

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred

If the Brand name is underlined a generic is currently not available

Last Updated January 1, 2015

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>ABILIFY (&lt;13 YEARS OF AGE)</u>	ARIPIRAZOLE (<13 YEARS OF AGE)		23 MG	
<u>ABILIFY (&gt;=13 YEARS OF AGE)</u>	ARIPIRAZOLE (>=13 YEARS OF AGE)		45 MG	
<u>ADDERALL</u>	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
			90 MG	<i>(for diagnosis of narcolepsy)</i>
<u>ADDERALL XR</u>	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
<u>ADVAIR (7 &amp; 14 DAY PACKS)</u>	FLUTICASONE/SALMETEROL			1/365
<u>AMBIEN (IR)</u>	<u>ZOLPIDEM (IR)</u>		15 MG	
<u>AMBIEN CR</u>	<u>ZOLPIDEM CR</u>		18.75 MG	
<u>AMERGE</u>	<u>NARATRIPTAN</u>	1 MG		25/34
<u>AMERGE</u>	<u>NARATRIPTAN</u>	2.5 MG		10/34
<u>ANFRANIL (&lt; 18 YEARS OF AGE)</u>	<u>CLOMIPRAMINE (&lt; 18 YEARS OF AGE)</u>		300 MG	
<u>ANFRANIL (&gt;= 18 YEARS OF AGE)</u>	<u>CLOMIPRAMINE (&gt;= 18 YEARS OF AGE)</u>		375 MG	
<u>ANTIHYPERTENSIVES, LONG ACTING</u>				LABELED FREQUENCY + 1
<u>ATIVAN</u>	LORAZEPAM		15 MG	
<u>AXERT</u>	ALMOTRIPTAN	6.25 MG		27/34
<u>AXERT</u>	ALMOTRIPTAN	12.5 MG		27/34
<u>BRINTELLIX</u>	VORTIOXETINE		30 MG	
<u>CAPITAL/CODEINE</u>	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	
<u>CATHETERS</u>			10 CATHETERS	
<u>CELEXA (&lt;= 60 YEARS OF AGE)</u>	<u>CITALOPRAM (&lt;= 60 YEARS OF AGE)</u>		60 MG	
<u>CELEXA (&gt; 60 YEARS OF AGE)</u>	<u>CITALOPRAM (&gt; 60 YEARS OF AGE)</u>		30 MG	
<u>CHANTIX</u>	VARENICLINE			168 TABS &/or 84 DAYS/365
<u>CLOZARIL</u>	CLOZAPINE		1350 MG	
<u>CONCERTA</u>	<u>METHYLPHENIDATE ER TABLETS</u>		135 MG	
<u>CYMBALTA</u>	<u>DULOXETINE</u>		120 MG	
<u>DALMANE</u>	FLURAZEPAM		22.5 MG	
<u>DAYTRANA</u>	METHYLPHENIDATE PATCHES		45MG/9HR PATCH	
<u>DESYREL (&lt;18 YEARS OF AGE)</u>	<u>TRAZODONE IR (&lt;18 YEARS OF AGE)</u>		300 MG	
<u>DESYREL (&gt;= 18 YEARS OF AGE)</u>	<u>TRAZODONE IR (&gt;= 18 YEARS OF AGE)</u>		600 MG	
<u>DEXEDRINE/DEXTRORAT</u>	<u>D-AMPHETAMINE</u>		90 MG	
<u>DIABETIC MONITOR</u>				1/365
<u>DIABETIC LANCET DEVICE</u>				1/365
<u>DURAGESIC PATCH</u>	FENTANYL PATCH			1 PATCH/72 HOURS
<u>EFFEXOR IR (&lt;18 YEARS OF AGE)</u>	<u>VENLAFAXINE IR (&lt;18 YEARS OF AGE)</u>		450 MG	
<u>EFFEXOR IR (&gt;= 18 YEARS OF AGE)</u>	<u>VENLAFAXINE IR (&gt;= 18 YEARS OF AGE)</u>		562.5 MG	
<u>EFFEXOR XR (&lt;18 YEARS OF AGE)</u>	<u>VENLAFAXINE XR/ER (&lt;18 YEARS OF AGE)</u>		337.5 MG	
<u>EFFEXOR XR (&gt;= 18 YEARS OF AGE)</u>	<u>VENLAFAXINE XR/ER (&gt;= 18 YEARS OF AGE)</u>		337.5 MG	
<u>ELAVIL (&lt;18 YEARS OF AGE)</u>	<u>AMITRIPTYLINE (&lt;18 YEARS OF AGE)</u>		75 MG	
<u>ELAVIL (&gt;= 18 YEARS OF AGE)</u>	<u>AMITRIPTYLINE (&gt;= 18 YEARS OF AGE)</u>		225 MG	
<u>EXALGO</u>	HYDROMORPHONE SR		32 MG	
<u>FANAPT</u>	ILOPERIDONE		36 MG	
<u>FAZACLO</u>	CLOZAPINE		1350 MG	
<u>FETZIMA</u>	LEVOMILNACIPRAN		180 MG	
<u>FOCALIN</u>	<u>DEXMETHYLPHENIDATE</u>		30 MG	
<u>FOCALIN XR (&lt;=13 YEARS OF AGE)*</u>	<u>DEXMETHYLPHENIDATE ER</u>		45 MG	
<u>FOCALIN XR (&gt;13 YEARS OF AGE)*</u>	<u>DEXMETHYLPHENIDATE ER</u>		60 MG	
<u>FROVA</u>	FROVATRIPTAN	2.5 MG		20/34
<u>GEODON (&lt;=17 YEARS OF AGE)</u>	<u>ZIPRASIDONE (&lt;=17 YEARS OF AGE)</u>		180 MG	
<u>GEODON (&gt;17 YEARS OF AGE)</u>	<u>ZIPRASIDONE (&gt;17 YEARS OF AGE)</u>		300 MG	
<u>GRALISE</u>	GABAPENTIN		1800 MG	
<u>HALCION</u>	TRIAZOLAM		0.75 MG	
<u>IMITREX KIT/VIAL</u>	<u>SUMATRIPTAN KIT</u>	6 MG/0.5 ML		2 VIALS/34
<u>IMITREX NASAL SPRAY</u>	<u>SUMATRIPTAN NASAL SPRAY</u>	20 MG		6 BOTTLES/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	25 MG		41/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	50 MG		20/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	100 MG		10/34
<u>INCONTINENCE PRODUCTS</u>	<u>BRIEFS</u>		13 BRIEFS	
	<u>DIAPERS</u>		13 DIAPERS	
	<u>LINERS</u>		13 LINERS	
	<u>PADS</u>		13 PADS	
<u>INVEGA</u>	PALIPERIDONE		18 MG	
<u>IV EQUIPMENT</u>				1/365
<u>KLONOPIN</u>	CLONAZEPAM		6 MG	
<u>LATUDA</u>	LURASIDONE		240 MG	
<u>LEXAPRO</u>	ESCITALOPRAM		30 MG	
<u>LIBRIUM (&lt; 18 YEARS OF AGE)</u>	<u>CHLORDIAZEPOXIDE (&lt; 18 YEARS OF AGE)</u>		45 MG	
<u>LIBRIUM (&gt;= 18 YEARS OF AGE)</u>	<u>CHLORDIAZEPOXIDE (&gt;= 18 YEARS OF AGE)</u>		450 MG	
<u>LORCET</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>LORTAB</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>LUNESTA</u>	EZOPICLONE		4.5 MG	
<u>LUVOX (&lt;18 YEARS OF AGE)</u>	<u>FLUVOXAMINE (&lt;18 YEARS OF AGE)</u>		300 MG	
<u>LUVOX (&gt;= 18 YEARS OF AGE)</u>	<u>FLUVOXAMINE (&gt;= 18 YEARS OF AGE)</u>		450 MG	

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MARINOL	<u>DRONABINOL</u>		20 MG	
MAXALT	<u>RIZATRIPTAN</u>	5 MG		27/34
MAXALT	<u>RIZATRIPTAN</u>	10 MG		14/34
MAXALT MLT	<u>RIZATRIPTAN MLT</u>	5 MG		27/34
MAXALT MLT	<u>RIZATRIPTAN MLT</u>	10 MG		14/34
METADATE CD/ER	<u>METHYLPHENIDATE ER CAPSULES</u>		90 MG	
NEBULIZER				1/365
	<u>NICOTINE GUM/LOZENGES</u>			735 PCS &/or 84 DAYS/365
	<u>NICOTINE PATCH</u>	7 MG		14 PATCH &/or 14 DAYS/365
	<u>NICOTINE PATCH</u>	14 MG		14 PATCH &/or 14 DAYS/365
	<u>NICOTINE PATCH</u>	21 MG		42 PATCH &/or 42 DAYS/365
	<u>NICOTINE TRANSDERMAL SYSTEM</u>			56 PATCH &/or 56 DAYS/365
NORCO	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
NORPRAMIN (< 18 YEARS OF AGE)	<u>DESIPRAMINE (&lt; 18 YEARS OF AGE)</u>		225 MG	
NORPRAMIN (>= 18 YEARS OF AGE)	<u>DESIPRAMINE (&gt;= 18 YEARS OF AGE)</u>		450 MG	
OLEPTRO (<18 YEARS OF AGE)	<u>TRAZODONE ER (&lt; 18 YEARS OF AGE)</u>		300 MG	
OLEPTRO (>= 18 YEARS OF AGE)	<u>TRAZODONE ER (&gt;= 18 YEARS OF AGE)</u>		562.5 MG	
ZOFRAN	<u>ONDANSETRON</u>		12 MG	
OXANDRIN	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
OXANDRIN	<u>OXANDROLONE</u>	10 MG	2 TABS	68/34
<b>OXYCONTIN CR (limit 2 strengths per client)</b>	<b><u>OXYCODONE ER (limit 2 strengths per client)</u></b>	ALL STRENGTHS	3 TABS/strength	102/34/strength
PAMELOR (<18 YEARS OF AGE)	<u>NORTRIPTYLINE (&lt;18 YEARS OF AGE)</u>		150 MG	
PAMELOR (>= 18 YEARS OF AGE)	<u>NORTRIPTYLINE (&gt;= 18 YEARS OF AGE)</u>		225 MG	
PAXIL IR (<18 YEARS OF AGE)	<u>PAROXETINE IR (&lt;18 YEARS OF AGE)</u>		75 MG	
PAXIL IR (>= 18 YEARS OF AGE)	<u>PAROXETINE IR (&gt;= 18 YEARS OF AGE)</u>		90 MG	
PAXIL CR (<18 YEARS OF AGE)	<u>PAROXETINE CR (&lt;18 YEARS OF AGE)</u>		75 MG	
PAXIL CR (>= 18 YEARS OF AGE)	<u>PAROXETINE CR (&gt;= 18 YEARS OF AGE)</u>		112.5 MG	
PERCOCET	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
PRISTIQ	<u>DESVENLAFAXINE</u>		150 MG	
PROSOM	<u>ESTAZOLAM</u>		3 MG	
PROZAC (<18 YEARS OF AGE)	<u>FLUOXETINE (&lt;18 YEARS OF AGE)</u>		90 MG	
PROZAC (>= 18 YEARS OF AGE)	<u>FLUOXETINE (&gt;= 18 YEARS OF AGE)</u>		120 MG	
RELPAZ	<u>ELETRIPTAN</u>	20 MG		20/34
RELPAZ	<u>ELETRIPTAN</u>	40 MG		14/34
REMERON	<u>MIRTAZAPINE</u>		67.5 MG	
RISPERDAL (<=17 YEARS OF AGE)	<u>RISPERIDONE (&lt;=17 YEARS OF AGE)</u>		5 MG	
RISPERDAL (>17 YEARS OF AGE)	<u>RISPERIDONE (&gt;17 YEARS OF AGE)</u>		24 MG	
RITALIN	<u>METHYLPHENIDATE TABLETS</u>		135 MG	
RITALIN LA	<u>METHYLPHENIDATE ER CAPSULES</u>		90 MG	
RITALIN SR	<u>METHYLPHENIDATE ER/METHYLIN ER TABLETS</u>		135 MG	
RESTORIL	<u>TEMAZEPAM</u>		45 MG	
ROXICET	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
ROZAREM	<u>RAMELTEON</u>		12 MG	
RYZOLT	<u>TRAMADOL</u>		300 MG	
SAPHRIS	<u>ASENAPINE</u>		30 MG	
SERAX	<u>OXAZEPAM</u>		180 MG	
<u>SEREVENT (14 DAY PACK)</u>	<u>SALMETEROL</u>			1/365
SEROQUEL (<13 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (&lt;13 YEARS OF AGE)</u>		600 MG	
SEROQUEL (13-17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (13-17 YEARS OF AGE)</u>		900 MG	
SEROQUEL (>17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (&gt;17 YEARS OF AGE)</u>		1200 MG	
SERZONE	<u>NEFAZODONE</u>		600 MG	
SHARPS CONTAINER				1/365
SINEQUAN (< 18 YEARS OF AGE)	<u>DOXEPIN (&lt; 18 YEARS OF AGE)</u>		150 MG	
SINEQUAN (>= 18 YEARS OF AGE)	<u>DOXEPIN (&gt;= 18 YEARS OF AGE)</u>		450 MG	
SOMA	<u>CARISOPRODOL</u>			84/365
SONATA	<u>ZALEPLON</u>		30 MG	
SPACER				1/365
<u>SPIRIVA (5 DAY PACK)</u>	<u>TIOTROPIUM BROMIDE</u>			1/365
SPIROMETER				1/365
STADOL NASAL SPRAY	<u>BUTORPHANOL</u>	10 MG/ML		1 BOTTLE/34
STRATTERA	<u>ATOMOXETINE</u>		150 MG	
SUBOXONE*	<u>BUPRENORPHINE/NALOXONE</u>		24 MG	
SUBUTEX	<u>BUPRENORPHINE</u>		24 MG	
TALWIN NX	<u>PENTAZOCINE/NALOXONE</u>		2 TABS	60/30
TOFRANIL	<u>IMIPRAMINE</u>		300 MG	
TORADOL SYRINGE	<u>KETOROLAC SYRINGE</u>	30 MG		5-DAY DURATION/34 DAYS
TORADOL SYRINGE	<u>KETOROLAC SYRINGE</u>	15 MG		5-DAY DURATION/34 DAYS
TORADOL TAB	<u>KETOROLAC TAB</u>	10 MG	4 TABS	5-DAY DURATION/34 DAYS
TRANXENE (< 18 YEARS OF AGE)	<u>CLORAZEPATE (&lt; 18 YEARS OF AGE)</u>		90 MG	
TRANXENE (>= 18 YEARS OF AGE)	<u>CLORAZEPATE (&gt;= 18 YEARS OF AGE)</u>		135 MG	
TREXIMET	<u>SUMATRIPTAN/NAPROXEN</u>			10/34
TYLENOL #3	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	

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TYLOX	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
ULTRAM	TRAMADOL		8 TABS	
ULTRAM ER	<u>TRAMADOL ER</u>		300 MG	
ULTRACET	<u>TRAMADOL/APAP</u>		8 TABS	5-DAY DURATION/34 DAYS
VALIUM (< 18 YEARS OF AGE)	<u>DIAZEPAM (&lt; 18 YEARS OF AGE)</u>		15 MG	
VALIUM (>= 18 YEARS OF AGE)	<u>DIAZEPAM (&gt;= 18 YEARS OF AGE)</u>		60 MG	
<u>VIIBRYD</u>	VILAZODONE		60 MG	
VICODIN	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>VYVANSE</u>	LISDEXAMFETAMINE		105 MG	
WELLBUTRIN IR	BUPROPION IR		450 MG	
WELLBUTRIN SR	<u>BUPROPION SR</u>		450 MG	
WELLBUTRIN XL	<u>BUPROPION XL</u>		450 MG	
XANAX	<u>ALPRAZOLAM</u>		6 MG	
ZOLOFT	SERTRALINE		300 MG	
<u>ZOMIG</u>	ZOLMITRIPTAN	2.5 MG		20/34
<u>ZOMIG</u>	ZOLMITRIPTAN	5 MG		10/34
<u>ZOMIG ZMT</u>	ZOLMITRIPTAN ZMT	2.5 MG		20/34
ZYBAN	<u>BUPROPION</u>		450 MG	168 TABS &/or 84 DAYS/365
ZYPREXA (<13 YEARS OF AGE)	<u>OLANZAPINE (&lt;13 YEARS OF AGE)</u>		15 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (&gt;=13 YEARS OF AGE)</u>		30 MG	