

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred

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

Last Updated February 24, 2021

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	<u>ARIPIRAZOLE (&lt;13 YEARS OF AGE)</u>		15 MG	
ABILIFY (>=13 YEARS OF AGE)	<u>ARIPIRAZOLE (&gt;=13 YEARS OF AGE)</u>		30 MG	
ADDERALL	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
ADDERALL XR	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS XR</u>		90 MG	(for diagnosis of narcolepsy)
ADVAIR (7 & 14 DAY PACKS)	<u>FLUTICASONE/SALMETEROL</u>		60 MG	
AMBIEN (IR)	<u>ZOLPIDEM (IR)</u>		15 MG	
AMBIEN CR	<u>ZOLPIDEM CR</u>		18.75 MG	
AMERGE	<u>NARATRIPTAN</u>	1 MG		25/34
AMERGE	<u>NARATRIPTAN</u>	2.5 MG		10/34
ANFRANIL (< 18 YEARS OF AGE)	<u>CLOMIPRAMINE (&lt; 18 YEARS OF AGE)</u>		300 MG	
ANFRANIL (>= 18 YEARS OF AGE)	<u>CLOMIPRAMINE (&gt;= 18 YEARS OF AGE)</u>		375 MG	
ANTIHYPERTENSIVES, LONG ACTING				LABELED FREQUENCY + 1
APLENZIN	<u>BUPROPION SR</u>		450MG	
APTENSIO XR	<u>METHYLPHENIDATE ER CAPSULES</u>		90MG	
ARISTADA 441MG, 662MG, 882MG	<u>ARIPIRAZOLE</u>			1/28
ARISTADA 1064MG	<u>ARIPIRAZOLE</u>			1/56
ARISTADA INITIO	<u>ARIPIRAZOLE</u>			1/365
ATIVAN	<u>LORAZEPAM</u>		15 MG	
AXERT	<u>ALMOTRIPTAN</u>	6.25 MG		27/34
AXERT	<u>ALMOTRIPTAN</u>	12.5 MG		27/34
BELBUCA	<u>BUPRENORPHINE BUCCAL FILM</u>		1.2MG (1200MCG)	
BELSOMRA	<u>SUVOREXANT</u>		30 MG	
BUSPAR (<18 YEARS OF AGE)	<u>BUSPIRONE (&lt;18 YEARS OF AGE)</u>		45 MG	
BUSPAR (>=18 YEARS OF AGE)	<u>BUSPIRONE (&gt;=18 YEARS OF AGE)</u>		90 MG	
BUTRANS	<u>BUPRENORPHINE WEEKLY PATCH</u>	1 STRENGTH AT A TIME	20 MCG/HR DOSE	1 PATCH/WEEK
CATHETERS			10 CATHETERS	
CELEXA (<= 60 YEARS OF AGE)	<u>CITALOPRAM (&lt;= 60 YEARS OF AGE)</u>		60 MG	
CELEXA (> 60 YEARS OF AGE)	<u>CITALOPRAM (&gt; 60 YEARS OF AGE)</u>		30 MG	
CHANTIX	<u>VARENICLINE</u>			168 TABS &/or 84 DAYS/365
CLOZARIL	<u>CLOZAPINE</u>		1350 MG	
CAPITAL/CODEINE SUSPENSION	<u>CODEINE/ACETAMINOPHEN ORAL SUSPENSION AND SOLUTION</u>		20 ML	
CONCERTA	<u>METHYLPHENIDATE ER TABLETS</u>		90 MG	
CONZIP	<u>TRAMADOL ER CAPSULES</u>		300MG	
COTEMPLA	<u>METHYLPHENIDATE ER DISINTEGRATING TABLETS</u>		90MG	
CYMBALTA	<u>DULOXETINE</u>		120 MG	
DALMANE	<u>FLURAZEPAM</u>		45MG	
DAYTRANA	<u>METHYLPHENIDATE PATCHES</u>		45MG/9HR PATCH	
DEMEROL ORAL LIQUID	<u>MEPERIDINE ORAL SOLUTION</u>		20 ML	
DESYREL (<18 YEARS OF AGE)	<u>TRAZODONE IR (&lt;18 YEARS OF AGE)</u>		300 MG	
DESYREL (>= 18 YEARS OF AGE)	<u>TRAZODONE IR (&gt;= 18 YEARS OF AGE)</u>		600 MG	
DEXEDRINE/DEXTROSTAT	<u>D-AMPHETAMINE</u>		90 MG	
DIABETIC MONITOR				1/365
DIABETIC LANCET DEVICE				1/365
DILAUDID ORAL LIQUID	<u>HYDROMORPHONE ORAL LIQUID</u>		8 ML	
DOLOPHINE	<u>METHADONE</u>		3 TABS	
DURAGESIC PATCH	<u>FENTANYL PATCH</u>	1 STRENGTH AT A TIME	50 MCG/HR DOSE	1 PATCH/72 HOURS
DYANAVAL	<u>AMPHETAMINE ER SUSPENSION</u>		60MG	
EFFEXOR IR (<18 YEARS OF AGE)	<u>VENLAFAXINE IR (&lt;18 YEARS OF AGE)</u>		450 MG	
EFFEXOR IR (>= 18 YEARS OF AGE)	<u>VENLAFAXINE IR (&gt;= 18 YEARS OF AGE)</u>		562.5 MG	
EFFEXOR XR (<18 YEARS OF AGE)	<u>VENLAFAXINE XR/ER (&lt;18 YEARS OF AGE)</u>		337.5 MG	
EFFEXOR XR (>= 18 YEARS OF AGE)	<u>VENLAFAXINE XR/ER (&gt;= 18 YEARS OF AGE)</u>		337.5 MG	
ELAVIL (<18 YEARS OF AGE)	<u>AMITRIPTYLINE (&lt;18 YEARS OF AGE)</u>		75 MG	
ELAVIL (>= 18 YEARS OF AGE)	<u>AMITRIPTYLINE (&gt;= 18 YEARS OF AGE)</u>		225 MG	
EMBEDA	<u>MORPHINE/NALTREXONE</u>		120MG	
ENBREL 25MG	<u>ETANERCEPT 25MG</u>		10 SYRINGES/MONTH	
ENBREL 50MG	<u>ETANERCEPT 50MG</u>		5 SYRINGES OR VIALS/MONTH	
EXALGO	<u>HYDROMORPHONE SR</u>		30 MG	
FANAPT	<u>ILOPERIDONE</u>		24 MG	
FAZACLO	<u>CLOZAPINE</u>		1350 MG	
FETZIMA	<u>LEVOMILNACIPRAN</u>		180 MG	
FOCALIN	<u>DEXMETHYLPHENIDATE</u>		30 MG	
FOCALIN XR (<=13 YEARS OF AGE)*	<u>DEXMETHYLPHENIDATE ER</u>		45 MG	
FOCALIN XR (>13 YEARS OF AGE)*	<u>DEXMETHYLPHENIDATE ER</u>		60 MG	
FORFIVO XL	<u>BUPROPION XL</u>		450MG	
FROVA	<u>FROVATRIPTAN</u>	2.5 MG		20/34
GEODON (<=17 YEARS OF AGE)	<u>ZIPRASIDONE (&lt;=17 YEARS OF AGE)</u>		120 MG	
GEODON (>17 YEARS OF AGE)	<u>ZIPRASIDONE (&gt;17 YEARS OF AGE)</u>		200 MG	
GRALISE	<u>GABAPENTIN</u>		1800 MG	
HALCION	<u>TRIAZOLAM</u>		0.75 MG	

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred

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

Last Updated February 24, 2021

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>HUMIRA 10MG</u>	ADALIMUMAB 10MG		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
<u>HUMIRA 20MG</u>	ADALIMUMAB 20MG		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
<u>HUMIRA 40MG</u>	ADALIMUMAB 40MG		4 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
<u>HYCET SOLUTION</u>	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
<u>HYSINGLA ER</u>	<u>HYDROCODONE ER</u>		120 MG	
<u>IMITREX KIT/VIAL</u>	<u>SUMATRIPTAN KIT</u>	4/0.5ML		3 VIALS/34
<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 NASAL SPRAY</u>	<u>SUMATRIPTAN NASAL SPRAY</u>	5MG		12 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>INTUNIV (6 - 12 YEARS OF AGE)</u>	<u>GUANFACINE (6 - 12 YEARS OF AGE)</u>		4 MG	
<u>INTUNIV (13 -17 YEARS OF AGE)</u>	<u>GUANFACINE (13 - 17 YEARS OF AGE)</u>		7 MG	
<u>INVEGA</u>	<u>PALIPERIDONE</u>		12 MG	
<u>INVEGA SUSTENNA</u>	<u>PALIPERIDONE</u>			1/28
<u>INVEGA TRINZ</u>	<u>PALIPERIDONE</u>			1/84
<u>IV EQUIPMENT</u>				1/365
<u>KLONOPIN</u>	<u>CLONAZEPAM</u>		6 MG	
<u>LATUDA (10-17 YEARS OF AGE)</u>	<u>LURASIDONE</u>		80MG	
<u>LATUDA (&gt;17 YEARS OF AGE)</u>	<u>LURASIDONE</u>		160MG	
<u>LEXAPRO</u>	<u>ESCITALOPRAM</u>		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>LONG-ACTING NARCOTIC</u>		LIMITED TO ONE LONG-ACTING NARCOTIC AT A TIME		
<u>LORCET</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>LORTAB</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>LORTAB ELIXIR</u>	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
<u>LUNESTA</u>	<u>EZOPICLONE</u>		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	
<u>LYRICA</u>	<u>PREGABALIN</u>		600 MG	
<u>MARINOL</u>	<u>DRONABINOL</u>		20 MG	
<u>MAXALT</u>	<u>RIZATRIPTAN</u>	5 MG		27/34
<u>MAXALT</u>	<u>RIZATRIPTAN</u>	10 MG		14/34
<u>MAXALT MLT</u>	<u>RIZATRIPTAN MLT</u>	5 MG		27/34
<u>MAXALT MLT</u>	<u>RIZATRIPTAN MLT</u>	10 MG		14/34
<u>METADATE CD/ER</u>	<u>METHYLPHENIDATE ER CAPSULES</u>		90 MG	
<u>MORPHABOND</u>	<u>MORPHINE SULFATE ER DETER 60 MG</u>		120 MG	
<u>MS CONTIN</u>	<u>MORPHINE ER TABLETS</u>		120 MG	
<u>NARCAN</u>	<u>NALOXONE SOLUTION</u>	0.4MG/ML	2/180 (only 1 fill of any formulation per year)	
<u>NEBULIZER</u>				1/365
<u>NEURONTIN</u>	<u>GABAPENTIN</u>		3600 MG	
	<u>NICOTINE GUM/LOZENGES</u>			735 PCS &/or 84 DAYS/365
	<u>NICOTINE INHALER</u>			8 PACKS &/or 84 DAYS/365
	<u>NICOTINE NASAL SPRAY</u>			8 PACKS &/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
<u>NORCO</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>NORPRAMIN (&lt; 18 YEARS OF AGE)</u>	<u>DESIPRAMINE (&lt; 18 YEARS OF AGE)</u>		225 MG	
<u>NORPRAMIN (&gt;= 18 YEARS OF AGE)</u>	<u>DESIPRAMINE (&gt;= 18 YEARS OF AGE)</u>		450 MG	
<u>NUCYNTA ER</u>	<u>TAPENTADOL SR</u>		327 MG	
<u>NUPLAZID</u>	<u>PIMAVANSERIN</u>		34 MG	
<u>NUVIGIL</u>	<u>ARMODAFINIL</u>		150 MG	
			250 MG	(for diagnosis of narcolepsy)
<u>OLEPTRO (&lt;18 YEARS OF AGE)</u>	<u>TRAZODONE ER (&lt; 18 YEARS OF AGE)</u>		300 MG	
<u>OLEPTRO (&gt;= 18 YEARS OF AGE)</u>	<u>TRAZODONE ER (&gt;= 18 YEARS OF AGE)</u>		562.5 MG	
<u>OPANA ER</u>	<u>OXYMORPHONE ER</u>		40 MG	
<u>OXANDRIN</u>	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
<u>OXANDRIN</u>	<u>OXANDROLONE</u>	10 MG	2 TABS	68/34
<u>OXYCONTIN CR (limit 2 strengths per client)</u>	<u>OXYCODONE ER (limit 2 strengths per client)</u>	3 TABS/STRENGTH	80 MG	
<u>PAMELOR (&lt;18 YEARS OF AGE)</u>	<u>NORTRIPTYLINE (&lt;18 YEARS OF AGE)</u>		150 MG	
<u>PAMELOR (&gt;= 18 YEARS OF AGE)</u>	<u>NORTRIPTYLINE (&gt;= 18 YEARS OF AGE)</u>		225 MG	
<u>PAXIL IR (&lt;18 YEARS OF AGE)</u>	<u>PAROXETINE IR (&lt;18 YEARS OF AGE)</u>		75 MG	

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred

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

Last Updated February 24, 2021

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
PAXIL IR (>= 18 YEARS OF AGE)	<u>PAROXETINE IR</u> (>= 18 YEARS OF AGE)		90 MG	
PAXIL CR (<18 YEARS OF AGE)	<u>PAROXETINE CR</u> (<18 YEARS OF AGE)		75 MG	
PAXIL CR (>= 18 YEARS OF AGE)	<u>PAROXETINE CR</u> (>= 18 YEARS OF AGE)		112.5 MG	
PERCOCET	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
PERSERIS	<u>RISPERIDONE</u>			1/28
PRISTIQ	<u>DESVENLAFAXINE</u>		150 MG	
PROSOM	<u>ESTAZOLAM</u>		3 MG	
PROVIGIL	<u>MODAFINIL</u>		200 MG	
PROZAC (<18 YEARS OF AGE)	<u>FLUOXETINE</u> (<18 YEARS OF AGE)		90 MG	
PROZAC (>= 18 YEARS OF AGE)	<u>FLUOXETINE</u> (>= 18 YEARS OF AGE)		120 MG	
QUILLICHEW	<u>METHYLPHENIDATE ER CHEWABLE</u>		90MG	
QUILLIVANT XR	<u>METHYLPHENIDATE ER SUSPENSION</u>		90MG	
RELPAK	<u>ELETRIPTAN</u>	20 MG		20/34
RELPAK	<u>ELETRIPTAN</u>	40 MG		14/34
REMERON	<u>MIRTAZAPINE</u>		67.5 MG	
RESTORIL	<u>TEMAZEPAM</u>		45 MG	
REXULTI	<u>BREXPIPIRAZOLE</u>		4 MG	
RISPERDAL (<10 YEARS OF AGE)	<u>RISPERIDONE</u> (<10 YEARS OF AGE)		3 MG	
RISPERDAL (10-17 YEARS OF AGE)	<u>RISPERIDONE</u> (10-17 YEARS OF AGE)		6 MG	
RISPERDAL (>17 YEARS OF AGE)	<u>RISPERIDONE</u> (>17 YEARS OF AGE)		16 MG	
RISPERDAL CONSTA	<u>RISPERIDONE</u>			2/28
RITALIN	<u>METHYLPHENIDATE TABLETS</u>		90 MG	
RITALIN LA	<u>METHYLPHENIDATE ER CAPSULES</u>		90 MG	
RITALIN SR	<u>METHYLPHENIDATE ER/METHYLIN ER TABLETS</u>		90 MG	
ROXANOL CONCENTRATE	<u>MORPHINE CONCENTRATE ORAL SOLUTION</u>		4 ML	
ROXANOL	<u>MORPHINE ORAL SOLUTION</u>		20 ML	
ROXICET	<u>OXYCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		20 ML	
ROXICODONE CONCENTRATE	<u>OXYCODONE CONCENTRATE ORAL SOLUTION</u>		4 ML	
ROXICODONE	<u>OXYCODONE ORAL SOLUTION</u>		20 ML	
ROZEREM	<u>RAMELTEON</u>		12 MG	
RYBIX	<u>TRAMADOL ODT</u>		8 TABS	
RYZOLT	<u>TRAMADOL ER TABLETS</u>		300 MG	
SAPHRIS	<u>ASENAPINE</u>		20 MG	
SAVELLA	<u>MILNACIPRAN</u>		200 MG	
SERAX	<u>OXAZEPAM</u>		180 MG	
SEREVENT (14 DAY PACK)	<u>SALMETEROL</u>			1/365
SEROQUEL (<13 YEARS OF AGE)	<u>QUETIAPINE FUMARATE</u> (<13 YEARS OF AGE)		400 MG	
SEROQUEL (13-17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE</u> (13-17 YEARS OF AGE)		600 MG	
SEROQUEL (>17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE</u> (>17 YEARS OF AGE)		800 MG	
SERZONE	<u>NEFAZODONE</u>		600 MG	
SHARPS CONTAINER				1/365
SHORT-ACTING NARCOTICS		LIMITED TO ONE SHORT-ACTING NARCOTIC AT A TIME		
SHORT-ACTING NARCOTIC TABS/CAPS		4 TABS OR CAPS/DAY AFTER 42 DAYS OF CONSECUTIVE USE		
SINEQUAN (< 18 YEARS OF AGE)	<u>DOXEPIN</u> (< 18 YEARS OF AGE)		150 MG	
SINEQUAN (>= 18 YEARS OF AGE)	<u>DOXEPIN</u> (>= 18 YEARS OF AGE)		450 MG	
SINGULAIR (1-5 YEARS OF AGE)	<u>MONTELUKAST</u> (1-5 YEARS OF AGE)		4MG	
SINGULAIR (6-14 YEARS OF AGE)	<u>MONTELUKAST</u> (6-14 YEARS OF AGE)		5MG	
SINGULAIR (>= 15 YEARS OF AGE)	<u>MONTELUKAST</u> (>= 15 YEARS OF AGE)		10 MG	
SOMA	<u>CARISOPRODOL</u>			84/365
SONATA	<u>ZALEPLON</u>		30 MG	
SPACER				1/365
SPIRIVA (5 DAY PACK)	<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>	DURING FIRST TWO YEARS OF TREATMENT DOSAGE LIMIT IS 16 MG AFTER TWO YEARS OF TREATMENT DOSAGE LIMIT IS 8MG		
SUBUTEX	<u>BUPRENORPHINE</u>	DURING FIRST TWO YEARS OF TREATMENT DOSAGE LIMIT IS 16 MG AFTER TWO YEARS OF TREATMENT DOSAGE LIMIT IS 8MG		
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</u> (< 18 YEARS OF AGE)		90 MG	
TRANXENE (>= 18 YEARS OF AGE)	<u>CLORAZEPATE</u> (>= 18 YEARS OF AGE)		135 MG	
TREXIMET	<u>SUMATRIPTAN/NAPROXEN</u>		85/500 MG	10/34
TREXIMET	<u>SUMATRIPTAN/NAPROXEN</u>		10/60 MG	5/34
TRINTELLIX	<u>VORTIOXETINE</u>		30 MG	
TYLENOL #3	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred

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

Last Updated February 24, 2021

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
TYLOX	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
ULTRAM	<u>TRAMADOL</u>		8 TABS	
ULTRAM ER	<u>TRAMADOL ER TABLETS</u>		300 MG	
ULTRACET	<u>TRAMADOL/ACETAMINOPHEN</u>		8 TABS	
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>VICTOZA</u>	<u>LIRAGLUTIDE</u>		1.8 MG	
<u>VIIBRYD</u>	<u>VILAZODONE</u>		60 MG	
VICODIN	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>VRAYLAR</u>	<u>CARIPRAZINE</u>		6 MG	
<u>VYVANSE</u>	<u>LISDEXAMFETAMINE</u>		105 MG	
WELLBUTRIN IR	<u>BUPROPION IR</u>		450 MG	
WELLBUTRIN SR	<u>BUPROPION SR</u>		450 MG	
WELLBUTRIN XL	<u>BUPROPION XL</u>		450 MG	
XANAX	<u>ALPRAZOLAM</u>		6 MG	
<u>XARTEMIS XR</u>	<u>OXYCODONE/ACETAMINOPHEN CR</u>		80 MG	
<u>XENAZINE</u>	<u>TETRABENAZINE</u>		50 MG	
<u>XTAMPZA ER</u>	<u>OXYCODONE ER</u>		80 MG	
ZAMICET SOLUTION	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
<u>ZENZEDI</u>	<u>DEXTROAMPHETAMINE</u>		90MG	
ZOFRAN	<u>ONDANSETRON</u>		12 MG	
<u>ZOHYDRO ER</u>	<u>HYDROCODONE SR</u>		120 MG	
ZOLOFT	<u>SERTRALINE</u>		300 MG	
ZOMIG	<u>ZOLMITRIPTAN</u>	2.5 MG		20/34
ZOMIG	<u>ZOLMITRIPTAN</u>	5 MG		10/34
ZOMIG ZMT	<u>ZOLMITRIPTAN ZMT</u>	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>		10 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (&gt;=13 YEARS OF AGE)</u>		20 MG	