STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

To: All NH Medicaid Providers

From: NH Division of Medicaid Services

Date: September 4, 2025

Subject: Preferred Drug List (PDL) and Pharmacy Copay Changes

This notice is to inform prescribing and dispensing providers of upcoming changes to the Medicaid Preferred Drug List (PDL) and pharmacy copayments following the passage of House Bill 2. These changes apply to the three Managed Care Organizations: AmeriHealth Caritas New Hampshire, NH Healthy Families, and WellSense Health Plan, as well as the Medicaid Fee-for-Service Program (FFS).

Beginning on October 1, 2025, pharmacists shall dispense brand name drug products to Medicaid members when the brand name product is listed on the department's Medicaid Preferred Drug List instead of the generic equivalent. The table attached below outlines the brand name products that are preferred over generic. The PDL will be updated periodically, please refer to the NH Medicaid Pharmacy Portal for additional information and to view the most up-to-date PDL. Pharmacies should submit claims with a Dispense as Written (DAW) code of 9 to ensure appropriate reimbursement.

On October 20, 2025, all pharmacy copays are increasing to $4.00 per prescription (preferred and non-preferred) for all NH Medicaid members unless the member or the drug is exempt from copays.

- Co-payments for drug products shall not be required:

  (1) Of members with income at or below 100% of the federal poverty level (FPL);

  (2) Of members in a nursing facility, hospital, intermediate care facility for individuals with intellectual disabilities, or other medical institution;

  (3) Of members participating in the home and community based services (HCBS) waiver programs;

  (4) Of members receiving services that relate to pregnancy in accordance with 42 CFR 447.56(a)(2)(iv), or any other medical condition that might complicate the pregnancy;

  (5) Of members under the age of 18;

  (6) For family planning products;

  (7) For clozaril or clozapine prescriptions;

  (8) For any preventive service recommended by the U.S. Preventive Services Task Force with a grade of A or B (including but not limited to medications for nicotine cessation and Pre-Exposure Prophylaxis (PrEP) for the prevention of HIV);

  (9) Of women eligible through the Breast and Cervical Cancer Treatment Program, pursuant to 42 CFR 435.213;

  (10) Of members receiving hospice care pursuant to He-W 544; and

(11) Of individuals who are members of a federally recognized Indian tribe or Alaskan natives who have ever been served through the Indian Health Services Program, pursuant to 42 CFR 447.56(a)(1)(x).

Medicaid providers are not permitted to require Medicaid members to pay copayments as a condition for receiving services. However, the consequences for a member who does not pay the copayment is that the provider:

(a) may request the copayment each time a member needs an item or service;
(b) may ask a member for outstanding copayments the next time the recipient comes in for an item or service, or
(c) may send the member bills.

If there are questions on how one of the NH Medicaid Managed Care Organizations (MCO) handles the above information, please reach out to your MCO provider representative.

If there are any questions on this notice, please contact the Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

We appreciate your ongoing partnership in serving NH Medicaid members.

Thank you,
NH Medicaid Provider Relations

New Hampshire Medicaid Preferred Drug List – Effective 10/1/2025

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Antibiotics – Inhaled	Bethkis	tobramycin
Antibiotics – Inhaled	Kitabis	tobramycin pak
Antibiotics – Second Generation Quinolones	Cipro suspension	ciprofloxacin suspension
Antibiotics – Vaginal	Cleocin	clindamycin cream
Anticonvulsants – Carbamazepine Derivatives	Carbatrol	carbamazepine ER
Anticonvulsants – Carbamazepine Derivatives	Trileptal suspension	oxcarbazepine suspension
Anticonvulsants – Carbamazepine Derivatives	Sabril	vigabatrin
Anticonvulsants – Second Generation	Trokendi XR	topiramate ER
Behavioral Health – Alzheimer's Agents	Exelon patch	rivastigmine patch
Behavioral Health – Antihyperkinesis	Procentra	dextroamphetamine solution
Behavioral Health – Antihyperkinesis	Vyvanse capsule	lisdexamfetamine capsule
Behavioral Health – Antihyperkinesis	Daytrana	methylphenidate patch
Endocrinology – Glucagon Agents	Proglycem suspension	diazoxide suspension
Endocrinology – Glucagon-Like Peptide-1 (Glp-1) Agonists and Combinations	Victoza	liraglutide
Endocrinology – Sodium Glucose Co-Transporter 2 Inhibitor and Combinations	Farxiga	dapagliflozin
Endocrinology – Sodium Glucose Co-Transporter 2 Inhibitor and Combinations	Xigduo XR	dapagliflozin/metformin ER
Gastrointestinal – Ulcerative Colitis	Pentasa	mesalamine
Gastrointestinal – Ulcerative Colitis	Canasa	mesalamine rectal
Genitourinary/Renal – Urinary Antispasmodics	Myrbetriq	mirabegron ER
Miscellaneous – Smoking Cessation	Chantix	varenicline
Miscellaneous – Topical Androgenic Agents	Androgel Pump	testosterone gel pump
Ophthalmic – Nonsteroidal Anti-inflammatory	Prolensa	bromfenac
Ophthalmic – Nonsteroidal Anti-inflammatory	Acular LS	ketorolac
Ophthalmic – Anti-inflammatory/Immunomodulators	Restasis	cyclosporine
Ophthalmic/Antihistamines – Antihistamines	Alrex	loteprednol
Ophthalmic/Glaucoma – Alpha 2 Adrenergic Agents	Alphagan P	brimonidine
Ophthalmic/Glaucoma – Beta Blocker Agents	Combigan	brimonidine/timolol
Ophthalmic/Glaucoma – Beta Blocker Agents	Istalol	timolol
Ophthalmic/Glaucoma – Carbonic Anhydrase Inhibitors	Azopt	brinzolamide
Respiratory – Short Acting Beta Adrenergics and Combinations – Inhalers/Nebs	Ventolin HFA	albuterol HFA (Ventolin HFA)
Respiratory – Chronic Obstructive Pulmonary Disease (COPD)	Spiriva Handihaler	tiotropium
Respiratory – Inhaled Corticosteroids	Arnuity Ellipta	fluticasone furoate
Respiratory – Inhaled Corticosteroids Adrenergic and Combinations	Symbicort	budesonide/formoterol fumarate
Respiratory – Inhaled Corticosteroids Adrenergic and Combinations	Advair Diskus	fluticasone/salmeterol
Respiratory – Inhaled Corticosteroids Adrenergic and Combinations	Advair HFA	fluticasone/salmeterol
Respiratory – Inhaled Corticosteroids Adrenergic and Combinations	AirDuo Respiclick	fluticasone/salmeterol

Respiratory – Inhaled Corticosteroids Adrenergic and Combinations	Breo Ellipta	fluticasone/vilanterol
Respiratory – Nasal Antihistamines and Combinations	Dymista	azelastine/fluticasone
Topical Antiparasitics	Natroba	spinosad
Topical – Topical Antivirals	Denavir	penciclovir
Urea Cycle Disorders, Oral	Carbaglu	carglumic acid
Urea Cycle Disorders, Oral	Buphenyl (powder and tablet)	sodium phenylbutyrate (powder and tablet)