Revatio®)
tadalafil (generic for Adcirca®)
Tracleer®

Non-Preferred

Adcirca®* Adempas® Opsumit® Orenitram®	Revatio®* Tyvaso® Uptravi® Ventavis®
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GASTROINTESTINAL – PROTON PUMP INHIBITORS & COMBINATIONS

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

Preferred**	Non-Preferred**
esomeprazole (generic for Nexium®) lansoprazole/OTC/solutab (generic for Prevacid/OTC/solutab (RX)) Nexium suspension omeprazole (generic for Prilosec®) (OTC/RX) omeprazole/sodium bicarbonate / OTC (generic for Zegerid®/OTC) pantoprazole (generic for Protonix®) Protonix® suspension rabeprazole (generic for AcipHex®)	AcipHex/sprinkles® Dexilant® (formerly known as Kapidex®) Nexium® Prevacid® capsules (RX)/Solutab/Susp Prilosec® (RX) Protonix® Zegerid®

First 8 weeks do not require prior approval for preferred drugs.

GASTROINTESTINAL – ANTIEMETICS

Preferred	Non-Preferred
aprepitant/ pack (generic for Emend®/pack) granisetron tab (generic for Kytril®) ondansetron (generic for Zofran®)	Akynzeo® Anzemet® Cinvanti™ Diclegis® Emend®*/pack Sancuso® Sustol® Varubi® Zofran®*/ODT/soln* Zuplenz®

Qty limits apply

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®/Redipen
Ribavirin Products	
Preferred**	Non-Preferred**
Ribavirin	Copegus® Rebetol® RibaPak® Ribasphere®
Direct Acting Antiviral Products	
Preferred**	Non-Preferred**
Eplusera® Harvoni® Ledipasvir-Sofosbuvir (generic for Harvoni®) Mavyret™ Vosevi®	Daklinza® Sovaldi® Zepatier®

GASTROINTESTINAL – ULCERATIVE COLITIS

Preferred	Non-Preferred
Apriso® balsalazide (generic for Colazol®) budesonide ER (generic for Uceris®) Delzicol® Pentasa® sulfasalazine (generic for Azulfidine®)	<div style="text-align: center; font-weight: bold; font-size: small; margin-bottom: 5px;">Oral</div> Asacol HD® Azulfidine®* Colazol®* Dipentum® Giazo® Lialda® Uceris®*



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Rectal

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

Rowasa®*
SFRRowasa®

OSTEOPOROSIS – BISPHOSPHONATES

Preferred

alendronate (generic for Fosamax®)
etidronate sodium (generic for Didronel®)
ibandronate (generic for Boniva®)
risedronate (generic for Actonel®)

Non-Preferred

Actonel®*	Boniva®*
Atelvia®	Fosamax®*/D
Binosto®	

OSTEOPOROSIS – NASAL CALCITONINS

Preferred

calcitonin salmon (generic for Miacalcin®)

Non-Preferred

ENDOCRINOLOGY – BIGUANIDES & COMBOS

Preferred

metformin (generic for Riomet®)
metformin (generic for Glucophage®)
metformin ER (generic for Fortamet®)
metformin-glipizide (generic for Metaglip®)
metformin-glyburide (generic for Glucovance®)
metformin XL (generic for Glucophage XL®)

Non-Preferred

ACTOplusmet®/XR	Glucovance®*
Fortamet®*	Glumetza®
Glucophage®*/XR	Riomet®*

ENDOCRINOLOGY – MEGLITINIDES

Preferred

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

Non-Preferred

Prandin®*
Starlix®*

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

Preferred

alogliptin (generic for Nesina®)	Janumet®
alogliptin/pioglitazone (generic for Oseni®)	Janumet XR®
alogliptin/metformin (generic for Kazano®)	Januvia®
	Jentadueto®
	Kombiglyze XR®
	Tradjenta®

Non-Preferred

Glyxambi®	Onglyza®
Jentadueto XR®	Oseni®*
Kazano®*	Qtern®
Nesina®*	Steglujan®

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

Preferred

acarbose (generic for Precose®)	miglitol (generic for Glyset®)
Glyset®	

Non-Preferred

Precose®*



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ENDOCRINOLOGY – 2ND GENERATION SULFONYLUREAS & COMBINATIONS

Preferred	Non-Preferred
glimepiride (generic for Amaryl®) glipizide – metformin (generic for Metaglip®) 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®)	Amaryl®* Glucotrol®/XL* Glucovance®* Glynase®* Metaglip®*

ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

Preferred	Non-Preferred
Farxiga® Invokana®	Glyxambi® Invokamet®/XR Jardiance® Segluromet® Steglatro® Synjardy® Xigduo XR®

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

Preferred	Non-Preferred
Bydureon® Bydureon BCise® Byetta®	Adlyxin® Ozempic® Soliqua® Trulicity® Victoza® Xultophy®

ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBINATIONS

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

ENDOCRINOLOGY – INSULINS

Rapid Acting	
Preferred	Non-Preferred
Humalog® Novolog/cartridge/FlexPen®	Admelog® Afrezza** Apidra/SoloSTAR® Fiasp® 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®



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Premixed Combinations

Preferred

Humalog Mix 75/25/pen®
Humalog Mix 50/50/pen®
Humulin 70/30 vial®
Novolog Mix 70/30®

Non-Preferred

Humulin 70/30 pen®
Novolin 70/301®
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**

Genotropin®
Norditropin®

Non-Preferred**

Humatrope® Serostim®
Nutropin AQ® Zomacton™
Omnitrope® Zorbtive®
Saizen®

ANALGESICS – LONG ACTING OPIOIDS

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

Preferred**

buprenorphine patch (generic for Butrans®)
Embeda®
fentanyl patch (generic for Duragesic®)
hydromorphone ER (generic for Exalgo®)
morphine ER (generic for Avinza®, Kadian®)
morphine sulfate SA (generic for MS Contin®)
oramorph SA (generic for MS Contin®)
oxymorphone ER (generic for Opana ER®)

Non-Preferred**

Arymo ER® Kadian®
Belbuca® MS Contin®
Butrans® Oxycodone SA
Duragesic® Oxycontin®***
Exalgo® Xtampza ER®
Hysingla ER® 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®
celecoxib (generic for Celebrex®)
meloxicam Tab/Susp (generic for Mobic®)

Non-Preferred**

Mobic Tab/Susp®
Vimovo®
Vivlodex™

ANALGESICS – TRAMADOL & TRAMADOL LIKE DERIVATIVES

Preferred

tramadol (generic for Ultram®)
tramadol/acetaminophen (generic for Ultracet®)
tramadol ER (generic for Ryzolt ER®, Ultram ER®)

Non-Preferred

ConZip® Ultracet®*
Nucynta 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 ER®



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ANTIBIOTICS – 3RD GENERATION CEPHALOSPORINS

Preferred

cefdinir cap/susp (generic for Omnicef cap/susp®)
 cefditoren (generic for Spectracef®)
 cefpodoxime (generic for Vantin®)
 Suprax susp®

Non-Preferred

Suprax chew/tab®

ANTIBIOTICS – MACROLIDES

Preferred

azithromycin (generic for Zithromax®)
 Biaxin susp®***
 clarithromycin/ER/susp (generic for Biaxin®/XL/susp)***
 erythromycin stearate
 erythromycin base cap (generic for Eryc®)
 erythromycin base tab (generic for E-Mycin®)
 erythromycin ethylsuccinate (generic for E.E.S.®)
 erythromycin/sulfisoxazole (generic for Pediazole®)

Non-Preferred

E.E.S.®*
 Eryped Susp/Chew®
 Eryped 200 susp®
 Eryped 400 susp®
 Ery-Tab®
 Erythrocin®
 Zithromax®*

ANTIBIOTICS – 2ND GENERATION QUINOLONES

Preferred***

ciprofloxacin/ER (generic for Cipro®/XR)
 Cipro susp®
 ofloxacin (generic for Floxin®)

Qty limits
apply

Non-Preferred***

Cipro®*
 Cipro XR®*

ANTIBIOTICS – 3RD GENERATION QUINOLONES

Preferred***

levofloxacin (generic for Levaquin®)
 moxifloxacin (generic for Avelox®)

Qty limits
apply

Non-Preferred***

Avelox®*
 Baxdela™
 Factive®
 Levaquin®*

ANTIBIOTICS – HERPETIC ANTIVIRALS

Preferred

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

Non-Preferred

Sitavig®
 Valtrex®*
 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®)
 itraconazole
 oxiconazole (generic for Oxistat®)
 terbinafine (generic of Lamisil®)

Non-Preferred**

Jublia®
 Kerydin® (tavaborole)
 Lamisil®
 Luzu®
 Onmel®
 Oxistat®
 Penlac®
 Sporanox®



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ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

Preferred

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

Non-Preferred

Flumadine tablet®*

RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Preferred

Atrovent HFA®
 Bevespi Aerosphere®
 Combivent Respimat®
 Ipratropium/Albuterol (generic for DuoNeb®)

Ipratropium Nebulizer
 Spiriva HandiHaler®
 Stiolto Respimat®

Non-Preferred

Anoro Ellipta®
 Daliresp®
 Incruse Ellipta®
 Lonhala Magnair®

Seebri Neohaler®
 Spiriva Respimat®
 Tudorza Pressair®
 Utibron Neohaler®

RESPIRATORY – LEUKOTRIENE MODIFIERS

Preferred

montelukast(generic for Singulair®)
 zafirlukast (generic for Accolate®)
 zileuton ER (generic for Zflo CR®)

Non-Preferred

Accolate®*
 Singulair®*
 Zflo®/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)
 albuterol/ipratropium (generic for DuoNeb®)
 levalbuterol (generic for Xopenex®)
 ProAir HFA®
 ProAir Respiclick®
 Proventil HFA®

Non-Preferred

Proventil®* neb and sol
 Ventolin HFA®
 Ventolin®* neb and sol

Xopenex®
 Xopenex HFA®

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

Preferred

Bevespi Aerosphere®
 Dulera®
 Serevent Diskus®

Non-Preferred

Anoro Ellipta®
 Arcapta®
 Brovana®

Perforomist®
 Striverdi Respimat®
 Trelegy Ellipta®

RESPIRATORY – INHALED CORTICOSTEROIDS

Preferred

Advair Diskus®
 Advair HFA®
 Asmanex®
 Asmanex HFA®
 budesonide (generic for Pulmicort®)

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

Non-Preferred

Aerospan®
 Arnuity Ellipta®
 Alvesco®
 ArmonAir RespiClick®

Pulmicort Flexhaler®
 (No PA required for children ≤ 5 years of age)



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RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC & COMBINATIONS

Preferred	Non-Preferred
Advair Diskus® Advair HFA® Dulera®	fluticasone propionate and salmeterol (generic for AirDuo RespiClick) Symbicort®
	AirDuo RespiClick®* Breo Ellipta®

SELF INJECTION EPINEPHRINE***

Preferred	Non-Preferred
epinephrine	Auvi-Q® EpiPen®
	EpiPen Jr.®

RESPIRATORY – NASAL ANTIHISTAMINES

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

RESPIRATORY – NASAL CORTICOSTEROIDS***

Preferred		Non-Preferred
budesonide (generic for Rhinocort Aqua®) flunisolide (generic for Nasarel®) fluticasone (generic for Flonase®) mometasone (generic for Nasonex®) Nasonex® triamcinolone (generic for Nasacort AQ®)	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;">Qty limits apply</p> </div>	Beconase AQ® Dymista® Flonase®* Nasacort®
		Omnaris® Ticanase® Zetonna®

RESPIRATORY – LOW SEDATING ANTIHISTAMINES & COMBINATIONS

Preferred	Non-Preferred
cetirizine Tabs/Syrup/chew (generic for Zyrtec® OTC/chew) desloratadine (generic for Clarinex®) fexofenadine/D levocetirizine (generic for Xyzal®) loratadine (OTC/RX) (generic for Claritin® OTC/RX) loratadine Syrup (OTC/RX) (generic for Claritin Syrup® OTC/RX) loratadine Dis (OTC/RX) (generic for Claritin Dis® OTC/RX)	Allegra®* Allegra D®*/ODT Clarinex®*/Dis Xyzal®

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

Preferred	Non-Preferred
Alphagan P® apraclonidine (generic for Iopidine®) brimonidine/P (generic for Alphagan®/P) Simbrinza®	Iopidine®*



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OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

Preferred

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

Non-Preferred

Betagan®*	Istalol®*
Betimol®*	Timoptic®/XE*
Betoptic S®	

OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Preferred

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

Non-Preferred

Cosopt®*/PF®
Trusopt®*

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

Preferred

bimatoprost (generic for Lumigan®)
latanoprost (generic for Xalatan®)
Travatan Z®
travoprost (generic for Travatan®)

Non-Preferred

Lumigan®*
Vyzulta™
Xalatan®*/***
Zioptan®

OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

Preferred

azelastine (generic for Optivar®)
cromolyn sodium
epinastine (generic for Elestat®)
olopatadine (generic for Patanol®/Pataday®)
Pataday®
Pazeo®

Non-Preferred

Alocril®	Elestat®*
Alomide®	Emadine®
Alrex®	Lastacaft®
Bepreve®	Patanol®*

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

Preferred

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

Non-Preferred

Azasite®	Ocuflox®
Besivance®	Zymaxid®
Ciloxan®*	

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

Preferred

bromfenac (generic for Xibrom®)
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®*	BromSite®
Acular LS®*	Nevanac®
Acuvail®	Prolensa®

OPIATE DEPENDENCE TREATMENT***

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



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

Preferred

buprenorphine (generic for Subutex®)
buprenorphine/naloxone (generic for Suboxone®)
Suboxone®

Non-Preferred

Bunavail®
Zubsolv®

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

Preferred

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

Non-Preferred

Cetraxal®*
Cipro HC otic®

BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS & COMBOS

Preferred

Abilify Maintena®
aripiprazole/ODT/solution (generic for Abilify®/DiscMelt®/oral solution)
clozapine (generic for Clozaril®)
clozapine ODT (generic for Fazacl®)
Invega Sustenna®/Trinza®
olanzapine (generic for Zyprexa®)
olanzapine/fluoxetine (generic for Symbyax®)
paliperidone (generic for Invega®)
quetiapine/ER (generic for Seroquel®/XR®)
Risperdal Consta®***
risperidone/M (generic for Risperdal®/MT)
ziprasidone (generic for Geodon®)

Non-Preferred

Abilify®/soln/DiscMelt* Rexulti®
Adasuve® Risperdal®*
Aristada® Saphris®
Clozaril®* Seroquel®/XR*
Fanapt® Symbyax®*
Fazacl®* Versacloz®
Geodon®*/IM Vraylar®
Invega®* Zyprexa®*/IM/Reprevv/
Latuda® Zydys

BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

Preferred

donepezil/ODT/23 mg (generic for Aricept®/ODT/23 mg)
Exelon® patch
galantamine/ER (generic for Razadyne®)
memantine tab/dose pack/soln (generic for Namenda® tab/dose pack/soln)
memantine ER (generic for Namenda XR®)
rivastigmine capsule/patch (generic for Exelon® capsule/patch)

Non-Preferred

Aricept® Namzaric®
Aricept 23mg®* Razadyne®/ER* (formerly
Namenda®/XR* (not a Reminyl®
cholinesterase inhibitor)

BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

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

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 Forfivo XL®)
bupropion XL (generic for Wellbutrin XL®)
desvenlafaxine ER (generic for Khedezla®)
duloxetine** (generic for Cymbalta®)(requires additional clinical PA)
mirtazapine (generic for Remeron®)
mirtazapine RapDis (generic for Remeron Sol-Tabs®)
nefazodone (generic for Serzone®)
trazodone (generic for Desyrel®)
venlafaxine (generic for Effexor®)
venlafaxine ER (generic for Effexor XR®/Venlafaxine XR®)

Non-Preferred

Aplenzin® Pristiq®
Cymbalta®** (requires Remeron®*
additional clinical PA) Remeron Sol-Tabs®*
Emsam® Trintellix™
Effexor XR®* Venlafaxine ER®
Fetzima® Viibryd®
Forfivo XL®* Wellbutrin SR®*
Khedezla®* Wellbutrin XL®*



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

BEHAVIORAL HEALTH – ANXIOLYTICS

Preferred

alprazolam/XR (generic for Xanax®/XR)
 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

Ativan®*	Tranxene®*
Klonopin®*	Xanax®*
	Xanax XR®*

BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS & COMBOS

Preferred

citalopram (generic for Celexa®)
 escitalopram/soln (generic for Lexapro®)
 fluoxetine/Weekly (generic for Prozac®/Weekly)
 fluvoxamine/ER (generic for Luvox® CR)
 olanzapine/fluoxetine (generic for Symbyax®)
 paroxetine/ER (generic for Paxil®/Brisdelle®/CR)
 selfemra (generic for Sarafem®)
 sertraline (generic for Zoloft®)

Non-Preferred

Brisdelle®*	Pexeva®
Celexa®*	Prozac®*
Lexapro®*	Sarafem®*
Paxil®/CR*	Symbyax®*
	Zoloft®*

Recipients aged < 12 exempt from PDL in SSRI category

BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

Preferred

estazolam (generic for Prosom®)
 eszopiclone (generic for Lunesta®)
 flurazepam (generic for Dalmane®)
 temazepam (generic for Restoril®)
 triazolam (generic for Halcion®)
 zaleplon (generic for Sonata®)
 zolpidem/ER (generic for Ambien®/CR)
 zolpidem tartrate (generic for Intermezzo®)

Non-Preferred

Ambien®/CR*	Restoril®*
Belsomra®	Rozerem®
Doral®	Silenor®
Edluar®	Sonata®*
Halcion®*	Zolpimist®
Intermezzo®*	
Lunesta®*	

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/XR (generic for Adderall®/XR)
 amphetamine sulfate (generic for Evekeo®)
 atomoxetine (generic for Strattera®)
 clonidine ER (generic for Kapvay®)
 dextroamphetamine /ER (generic for Dexedrine®/ER)
 dextroamphetamine soln (generic for ProCentra®)
 dexamethylphenidate/XR (generic for Focalin®/XR®)
 Focalin®/XR®
 guanfacine ER (generic for Intuniv®)
 methamphetamine (generic for Desoxyn®)
 methylphenidate CD (generic for Metadate CD®)
 methylphenidate chewable (generic for Methylin® chew)
 methylphenidate ER (generic for Concerta®/Ritalin LA®)
 methylphenidate soln (generic for Methylin® soln)
 Methylin® chew/soln
 methylphenidate/SR (generic for Ritalin®/SR®)
 Vyvanse®

Non-Preferred**

Adderall®	Intuniv®
Adzenys XR-ODT®	Kapvay®
Aptensio XR®	Metadate ER®
Concerta®	Mydayis®
Cotempla XR-ODT®	ProCentra®
Daytrana®	Quillichew ER®
Desoxyn®	Quillivant XR®
Dexedrine ER®	Ritalin®
Dyanavel XR®	Ritalin LA®
Evekeo®	Strattera®
	Zenzedi®

****Criteria for approval:**
 < 21 years of age exempt from prior approval for preferred drugs.



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

CENTRAL NERVOUS SYSTEM – TRIPTANS

Preferred***

almotriptan (generic for Axert®)
eletriptan (generic for Relpax®)
frovatriptan (generic for Frova®)
naratriptan (generic for Amerge®)
rizatriptan/ODT (generic for Maxalt®/MLT)
sumatriptan (generic for Imitrex®)
sumatriptan/naproxen (generic for Treximet®)
zolmitriptan (generic for Zomig®)

Qty limits
apply

Non-Preferred***

Amerge®* ONZETRA™ Xsail™
Axert®* Relpax®*
Frova®* Sumavel®
Imitrex®* Treximet®*
Maxalt tablet/MLT®* Zembrace SymTouch®
Migranow® Zomig®*

CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

Disease Modifying Therapy

Preferred

Avonex®*** Glatopa®
Betaseron® glatiramer (generic for
Copaxone®)*** Copaxone®)
Gilenya® Rebif®***

Non-Preferred

Aubagio® Plegridy®
Extavia® Tecfidera®
Lemtrada®

Other

Preferred

dalfampridine ER (generic
for Ampyra®)

Non-Preferred

Ampyra®

GENITOURINARY/RENAL – URINARY ANTISPASMODICS

Preferred

darifenacin ER (generic for Enablex®)
oxybutynin /ER (generic for Ditropan®/XL)
tolterodine/ER (generic for Detrol®/LA)
trospium ER (generic for Sanctura XR®)
Toviaz®
Vesicare®

Non-Preferred

Detrol/LA®* Gelnique®
Ditropan XL®* Myrbetriq®
Enablex®* Oxytrol®

GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

Preferred

calcium acetate (generic for PhosLo®)
lanthanum (generic for Fosrenol®)
Renagel®
sevelamer (generic for Renvela®)

Non-Preferred

Auryxia® Phoslyra®
Eliphos® Renvela®*
Fosrenol®* Velphoro®
Magnebind 400®

**GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC
HYPERPLASIA**

Preferred

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

Non-Preferred

Flomax®* Rapaflo®
Jalyn® Uroxatral®*

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

Preferred

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

Non-Preferred

Avodart®*
Proscar®*



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

HEMATOLOGIC – HEMATOPOIETIC AGENTS

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

<p>Preferred**</p> <p>Aranesp®*** Procrit®***</p>	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 0 auto;">Qty limits apply</div>	<p>Non-Preferred**</p> <p>Epogen®***</p>
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HEMATOLOGIC – ANTICOAGULANTS

<p>Preferred</p> <p>Eliquis® enoxaparin (generic for Lovenox®) fondaparinux (generic for Arixtra®) Fragmin®</p>	<p>Non-Preferred</p> <p>Pradaxa® warfarin (generic for Coumadin®) Xarelto®</p> <p>Arixtra®* Coumadin®* Jantoven®</p> <p>Lovenox®* Savaysa® Xarelto dose pack®</p>
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TOPICAL – ANTIPARASITICS

<p>Preferred</p> <p>lindane Natroba® Permethrin® (OTC/RX)</p>	<p>Non-Preferred</p> <p>Sklice® spinosad (generic for Natroba®)</p> <p>Eurax® Malathion®</p> <p>Ovide® Ulesfia®</p>
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TOPICAL – STEROIDS

Very High Potency

<p>Preferred</p> <p>clobetasol foam (generic for Olux-E® foam) clobetasol cream/soln/gel/oint (generic for Temovate® cream/soln/gel/oint) clobetasol ltn./shamp./spr. (generic for Clobex® ltn./shamp./spr.) halobetasol propionate (generic for Halac®, Ultravate®, Halonate®)</p>	<p>Non-Preferred</p> <p>ApexiCon E® Clobex®* Olux-E® Temovate®* Ultravate®* Ultravate X®</p>
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High Potency

<p>Preferred</p> <p>betamethasone dipropionate (augmented generic for Diprolene AF) betamethasone valerate desoximetasone (generic for Topicort®) diflorasone diacetate fluciclonide/E triamcinolone</p>	<p>Non-Preferred</p> <p>Amcinonide Dermasorb TA® Diprolene® Halog® Kenalog aerosol®</p> <p>Sernivo® Topicort®* Trianex® Vanos®</p>
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Medium Potency

<p>Preferred</p> <p>betamethasone valerate foam (generic for Luziq®) clocortolone (generic for Cloderm®) fluciclonide acetate (generic for Synalar®) flurandrenolide (generic for Cordran®) fluticasone propionate hydrocortisone butyrate/valerate hydrocortisone butyrate lotion (generic for Locoid®) mometasone prednicarbate</p>	<p>Non-Preferred</p> <p>Cloderm®* Cordran tape®* Cutivate Lotion® Dermatop® Elocon®</p> <p>Locoid®* Pandel® Synalar®*</p>
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New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

Low Potency

Preferred

alclometasone dipropionate
desonide
fluocinolone (generic for Derma Smoothe®)
hydrocortisone acetate (OTC/RX) cr/oint

Non-Preferred

Aqua Glycolic HC®
Capex Shampoo®
Derma-Smoothe FS®
Desonate®
Desowen®
Tridesilon®
Texacort®
Verdeso®

TOPICAL – TOPICAL AGENTS FOR PSORIASIS

Preferred

betamethasone/calciptriene (generic for Taclonex®)
calciptriene cream/solution/oint. (generic for Dovonex®)
calcitriol (generic for Vectical®)

Non-Preferred

Calcitrene®
Dovonex®*
Enstilar®
Sernivo® spray
Sorilux®
Taclonex®*
Vectical®*

TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS

Preferred

BenzaClin®
clindamycin/benzoyl peroxide (generic for BenzaClin®)
clindamycin/benzoyl peroxide (generic for Duac®)

Non-Preferred

Acanya®
Duac CS®
Onexton®

TOPICAL – ATOPIC DERMATITIS

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

Preferred**

Elidel®
tacrolimus (generic for Protopic®)

Non-Preferred**

Dupixent®
Eucrisa®
Protopic®

TOPICAL – TOPICAL RETINOIDS

Preferred

adapalene (generic for Differin®)
adapalene/benzoyl peroxide (generic for Epiduo®)
clindamycin/tretinoin (generic for Veltin®)
Differin®
Retin-A cream/gel®
tretinoin (generic for Atralin®, Avita®, Retin-A®/Micro)

Non-Preferred

Atralin®*
Avita®*
Epiduo®*/Forte®
Fabior®
Retin A Micro®*
Retin A Micro Pump®
Tazorac®
Veltin®
Ziana®

TOPICAL – TOPICAL ANTIVIRALS

Preferred

acyclovir (generic for Zovirax®)
Denavir®
Zovirax oint®

Non-Preferred

Xerese®
Zovirax cream®*

TOPICAL – TOPICAL ANTIBIOTICS

Preferred

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

Non-Preferred

Altanax®
Bactroban® nasal/oint
Centany®



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

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® Arava® Arcalyst® Cimzia® Cosentyx® Entyvio® Ilaris® Inflixtra® Kevzara® Kineret®	Orenzia® Otezla® Remicade® Renflexis® Siliq® Simponi/Aria® Stelara® Taltz® Tremfya® Xeljanz®/XR
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ANTIPARKINSON’S AGENTS – DOPAMINE RECEPTOR AGONISTS

Preferred

pramipexole/ER (generic for Mirapex®/ER)
ropinirole/ER (generic for Requip®/XL)

Non-Preferred

Mirapex®/ER® Requip®/XL®/dose pack
Neupro®

ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

Preferred

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

Non-Preferred

Carbatrol®*
Oxtellar ER®
Tegretol/chew/susp/tab/XR®*
Trileptal® Susp/tab*

ANTICONVULSANTS – FIRST GENERATION

Preferred

Celontin®
Depakote Sprinkle®
Dilantin Chew tab®
divalproex/ER/sprinkle (generic for Depakote®/ER/Sprinkle)
ethosuximide cap/syrup (generic for Zarontin®)
felbamate (generic for Felbatol®)
phenytoin cap/susp/chew (generic for Dilantin®/cap/susp/chew)
phenytoin (generic for Phenytek®)
primidone (generic for Mysoline®)
valproic acid cap/syrup (generic for Depakene®)

Non-Preferred

Depakene cap/syrup®*
Depakote®*
Depakote ER®*
Dilantin cap/susp®*
Felbatol®*
Phenytek®*
Zarontin cap/syrup®*

ANTICONVULSANTS – RECTAL

Preferred

Diastat®
diazepam (generic for Diastat®)

Non-Preferred



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/ODT/XR (generic for Lamictal®/ODT/XR)
levetiracetam/ER(generic for Keppra/XR®)
tiagabine (generic for Gabitril®)
topiramate (generic for Topamax®)
topiramate ER (generic for Qudexy XR®)
zonisamide (generic for Zonegran®)

Non-Preferred

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

MISCELLANEOUS – PANCREATIC ENZYMES

Preferred

Creon®
Zenpep®

Non-Preferred

Pancreaze®	Viokace®
Pertzye®	

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

Preferred

Baclofen	metaxalone (generic for Skelaxin®)
carisoprodol/compound (generic for Soma®/compound)	methocarbamol (generic for Robaxin®)
chlorzoxazone (generic for Parafon Forte®)	methocarbamol with aspirin (generic for Robaxinal®)
cyclobenzaprine (generic for Flexeril®)	orphenadrine citrate (generic for Norflex®)
cyclobenzaprine ER (generic for Amrix®)	orphenadrine compound (generic for Norgesic Forte®)
dantrolene sodium (generic for Dantrium®)	tizanidine (generic for Zanaflex®)

Non-Preferred

Amrix®*	Robaxin®*
Dantrium®*	Skelaxin®*
Fexmid®	Soma®*
Lorzone®	Zanafle®*

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

Non-Preferred

Androderm®	Testim®*
Axiron®	Vogelxo®*
Fortesta®*	