



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®



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

CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP) & COMBINATIONS

Preferred

afeditab CR® (generic for Adalat CC®)
 amlodipine (generic for Norvasc®)
 amlodipine/benazepril (generic for Lotrel®)
 felodipine (generic for Plendil®)
 isradipine (generic for Dynacirc®)
 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®*	Norvasc®*
Exforge®	Nymalize®
Exforge HCT®	Prestalia®
Lotrel®*	Procardia®*/XL
	Sular®
	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®*	Tarka®
Calan SR®*	Tiazac®
Cardizem®*	Verelan®/PM*
Cardizem CD®*	
Cardizem LA®	

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®*	Lopressor®
Betapace AF®*	Sorine®)
Bystolic®	Sotylize®
Coreg®/CR*	Tenormin®*
Corgard®	Tenoretic®*
Corzide®*	Toprol XL®
Dutoprol®	Ziac®*
Hemangeol®	
Inderal®/LA*	
Innopran XL®	
Levatol®	



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

CARDIOVASCULAR – STATINS & COMBINATIONS

Preferred

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

Non-Preferred

Altoprev® (formerly Altacor®) Lescol/XL®	Mevacor®* Pravachol®*
--	--------------------------

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®*
----------------------------------	---------------------------------

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®, Trilipix®)
gemfibrozil (generic for Lopid®)
omega-3 ethyl ester (generic for Lovaza®)

Non-Preferred

Antara®* Fenoglide®* Fibricor®* Lipofen®*	Lovaza® Tricor®* Triglide® Trilipix® Vascepa®
--	---

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®



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

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

Preferred

Letairis®
sildenafil (generic for Revatio®)
Tracleer®

Non-Preferred

Adecirca®	Revatio®*
Adempas®	Tyvaso®
Opsumit®	Upravi®
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®
Cinvanti™	Varubi®
Diclegis®	Zofran®/ODT/soln*
Emend®/pack	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**

Pegasys®
Pegasys® Conv. Pack

Non-Preferred**

PEG-Intron®/Redipen

Ribavirin Products

Preferred**

Ribavirin

Non-Preferred**

Copegus®	RibaPak®
Rebetol®	Ribasphere®

Direct Acting Antiviral Products

Preferred**

Epclusa®
Harvoni®
Mavyret™
Vosevi®

Non-Preferred**

Daklinza®
Sovaldi®
Technivie®
Viekira Pak™/XR™
Zepatier®



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

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)

Oral

Asacol HD®
Azulfidine®*
Colazol®*
Dipentum®

Rectal

Rowasa®
SFRowasa®

Non-Preferred

Giazo®
Lialda®
Uceris®

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

OSTEOPOROSIS – NASAL CALCITONINS

Preferred

calcitonin salmon (generic for Miacalcin®)

Non-Preferred

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 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®*



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

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®)	Kazano®
Janumet®	Nesina®
Janumet XR®	Onglyza®
Januvia®	Oseni®
Jentadueto®	Qtern®
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®)	Glucotrol®/XL*
glipizide (generic for Glucotrol®)	Glucovance®*
glipizide ER (generic for Glucotrol XL®)	Glynase®*
glyburide (generic for Micronase®, DiaBeta®)	Metaglip®
glyburide-metformin (generic for Glucovance®)	
glyburide micronized (generic for Glynase®)	

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®	Ozempic®
	Soliqua®
	Trulicity®
	Victoza®
	Xultophy®



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

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®	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®
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® Zomacton™ Zorbitive®



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

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®
Belbuca®	Oxycodone SA
Butrans®	Oxycontin@***
Duragesic@*	Xtampza ER®
Exalgo®	Zohydro ER®
Hysingla ER®	
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™

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®

ANTIBIOTICS – 3RD GENERATION CEPHALOSPORINS

Preferred

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

Non-Preferred

Suprax chew/tab®



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

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 200 susp®
Eryped Susp/Chew®	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®	Onmel®
Kerydin® (tavaborole)	Oxistat®*
Lamisil® *	Penlac®*
Luzu®	Sporanox®



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

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 Zflo 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

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 Ellipta® Perforomist®
Arcapta® Striverdi Respimat®
Bevespi Aerosphere® Trelegy Ellipta®
Brovana®

RESPIRATORY – INHALED CORTICOSTEROIDS

Preferred

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

Non-Preferred

Aerospan® Flovent Diskus®
Arnuity Ellipta® Pulmicort Flexhaler®
Alvesco® (No PA required for
ArmonAir RespiClick® children ≤ 5 years of age)



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

RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC & COMBINATIONS

Preferred

Advair Diskus®
Advair HFA®
Dulera®
fluticasone propionate and salmeterol
(generic for AirDuo RespiClick)
Symbicort®

Non-Preferred

AirDuo RespiClick®
Breo Ellipta®

SELF INJECTION EPINEPHRINE***

Preferred

epinephrine

Non-Preferred

Auvi-Q®
EpiPen®
EpiPen Jr.®

RESPIRATORY – NASAL ANTIHISTAMINES

Preferred

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

Non-Preferred

Dymista®

RESPIRATORY – NASAL CORTICOSTEROIDS***

Preferred

budesonide (generic for Rhinocort Aqua®)
flunisolide (generic for Nasarel®)
fluticasone (generic for Flonase®)
mometasone (generic for Nasonex®)
Nasonex®
triamcinolone (generic for Nasacort AQ®)

Qty
limits
apply

Non-Preferred

Beconase AQ®
Dymista®
Flonase®*
Nasacort®
Omnanis®
Ticanase®
Zetonna®

RESPIRATORY – LOW SEDATING ANTIHISTAMINES & COMBINATIONS

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)

Non-Preferred

Allegra®
Allegra D®/ODT
Clarinex®/Dis
Xyzal®

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

Preferred

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

Non-Preferred

Iopidine®



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

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®

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 Fazaclo®)
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®
Fazaclo®* Versacloz®
Geodon®*/IM Vraylar®
Invega® Zyprexa®*/IM/Reprevv/
Latuda® Zydis

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



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

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

Recipients aged < 12 exempt from PDL in SSRI category

Non-Preferred

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



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

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 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.

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

Preferred

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

Non-Preferred

Ampyra®	Plegridy®
Aubagio®	Tecfidera®
Extavia®	
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®
Enablex®	Oxytrol®



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

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®*
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®
enoxaparin (generic for Lovenox®)
fondaparinux (generic for Arixtra®)
Fragmin®
Pradaxa®
warfarin (generic for Coumadin®)
Xarelto®

Non-Preferred

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

TOPICAL – ANTIPARASITICS

Preferred

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

Non-Preferred

Eurax®
Malathion®
Ovide®
Ulesfia®



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

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®, Halonate®)

Non-Preferred

ApexiCon E®
 Clobex®
 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®
 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®
 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®
 Desowen®
 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®



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

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

Altamax®
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®
Arava®	Otezla®
Arcalyst®	Remicade®
Cimzia®	Renflexis®
Cosentyx®	Siliq®
Entyvio®	Simponi/Aria®
Ilaris®	Stelara®
Inflectra®	Taltz®
Kevzara®	Tremfya®
Kineret®	Xeljanz®/XR



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

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®)
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

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®*



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

MISCELLANEOUS – PANCREATIC ENZYMES

Preferred

Creon®
 Zenpep®

Non-Preferred

Pancreaze®
 Pertzye®
 Viokace®

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

Preferred

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

Non-Preferred

Amrix®	Robaxin®*
Dantrium®*	Skelaxin®
Fexmid®	Soma®*
Lorzone®	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®	Testim®
Axiron®	Vogelxo®
Fortesta®	