



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®	Prinzide®*
Aceon®*	Qbrelis®
Altace®*	Quinaretic®
Epaned® (non-preferred for adults only)	Tarka®
Lexxel®	Uniretic®
Lotensin®*/HCT	Univasc®
Lotrel®*	Vaseretic®*
Mavik®	Vasotec®*
Monopril®/HCT	Zestoretic®*
Prestalia®	Zestril®*

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®)
 telmsartan /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®
 Teveten®/HCT
 Tribenzor®
 Twynsta®
 Valturna®



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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®)
nimodipine (generic for Nimotop®)
nisoldipine

Non-Preferred

Adalat®*
Adalat CC®*
Amturnide®(requires additional clinical PA)
Cardene®*
Cardene SR®
DynaCirc CR®
Exforge®
Exforge HCT®
Lexxel®
Lotrel®*
Nimotop®
Norvasc®*
Nymalize®
Prestalia®
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®)
verapamil ER PM (generic for Verelan PM®)

Non-Preferred

Calan®*
Calan SR®*
Cardizem®*
Cardizem CD®*
Cardizem LA®
Cardizem SR®*
Covera-HS®
Dilacor XR®*
Isoptin®/SR*
Tarka®
Tiazac®
Vasacor®
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 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®*
Betapace AF®*
Blocadren®
Bystolic®
Coreg®/CR*
Corgard®
Corzide®*
Dutoprol®
Hemangeol®
Inderal®/LA*
Innopran XL®
Kerlone®
Levatol®
Lopressor®/HCT*
Normodyne®*
Sectral®*
Sorine®)
Sotylize®
Tenormin®*
Tenoretic®*
Timolide®
Toprol XL®
Trandate®*
Zebeta®*
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

Advicor®	Liptruzet®
Altoprev® (formerly	Mevacor®*
Altacor®)	Pravachol®*
Lescol/XL®	Pravigard PAC®

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®	Livalo®
Crestor®	Simcor®
Lipitor®*	Vytorin®
	Zocor®*

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

Preferred

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

Non-Preferred

Vytorin®*
Zetia®*

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

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

Preferred

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

Non-Preferred

Antara®*	Lovaza®
Fenoglide®*	Tricor®*
Fibricor®*	Triglide®
Lipofen®*	Trilipix®
Lofibra®*	Vascepa®
Lopid®*	

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

Durlaza®
Effient®
Persantine®
Plavix®*
Yosprala®
Zontivity®

CARDIOVASCULAR – NIACIN DERIVATIVES

Preferred

Niaspan®

Non-Preferred

Niacor®



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CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

Preferred

Letairis®
sildenafil (generic for Revatio®)
Tracleer®

Non-Preferred

Adcirca®	Revatio®*
Adempas®	Tyvaso®
Opsumit®	Uptravi®
Orenitram®	Ventavis®

GASTROINTESTINAL – PROTON PUMP INHIBITORS & COMBINATIONS

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

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®)

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

Non-Preferred**

Aciphex/sprinkles®
Dexilant® (formerly known as Kapidex®)
Nexium®
Prevacid® capsules (RX)/Solutab/Susp
Prilosec® (RX)*
Protonix®*
Zegerid®

GASTROINTESTINAL – ANTIEMETICS

Preferred

aprepitant/ pack (generic for Emend®/pack)
granisetron tab (generic for Kytril®)
ondansetron (generic for Zofran®)

Qty limits apply

Non-Preferred

Akynzeo®	Sancuso®
Anzemet®	Sustol®
Diclegis®	Varubi®
Emend®/pack	Zofran®/ODT/soln*
Kytril tab®*	Zuplenz®
Metozolv ODT®	

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**

Pegasys®
Pegasys® Conv. Pack

Non-Preferred**

PEG-Intron®/Redipen

Ribavirin Products

Preferred**

Ribavirin

Non-Preferred**

Copegus®	RibaPak®
Rebetol®	Ribasphere®

Direct Acting Antiviral Products

Preferred**

Eplusa®
Harvoni®
Mavyret™
Vosevi®

Non-Preferred**

Daklinza®
Olysio®
Sovaldi®
Technivie®
Viekira Pak™/XR™
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®)
mesalamine kit (generic for Rowasa® kit)

Non-Preferred

Oral

Asacol HD® Azulfidine®* Colazol®* Dipentum®	Giazo® Lialda® Uceris®
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Rectal

Rowasa®
SFRowasa®

OSTEOPOROSIS – BISPHTHONATES

Preferred

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

Non-Preferred

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

OSTEOPOROSIS – NASAL CALCITONINS

Preferred

calcitonin salmon (generic for Miacalcin®)

Non-Preferred

Fortical®
Miacalcin®*

ENDOCRINOLOGY – BIGUANIDES & COMBOS

Preferred

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 Avandamet® Fortamet® Glucophage®*/XL	Glucovance® Glumetza® Metaglip® Riomet®
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ENDOCRINOLOGY – MEGLITINIDES

Preferred

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

Non-Preferred

PrandiMet®
Prandin®
Starlix®*



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

Preferred**	Non-Preferred**
alogliptin (generic for Nesina®)	Glyxambi®
alogliptin/pioglitazone (generic for Oseni®)	Jentadueto XR®
alogliptin/metformin (generic for Kazano®)	Juvisync®
Janumet®	Kazano®
Janumet XR®	Nesina®
Januvia®	Onglyza®
Jentadueto®	Oseni®
Kombiglyze XR®	
Tradjenta®	

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

Preferred**	Non-Preferred
acarbose (generic for Precose®)	Precose®*
Glyset®	
miglitol (generic for Glyset®)	

ENDOCRINOLOGY – 2ND GENERATION SULFONYLUREAS & COMBINATIONS

Preferred	Non-Preferred
glimepiride (generic for Amaryl®)	Amaryl®
glipizide - metformin (generic for Metaglip®)	Avandaryl®
glipizide (generic for Glucotrol®)	Diabeta®*
glipizide ER (generic for Glucotrol XL®)	Glucotrol®/XL*
glyburide (generic for Micronase®, DiaBeta®)	Glucovance®*
glyburide-metformin (generic for Glucovance®)	Glynase®*
glyburide micronized (generic for Glynase®)	Metaglip®

ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

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

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

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



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ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBINATIONS

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

ENDOCRINOLOGY – INSULINS

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

Short Acting	
Preferred	Non-Preferred
Humulin R®	Humlin 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 70/301® 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**	Non-Preferred**
Genotropin® Norditropin®	Humatrope® Nutropin AQ® Omnitrope® Saizen®
	Serostim® TevTropin® Zomacton™ Zorbtive®



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ANALGESICS – LONG ACTING NARCOTICS

** 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 MS Contin®)
 oramorph SA (generic for MS Contin®)
 oxymorphone ER (generic for Opana ER®)

Non-Preferred**

Arymo ER®	MS Contin®
Avinza®	Opana ER®
Belbuca®	Oxycodone SA
Butrans®	Oxycontin®***
Duragesic®*	Xartemis XR®
Exalgo®	Xtampza ER®
Hysingla ER®	Zohydro ER®
Ionsys®	
Kadian®	

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™

****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®)
 tramadol ER (generic for Ryzolt ER®, Ultram ER®)

Non-Preferred

Conzip®	Ultracet®*
NucyntaER®	Ultram ER®
Rybix ODT®	Ultram®*
Ryzolt ER	

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

Non-Preferred

Cedax®	Spectracef®
Cedax susp®	Suprax chew/tab®
Omnicef® cap/susp®*	Vantin®*



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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

Biaxin®*/***	Eryped 200 susp®
Biaxin XL®	Eryped 400 susp®
Dynabac®	Ery-Tab®
E.E.S®*	Erythrocin®
E-Mycin®*	Ketek®
Eryc®	PCE®*
Eryped Susp/Chew®	Pediazole®
	Zithromax®*
	Zmax®

ANTIBIOTICS – 2ND GENERATION QUINOLONES

Preferred***

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

Qty limits
apply

Non-Preferred***

Cipro®*	Noroxin®
Cipro XR®	Proquin XR®
Maxaquin®	

ANTIBIOTICS – 3RD GENERATION QUINOLONES

Preferred***

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

Qty limits
apply

Non-Preferred***

Avelox®
 Factive®
 Levaquin®*

ANTIBIOTICS – HERPETIC ANTIVIRALS

Preferred

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

Non-Preferred

Famvir®
 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®)

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

Non-Preferred**

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



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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 – LEUKOTRIENE MODIFIERS

Preferred

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

Non-Preferred

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

Non-Preferred

Accuneb®*
Airet®* neb
Brethair®
Duoneb®
Proventil®* neb and sol
Ventolin HFA®
Ventolin®* neb and sol
Xopenex®
Xopenex HFA®

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

Preferred

Dulera®
Foradil®
Serevent Diskus®

Non-Preferred

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

RESPIRATORY – INHALED CORTICOSTEROIDS

Preferred

Advair Diskus®
Advair HFA®
Asmanex®
budesonide (generic for Pulmicort®)
Flovent Diskus®
Flovent HFA®
Pulmicort® respules
QVAR®
Symbicort®

Non-Preferred

Aerobid/Aerobid M®
Aerospan®
Arnuity Ellipta®
Alvesco®
ArmonAir RespiClick®
Flovent Rotadisk®
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
Adrenaclick® epinephrine	Auvi-Q® Epipen® Epipen Jr.®

RESPIRATORY – NASAL ANTIHISTAMINES

Preferred	Non-Preferred
Astelin® 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®)	Beconase AQ® Dymista® Flonase®* Nasacort AQ® Nasarel® Omnaris® QNASL®

Qty limits apply

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

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

OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Preferred

Azopt®
dorzolamine (generic for Trusopt®)
dorzolamine/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®*
Rescula®
Xalatan®*/***
Zioptan®

OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

Preferred

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

Non-Preferred

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

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

Preferred

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

Non-Preferred

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

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

Preferred

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



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OPIATE DEPENDENCE TREATMENT***

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

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®
Floxin 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 Fazaclor®)
Invega Sustenna/Trinza®
olanzepine (generic for Zyprexa®)
olanzepine/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
Adasuve®
Aristada®
Clozaril®*
Fanapt®
Fazaclor®*
Geodon®*/IM
Invega®
Latuda®
Rexulti®
Risperdal®/MT*
Saphris®
Seroquel®/XR*
Symbyax®
Versacloz®
Vraylar®
Zyprexa®*/IM/Reprevv/
Zydis

BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

Preferred

donepezil/ODT/23mg (generic for Aricept®/ODT/23mg)
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®*
Aricept ODT®
Aricept 23mg®
Cognex®
Exelon®*
Namenda®/XR (not a cholinesterase inhibitor)
Namzaric®
Razadyne®/ER
(formerly Reminyl®)



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

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®*	Niravam ODT®
Buspar®*	Serax®*
Klonopin®*	Tranxene®*
Klonopin Wafers®	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®/CR)
 selfemra (generic for Sarafem®)
 sertraline (generic for Zoloft®)

Recipients aged < 12 exempt from PDL in SSRI category

Non-Preferred

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

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®	



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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/XR (generic for Adderall®/XR)
 atomoxetine (generic for Strattera®)
 clonidine ER (generic for Kapvay®)
 dextroamphetamine /ER(generic for Dexedrine®/ER)
 dextroamphetamine soln (generic for Procentra®)
 dexmethylphenidate/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 CD®
Concerta®	Mydayis®
Cotempla XR-ODT®	Procentra®
Daytrana®	Quillichew ER®
Desoxyn®*	Quillivant XR®
Dexedrine®*	Ritalin®*
Dexedrine SA®*	Ritalin LA®
Dyanavel XR®	Strattera®
Evekeo®	Zenzedi®

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

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***

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

CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

Preferred

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

Non-Preferred

Ampyra®	Plegridy®
Aubagio®	Tecfidera®
Extavia®	Zinbryta®
Lemtrada®	

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®
Ditropan®*	Oxytrol®
Enablex®	Sanctura®/XR



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GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

Preferred

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

Non-Preferred

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

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- HEMATOPOIETIC 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®)
fondaparinux (generic for Arixtra®)
Fragmin®
Pradaxa®
warfarin (generic for Coumadin®)
Xarelto®

Non-Preferred

Arixtra®	Jantoven®
Coumadin®*	Lovenox®
Durlaza®	Savaysa®
Innohep®	Xarelto dose pack®

TOPICAL – ANTIPARASITICS

Preferred

lindane
Natroba®
Permethrin® (OTC/RX)
Sklice®
spinosad (generic for Natroba®)

Non-Preferred

Eurax®
Malathion®
Ovide®
Ulesfia®



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TOPICAL – STEROIDS

Very High Potency

Preferred

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®,
Halونات®)

Non-Preferred

Apexicon E®
Clobex®
Halac®*
Halونات®*
Olux-E®
Temovate®
Ultravate®*
Ultravate X®

High Potency

Preferred

betamethasone dipropionate (augmented generic for
Diprolene AF)
betamethasone valerate
desoximetasone (generic for Topicort®)
diflorasone diacetate
fluocinonide/E
triamcinolone

Non-Preferred

Amcinonide
Dermasorb TA®
Diprolene/AF®
Halog®
Kenalog aerosol®
Sernivo®
Topicort®
Trianex®
Vanos®

Medium Potency

Preferred

betamethasone valerate foam (generic for Luziq®)
clocortolone (generic for Cloderm®)
fluocinolone acetate (generic for Synalar®)
flurandrenolide (generic for Cordran®)
fluticasone propionate
hydrocortisone butyrate/valerate
mometasone
prednicarbate

Non-Preferred

Cloderm®
Cordran tape®
Cutivate Lotion®
Dermatop®
Elocon®
Locoid®
Luziq®
Momexin®
Pandel®
Synalar®

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®
Desonil + Plus®
Desowen®
Hytone®
Nuzon®
Pediaderm HC/TA®
Tridesilon®
Texacort®
Verdeso®

TOPICAL – TOPICAL AGENTS FOR PSORIASIS

Preferred

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

Non-Preferred

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



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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®	Retin A Micro®
Avita®	Retin A Micro Pump®
Epiduo®/Forte®	Tazorac®
Fabior®	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

Altabax®
Bactroban® nasal/oint.
Centany®

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®	Orencia®
Amevive®	Otezla®
Arava®	Raptiva®
Arcalyst®	Remicade®
Cimzia®	Renflexis®
Cosentyx®	Siliq®
Entyvio®	Simponi/Aria®
Ilaris®	Stelara®
Inflectra®	Taltz®
Kevzara®	Tremfya®
Kineret®	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®
Neupro®
Requip®/XL®/dose pack

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®)
Eptol®
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®
Stavzor®
Zarontin cap/syrup®*

ANTICONVULSANTS – RECTAL

Preferred

Diastat®
diazepam (generic for Diastat®)

Non-Preferred

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®*



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MISCELLANEOUS – PANCREATIC ENZYMES

Preferred

Creon®
Pancrelipase®
Zenpep®

Non-Preferred

Pancreaze®
Pertzze®
Ultresa®
Viokace®

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

Preferred

Baclofen
carisoprodol/compound
(generic for
Soma®/compound)
chlorzoxazone (generic for
Parafon Forte®)
cyclobenzaprine (generic for
Flexeril®)
cyclobenzaprine ER (generic
for Amrix®)
dantrolene sodium (generic
for Dantrium®)
metaxolone (generic for
Skelaxin®)

methocarbamol (generic for
Robaxin®)
methocarbamol with aspirin
(generic for Robaxisal®)
orphenadrine citrate (generic
for Norflex®)
orphenadrine compound
(generic for Norgesic
Forte®)
tizanidine (generic for
Zanaflex®)

Non-Preferred

Amrix®
Dantrium®*
Fexmid®
Flexeril®*
Lorzone®
Norflex®*
Norgesic Forte®*

Parafon Forte®*
Robaxisal®*
Robaxin®*
Skelaxin®
Soma®*
Zanaflex®*

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®
Axiron®
Fortesta®

Testim®
Vogelxo®