

# New Hampshire Medicaid Quantity Limit Program

Effective 1/1/2022

Drug	Quantity Limit
<b>Anaphylaxis Agents</b>	
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
<b>Anti-Emetic Agents</b>	
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
<b>Antifungals</b>	
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

## New Hampshire Medicaid Quantity Limit Program

Updated 11/2021

Drug	Quantity Limit
<b>Antimigraine Agents</b>	
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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Updated 11/2021

Drug	Quantity Limit
<b>Antimigraine Agents (continued)</b>	
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
<b>Antipsychotic Agents</b>	
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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Drug	Quantity Limit
<b>Antiretroviral Agents</b>	
FUZEON 90 MG VIAL	1 kit / 30 days
<b>Antiviral Agents</b>	
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
<b>Bowel Evacuants</b>	
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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<b>Glaucoma Agents</b>	
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
<b>Hematopoietic Agents</b>	
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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<b>Hematopoietic Agents (continued)</b>	
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
<b>Long-Acting Opioid Analgesics</b>	
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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Updated 11/2021

Drug	Quantity Limit
<b>Long-Acting Opioid Analgesics (continued)</b>	
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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Drug	Quantity Limit
<b>Long-Acting Opioid Analgesics (continued)</b>	
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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<b>Long-Acting Opioid Analgesics (continued)</b>	
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
ZOHYDRO ER 10 MG CAPSULE	2 capsules / day
ZOHYDRO ER 15 MG CAPSULE	2 capsules / day
ZOHYDRO ER 20 MG CAPSULE	2 capsules / day
ZOHYDRO ER 30 MG CAPSULE	2 capsules / day
ZOHYDRO ER 40 MG CAPSULE	2 capsules / day
ZOHYDRO ER 50 MG CAPSULE	2 capsules / day

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<b>Macrolides</b>	
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
<b>Multiple Sclerosis Agents</b>	
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

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Drug	Quantity Limit
<b>Multiple Sclerosis Agents (continued)</b>	
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
<b>Nasal Glucocorticoids</b>	
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
<b>Proton Pump Inhibitors</b>	
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

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Drug	Quantity Limit
<b>Proton Pump Inhibitors (continued)</b>	
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
<b>Pulmonary Hypertension Agents</b>	
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
<b>Quinolones</b>	
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 Medicaid Quantity Limit Program

Updated 11/2021

Drug	Quantity Limit
<b>Quinolones (<i>continued</i>)</b>	
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
<b>Respiratory Agents</b>	
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

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Drug	Quantity Limit
<b>Respiratory Agents (continued)</b>	
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
<b>Stimulants and Related Agents</b>	
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 Medicaid Quantity Limit Program

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Drug	Quantity Limit
<b>Stimulants and Related Agents (continued)</b>	
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 Medicaid Quantity Limit Program

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Drug	Quantity Limit
<b>Stimulants and Related Agents (continued)</b>	
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 Medicaid Quantity Limit Program

Updated 11/2021

Drug	Quantity Limit
<b>Stimulants and Related Agents (continued)</b>	
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 Medicaid Quantity Limit Program

Updated 11/2021

Drug	Quantity Limit
<b>Stimulants and Related Agents (continued)</b>	
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 Medicaid Quantity Limit Program

Updated 11/2021

Drug	Quantity Limit
<b>Stimulants and Related Agents (<i>continued</i>)</b>	
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
<b>Systemic Immunomodulators, Oral</b>	
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