

**New Hampshire AIDS Drug Assistance Program
Quantity Limit Program**

Effective 1/1/2022

| Drug | Quantity Limit |
|--------------------------------|-----------------------|
| Anaphylaxis Agents | |
| EPINEPHRINE 0.15 MG AUTO-INJCT | 4 pens / 30 days |
| EPINEPHRINE 0.3 MG AUTO-INJECT | 4 pens / 30 days |
| EPIPEN JR 0.15 MG AUTO-INJECTR | 4 pens / 30 days |
| SYMJEPI 0.15 MG/0.3 ML SYRINGE | 4 syringes / 30 days |
| SYMJEPI 0.3 MG/0.3 ML SYRINGE | 4 syringes / 30 days |
| Anti-Emetic Agents | |
| APREPITANT 125 MG CAPSULE | 15 capsules / 30 days |
| APREPITANT 125-80-80 MG PACK | 5 packs / 30 days |
| APREPITANT 40 MG CAPSULE | 15 capsules / 30 days |
| APREPITANT 80 MG CAPSULE | 15 capsules / 30 days |
| BONJESTA | 2 tablets / day |
| DICLEGIS | 4 tablets / day |
| DOXYLAMINE SUCC-PYRIDOXINE HCL | 4 tablets / day |
| EMEND 125 MG POWDER PACKET | 15 packets / 30 days |
| EMEND 80 MG CAPSULE | 15 capsules / 30 days |
| EMEND TRIPACK | 5 packs / 30 days |
| GRANISETRON HCL 1 MG TABLET | 15 tablets / 30 days |
| ONDANSETRON HCL 4 MG TABLET | 15 tablets / 30 days |
| ONDANSETRON HCL 8 MG TABLET | 15 tablets / 30 days |
| ONDANSETRON ODT 4 MG TABLET | 15 tablets / 30 days |
| ONDANSETRON ODT 8 MG TABLET | 15 tablets / 30 days |
| ZOFRAN 4 MG TABLET | 15 tablets / 30 days |
| ZUPLENZ 4 MG SOLUBLE FILM | 15 films / 30 days |
| ZUPLENZ 8 MG SOLUBLE FILM | 15 films / 30 days |
| Antifungals | |
| DIFLUCAN 150 MG TABLET | 2 tablets / 30 days |
| FLUCONAZOLE 150 MG TABLET | 2 tablets / 30 days |
| ITRACONAZOLE 10 MG/ML SOLUTION | 10 mL / day |
| ITRACONAZOLE 100 MG CAPSULE | 1 capsule / day |
| SPORANOX 10 MG/ML SOLUTION | 10 mL / day |
| SPORANOX 100 MG CAPSULE | 1 capsule / day |

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|--|------------------------|
| Antimigraine Agents | |
| AIMOVIG 140 MG/ML AUTOINJECTOR | 1 pen / 30 days |
| AIMOVIG 70 MG/ML AUTOINJECTOR | 2 injections / 30 days |
| AJOVY 225 MG/1.5 ML AUTOINJECT | 3 pens / 90 days |
| AJOVY 225 MG/1.5 ML SYRINGE | 3 pens / 90 days |
| ALMOTRIPTAN MALATE 12.5 MG TAB | 12 tablets / 30 days |
| ALMOTRIPTAN MALATE 6.25 MG TAB | 12 tablets / 30 days |
| AMERGE 1 MG TABLET | 18 tablets / 30 days |
| AMERGE 2.5 MG TABLET | 18 tablets / 30 days |
| ELETRIPTAN HBR 20 MG TABLET | 6 tablets / 30 days |
| ELETRIPTAN HBR 40 MG TABLET | 6 tablets / 30 days |
| EMGALITY 100 MG/ML SYRINGE (1 OF 3)(300 MG DOSE = 100 MG X3) | 3 syringes / 30 days |
| EMGALITY 120 MG/ML PEN | 1 pen / 30 days |
| EMGALITY 120 MG/ML SYRINGE | 1 syringe / 30 days |
| EMGALITY 120 MG/ML SYRINGE | 1 syringe / 30 days |
| EMGALITY 300 MG DOSE (100 MG/ML X 3 SYRINGES) | 3 syringes / 30 days |
| FROVA 2.5 MG TABLET | 18 tablets / 30 days |
| FROVATRIPTAN SUCC 2.5 MG TAB | 18 tablets / 30 days |
| IMITREX 100 MG TABLET | 9 tablets / 30 days |
| IMITREX 25 MG TABLET | 18 tablets / 30 days |
| IMITREX 50 MG TABLET | 18 tablets / 30 days |
| MAXALT 10 MG TABLET | 12 tablets / 30 days |
| MAXALT MLT 10 MG TABLET | 12 tablets / 30 days |
| NARATRIPTAN HCL 1 MG TABLET | 18 tablets / 30 days |
| NARATRIPTAN HCL 2.5 MG TABLET | 18 tablets / 30 days |
| NURTEC ODT 75 MG TABLET | 15 tablets / 30 days |
| RELPAX 20 MG TABLET | 6 tablets / 30 days |
| RELPAX 40 MG TABLET | 6 tablets / 30 days |
| REYVOW 100 MG TABLET | 4 tablets / 30 days |
| REYVOW 50 MG TABLET | 4 tablets / 30 days |
| RIZATRIPTAN 10 MG ODT | 12 tablets / 30 days |
| RIZATRIPTAN 10 MG TABLET | 12 tablets / 30 days |
| RIZATRIPTAN 5 MG ODT | 12 tablets / 30 days |
| RIZATRIPTAN 5 MG TABLET | 12 tablets / 30 days |
| SUMATRIPTAN SUCC 100 MG TABLET | 9 tablets / 30 days |
| SUMATRIPTAN SUCC 25 MG TABLET | 18 tablets / 30 days |
| SUMATRIPTAN SUCC 50 MG TABLET | 18 tablets / 30 days |
| SUMATRIPTAN-NAPROXEN 85-500 MG | 9 tablets / 30 days |
| TREXIMET 85-500 MG TABLET | 9 tablets / 30 days |
| UBRELVY 100 MG TABLET | 16 tablets / 30 days |
| UBRELVY 50 MG TABLET | 16 / 30 days |
| VYEPTI 100 MG/ML VIAL | 1 vial / 30 days |

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|--|----------------------|
| Antimigraine Agents (continued) | |
| ZOLMITRIPTAN 2.5 MG ODT | 6 tablets / 30 days |
| ZOLMITRIPTAN 2.5 MG TABLET | 6 tablets / 30 days |
| ZOLMITRIPTAN 5 MG ODT | 6 tablets / 30 days |
| ZOLMITRIPTAN 5 MG TABLET | 6 tablets / 30 days |
| ZOMIG 2.5 MG NASAL SPRAY | 1 kit / 30 days |
| ZOMIG 2.5 MG TABLET | 6 tablets / 30 days |
| ZOMIG 5 MG NASAL SPRAY | 1 kit / 30 days |
| ZOMIG 5 MG TABLET | 6 tablets / 30 days |
| ZOMIG ZMT 2.5 MG TABLET | 6 tablets / 30 days |
| ZOMIG ZMT 5 MG TABLET | 6 tablets / 30 days |
| Antipsychotic Agents | |
| ABILIFY MAINTENA ER 300 MG SYR | 3 syringes / 90 days |
| ABILIFY MAINTENA ER 300 MG VL | 3 vials / 90 days |
| ABILIFY MAINTENA ER 400 MG SYR | 3 syringes / 90 days |
| ABILIFY MAINTENA ER 400 MG VL | 3 vials / 90 days |
| ARISTADA ER 1,064 MG/3.9 ML SYR | 2 syringes / 90 days |
| ARISTADA ER 441 MG/1.6 ML SYRN | 3 syringes / 90 days |
| ARISTADA ER 662 MG/2.4 ML SYRN | 3 syringes / 90 days |
| ARISTADA ER 882 MG/3.2 ML SYRN | 3 syringes / 90 days |
| INVEGA HAFYERA 1,092 MG/3.5 ML | 1 syringe / 180 days |
| INVEGA HAFYERA 1,560 MG/5 ML | 1 syringe / 180 days |
| INVEGA SUSTENNA 117 MG/0.75 ML | 3 syringes / 90 days |
| INVEGA SUSTENNA 156 MG/ML SYRG | 3 syringes / 90 days |
| INVEGA SUSTENNA 234 MG/1.5 ML | 3 syringes / 90 days |
| INVEGA SUSTENNA 39 MG/0.25 ML | 3 syringes / 90 days |
| INVEGA SUSTENNA 78 MG/0.5 ML | 3 syringes / 90 days |
| INVEGA TRINZA 273 MG/0.875 ML | 1 syringe / 90 days |
| INVEGA TRINZA 410 MG/1.315 ML | 1 syringe / 90 days |
| INVEGA TRINZA 546 MG/1.75 ML | 1 syringe / 90 days |
| INVEGA TRINZA 819 MG/2.625 ML | 1 syringe / 90 days |
| PERSERIS ER 120 MG SYRINGE KIT | 3 kits / 90 days |
| PERSERIS ER 90 MG SYRINGE KIT | 3 kits / 90 days |
| RISPERDAL CONSTA 12.5 MG VIAL | 6 vials / 90 days |
| RISPERDAL CONSTA 25 MG VIAL | 6 vials / 90 days |
| RISPERDAL CONSTA 37.5 MG VIAL | 6 vials / 90 days |
| RISPERDAL CONSTA 50 MG VIAL | 6 vials / 90 days |
| ZYPREXA RELPREVV 210 MG VL KIT | 6 kits / 90 days |
| ZYPREXA RELPREVV 300 MG VL KIT | 3 kits / 90 days |
| ZYPREXA RELPREVV 405 MG VL KIT | 3 kits / 90 days |

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|--|------------------------|
| Antiretroviral Agents | |
| FUZEON 90 MG VIAL | 1 kit / 30 days |
| Antiviral Agents | |
| FLUMADINE 100 MG TABLET | 60 tablets / 30 days |
| OSELTAMIVIR 6 MG/ML SUSPENSION | 180 mL / 45 days |
| OSELTAMIVIR PHOS 30 MG CAPSULE | 20 capsules / 180 days |
| OSELTAMIVIR PHOS 45 MG CAPSULE | 10 capsules / 180 days |
| OSELTAMIVIR PHOS 75 MG CAPSULE | 10 capsules / 180 days |
| RELENZA 5 MG DISKHALER | 1 kit / 30 days |
| RIMANTADINE HCL 100 MG TABLET | 60 tablets / 30 days |
| TAMIFLU 30 MG CAPSULE | 20 capsules / 180 days |
| TAMIFLU 45 MG CAPSULE | 10 capsules / 180 days |
| TAMIFLU 6 MG/ML SUSPENSION | 180 mL / 45 days |
| TAMIFLU 75 MG CAPSULE | 10 capsules / 180 days |
| XOFLUZA 20 MG TAB (40 MG DOSE) | 1 dose / 180 days |
| XOFLUZA 40 MG TAB (80 MG DOSE) | 1 dose / 180 days |
| XOFLUZA 40 MG TABLET | 1 tablet / 180 days |
| XOFLUZA 80 MG TABLET | 1 tablet / 180 days |
| Bowel Evacuants | |
| CLENPIQ SOLUTION | 1 kit / 30 days |
| GAVILYTE-C SOLUTION | 4000 mL / 30 days |
| GAVILYTE-G SOLUTION | 4000 mL / 30 days |
| GAVILYTE-N SOLUTION | 4000 mL / 30 days |
| GOLYTELY SOLUTION | 4000 mL / 30 days |
| MOVIPREP POWDER PACKET | 1 kit / 30 days |
| OSMOPREP TABLET | 32 tablets / 30 days |
| PEG 3350-ELECTROLYTE SOLUTION | 4000 mL / 30 days |
| PEG-3350 AND ELECTROLYTES SOLN | 4000 mL / 30 days |
| PEG3350-SOD SUL-NACL-KCL-ASCB-C 100-7.5-2.691-1.015-5.9-4.7G | 1 kit / 30 days |
| PLENVU POWDER PACKETS | 3 packets / 30 days |
| SUPREP BOWEL PREP KIT | 1 kit / 30 days |
| SUTAB 1.479-0.225-0.188 GM TAB | 2 tablets / 30 days |

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| Glaucoma Agents | |
| BIMATOPROST 0.03% EYE DROPS | 15 mL / 90 days |
| LATANOPROST 0.005% EYE DROPS | 15 mL / 90 days |
| LUMIGAN 0.01% EYE DROPS | 15 mL / 90 days |
| RHOPRESSA 0.02% OPHTH SOLUTION | 15 mL / 90 days |
| ROCKLATAN 0.02%-0.005% EYE DRP | 15 mL / 90 days |
| TRAVATAN Z 0.004% EYE DROP | 15 mL / 90 days |
| TRAVOPROST 0.004% EYE DROP | 15 mL / 90 days |
| VYZULTA 0.024% OPHTH SOLUTION | 15 mL / 90 days |
| XALATAN 0.005% EYE DROPS | 15 mL / 90 days |
| XELPROS 0.005% EYE DROP | 15 mL / 90 days |
| ZIOPTAN 0.0015% EYE DROPS | 180 doses / 90 days |
| Hematopoietic Agents | |
| ARANESP 10 MCG/0.4 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 100 MCG/0.5 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 100 MCG/ML VIAL | 4 vials / 30 days |
| ARANESP 150 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 200 MCG/0.4 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 200 MCG/ML VIAL | 4 vials / 30 days |
| ARANESP 25 MCG/0.42 ML SYRING | 4 syringes / 30 days |
| ARANESP 25 MCG/ML VIAL | 4 vials / 30 days |
| ARANESP 300 MCG/0.6 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 40 MCG/0.4 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 40 MCG/ML VIAL | 4 vials / 30 days |
| ARANESP 500 MCG/1 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 60 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| ARANESP 60 MCG/ML VIAL | 4 vials / 30 days |
| EPOGEN 10,000 UNITS/ML VIAL | 8 vials / 30 days |
| EPOGEN 2,000 UNITS/ML VIAL | 8 vials / 30 days |
| EPOGEN 20,000 UNITS/2 ML VIAL | 8 vials / 30 days |
| EPOGEN 20,000 UNITS/ML VIAL | 8 vials / 30 days |
| EPOGEN 3,000 UNITS/ML VIAL | 8 vials / 30 days |
| EPOGEN 4,000 UNITS/ML VIAL | 8 vials / 30 days |
| MIRCERA 100 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| MIRCERA 150 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| MIRCERA 200 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| MIRCERA 30 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| MIRCERA 50 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| MIRCERA 75 MCG/0.3 ML SYRINGE | 4 syringes / 30 days |
| PROCRIT 10,000 UNITS/ML VIAL | 8 vials / 30 days |
| PROCRIT 10,000 UNITS/ML VIAL | 8 vials / 30 days |

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|---|-------------------|
| Hematopoietic Agents (continued) | |
| PROCRIT 2,000 UNITS/ML VIAL | 8 vials / 30 days |
| PROCRIT 20,000 UNITS/ML VIAL | 8 vials / 30 days |
| PROCRIT 3,000 UNITS/ML VIAL | 8 vials / 30 days |
| PROCRIT 4,000 UNITS/ML VIAL | 8 vials / 30 days |
| PROCRIT 40,000 UNITS/ML VIAL | 8 vials / 30 days |
| RETACRIT 10,000 UNIT/ML VIAL | 8 vials / 30 days |
| RETACRIT 2,000 UNIT/ML VIAL | 8 vials / 30 days |
| RETACRIT 20,000 UNIT/2 ML VIAL | 8 vials / 30 days |
| RETACRIT 20,000 UNIT/ML VIAL | 8 vials / 30 days |
| RETACRIT 3,000 UNIT/ML VIAL | 8 vials / 30 days |
| RETACRIT 4,000 UNIT/ML VIAL | 8 vials / 30 days |
| RETACRIT 40,000 UNIT/ML VIAL | 8 vials / 30 days |
| Long-Acting Opioid Analgesics | |
| BELBUCA 150 MCG FILM | 2 films / day |
| BELBUCA 300 MCG FILM | 2 films / day |
| BELBUCA 450 MCG FILM | 2 films / day |
| BELBUCA 600 MCG FILM | 2 films / day |
| BELBUCA 75 MCG FILM | 2 films / day |
| BELBUCA 750 MCG FILM | 2 films / day |
| BELBUCA 900 MCG FILM | 2 films / day |
| BUPRENORPHINE 10 MCG/HR PATCH | 1 patch / 7 days |
| BUPRENORPHINE 15 MCG/HR PATCH | 1 patch / 7 days |
| BUPRENORPHINE 150 MCG FILM | 2 films / day |
| BUPRENORPHINE 20 MCG/HR PATCH | 1 patch / 7 days |
| BUPRENORPHINE 300 MCG FILM | 2 films / day |
| BUPRENORPHINE 450 MCG FILM | 2 films / day |
| BUPRENORPHINE 5 MCG/HR PATCH | 1 patch / 7 days |
| BUPRENORPHINE 600 MCG FILM | 2 films / day |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 1 patch / 7 days |
| BUPRENORPHINE 75 MCG FILM | 2 films / day |
| BUPRENORPHINE 750 MCG FILM | 2 films / day |
| BUPRENORPHINE 900 MCG FILM | 2 films / day |
| BUTRANS 10 MCG/HR PATCH | 1 patch / 7 days |
| BUTRANS 15 MCG/HR PATCH | 1 patch / 7 days |
| BUTRANS 20 MCG/HR PATCH | 1 patch / 7 days |
| BUTRANS 5 MCG/HR PATCH | 1 patch / 7 days |
| BUTRANS 7.5 MCG/HR PATCH | 1 patch / 7 days |
| CONZIP 100 MG CAPSULE | 1 capsule / day |
| CONZIP 200 MG CAPSULE | 1 capsule / day |
| CONZIP 300 MG CAPSULE | 1 capsule / day |

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| Drug | Quantity Limit |
|--|------------------|
| Long-Acting Opioid Analgesics (continued) | |
| DURAGESIC 100 MCG/HR PATCH | 1 patch / 3 days |
| DURAGESIC 12 MCG/HR PATCH | 1 patch / 3 days |
| DURAGESIC 25 MCG/HR PATCH | 1 patch / 3 days |
| DURAGESIC 50 MCG/HR PATCH | 1 patch / 3 days |
| DURAGESIC 75 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 100 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 12 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 25 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 37.5 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 50 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 62.5 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 75 MCG/HR PATCH | 1 patch / 3 days |
| FENTANYL 87.5 MCG/HR PATCH | 1 patch / 3 days |
| HYDROCODONE ER 10 MG CAPSULE | 2 capsules / day |
| HYDROCODONE ER 100 MG TABLET | 2 tablets / day |
| HYDROCODONE ER 120 MG TABLET | 2 tablets / day |
| HYDROCODONE ER 15 MG CAPSULE | 2 capsules / day |
| HYDROCODONE ER 20 MG CAPSULE | 2 capsules / day |
| HYDROCODONE ER 20 MG TABLET | 2 tablets / day |
| HYDROCODONE ER 30 MG CAPSULE | 2 capsules / day |
| HYDROCODONE ER 30 MG TABLET | 2 tablets / day |
| HYDROCODONE ER 40 MG CAPSULE | 2 capsules / day |
| HYDROCODONE ER 40 MG TABLET | 2 tablets / day |
| HYDROCODONE ER 50 MG CAPSULE | 2 capsules / day |
| HYDROCODONE ER 60 MG TABLET | 2 tablets / day |
| HYDROCODONE ER 80 MG TABLET | 2 tablets / day |
| HYDROMORPHONE HCL ER 12 MG TAB | 1 tablet / day |
| HYDROMORPHONE HCL ER 16 MG TAB | 1 tablet / day |
| HYDROMORPHONE HCL ER 32 MG TAB | 1 tablet / day |
| HYDROMORPHONE HCL ER 8 MG TAB | 1 tablet / day |
| HYSINGLA ER 100 MG TABLET | 2 tablets / day |
| HYSINGLA ER 120 MG TABLET | 2 tablets / day |
| HYSINGLA ER 20 MG TABLET | 2 tablets / day |
| HYSINGLA ER 30 MG TABLET | 2 tablets / day |
| HYSINGLA ER 40 MG TABLET | 2 tablets / day |
| HYSINGLA ER 60 MG TABLET | 2 tablets / day |
| HYSINGLA ER 80 MG TABLET | 2 tablets / day |
| KADIAN ER 10 MG CAPSULE | 1 capsule / day |
| KADIAN ER 100 MG CAPSULE | 1 capsule / day |
| KADIAN ER 20 MG CAPSULE | 1 capsule / day |
| KADIAN ER 200 MG CAPSULE | 1 capsule / day |

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|--|-----------------|
| Long-Acting Opioid Analgesics (continued) | |
| KADIAN ER 30 MG CAPSULE | 1 capsule / day |
| KADIAN ER 40 MG CAPSULE | 1 capsule / day |
| KADIAN ER 50 MG CAPSULE | 1 capsule / day |
| KADIAN ER 60 MG CAPSULE | 1 capsule / day |
| KADIAN ER 80 MG CAPSULE | 1 capsule / day |
| MORPHINE SULF CR 100 MG TABLET | 3 tablets / day |
| MORPHINE SULF CR 60 MG TABLET | 3 tablets / day |
| MORPHINE SULF ER 100 MG TABLET | 3 tablets / day |
| MORPHINE SULF ER 15 MG TABLET | 3 tablets / day |
| MORPHINE SULF ER 200 MG TABLET | 3 tablets / day |
| MORPHINE SULF ER 30 MG TABLET | 3 tablets / day |
| MORPHINE SULF ER 60 MG TABLET | 3 tablets / day |
| MORPHINE SULFATE ER 10 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 100 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 120 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 20 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 30 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 30 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 40 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 45 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 50 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 60 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 60 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 75 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 80 MG CAP | 1 capsule / day |
| MORPHINE SULFATE ER 90 MG CAP | 1 capsule / day |
| MS CONTIN ER 100 MG TABLET | 3 tablets / day |
| MS CONTIN ER 15 MG TABLET | 3 tablets / day |
| MS CONTIN ER 200 MG TABLET | 3 tablets / day |
| MS CONTIN ER 30 MG TABLET | 3 tablets / day |
| MS CONTIN ER 60 MG TABLET | 3 tablets / day |
| NUCYNTA ER 100 MG TABLET | 2 tablets / day |
| NUCYNTA ER 150 MG TABLET | 2 tablets / day |
| NUCYNTA ER 200 MG TABLET | 2 tablets / day |
| NUCYNTA ER 250 MG TABLET | 2 tablets / day |
| NUCYNTA ER 50 MG TABLET | 2 tablets / day |
| OXYCODONE HCL ER 10 MG TABLET | 2 tablets / day |
| OXYCODONE HCL ER 15 MG TABLET | 2 tablets / day |
| OXYCODONE HCL ER 20 MG TABLET | 2 tablets / day |
| OXYCODONE HCL ER 30 MG TABLET | 2 tablets / day |
| OXYCODONE HCL ER 40 MG TABLET | 2 tablets / day |

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| Long-Acting Opioid Analgesics (continued) | |
| OXYCODONE HCL ER 60 MG TABLET | 2 tablets / day |
| OXYCODONE HCL ER 80 MG TABLET | 2 tablets / day |
| OXYCONTIN ER 10 MG TABLET | 2 tablets / day |
| OXYCONTIN ER 15 MG TABLET | 2 tablets / day |
| OXYCONTIN ER 20 MG TABLET | 2 tablets / day |
| OXYCONTIN ER 30 MG TABLET | 2 tablets / day |
| OXYCONTIN ER 40 MG TABLET | 2 tablets / day |
| OXYCONTIN ER 60 MG TABLET | 2 tablets / day |
| OXYCONTIN ER 80 MG TABLET | 2 tablets / day |
| OXYMORPHONE HCL ER 10 MG TAB | 2 tablets / day |
| OXYMORPHONE HCL ER 15 MG TAB | 2 tablets / day |
| OXYMORPHONE HCL ER 20 MG TAB | 2 tablets / day |
| OXYMORPHONE HCL ER 30 MG TAB | 2 tablets / day |
| OXYMORPHONE HCL ER 40 MG TAB | 2 tablets / day |
| OXYMORPHONE HCL ER 5 MG TABLET | 2 tablets / day |
| OXYMORPHONE HCL ER 7.5 MG TAB | 2 tablets / day |
| TRAMADOL ER 100 MG TABLET | 1 tablet / day |
| TRAMADOL ER 200 MG TABLET | 1 tablet / day |
| TRAMADOL ER 300 MG TABLET | 1 tablet / day |
| TRAMADOL HCL ER 100 MG CAPSULE | 1 capsule / day |
| TRAMADOL HCL ER 100 MG TABLET | 1 tablet / day |
| TRAMADOL HCL ER 200 MG CAPSULE | 1 capsule / day |
| TRAMADOL HCL ER 200 MG TABLET | 1 tablet / day |
| TRAMADOL HCL ER 300 MG CAPSULE | 1 capsule / day |
| TRAMADOL HCL ER 300 MG TABLET | 1 tablet / day |
| XTAMPZA ER 13.5 MG CAPSULE | 2 capsules / day |
| XTAMPZA ER 18 MG CAPSULE | 2 capsules / day |
| XTAMPZA ER 27 MG CAPSULE | 2 capsules / day |
| XTAMPZA ER 36 MG CAPSULE | 2 capsules / day |
| XTAMPZA ER 9 MG CAPSULE | 2 capsules / day |
| ZOXYDRO ER 10 MG CAPSULE | 2 capsules / day |
| ZOXYDRO ER 15 MG CAPSULE | 2 capsules / day |
| ZOXYDRO ER 20 MG CAPSULE | 2 capsules / day |
| ZOXYDRO ER 30 MG CAPSULE | 2 capsules / day |
| ZOXYDRO ER 40 MG CAPSULE | 2 capsules / day |
| ZOXYDRO ER 50 MG CAPSULE | 2 capsules / day |

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| Drug | Quantity Limit |
|----------------------------------|-----------------------|
| Macrolides | |
| AZITHROMYCIN 250 MG TABLET | 6 tabs / 5 days |
| AZITHROMYCIN 500 MG TABLET | 3 tabs / 3 days |
| CLARITHROMYCIN 250 MG TABLET | 28 tabs / 14 days |
| CLARITHROMYCIN 500 MG TABLET | 28 tabs / 14 days |
| CLARITHROMYCIN ER 500 MG TAB | 14 tabs / 14 days |
| ZITHROMAX 250 MG TABLET | 6 tabs / 5 days |
| ZITHROMAX 250 MG Z-PAK TABLET | 6 tabs / 5 days |
| ZITHROMAX 500 MG TABLET | 3 tabs / 3 days |
| ZITHROMAX TRI-PAK 500 MG TAB | 3 tabs / 3 days |
| Multiple Sclerosis Agents | |
| AUBAGIO 14 MG TABLET | 1 tablet / day |
| AUBAGIO 7 MG TABLET | 1 tablet / day |
| AVONEX PEN 30 MCG/0.5 ML KIT | 4 kits / 30 days |
| AVONEX PREFILLED SYR 30 MCG KIT | 4 kits / 30 days |
| BAFIERTAM DR 95 MG CAPSULE | 4 capsules / day |
| BETASERON 0.3 MG KIT | 15 kits / 30 days |
| BETASERON 0.3 MG KIT | 15 kits / 30 days |
| COPAXONE 20 MG/ML SYRINGE | 30 syringes / 30 days |
| COPAXONE 40 MG/ML SYRINGE | 12 syringes / 30 days |
| DIMETHYL FUMARATE DR 120 MG CP | 4 capsules / day |
| DIMETHYL FUMARATE DR 240 MG CP | 2 capsules / day |
| EXTAVIA 0.3 MG KIT | 15 kits / 30 days |
| EXTAVIA 0.3 MG VIAL | 4 vials/ 30 days |
| GILENYA 0.5 MG CAPSULE | 1 capsule / day |
| GLATIRAMER 20 MG/ML SYRINGE | 30 syringes / 30 days |
| GLATIRAMER 40 MG/ML SYRINGE | 12 syringes / 30 days |
| GLATOPA 20 MG/ML SYRINGE | 30 syringes / 30 days |
| GLATOPA 40 MG/ML SYRINGE | 12 syringes / 30 days |
| MAYZENT 2 MG TABLET | 1 tablet / day |
| PLEGRIDY 125 MCG/0.5 ML PEN | 2 pens/ 30 days |
| PLEGRIDY 125 MCG/0.5 ML SYRING | 2 syringes / 30 days |
| PLEGRIDY PEN INJ STARTER PACK | 2 pens / 30 days |
| PLEGRIDY SYRINGE STARTER PACK | 2 syringes / 30 days |
| PONVORY 14-DAY STARTER PACK | 14 tabs / 14 days |
| PONVORY 20 MG TABLET | 1 tablet / day |
| REBIF 22 MCG/0.5 ML SYRINGE | 6 mL / 30 days |
| REBIF 44 MCG/0.5 ML SYRINGE | 6 mL / 30 days |
| REBIF REBIDOSE 22 MCG/0.5 ML | 6 mL / 30 days |
| REBIF REBIDOSE 44 MCG/0.5 ML | 6 mL / 30 days |
| REBIF REBIDOSE TITRATION PACK | 6 mL / 30 days |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|---|----------------------------|
| Multiple Sclerosis Agents (continued) | |
| REBIF TITRATION PACK | 6 mL / 30 days |
| TECFIDERA DR 120 MG CAPSULE | 4 capsules / day |
| TECFIDERA DR 240 MG CAPSULE | 2 capsules / day |
| VUMERITY DR 231 MG CAPSULE | 4 capsules / day |
| ZEPOSIA 0.92 MG CAPSULE | 1 capsule / day |
| Nasal Glucocorticoids | |
| BECONASE AQ 0.042% SPRAY | 3 nasal inhalers / 90 days |
| FLUNISOLIDE 0.025% SPRAY | 3 nasal inhalers / 90 days |
| FLUTICASONE PROP 50 MCG SPRAY | 3 nasal inhalers / 90 days |
| MOMETASONE FUROATE 50 MCG SPRY | 3 nasal inhalers / 90 days |
| NASONEX 50 MCG NASAL SPRAY | 3 nasal inhalers / 90 days |
| OMNARIS 50 MCG NASAL SPRAY | 3 nasal inhalers / 90 days |
| QNASL 80 MCG NASAL SPRAY | 3 nasal inhalers / 90 days |
| QNASL CHILDREN'S 40 MCG SPRAY | 3 nasal inhalers / 90 days |
| XHANCE 93 MCG EXHALATION DELIVERY NASAL SPRAY | 3 nasal inhalers / 90 days |
| ZETONNA 37 MCG NASAL SPRAY | 3 nasal inhalers / 90 days |
| Proton Pump Inhibitors | |
| ACIPHEX DR 20 MG TABLET | 90 tablets / 90 days |
| ACIPHEX SPRINKLE DR 10 MG CAP | 90 capsules / 90 days |
| ACIPHEX SPRINKLE DR 5 MG CAP | 90 capsules / 90 days |
| DEXILANT DR 30 MG CAPSULE | 90 capsules / 90 days |
| DEXILANT DR 60 MG CAPSULE | 90 capsules / 90 days |
| ESOMEPRAZOLE DR 10 MG PACKET | 90 packets / 90 days |
| ESOMEPRAZOLE DR 20 MG PACKET | 90 packets / 90 days |
| ESOMEPRAZOLE DR 40 MG PACKET | 90 packets / 90 days |
| ESOMEPRAZOLE MAG DR 20 MG CAP | 90 capsules / 90 days |
| ESOMEPRAZOLE MAG DR 40 MG CAP | 90 capsules / 90 days |
| LANSOPRAZOLE DR 15 MG CAPSULE | 90 capsules / 90 days |
| LANSOPRAZOLE DR 30 MG CAPSULE | 90 capsules / 90 days |
| LANSOPRAZOLE ODT 15 MG TABLET | 90 tablets / 90 days |
| LANSOPRAZOLE ODT 30 MG TABLET | 90 tablets / 90 days |
| NEXIUM DR 10 MG PACKET | 90 packets / 90 days |
| NEXIUM DR 2.5 MG PACKET | 90 packets / 90 days |
| NEXIUM DR 20 MG CAPSULE | 90 capsules / 90 days |
| NEXIUM DR 20 MG PACKET | 90 packets / 90 days |
| NEXIUM DR 40 MG CAPSULE | 90 capsules / 90 days |
| NEXIUM DR 40 MG PACKET | 90 packets / 90 days |
| NEXIUM DR 5 MG PACKET | 90 packets / 90 days |
| OMEPRAZOLE DR 10 MG CAPSULE | 90 capsules / 90 days |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|---|-----------------------|
| Proton Pump Inhibitors (continued) | |
| OMEPRAZOLE DR 20 MG CAPSULE | 90 capsules / 90 days |
| OMEPRAZOLE DR 40 MG CAPSULE | 90 capsules / 90 days |
| OMEPRAZOLE-BICARB 20-1,100 CAP | 90 capsules / 90 days |
| OMEPRAZOLE-BICARB 20-1,680 PKT | 90 packets / 90 days |
| OMEPRAZOLE-BICARB 40-1,100 CAP | 90 capsules / 90 days |
| OMEPRAZOLE-BICARB 40-1,680 PKT | 90 packets / 90 days |
| PANTOPRAZOLE 40 MG SUSPENSION | 90 / 90 days |
| PANTOPRAZOLE SOD DR 20 MG TAB | 90 tablets / 90 days |
| PANTOPRAZOLE SOD DR 40 MG TAB | 90 tablets / 90 days |
| PREVACID 15 MG SOLUTAB | 90 tablets / 90 days |
| PREVACID 30 MG SOLUTAB | 90 tablets / 90 days |
| PREVACID DR 30 MG CAPSULE | 90 capsules / 90 days |
| PRILOSEC DR 10 MG SUSPENSION | 90 packets / 90 days |
| PRILOSEC DR 2.5 MG SUSPENSION | 90 packets / 90 days |
| PROTONIX 40 MG SUSPENSION | 90 packets / 90 days |
| PROTONIX DR 20 MG TABLET | 90 tablets / 90 days |
| PROTONIX DR 40 MG TABLET | 90 tablets / 90 days |
| RABEPRAZOLE SOD DR 20 MG TAB | 90 tablets / 90 days |
| ZEGERID 20 MG CAPSULE | 90 capsules / 90 days |
| ZEGERID 20 MG PACKET | 90 packets / 90 days |
| ZEGERID 40 MG CAPSULE | 90 capsules / 90 days |
| ZEGERID 40 MG PACKET | 90 packets / 90 days |
| Pulmonary Hypertension Agents | |
| ADCIRCA 20 MG TABLET | 2 tablets / day |
| ALYQ 20 MG TABLET | 2 tablets / day |
| REVATIO 20 MG TABLET | 3 tablets / day |
| SILDENAFIL 20 MG TABLET | 3 tablets / day |
| TADALAFIL 20 MG TABLET | 2 tablets / day |
| Quinolones | |
| BAXDELA 450 MG TABLET | 28 tablets / 14 days |
| CIPRO 250 MG TABLET | 28 tablets / 14 days |
| CIPRO 500 MG TABLET | 28 tablets / 14 days |
| CIPROFLOXACIN HCL 100 MG TAB | 6 tablets / 3 days |
| CIPROFLOXACIN HCL 250 MG TAB | 28 tablets / 14 days |
| CIPROFLOXACIN HCL 500 MG TAB | 28 tablets / 14 days |
| CIPROFLOXACIN HCL 750 MG TAB | 28 tablets / 14 days |
| LEVOFLOXACIN 250 MG TABLET | 10 tablets / 10 days |
| LEVOFLOXACIN 500 MG TABLET | 14 tablets / 14 days |
| LEVOFLOXACIN 750 MG TABLET | 14 tablets / 14 days |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|--------------------------------------|------------------------|
| Quinolones (<i>continued</i>) | |
| MOXIFLOXACIN HCL 400 MG TABLET | 10 tablets / 10 days |
| OFLOXACIN 300 MG TABLET | 14 tablets / 14 days |
| OFLOXACIN 400 MG TABLET | 28 tablets / 14 days |
| Respiratory Agents | |
| ARMONAIR DIGIHALER 232 MCG | 3 inhalers / 90 days |
| ARMONAIR DIGIHALER 113 MCG | 3 inhalers / 90 days |
| ARMONAIR DIGIHALER 55 MCG | 3 inhalers / 90 days |
| ASMANEX HFA 50 MCG INHALER | 3 inhalers / 90 days |
| ARNUIITY ELLIPTA 50 MCG INH | 3 kits / 90 days |
| QVAR REDIHALER 80 MCG | 3 inhalers / 90 days |
| QVAR REDIHALER 40 MCG | 3 inhalers / 90 days |
| ASMANEX HFA 100 MCG INHALER | 3 inhalers / 90 days |
| ASMANEX HFA 200 MCG INHALER | 3 inhalers / 90 days |
| ARNUIITY ELLIPTA 200 MCG INH | 3 kits / 90 days |
| ARNUIITY ELLIPTA 100 MCG INH | 3 kits / 90 days |
| ASMANEX TWISTHALER 110 MCG #30 | 3 inhalers / 90 days |
| PULMICORT 180 MCG FLEXHALER | 6 inhalers / 90 days |
| PULMICORT 90 MCG FLEXHALER | 6 inhalers / 90 days |
| ASMANEX TWISTHALER 220 MCG #60 | 3 inhalers / 90 days |
| ASMANEX TWISTHALER 220 MCG #30 | 3 inhalers / 90 days |
| ALVESCO 160 MCG INHALER | 6 inhalers / 90 days |
| ALVESCO 80 MCG INHALER | 6 inhalers / 90 days |
| ASMANEX TWISTHALR 220 MCG #120 | 3 inhalers / 90 days |
| BUDESONIDE 0.5 MG/2 ML SUSP | 180 respules / 90 days |
| PULMICORT 0.5 MG/2 ML RESPULE | 180 respules / 90 days |
| BUDESONIDE 0.25 MG/2 ML SUSP | 180 respules / 90 days |
| PULMICORT 0.25 MG/2 ML RESPUL | 180 respules / 90 days |
| FLOVENT HFA 220 MCG INHALER | 3 inhalers / 90 days |
| FLOVENT HFA 44 MCG INHALER | 3 inhalers / 90 days |
| FLOVENT HFA 110 MCG INHALER | 3 inhalers / 90 days |
| FLOVENT 50 MCG DISKUS | 3 inhalers / 90 days |
| FLOVENT 250 MCG DISKUS | 3 inhalers / 90 days |
| FLOVENT 100 MCG DISKUS | 3 inhalers / 90 days |
| BUDESONIDE 1 MG/2 ML INH SUSP | 90 respules / 90 days |
| PULMICORT 1 MG/2 ML RESPULE | 90 respules / 90 days |
| YUPELRI 175 MCG/3 ML SOLUTION | 9 mL / 90 days |
| LONHALA MAGNAIR 25 MCG REFILL | 3 kits / 90 days |
| LONHALA MAGNAIR 25 MCG STARTER | 1 kit / 180 days |
| SPIRIVA RESPIMAT 1.25 MCG INH | 3 inhalers / 90 days |
| INCRUSE ELLIPTA 62.5 MCG INH | 3 inhalers / 90 days |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|---------------------------------------|-----------------------|
| Respiratory Agents (continued) | |
| TUDORZA PRESSAIR 400 MCG INHAL | 3 inhalers / 90 days |
| SPIRIVA RESPIMAT 2.5 MCG INH | 3 inhalers / 90 days |
| SPIRIVA 18 MCG CP-HANDIHALER | 90 capsules / 90 days |
| Stimulants and Related Agents | |
| ADDERALL 10 MG TABLET | 3 tablets / day |
| ADDERALL 12.5 MG TABLET | 3 tablets / day |
| ADDERALL 15 MG TABLET | 3 tablets / day |
| ADDERALL 20 MG TABLET | 3 tablets / day |
| ADDERALL 30 MG TABLET | 2 tablets / day |
| ADDERALL 5 MG TABLET | 3 tablets / day |
| ADDERALL 7.5 MG TABLET | 3 tablets / day |
| ADDERALL XR 10 MG CAPSULE | 1 capsule / day |
| ADDERALL XR 15 MG CAPSULE | 1 capsule / day |
| ADDERALL XR 20 MG CAPSULE | 1 capsule / day |
| ADDERALL XR 25 MG CAPSULE | 1 capsule / day |
| ADDERALL XR 30 MG CAPSULE | 1 capsule / day |
| ADDERALL XR 5 MG CAPSULE | 1 capsule / day |
| ADHANSIA XR 25 MG CAPSULE | 1 capsule / day |
| ADHANSIA XR 35 MG CAPSULE | 1 capsule / day |
| ADHANSIA XR 45 MG CAPSULE | 1 capsule / day |
| ADHANSIA XR 55 MG CAPSULE | 1 capsule / day |
| ADHANSIA XR 70 MG CAPSULE | 1 capsule / day |
| ADHANSIA XR 85 MG CAPSULE | 1 capsule / day |
| ADZENYS XR-ODT 12.5 MG TABLET | 1 tablet / day |
| ADZENYS XR-ODT 15.7 MG TABLET | 1 tablet / day |
| ADZENYS XR-ODT 18.8 MG TABLET | 1 tablet / day |
| ADZENYS XR-ODT 3.1 MG TABLET | 1 tablet / day |
| ADZENYS XR-ODT 6.3 MG TABLET | 1 tablet / day |
| ADZENYS XR-ODT 9.4 MG TABLET | 1 tablet / day |
| AMPHETAMINE SULFATE 10 MG TAB | 6 tablets / day |
| AMPHETAMINE SULFATE 5 MG TAB | 3 tablets / day |
| APTENSIO XR 10 MG CAPSULE | 1 capsule / day |
| APTENSIO XR 15 MG CAPSULE | 1 capsule / day |
| APTENSIO XR 20 MG CAPSULE | 1 capsule / day |
| APTENSIO XR 30 MG CAPSULE | 1 capsule / day |
| APTENSIO XR 40 MG CAPSULE | 1 capsule / day |
| APTENSIO XR 50 MG CAPSULE | 1 capsule / day |
| APTENSIO XR 60 MG CAPSULE | 1 capsule / day |
| ARMODAFINIL 150 MG TABLET | 1 tablet / day |
| ARMODAFINIL 200 MG TABLET | 1 tablet / day |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|--|------------------|
| Stimulants and Related Agents (continued) | |
| ARMODAFINIL 250 MG TABLET | 1 tablet / day |
| ARMODAFINIL 50 MG TABLET | 2 tablets / day |
| ATOMOXETINE HCL 10 MG CAPSULE | 1 capsule / day |
| ATOMOXETINE HCL 100 MG CAPSULE | 1 capsule / day |
| ATOMOXETINE HCL 18 MG CAPSULE | 1 capsule / day |
| ATOMOXETINE HCL 25 MG CAPSULE | 1 capsule / day |
| ATOMOXETINE HCL 40 MG CAPSULE | 1 capsule / day |
| ATOMOXETINE HCL 60 MG CAPSULE | 1 capsule / day |
| ATOMOXETINE HCL 80 MG CAPSULE | 1 capsule / day |
| AZSTARYS 26.1 MG-5.2 MG CAP | 1 capsule / day |
| AZSTARYS 39.2 MG-7.8 MG CAP | 1 capsule / day |
| AZSTARYS 52.3 MG-10.4 MG CAP | 1 capsule / day |
| CONCERTA ER 18 MG TABLET | 1 tablet / day |
| CONCERTA ER 27 MG TABLET | 1 capsule / day |
| CONCERTA ER 36 MG TABLET | 2 tablets / day |
| CONCERTA ER 54 MG TABLET | 1 tablet / day |
| COTEMPLA XR-ODT 17.3 MG TABLET | 2 tablets / day |
| COTEMPLA XR-ODT 25.9 MG TABLET | 2 tablets / day |
| COTEMPLA XR-ODT 8.6 MG TABLET | 2 tablets / day |
| DAYTRANA 10 MG/9 HR PATCH | 1 patch / day |
| DAYTRANA 15 MG/9 HR PATCH | 1 patch / day |
| DAYTRANA 20 MG/9 HOUR PATCH | 1 patch / day |
| DAYTRANA 30 MG/9 HOUR PATCH | 1 patch / day |
| DESOXYN 5 MG TABLET | 5 tablets / day |
| DEXEDRINE SPANSULE 10 MG | 1 capsule / day |
| DEXEDRINE SPANSULE 15 MG | 4 capsules / day |
| DEXEDRINE SPANSULE 5 MG | 1 capsule / day |
| DEXMETHYLPHENIDATE 10 MG TAB | 2 tablets / day |
| DEXMETHYLPHENIDATE 2.5 MG TAB | 2 tablets / day |
| DEXMETHYLPHENIDATE 5 MG TAB | 2 tablets / day |
| DEXMETHYLPHENIDATE ER 10 MG CP | 1 capsule / day |
| DEXMETHYLPHENIDATE ER 15 MG CP | 1 capsule / day |
| DEXMETHYLPHENIDATE ER 20 MG CP | 1 capsule / day |
| DEXMETHYLPHENIDATE ER 25 MG CP | 1 capsule / day |
| DEXMETHYLPHENIDATE ER 30 MG CP | 1 capsule / day |
| DEXMETHYLPHENIDATE ER 35 MG CP | 1 capsule / day |
| DEXMETHYLPHENIDATE ER 40 MG CP | 1 capsule / day |
| DEXMETHYLPHENIDATE ER 5 MG CAP | 1 capsule / day |
| DEXTROAMP-AMPHET ER 10 MG CAP | 1 capsule / day |
| DEXTROAMP-AMPHET ER 15 MG CAP | 1 capsule / day |
| DEXTROAMP-AMPHET ER 20 MG CAP | 1 capsule / day |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|--|------------------|
| Stimulants and Related Agents (continued) | |
| DEXTROAMP-AMPHET ER 25 MG CAP | 1 capsule / day |
| DEXTROAMP-AMPHET ER 30 MG CAP | 1 capsule / day |
| DEXTROAMP-AMPHET ER 5 MG CAP | 1 capsule / day |
| DEXTROAMP-AMPHETAM 12.5 MG TAB | 3 tablets / day |
| DEXTROAMP-AMPHETAM 7.5 MG TAB | 3 tablets / day |
| DEXTROAMP-AMPHETAMIN 10 MG TAB | 3 tablets / day |
| DEXTROAMP-AMPHETAMIN 15 MG TAB | 3 tablets / day |
| DEXTROAMP-AMPHETAMIN 20 MG TAB | 3 tablets / day |
| DEXTROAMP-AMPHETAMIN 30 MG TAB | 2 tablets / day |
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 3 tablets / day |
| DEXTROAMPHETAMINE 10 MG TAB | 3 tablets / day |
| DEXTROAMPHETAMINE 15 MG TAB | 3 tablets / day |
| DEXTROAMPHETAMINE 20 MG TAB | 3 tablets / day |
| DEXTROAMPHETAMINE 30 MG TAB | 3 tablets / day |
| DEXTROAMPHETAMINE 5 MG TAB | 3 tablets / day |
| DEXTROAMPHETAMINE ER 10 MG CAP | 1 capsule / day |
| DEXTROAMPHETAMINE ER 15 MG CAP | 4 capsules / day |
| DEXTROAMPHETAMINE ER 5 MG CAP | 1 capsule / day |
| EVEKEO 10 MG TABLET | 6 tablets / day |
| EVEKEO 5 MG TABLET | 3 tablets / day |
| EVEKEO ODT 10 MG | 3 tablets / day |
| EVEKEO ODT 15 MG | 2 tablets / day |
| EVEKEO ODT 20 MG | 3 tablets / day |
| EVEKEO ODT 5 MG | 2 tablets / day |
| FOCALIN 10 MG TABLET | 2 tablets / day |
| FOCALIN 2.5 MG TABLET | 2 tablets / day |
| FOCALIN 5 MG TABLET | 2 tablets / day |
| FOCALIN XR 10 MG CAPSULE | 1 capsule / day |
| FOCALIN XR 15 MG CAPSULE | 1 capsule / day |
| FOCALIN XR 20 MG CAPSULE | 1 capsule / day |
| FOCALIN XR 25 MG CAPSULE | 1 capsule / day |
| FOCALIN XR 30 MG CAPSULE | 1 capsule / day |
| FOCALIN XR 35 MG CAPSULE | 1 capsule / day |
| FOCALIN XR 40 MG CAPSULE | 1 capsule / day |
| FOCALIN XR 5 MG CAPSULE | 1 capsule / day |
| GUANFACINE HCL ER 1 MG TABLET | 1 tablet / day |
| GUANFACINE HCL ER 2 MG TABLET | 1 tablet / day |
| GUANFACINE HCL ER 3 MG TABLET | 1 tablet / day |
| GUANFACINE HCL ER 4 MG TABLET | 1 tablet / day |
| INTUNIV ER 1 MG TABLET | 1 tablet / day |
| INTUNIV ER 2 MG TABLET | 1 tablet / day |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|--|-----------------|
| Stimulants and Related Agents (continued) | |
| INTUNIV ER 3 MG TABLET | 1 tablet / day |
| INTUNIV ER 4 MG TABLET | 1 tablet / day |
| JORNAY PM 100 MG CAPSULE | 1 capsule / day |
| JORNAY PM 20 MG CAPSULE | 1 capsule / day |
| JORNAY PM 40 MG CAPSULE | 1 capsule / day |
| JORNAY PM 60 MG CAPSULE | 1 capsule / day |
| JORNAY PM 80 MG CAPSULE | 1 capsule / day |
| METADATE ER 20 MG TABLET | 3 tablets / day |
| METHAMPHETAMINE 5 MG TABLET | 5 tablets / day |
| METHYLPHENIDATE 10 MG CHEW TAB | 6 tablets / day |
| METHYLPHENIDATE 10 MG TABLET | 3 tablets / day |
| METHYLPHENIDATE 2.5 MG CHEW TB | 3 tablets / day |
| METHYLPHENIDATE 20 MG TABLET | 3 tablets / day |
| METHYLPHENIDATE 5 MG CHEW TAB | 3 tablets / day |
| METHYLPHENIDATE 5 MG TABLET | 3 tablets / day |
| METHYLPHENIDATE CD 10 MG CAP | 1 capsule / day |
| METHYLPHENIDATE CD 20 MG CAP | 1 capsule / day |
| METHYLPHENIDATE CD 30 MG CAP | 1 capsule / day |
| METHYLPHENIDATE CD 40 MG CAP | 1 capsule / day |
| METHYLPHENIDATE CD 50 MG CAP | 1 capsule / day |
| METHYLPHENIDATE CD 60 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 10 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 10 MG TAB | 3 tablets / day |
| METHYLPHENIDATE ER 15 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 18 MG TAB | 1 tablet / day |
| METHYLPHENIDATE ER 20 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 20 MG TAB | 3 tablets / day |
| METHYLPHENIDATE ER 27 MG TAB | 1 capsule / day |
| METHYLPHENIDATE ER 30 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 36 MG TAB | 2 tablets / day |
| METHYLPHENIDATE ER 40 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 50 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 54 MG TAB | 1 tablet / day |
| METHYLPHENIDATE ER 60 MG CAP | 1 capsule / day |
| METHYLPHENIDATE ER 72 MG TAB | 1 tablet / day |
| METHYLPHENIDATE ER(CD) 10 MG CP | 1 capsule / day |
| METHYLPHENIDATE ER(CD) 20 MG CP | 1 capsule / day |
| METHYLPHENIDATE ER(CD) 30 MG CP | 1 capsule / day |
| METHYLPHENIDATE ER(CD) 40 MG CP | 1 capsule / day |
| METHYLPHENIDATE ER(CD) 50 MG CP | 1 capsule / day |
| METHYLPHENIDATE ER(CD) 60 MG CP | 1 capsule / day |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|--|------------------|
| Stimulants and Related Agents (continued) | |
| METHYLPHENIDATE ER(LA) 10 MG CP | 1 capsule / day |
| METHYLPHENIDATE ER(LA) 20 MG CP | 1 capsule / day |
| METHYLPHENIDATE ER(LA) 30 MG CP | 2 capsules / day |
| METHYLPHENIDATE ER(LA) 40 MG CP | 1 capsule / day |
| METHYLPHENIDATE LA 10 MG CAP | 1 capsule / day |
| METHYLPHENIDATE LA 20 MG CAP | 1 capsule / day |
| METHYLPHENIDATE LA 30 MG CAP | 2 capsules / day |
| METHYLPHENIDATE LA 40 MG CAP | 1 capsule / day |
| METHYLPHENIDATE LA 60 MG CAP | 1 tablet / day |
| MODAFINIL 100 MG TABLET | 3 tablets / day |
| MODAFINIL 200 MG TABLET | 2 tablets / day |
| MYDAYIS ER 12.5 MG CAPSULE | 1 capsule / day |
| MYDAYIS ER 25 MG CAPSULE | 1 capsule / day |
| MYDAYIS ER 37.5 MG CAPSULE | 1 capsule / day |
| MYDAYIS ER 50 MG CAPSULE | 1 capsule / day |
| NUVIGIL 150 MG TABLET | 1 tablet / day |
| NUVIGIL 200 MG TABLET | 1 tablet / day |
| NUVIGIL 250 MG TABLET | 1 tablet / day |
| NUVIGIL 50 MG TABLET | 2 tablets / day |
| PROVIGIL 100 MG TABLET | 3 tablets / day |
| PROVIGIL 200 MG TABLET | 2 tablets / day |
| QELBREE ER 100 MG CAPSULE | 1 capsule / day |
| QELBREE ER 150 MG CAPSULE | 1 capsule / day |
| QELBREE ER 200 MG CAPSULE | 2 capsules / day |
| QUILLICHEW ER 20 MG CHEW TAB | 3 tablets / day |
| QUILLICHEW ER 30 MG CHEW TAB | 2 tablets / day |
| QUILLICHEW ER 40 MG CHEW TAB | 1 tablet / day |
| RELEXXII ER 72 MG TABLET | 1 tablet / day |
| RITALIN 10 MG TABLET | 3 tablets / day |
| RITALIN 20 MG TABLET | 3 tablets / day |
| RITALIN 5 MG TABLET | 3 tablets / day |
| RITALIN LA 10 MG CAPSULE | 1 capsule / day |
| RITALIN LA 20 MG CAPSULE | 1 capsule / day |
| RITALIN LA 30 MG CAPSULE | 2 capsules / day |
| RITALIN LA 40 MG CAPSULE | 1 capsule / day |
| STRATTERA 10 MG CAPSULE | 1 capsule / day |
| STRATTERA 100 MG CAPSULE | 1 capsule / day |
| STRATTERA 18 MG CAPSULE | 1 capsule / day |
| STRATTERA 25 MG CAPSULE | 1 capsule / day |
| STRATTERA 40 MG CAPSULE | 1 capsule / day |
| STRATTERA 60 MG CAPSULE | 1 capsule / day |

New Hampshire AIDS Drug Assistance Program

Quantity Limit Program

Effective 1/1/2022

| Drug | Quantity Limit |
|---|-----------------|
| Stimulants and Related Agents (<i>continued</i>) | |
| STRATTERA 80 MG CAPSULE | 1 capsule / day |
| SUNOSI 150 MG TABLET | 1 tablet / day |
| SUNOSI 75 MG TABLET | 1 tablet / day |
| VYVANSE 10 MG CAPSULE | 1 capsule / day |
| VYVANSE 10 MG CHEWABLE TABLET | 1 tablet / day |
| VYVANSE 20 MG CAPSULE | 1 capsule / day |
| VYVANSE 20 MG CHEWABLE TABLET | 1 tablet / day |
| VYVANSE 30 MG CAPSULE | 1 capsule / day |
| VYVANSE 30 MG CHEWABLE TABLET | 1 tablet / day |
| VYVANSE 40 MG CAPSULE | 1 capsule / day |
| VYVANSE 40 MG CHEWABLE TABLET | 1 tablet / day |
| VYVANSE 50 MG CAPSULE | 1 capsule / day |
| VYVANSE 50 MG CHEWABLE TABLET | 1 tablet / day |
| VYVANSE 60 MG CAPSULE | 1 capsule / day |
| VYVANSE 60 MG CHEWABLE TABLET | 1 tablet / day |
| VYVANSE 70 MG CAPSULE | 1 capsule / day |
| ZENZEDI 10 MG TABLET | 3 tablets / day |
| ZENZEDI 15 MG TABLET | 3 tablets / day |
| ZENZEDI 2.5 MG TABLET | 3 tablets / day |
| ZENZEDI 2.5 MG TABLET | 3 tablets / day |
| ZENZEDI 20 MG TABLET | 3 tablets / day |
| ZENZEDI 30 MG TABLET | 3 tablets / day |
| ZENZEDI 5 MG TABLET | 3 tablets / day |
| ZENZEDI 7.5 MG TABLET | 3 tablets / day |
| Systemic Immunomodulators, Oral | |
| ARAVA 10 MG TABLET | 1 tablet / day |
| ARAVA 20 MG TABLET | 1 tablet / day |
| LEFLUNOMIDE 10 MG TABLET | 1 tablet / day |
| LEFLUNOMIDE 20 MG TABLET | 1 tablet / day |
| OLUMIANT 1 MG TABLET | 1 tablet / day |
| OLUMIANT 2 MG TABLET | 1 tablet / day |
| OTEZLA 30 MG TABLET | 2 tablets / day |
| OTEZLA STARTER PACK | 2 tablets / day |
| RINVOQ ER 15 MG TABLET | 1 tablet / day |
| XELJANZ 1 MG/ML SOLUTION | 10 mL / day |
| XELJANZ 10 MG TABLET | 2 tablets / day |
| XELJANZ 5 MG TABLET | 2 tablets / day |
| XELJANZ XR 11 MG TABLET | 1 tablet / day |
| XELJANZ XR 22 MG TABLET | 1 tablet / day |