

**New Hampshire AIDS Drug Assistance Program
Dose Optimization Program**

Brand Name	Daily Dose Limitation	Generic Name
ABILIFY®	1	Aripiprazole
ACEON®	2	Perindopril Erbumine
ACTOS®	1	Pioglitazone
ADDERALL XR®	1	Amphetamine Salt Combination
ALLEGRA®	1	Fexofenadine
ALTACE®	2	Ramipril
AMBIEN®	1	Zolpidem
AMBIEN CR®	1	Zolpidem
ARAVA®	1	Leflunomide
ARICEPT®	1	Donepezil HCl
ATACAND®	2	Candesartan
AVAPRO®	1	Candesartan/HCTZ
BENICAR®	1	Olmesartan
BENICAR HCT®	1	Olmesartan/HCTZ
CADUET®	1	Amlodipine/Atorvastatin
CELEBREX®	2	Celecoxib
CELEXA®	1	Citalopram
CLARITIN®	1	Loratadine
CONCERTA® (36mg tab excluded)	1	Methylphenidate
COZAAR®	2	Losartan
CRESTOR®	1	Rosuvastatin
DETROL®	2	Tolterodine
DETROL LA®	1	Tolterodine
DIOVAN®	2	Valsartan
DIOVAN HCT®	1	Valsartan/HCTZ
DITROPAN XL®	1	Oxybutynin
EFFEXOR XR®	1	Venlafaxine HCl
FOCALIN XR®	1	Dexmethylphenidate
HYZAAR®	1	Losartan/HCTZ
LESCOL®	2	Fluvastatin
LEXAPRO®	1	Escitalopram Oxalate
LIPITOR®	1	Atorvastatin
LUNESTA®	1	Eszopiclone
LUVOX®	2	Fluvoxamine
METADATE CD®	1	Methylphenidate
METHYLIN ER®	1	Methylphenidate
MICARDIS®	1	Telmisartan
NORVASC®	1	Amlodipine
PAXIL®	1	Paroxetine
PRAVACHOL®	1	Pravastatin
PREMARIN®	1	Conjugated Estrogens
REMERON®	1	Mirtazapine
RISPERDAL®	2	Risperidone
RITALIN LA®	1	Methylphenidate
SINGULAIR®	1	Montelukast
STRATTERA®	1	Atomoxetine
SULAR®	1	Nisoldipine
SYMBYAX®	1	Olanzapine/Fluoxetine
VYTORIN®	1	Ezetimibe/Simvastatin
ZESTORETIC®	1	Lisinopril/hctz
ZOCOR®	1	Simvastatin
ZOLOFT®	1	Sertraline
ZYPREXA®	1	Olanzapine
ZYRTEC®	1	Cetirizine