



# New Hampshire AIDS Drug Assistance Program 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.

Where applicable, Over the Counter (OTC) items may not be covered.  
This list may not include all available formulations listed specifically by name.

## CARDIOVASCULAR - ACE INHIBITORS & COMBINATIONS

### Preferred

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

### Non-Preferred

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

## CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS & COMBINATIONS

### Preferred

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

### Non-Preferred

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



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### CARDIOVASCULAR - CALCIUM CHANNEL BLOCKERS (DHP) & COMBINATIONS

#### Preferred

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

#### Non-Preferred

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

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

#### Preferred

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

#### Non-Preferred

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

### CARDIOVASCULAR - BETA-BLOCKERS & COMBINATIONS

#### Preferred

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

#### Non-Preferred

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



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### CARDIOVASCULAR – STATINS & COMBINATIONS

#### Preferred

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

#### Non-Preferred

Advicor®  
Altoprev® (formerly Altacor®)  
fluvastatin (generic for Lescol®)  
Lescol®  
Lescol XL®  
Liptruzet®  
Mevacor®\*  
Pravachol®\*  
Pravigard PAC®

### CARDIOVASCULAR – HIGH POTENCY STATINS & COMBINATIONS

#### Preferred

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

#### Non-Preferred

amlodipine/atorvastatin (generic for Caduet®) Caduet® Crestor® Lipitor® Livalo®	Simcor® Vytorin® Zocor®*
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### CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

#### Preferred

#### Non-Preferred

Vytorin®  
Zetia®

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

### CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

#### Preferred

gemfibrozil (generic for Lopid®)  
Tricor®  
Trilipix®

#### Non-Preferred

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

#### Preferred

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

#### Non-Preferred

Brilinta®  
dipyridamole (generic for Persantine®)  
Effient®  
Persantine®  
Plavix®\*

### CARDIOVASCULAR-NIACIN DERIVATIVES

#### Preferred

Niaspan®

#### Non-Preferred

Niacor®



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

#### Preferred

Letairis®  
sildenafil (generic for Revatio®)  
Tracleer®

#### Non-Preferred

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

### GASTROINTESTINAL – PROTON PUMP INHIBITORS & COMBINATIONS

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

#### Preferred\*\*

Nexium suspension  
omeprazole (generic  
for Prilosec®) (OTC/RX)  
pantoprazole (generic for  
Protonix®)  
Protonix® suspension

**\*\*Criteria for approval:**  
First 8 weeks do not require prior approval for preferred drugs.  
Erosive Esophagitis Grade 2 or greater  
Barrett's Esophagus  
Zollinger-Ellison Syndrome  
GERD  
+ H. Pylori diagnosis  
Active GI Bleed  
Hyperacidity in CF patients  
LTC, Hospice, or End of Life

#### Non-Preferred\*\*

Aciphex/sprinkles®  
Dexilant® (formerly known  
as Kapidex® )  
esomeprazole (generic for  
Nexium®)  
lansoprazole/OTC/solutab  
(generic for Prevacid /  
OTC/solutab (RX)  
Nexium®  
omeprazole/sodium  
bicarbonate / OTC (generic  
for Zegerid ®/OTC)

Prevacid® capsules (RX)  
Prevacid Solutab®  
Prevacid Susp®  
Prilosec® (RX)\*  
Protonix®\*  
Zegerid®

### GASTROINTESTINAL - ANTIEMETICS

#### Preferred

granisetron Tab (generic for Kytril®)  
ondansetron (generic for Zofran®)

Qty limits  
apply

#### Non-Preferred

Akynzeo®  
Anzemet®  
Diclegis®  
Emend®  
Kytril Tab®\*  
Metozolv ODT®  
Sancuso®

Zofran®\*  
Zofran ODT®  
Zofran Sol®  
Zuplenz®

### GASTROINTESTINAL -ULCERATIVE COLITIS

#### Preferred

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

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

#### Oral

Asacol HD®  
Azulfidine®\*  
Colazol®\*

#### Non-Preferred

Dipentum®  
Giazo®  
Lialda®  
Uceris®

#### Rectal

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



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### GASTROINTESTINAL - HEPATITIS C AGENTS

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

#### Pegylated Interferon Alpha Products

<b>Preferred**</b>	<b>Non-Preferred**</b>
Pegasys® Pegasys® Conv. Pack	PEG-Intron® PEG-Intron® Redipen

#### Ribavirin Products

<b>Preferred**</b>	<b>Non-Preferred**</b>
Ribavirin	Copegus® Rebetol® RibaPak® Ribasphere®

#### Direct Acting Antiviral Products

<b>Preferred**</b>	<b>Non-Preferred**</b>
Harvoni® Viekira Pak®	Daklinza™ Olysio® Sovaldi® Technivie® Zepatier™

### OSTEOPOROSIS - BISPHOSPHONATES

<b>Preferred</b>	<b>Non-Preferred</b>
alendronate (generic for Fosamax®) Evista®	Actonel® Atelvia® Binosto® Boniva® etidronate sodium (generic for Didronel®) Fosamax® * /D/soln ibandronate (generic for Boniva®) risedronate (generic for Actonel®)

### OSTEOPOROSIS - NASAL CALCITONINS

<b>Preferred</b>	<b>Non-Preferred</b>
calcitonin salmon (generic for Miacalcin®)	Fortical® Miacalcin®

### ENDOCRINOLOGY – BIGUANIDES & COMBOS

<b>Preferred</b>	<b>Non-Preferred</b>
metformin (generic for Glucophage®) metformin-glyburide (generic for Glucovance®) metformin XL	ACTOplusmet® ACTOplusmet XR® Avandamet® Fortamet® Glucophage®* Glucophage XL®* Glucovance® Glumetza® Metaglip® metformin ER (generic for Fortamet®) metformin-glipizide (generic for Metaglip®) Riomet®

### ENDOCRINOLOGY – MEGLITINIDES

<b>Preferred</b>	<b>Non-Preferred</b>
nateglinide (generic for Starlix®)	PrandiMet® repaglinide (generic for Prandin®) Prandin® Starlix®*



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

#### Preferred\*\*

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

#### Non-Preferred\*\*

Glyxambi®  
Juvisync®  
Kazano®  
Nesina®  
Onglyza®  
Oseni®

### ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

#### Preferred

acarbose (generic for Precose®)  
Glyset®

#### Non-Preferred

Precose®

### ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

#### Preferred

Invokana®

#### Non-Preferred

Farxiga®  
Glyxambi®  
Invokamet®  
Jardiance®  
Xigduo XR®

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

#### Preferred

Bydureon®  
Byetta®

#### Non-Preferred

Tanzeum®  
Trulicity®  
Victoza®

### ENDOCRINOLOGY- 2<sup>ND</sup> GENERATION SULFONYLUREAS & COMBINATIONS

#### Preferred

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

#### Non-Preferred

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



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBINATIONS

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

### ENDOCRINOLOGY – INSULINS

<b>Rapid Acting</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Humalog® Novolog/cartridge/pen®	Afrezza** Apidra/solostar® Humalog cartridge/pen®
<b>Short Acting</b>	
Humulin R®	Humulin R 500® Novolin R®
<b>Intermediate Acting</b>	
Humulin N®	Humulin N pen® Novolin N®
<b>Long Acting</b>	
Lantus vial® Levemir FlexTouch® Levemir vial®	Lantus cartridge® Lantus solostar® Toujeo®
<b>Premixed Combinations</b>	
Humalog Mix 75/25/pen® Humalog Mix 50/50/pen® Humulin 70/30® Novolog Mix 70/30®	Novolin 70/30/pen® Novolog Mix 70/30 pen® Novolog Flexpen®

\*\* Indicates when additional Prior Approval is required.

### ANALGESICS – LONG ACTING NARCOTICS

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



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### ANALGESIC -ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

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

#### Preferred\*\*

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

#### Non-Preferred\*\*

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

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

### ANALGESICS – TRAMADOL & TRAMADOL LIKE DERIVATIVES

#### Preferred

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

#### Non-Preferred

Conzip® Nucynta/ER® Rybix ODT® Ryzolt ER	tramadol ER (generic for Ryzolt ER®, Ultram ER®) Ultracet® Ultram ER® Ultram®*
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### ANTIBIOTICS – 2<sup>ND</sup> GENERATION CEPHALOSPORINS

#### Preferred

Cefaclor Susp (generic for Ceclor®)  
cefuroxime (generic for Cefitin®)  
cefprozil Susp/Tabs (generic for Cefzil Susp/Tabs®)

#### Non-Preferred

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

### ANTIBIOTICS – 3<sup>RD</sup> GENERATION CEPHALOSPORINS

#### Preferred

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

#### Non-Preferred

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

#### Preferred

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

#### Non-Preferred

Biaxin®*/*** Biaxin XL® clarithromycin ER/suspension (generic for Biaxin XL®/suspension***) Dynabac® E.E.S®* E-Mycin®*	Eryc®* Eryped* Susp/Chew® Eryped 200* Susp® Eryped 400* Susp® Erythrocin® Ketek® PCE®* Pediazole® Zithromycin®* Zmax®
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## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### ANTIBIOTICS – 2<sup>ND</sup> GENERATION QUINOLONES

<p><b>Preferred***</b></p> <p>Ciprofloxacin Cipro Susp® ofloxacin (generic for Floxin®)</p>	<p>Qty limits apply</p>	<p><b>Non-Preferred***</b></p> <p>Maxaquin® Noroxin® ofloxacin (generic for Floxin®) Proquin XR®</p>
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### ANTIBIOTICS – 3<sup>RD</sup> GENERATION QUINOLONES

<p><b>Preferred***</b></p> <p>Avelox ABC® levofloxacin (generic for Levaquin®)</p>	<p>Qty limits apply</p>	<p><b>Non-Preferred***</b></p> <p>Avelox® Factive® Levaquin®* moxifloxacin (generic for Avelox®)</p>
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### ANTIBIOTICS – HERPETIC ANTIVIRALS

<p><b>Preferred</b></p> <p>acyclovir (generic for Zovirax®) famciclovir (generic for Famvir®) valacyclovir (generic for Valtrex®)</p>	<p><b>Non-Preferred</b></p> <p>Famvir®* Sitavig® Valtrex®* Zovirax®* Zovirax Susp®*</p>
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### ANTIFUNGALS - ONYCHOMYCOSIS

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

<p><b>Preferred**</b></p> <p>ciclopirox (generic for Penlac®) terbinafine (generic of Lamisil®)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>**Criteria for approval: Positive KOH/PAS stain or + fungal culture. PT has pain. For Sporonox®, PT must also have immunosuppression, diabetes, or peripheral vascular compromise. Penlac® requires failure of Lamisil®/Sporanox®</p> </div>	<p><b>Non-Preferred**</b></p> <p>CNL-8® Itraconazole Jublia® Kerydin® (tavaborole) Lamisil® * Luzu® Nuzole® Onmel® Pedipirox 4® nail kit Penlac®* Sporanox® Terbinex®</p>
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### ANTIVIRALS – TREATMENT/PROPYLAXIS OF INFLUENZA

<p><b>Preferred</b></p> <p>amantadine (generic for Symmetrel®) Relenza®*** rimantadine (generic for Flumadine®) Tamiflu***</p>	<p><b>Non-Preferred</b></p> <p>Flumadine tablet®*</p>
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### RESPIRATORY – LEUKOTRIENE MODIFIERS

<p><b>Preferred</b></p> <p>montelukast(generic for Singulair®) zafirlukast (generic for Accolate®)</p>	<p><b>Non-Preferred</b></p> <p>Accolate®* Singulair®* Zyflo® Zyflo CR®</p>
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Recipients' ≤ 10 years of age will be exempt from the PDL in the LTRA category



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

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

#### Preferred

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

#### Non-Preferred

Accuneb®\*  
Airet®\* neb  
albuterol/ipratropium  
(generic for Duoneb®)  
Alupent®\* neb  
Brethair®  
Duoneb®

levalbuterol (generic for  
Xopenex®)  
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®  
Brovana®  
Perforomist®  
Striverdi Respimat®

### RESPIRATORY – INHALED CORTICOSTEROIDS

#### Preferred

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

#### Non-Preferred

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

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

### RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC & COMBINATIONS

#### Preferred

Advair Diskus®  
Advair HFA®  
Dulera®  
Symbicort®

#### Non-Preferred

Breo Ellipta®

### SELF INJECTION EPINEPHRINE\*\*\*

#### Preferred

Epipen®  
Epipen Jr.®

#### Non-Preferred

Adrenaclick®  
Auvi-Q®  
Epinephrine

### RESPIRATORY – NASAL ANTIHISTAMINES

#### Preferred

Astelin®  
Astepro®  
Patanase®

#### Non-Preferred

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



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### RESPIRATORY – NASAL CORTICOSTEROIDS

**Preferred\*\*\***  
fluticasone (generic for Flonase®)  
Nasonex®

Qty limits  
apply

**Non-Preferred\*\*\***  
Beconase AQ®  
budesonide (generic for  
Rhinocort Aqua®)  
Dymista®  
Flonase®\*  
flunisolide (generic for  
Nasarel®)  
Nasacort AQ®  
Nasarel®  
Omnaris®

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

### RESPIRATORY - LOW SEDATING ANTIHISTAMINES & COMBINATIONS

**Preferred**  
cetirizine Tabs/Syrup/chew (generic for Zyrtec® OTC)  
levocetirizine (generic for Xyzal®)

**Non-Preferred**  
Allegra®  
Allegra D®  
Allegra ODT®  
cetirizine chew (generic for  
Zyrtec® chew)  
Clarinex®  
Clarinex Dis®  
desloratadine (generic for  
Clarinex®)

fexofenadine/D  
levocetirizine (generic for  
Xyzal®)  
Loratadine (RX)  
Loratadine Syrup (RX)  
Loratadine Dis (RX)  
Xyzal®

### OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

**Preferred**  
Alphagan P®  
brimonidine (generic for Alphagan®)

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

### OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

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

**Non-Preferred**  
Akbeta®\*  
Betagan®\*  
Betimol®\*  
Betoptic®\*/Betoptic S®  
Istalol®\*

metipranolol (generic for  
OptiPranolol®)  
Optipranolol®  
Timoptic®\*  
Timoptic XE®\*

### OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

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

**Non-Preferred**  
Cosopt®\*/Cosopt PF®  
Trusopt®\*

### OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

**Preferred**  
latanoprost (generic for Xalatan®)  
Travatan Z®

**Non-Preferred**  
Lumigan®  
Rescula®  
travoprost (generic for Travatan®)  
Xalatan®\*\*/\*  
Zioptan®



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

<b>Preferred</b>	<b>Non-Preferred</b>		
Pataday®	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">               Alocril®                Alomide®                Alrex®                azelastine (generic for                Optivar®)                Bepreve®                Cromolyn®             </td> <td style="width: 50%; vertical-align: top;">               Elestat®                Emadine®                epinastine (generic for                Elestat®)                Lastacaft®                Optivar®                Patanol®                Pazeo®             </td> </tr> </table>	Alocril® Alomide® Alrex® azelastine (generic for Optivar®) Bepreve® Cromolyn®	Elestat® Emadine® epinastine (generic for Elestat®) Lastacaft® Optivar® Patanol® Pazeo®
Alocril® Alomide® Alrex® azelastine (generic for Optivar®) Bepreve® Cromolyn®	Elestat® Emadine® epinastine (generic for Elestat®) Lastacaft® Optivar® Patanol® Pazeo®		

### OPHTHALMIC/ANTIBIOTIC – QUINOLONES

<b>Preferred</b>	<b>Non-Preferred</b>		
ciprofloxacin (generic for Ciloxan®) levofloxacin (generic for Quixin®) Moxeza® ofloxacin Vigamox®	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">               Azasite®                Besivance®                Ciloxan®*                Iquix®                Ocuflox®             </td> <td style="width: 50%; vertical-align: top;">               Quixin®*                Zymar®                Zymaxid®             </td> </tr> </table>	Azasite® Besivance® Ciloxan®* Iquix® Ocuflox®	Quixin®* Zymar® Zymaxid®
Azasite® Besivance® Ciloxan®* Iquix® Ocuflox®	Quixin®* Zymar® Zymaxid®		

### OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

<b>Preferred</b>	<b>Non-Preferred</b>		
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®)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">               Acular®*                Acular LS®*                Acuvail®                bromfenac (generic for                Xibrom®)             </td> <td style="width: 50%; vertical-align: top;">               Bromday®                Nevanac®                Ocufen®*                Prolensa®                Voltaren drops®*                Xibrom®             </td> </tr> </table>	Acular®* Acular LS®* Acuvail® bromfenac (generic for Xibrom®)	Bromday® Nevanac® Ocufen®* Prolensa® Voltaren drops®* Xibrom®
Acular®* Acular LS®* Acuvail® bromfenac (generic for Xibrom®)	Bromday® Nevanac® Ocufen®* Prolensa® Voltaren drops®* Xibrom®		

### OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

<b>Preferred</b>	<b>Non-Preferred</b>
Ciprodex otic® ofloxacin otic (generic for Floxin otic®)	Cetraxal® ciprofloxacin (generic for Cetraxal), Cipro HC otic® Floxin otic®*

### OPIATE DEPENDENCE TREATMENT

<b>Preferred</b>	<b>Non-Preferred</b>
Suboxone®	Bunavail®(buprenorphine and naloxone) buprenorphine (generic for Subutex®) buprenorphine/naloxone (generic for Suboxone®) Zubsolv®

### BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS & COMBOS

<b>Preferred</b>	<b>Non-Preferred</b>		
clozapine (generic for Clozaril®) clozapine ODT (generic for Fazaclo®) Fanapt® Invega Sustenna® Latuda® olanzepine (generic for Zyprexa®) quetiapine (generic for Seroquel®) Risperdal Consta®*** risperidone (generic for Risperdal®) risperidone M (generic for Risperdal MT®) ziprasidone (generic for Geodon®)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">               Abilify®                Abilify Oral Solution®                Abilify DiscMelt®                Abilify Maintena®                Adasuve®                Clozaril®*                Fazaclo®*                Geodon®*                Geodon IM®                Invega®                olanzepine/fluoxetine                (generic for Symbyax®)             </td> <td style="width: 50%; vertical-align: top;">               Risperdal®*                Risperdal MT®*                Saphris®                Seroquel®*                Seroquel XR®                Symbyax®                Versacloz®                Zyprexa®*                Zyprexa IM®                Zyprexa Relprevv®                Zyprexa Zydis®             </td> </tr> </table>	Abilify® Abilify Oral Solution® Abilify DiscMelt® Abilify Maintena® Adasuve® Clozaril®* Fazaclo®* Geodon®* Geodon IM® Invega® olanzepine/fluoxetine (generic for Symbyax®)	Risperdal®* Risperdal MT®* Saphris® Seroquel®* Seroquel XR® Symbyax® Versacloz® Zyprexa®* Zyprexa IM® Zyprexa Relprevv® Zyprexa Zydis®
Abilify® Abilify Oral Solution® Abilify DiscMelt® Abilify Maintena® Adasuve® Clozaril®* Fazaclo®* Geodon®* Geodon IM® Invega® olanzepine/fluoxetine (generic for Symbyax®)	Risperdal®* Risperdal MT®* Saphris® Seroquel®* Seroquel XR® Symbyax® Versacloz® Zyprexa®* Zyprexa IM® Zyprexa Relprevv® Zyprexa Zydis®		



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

#### Preferred

donepezil (generic for Aricept®)  
Exelon® patch  
rivastigmine (generic for Exelon®)

#### Non-Preferred

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

#### Preferred

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

#### Non-Preferred

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

#### Preferred

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

#### Non-Preferred

<p>Alprazolam XR Ativan®* Buspar®* Klonopin®* Klonoin Wafers®</p>	<p>Niravam ODT® Serax®* Tranxene®* Xanax®* Xanax XR®</p>
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### BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS & COMBOS

#### Preferred

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

Recipients  
aged < 12  
exempt from  
PDL in SSRI  
category

#### Non-Preferred

<p>Brisdelle® Celexa®* escitalopram solution (generic for Lexapro®) fluvoxamine ER (generic for Luvox CR®) fluoxetine (weekly) (generic for Prozac Weekly®) Lexapro® Luvox®* Luvox CR® olanzepine/fluoxetine (generic for Symbyax®)</p>	<p>paroxetine ER (generic for Paxil CR®) Paxil®* Paxil CR® Pexeva® Prozac®* Prozac Weekly® Sarafem®* Symbyax® Zoloft®*</p>
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## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

#### Preferred

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

#### Non-Preferred

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

### BEHAVIORAL HEALTH – ANTIHYPERKINESIS

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

#### Preferred\*\*

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

#### Non-Preferred\*\*

Adderall\*®  
clonidine ER (generic for Kapvay®)  
Concerta®  
Daytrana®  
Desoxyn\*®  
Dexedrine\*®  
Dexedrine Elixir®  
Dexedrine SA\*®  
dextroamphetamine soln (generic for Procentra®)

dexamylphenidateXR (generic for Focalin XR®)  
Focalin®  
guanfacine ER (generic for Intuniv®)  
Intuniv®  
Kapvay®  
Metadate CD®  
methamphetamine (generic for Desoxyn®)  
methylphenidate CD (generic for Metadate CD®)  
methylphenidate ER (generic for Ritalin LA®)  
methylphenidate liquid (generic for Methylin®)  
Procentra®  
Ritalin\*®  
Ritalin LA®  
Ritalin SR\*®  
Strattera®  
Zenzedi®

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

### CENTRAL NERVOUS SYSTEM -TRIPTANS

#### Preferred\*\*\*

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

Qty limits apply

#### Non-Preferred\*\*\*

Alsuma®	naratriptan (generic for Amerge®)
Amerge®	Relpax®
Axert®	Sumavel®
Frova®	Treximet®
Imitrex®	zolmitriptan (generic for Zomig®)
Maxalt table/MLT®	Zomig®

### CENTRAL NERVOUS SYSTEM - MULTIPLE SCLEROSIS

#### Preferred

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

#### Non-Preferred

Ampyra®	Plegridy®
Aubagio®	Rebif®***
Extavia®	Tecfidera®
Lemtrada®	



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### GENITOURINARY/RENAL - URINARY ANTISPASMODICS

#### Preferred

oxybutynin (generic for Ditropan®)  
Toviaz®  
Vesicare®

#### Non-Preferred

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

#### Preferred

calcium acetate(generic for PhosLo®)  
Renagel®

#### Non-Preferred

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

#### Preferred

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

#### Non-Preferred

Flomax®* Jalyn®	Rapaflo® Uroxatral® *
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### GENITOURINARY/RENAL –ANDROGEN HORMONE INHIBITORS

#### Preferred

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®\*\*\*  
Epogen®\*\*\*  
Procrit®\*\*\*

Qty limits  
apply

#### Non-Preferred\*\*

### HEMATOLOGIC -ANTICOAGULANTS

#### Preferred

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

#### Non-Preferred

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

#### Preferred

Eurax®  
Natroba®  
Permethrin® (OTC/RX)  
Sklice®

#### Non-Preferred

Lindane® Malathion® Ovide®	spinosad (generic for Natroba®) Ulesfia®
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## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### TOPICAL – STEROIDS

#### Very High Potency

##### Preferred

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

##### Non-Preferred

Apexicon E®  
clobetasol (generic for Clobex®)  
Clobex®  
Halac®

Halonate®  
Olux-E®  
Temovate®  
Ultravate®  
Ultravate X®

#### High Potency

##### Preferred

betamethasone  
flucinonide/E  
triamcinolone

##### Non-Preferred

Amcinonide  
betamethasone dipropionate (augmented generic for Diprolene AF)  
Diprolene AF®  
Diprolene/AF®  
desoximetasone

diflorasone diacetate  
Halog®  
Kenalog aerosol®  
Vanos®

#### Medium Potency

##### Preferred

fluticasone propionate  
hydrocortisone butyrate/valerate  
mometasone  
prednicarbate

##### Non-Preferred

betamethasone valerate foam (generic for Luziq®)  
Cloderm®  
Cordran tape®  
Cutivate Lotion®  
Dermatop®  
Elocon®

fluocinolone acetate (generic for Synalar®)  
Luziq®  
Momexin®  
Pandel®  
Synalar®

#### Low Potency

##### Preferred

Desonide  
Hydrocortisone acetate (OTC/RX) cr/oint

##### Non-Preferred

alclometasone dipropionate  
Aqua Glycolic HC®  
Capex Shampoo®  
Derma-Smoothe FS®  
Desonate®  
Desowen®

Desonil + Plus®  
fluocinolone (generic for Derma Smoothe®)  
Hytone®  
Pediaderm HC/TA®  
Verdeso®

### TOPICAL – TOPICAL AGENTS FOR PSORIASIS

##### Preferred

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

##### Non-Preferred

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

### TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS

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

##### Preferred\*\*

Benzaclin®

##### Non-Preferred\*\*

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





## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### TOPICAL – TOPICAL IMMUNODULATORS

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

Preferred**	Non-Preferred**
Elidel®	Protopic®

### TOPICAL – TOPICAL RETINOIDS

Preferred	Non-Preferred
Differin® tretinoin	adapalene (generic for Differin®) Atralin® Avita® Epiduo® Fabior®
	Retin A® Retin A Micro® Retin A Micro Pump® Tazorac® Veltin® Ziana®

### TOPICAL – TOPICAL ANTIVIRALS

Preferred	Non-Preferred
Denavir® Zovirax oint®	acyclovir (generic for Zovirax®) Xerese® Zovirax cream®

### TOPICAL – TOPICAL ANTIBIOTICS

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

### ANTIPARKINSON'S AGENTS– DOPAMINE RECEPTOR AGONISTS

Preferred	Non-Preferred
pramipexole (generic for Mirapex®) ropinirole (generic for Requip®)	Mirapex/ER Neupro® Requip/XL®
	Requip dose pack® ropinirole ER (generic for Requip XL®)

### ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

Preferred	Non-Preferred
carbamazepine Chew (generic for Tegretol®) carbamazepine Susp (generic for Tegretol®) carbamazepine Tab (generic for Tegretol®) carbamazepine XR (generic for Tegretol XR®) Carbatrol® Epitol® oxcarbazepine susp (generic for Trileptal® Susp) oxcarbazepine Tab (generic for Trileptal®)	carbamazepine ER (generic for Cabatrol®) Oxtellar ER® Tegretol® Susp* Tegretol® Chew* Tegretol® Tab* Tegretol® XR* Trileptal® Susp Trileptal® Tab*



## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### ANTICONVULSANTS- FIRST GENERATION

#### Preferred

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

#### Non-Preferred

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

### ANTICONVULSANTS – RECTAL

#### Preferred

Diastat®

#### Non-Preferred

diazepam (generic for Diastat®)

### ANTICONVULSANTS- SECOND GENERATION

#### Preferred

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

#### Non-Preferred

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

#### Preferred

Creon®  
 Pancrelipase®  
 Zenpep®

#### Non-Preferred

Pancreaze®  
 Pertzye®  
 Ultresa®  
 Viokace®

### MISCELLANEOUS- SKELETAL MUSCLE RELAXANTS

#### Preferred

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

<p>Amrix®          carisoprodol (generic for Soma®)          carisoprodol compound (generic for Soma® compound)          cyclobenzaprine ER (generic for Amrix®)          Dantrium®*          Fexmid®          Flexeril®*          metaxolone (generic for Skelaxin®)</p>	<p>Lorzone®          Norflex®*          Norgesic Forte®*          Parafon Forte®*          Robaxisal®*          Robaxin®*          Skelaxin®          Soma®*          tizanidine (generic for Zanaflex®)          Zanaflex®*          Zanaflex®*</p>
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## New Hampshire AIDS Drug Assistance Program Preferred Drug List (PDL)

### MISCELLANEOUS –SMOKING CESSATION

#### Preferred

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

#### Non-Preferred

Chantix®  
Nicotrol inhalation/NS®  
Zyban®

### MISCELLANEOUS –TOPICAL ANDROGENIC AGENTS

#### Preferred

Androgel®  
Testim®

#### Non-Preferred

Androderm®  
Axiron®  
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