



## 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.

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®)  
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®  
Teveten®/HCT  
Tribenzor®  
Twynsta®  
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®)  
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®



## 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®	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®
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\*\*

Epclusa®  
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®	Giazo®
Azulfidine®*	Lialda®
Colazol®*	Uceris®
Dipentum®	

##### Rectal

Rowasa®	SFRowasa®
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### 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	Glucovance®
Avandamet®	Glumetza®
Fortamet®	Metaglip®
Glucophage®*/XL	Riomet®

### ENDOCRINOLOGY – MEGLITINIDES

#### Preferred

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

#### Non-Preferred

PrandiMet®  
Prandin®  
Starlix®\*



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

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

#### Preferred\*\*

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

#### Non-Preferred\*\*

Glyxambi®  
Jentadueto XR®  
Juvisync®  
Kazano®  
Nesina®  
Onglyza®  
Oseni®

### ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

#### Preferred\*\*

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

#### Non-Preferred

Precose®\*

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

#### Preferred

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

#### Non-Preferred

Amaryl®  
Avandaryl®  
Diabeta®\*  
Glucotrol®/XL\*  
Glucovance®\*  
Glynase®\*  
Metaglip®

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

#### Preferred

Farxiga®  
Invokana®

#### Non-Preferred

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

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

#### Preferred

Bydureon®  
Byetta®

#### Non-Preferred

Adlyxin®  
Soliqua®  
Tanzeum®  
Trulicity®  
Victoza®  
Xultophy®



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

### ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBINATIONS

#### Preferred

pioglitazone (generic for Actos®)  
 pioglitazone/glimepiride (generic for Duetact®)  
 pioglitazone/metformin (generic for Actosplus Met®)

#### Non-Preferred

Actos®  
 Actoplus Met/XR®  
 Avandia®  
 Avandamet®  
 Avandaryl®  
 Duetact®

### ENDOCRINOLOGY – INSULINS

#### Rapid Acting

#### Preferred

Humalog®  
 Novolog/cartridge/Flexpen®

#### Non-Preferred

Afrezza\*\*  
 Apidra/solostar®  
 Humalog cartridge/pen®

#### Short Acting

#### Preferred

Humulin R®

#### Non-Preferred

Humlin R 500®/pen  
 Novolin R®

#### Intermediate Acting

#### Preferred

Humulin N®

#### Non-Preferred

Humulin N pen®  
 Novolin N®

#### Long Acting

#### Preferred

Lantus solostar®  
 Lantus vial®  
 Levemir FlexTouch®  
 Levemir vial®

#### Non-Preferred

Basaglar pen®  
 Toujeo®  
 Tresiba pen®

#### Premixed Combinations

#### Preferred

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

#### Non-Preferred

Humulin 70/30 pen®  
 Novolin 70/30I®  
 Novolog Mix 70/30 Flexpen®

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



## New Hampshire AIDS Drug Assistance Program 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®
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 – 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®  
Cefitin®\*  
Cefitin Susp®

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

#### Preferred

cefdinir cap/susp (generic for Omnicef cap/susp®)  
cefditoren (generic for Spectracef®)  
cefepodoxime (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®\*/\*\*\*  
 Biaxin XL®  
 Dynabac®  
 E.E.S®\*  
 E-Mycin®\*  
 Eryc®  
 Eryped Susp/Chew®  
 Eryped 200 susp®  
 Eryped 400 susp®  
 Ery-Tab®  
 Erythrocin®  
 Ketek®  
 PCE®\*  
 Pediazole®  
 Zithromax®\*  
 Zmax®

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

#### Preferred\*\*\*

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

Qty limits  
apply

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

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

### ANTIBIOTICS – 3<sup>RD</sup> 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 Sporonox®, PT must also have immunosuppression, diabetes, or peripheral vascular compromise. Penlac® requires failure of Lamisil®/Sporanox®

#### Non-Preferred\*\*

CNL-8®  
 Jublia®  
 Kerydin® (tavaborole)  
 Lamisil® \*  
 Luzu®  
 Nuzole®  
 Onmel®  
 Oxistat®\*  
 Pedipirox 4® nail kit  
 Penlac®\*  
 Sporonox®  
 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 Zylflo 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®*	Ventolin HFA®
Airet®* neb	Ventolin®* neb and sol
Brethair®	Xopenex®
Duoneb®	Xopenex HFA®
Proventil®* neb and sol	

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

#### Preferred

Dulera®  
Foradil®  
Serevent Diskus®

#### Non-Preferred

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

### RESPIRATORY – INHALED CORTICOSTEROIDS

#### Preferred

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

#### Non-Preferred

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



## New Hampshire AIDS Drug Assistance Program 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

AdrenaClick®  
epinephrine

#### Non-Preferred

Auvi-Q®  
Epipen®  
Epipen Jr.®

### RESPIRATORY – NASAL ANTIHISTAMINES

#### Preferred

Astelin®  
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®	Rhinocort Aqua®
Dymista®	Ticase®
Flonase®*	Tri-Nasal®
Nasacort AQ®	Veramyst®
Nasarel®	Zetonna®
Omnaris®	
QNASL®	

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

### 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®\*  
Betagan®\*  
Betimol®\*  
Betoptic®\*/S®  
Istalol®\*  
Optipranolol®  
Timoptic®/XE\*

### 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®  
Alomide®  
Alrex®  
Bepreve®  
Cromolyn®  
Elestat®\*  
Emadine®  
Lastacaft®  
Optivar®\*  
Patanol®\*

### OPHTHALMIC/ANTIBIOTIC – QUINOLONES

#### Preferred

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

#### Non-Preferred

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

### 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®\*  
Acular LS®\*  
Acuvail®  
Bromday®  
BromSite®  
Nevanac®  
Ocufen®\*  
Prolensa®  
Voltaren drops®\*  
Xibrom®



## New Hampshire AIDS Drug Assistance Program 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®  
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 Fazacllo®)  
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®  
Fazacllo®\*  
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®)



## New Hampshire AIDS Drug Assistance Program 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®	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®	



## New Hampshire AIDS Drug Assistance Program 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®\*  
 Adzenys XR-ODT®  
 Aptensio XR®  
 Concerta®  
 Cotempla XR-ODT®  
 Daytrana®  
 Desoxyn®\*  
 Dexedrine®\*  
 Dexedrine SA®\*  
 Dyanavel XR®  
 Evekeo®  
 Intuniv®  
 Kapvay®  
 Metadate CD®  
 Mydayis®  
 Procentra®  
 Quillichew ER®  
 Quillivant XR®  
 Ritalin®\*  
 Ritalin LA®  
 Strattera®  
 Zenedi®

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

### CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

#### Preferred

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

#### Non-Preferred

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

### 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®  
 Ditropan XL®  
 Ditropan®\*  
 Enablex®  
 Gelnique®  
 Myrbetriq®  
 Oxytrol®  
 Sanctura®/XR



## New Hampshire AIDS Drug Assistance Program 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®	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®)  
fondaparinox (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®





# New Hampshire AIDS Drug Assistance Program 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®  
Halac®\*  
Halonate®\*  
Olux-E®  
Temovate®  
Ultravate®\*  
Ultravate X®

### High Potency

#### Preferred

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



## New Hampshire AIDS Drug Assistance Program 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®  
Avita®  
Epiduo®/Forte®  
Fabior®  
Retin A Micro®  
Retin A Micro Pump®  
Tazorac®  
Veltin®  
Ziana®

### TOPICAL – TOPICAL ANTIVIRALS

#### Preferred

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

#### Non-Preferred

Xerese®  
Zovirax cream®

### TOPICAL – TOPICAL ANTIBIOTICS

#### Preferred

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

#### Non-Preferred

Altabax®  
Bactroban® nasal/oint.  
Centany®

### 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



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

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

### MISCELLANEOUS – PANCREATIC ENZYMES

#### Preferred

Creon®  
Pancrelipase®  
Zenpep®

#### Non-Preferred

Pancreaze®  
Pertzeye®  
Ultresa®  
Viokace®



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

### 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®)	
metaxolone (generic for Skelaxin®)	

#### Non-Preferred

Amrix®	Parafon Forte®*
Dantrium®*	Robaxisal®*
Fexmid®	Robaxin®*
Flexeril®*	Skelaxin®
Lorzone®	Soma®*
Norflex®*	Zanaflex®*
Norgesic Forte®*	

### 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®	