

WYOMING MEDICAID DOSAGE LIMITATION CHART

(*) Indicates BRAND is Preferred
If the Brand name is underlined a generic is currently not available
Last Updated April 15, 2026

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	<u>ARIPIPIRAZOLE (<13 YEARS OF AGE)</u>		15 MG	
ABILIFY (>=13 YEARS OF AGE)	<u>ARIPIPIRAZOLE (>=13 YEARS OF AGE)</u>		30 MG	
ABILIFY MAINTENA	<u>ARIPIPIRAZOLE</u>	400 MG		1 INJECTION/26 DAYS
ADDERALL	<u>AMPHETAMINE SALTS/ D-AMPHETAMINE SALTS</u>		60 MG	
ADDERALL XR	<u>AMPHETAMINE SALTS/ D-AMPHETAMINE SALTS XR</u>		60 MG	
ADVAIR (7 & 14 DAY PACKS)*	<u>FLUTICASONE/SALMETEROL</u>			1/365
ALBUTEROL HFA, VENTOLIN HFA, XOPENEX HFA	ALBUTEROL INHALERS	90 MCG		12 inhalers/365
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 (< 18 YEARS OF AGE)</u>		200 MG	
ANFRANIL (>= 18 YEARS OF AGE)	<u>CLOMIPRAMINE (>= 18 YEARS OF AGE)</u>		250 MG	
ANTIHYPERTENSIVES, LONG ACTING				LABELED FREQUENCY + 1
<u>APLENZIN</u>	BUPROPION SR		450MG	
APTENSIO XR*	METHYLPHENIDATE ER CAPSULES		90MG	
<u>ARISTADA 441MG, 662MG, 882MG</u>	ARIPIPIRAZOLE			1/28
<u>ARISTADA 1064MG</u>	ARIPIPIRAZOLE			1/56
<u>ARISTADA INITIO</u>	ARIPIPIRAZOLE			1/365
ATIVAN	<u>LORAZEPAM</u>		15 MG	
AXERT	ALMOTRIPTAN	6.25 MG		27/34
AXERT	ALMOTRIPTAN	12.5 MG		27/34
<u>BELBUCA</u>	BUPRENORPHINE BUCCAL FILM		1.2MG (1200MCG)	
<u>BELSOMRA</u>	SUVOREXANT		30 MG	
BUSPAR (<18 YEARS OF AGE)	<u>BUSPIRONE (<18 YEARS OF AGE)</u>		45 MG	
BUSPAR (>=18 YEARS OF AGE)	<u>BUSPIRONE (>=18 YEARS OF AGE)</u>		90 MG	
<u>BUTRANS*</u>	BUPRENORPHINE WEEKLY PATCH	1 STRENGTH AT A TIME	20 MCG/HR DOSE	1 PATCH/WEEK
<u>CATHETERS</u>			10 CATHETERS	
CELEXA (<= 60 YEARS OF AGE)	<u>CITALOPRAM (<= 60 YEARS OF AGE)</u>		60 MG	
CELEXA (> 60 YEARS OF AGE)	<u>CITALOPRAM (> 60 YEARS OF AGE)</u>		30 MG	
CHANTIX	VARENICLINE			168 TABS &/or 84 DAYS/365
CLOZARIL	<u>CLOZAPINE</u>		900 MG	
CAPITAL/CODEINE SUSPENSION	<u>CODEINE/APAP ORAL SUSP. AND SOLUTION</u>		20 ML	
CONCERTA*	<u>METHYLPHENIDATE ER TABLETS</u>		90 MG	
CONZIP	<u>TRAMADOL ER CAPSULES</u>		300MG	
<u>COTEMPLA</u>	METHYLPHENIDATE ER DISINTEGRATING TABLETS		90MG	
CYMBALTA	<u>DULOXETINE</u>		120 MG	
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 (<18 YEARS OF AGE)</u>		300 MG	
DESYREL (>= 18 YEARS OF AGE)	<u>TRAZODONE IR (>= 18 YEARS OF AGE)</u>		600 MG	
DEXEDRINE/DEXSTROSTAT	<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	90MME FOR SA + LA TOTAL
DOLOPHINE	<u>METHADONE</u>		3 TABS	90MME FOR SA + LA TOTAL
DURAGESIC PATCH	<u>FENTANYL PATCH</u>	1 STRENGTH AT A TIME	37.5 MCG/HR DOSE	1 PATCH/72 HOURS
DYANAVAL	AMPHETAMINE ER SUSPENSION		60MG	
EFFEXOR IR (<18 YEARS OF AGE)	<u>VENLAFAXINE IR</u>		450 MG	
EFFEXOR IR (>= 18 YEARS OF AGE)	<u>VENLAFAXINE IR</u>		562.5 MG	
EFFEXOR XR (<18 YEARS OF AGE)	<u>VENLAFAXINE XR/ER</u>		337.5 MG	
EFFEXOR XR (>= 18 YEARS OF AGE)	<u>VENLAFAXINE XR/ER</u>		337.5 MG	

**WYOMING MEDICAID
DOSAGE LIMITATION CHART**

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ELAVIL (<18 YEARS OF AGE)	<u>AMITRIPTYLINE</u>		75 MG	
ELAVIL (>= 18 YEARS OF AGE)	<u>AMITRIPTYLINE</u>		225 MG	
<u>ENBREL 25MG</u>	ETANERCEPT 25MG		10 SYRINGES/28 DAYS	
<u>ENBREL 50MG</u>	ETANERCEPT 50MG		5 SYRINGES OR VIALS/28 DAYS	
<u>FANAPT</u>	ILOPERIDONE		24 MG	
<u>FETZIMA</u>	LEVOMILNACIPRAN		120 MG	
<u>FOCALIN</u>	<u>DEXMETHYLPHENIDATE</u>		30 MG	
FOCALIN XR (<=13 YEARS OF AGE)*	DEXMETHYLPHENIDATE ER		45 MG	
FOCALIN XR (>13 YEARS OF AGE)*	DEXMETHYLPHENIDATE ER		60 MG	
<u>FORFIVO XL</u>	BUPROPION XL		450MG	
FROVA	<u>FROVATRIPTAN</u>	2.5 MG		20/34
GEODON (<=17 YEARS OF AGE)	<u>ZIPRASIDONE (<=17 YEARS OF AGE)</u>		120 MG	
GEODON (>17 YEARS OF AGE)	<u>ZIPRASIDONE (>17 YEARS OF AGE)</u>		200 MG	
<u>GRALISE</u>	GABAPENTIN		1800 MG	
HALCION	<u>TRIAZOLAM</u>		0.75 MG	
<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/APAP ORAL SOLUTION</u>		90 MG*	90MME FOR SA + LA TOTAL
<u>HYSINGLA ER</u>	<u>HYDROCODONE ER</u>		90 MG*	90MME FOR SA + LA TOTAL
IMITREX KIT/VIAL	<u>SUMATRIPTAN KIT</u>	4/0.5ML		3 VIALS/34
IMITREX KIT/VIAL	<u>SUMATRIPTAN KIT</u>	6 MG/0.5 ML		2 VIALS/34
IMITREX NASAL SPRAY	<u>SUMATRIPTAN NASAL SPRAY</u>	20 MG		6 BOTTLES/34
IMITREX NASAL SPRAY	<u>SUMATRIPTAN NASAL SPRAY</u>	5MG		12 BOTTLES/34
IMITREX TAB	<u>SUMATRIPTAN TAB</u>	25 MG		41/34
IMITREX TAB	<u>SUMATRIPTAN TAB</u>	50 MG		20/34
IMITREX TAB	<u>SUMATRIPTAN TAB</u>	100 MG		10/34
INTUNIV (6 - 12 YEARS OF AGE)	<u>GUANFACINE (6 - 12 YEARS OF AGE)</u>		4 MG	
INTUNIV (13 - 17 YEARS OF AGE)	<u>GUANFACINE (13 - 17 YEARS OF AGE)</u>		7 MG	
INVEGA	<u>PALIPERIDONE</u>		12 MG	
<u>INVEGA HAFYERA</u>	PALIPERIDONE			1/180
<u>INVEGA SUSTENNA</u>	PALIPERIDONE			1/28
<u>INVEGA TRINZA</u>	PALIPERIDONE			1/84
<u>IV EQUIPMENT</u>				1/365
JORNAY PM	<u>METHYLPHENIDATE</u>		100 MG	
KLONOPIN	<u>CLONAZEPAM</u>		6 MG	
LATUDA (10-17 YEARS OF AGE)	<u>LURASIDONE</u>		80MG	
LATUDA (>17 YEARS OF AGE)	<u>LURASIDONE</u>		160MG	
LEXAPRO	<u>ESCITALOPRAM</u>		30 MG	
LIBRIUM (< 18 YEARS OF AGE)	<u>CHLORDIAZEPOXIDE</u>		30 MG	
LIBRIUM (>= 18 YEARS OF AGE)	<u>CHLORDIAZEPOXIDE</u>		300 MG	
LIDODERM PATCHES	LIDOCAINE PATCHES	5%	3 PATCHES	
<u>LONG-ACTING NARCOTIC</u>			LIMITED TO ONE LONG-ACTING NARCOTIC AT A TIME	
<u>LORCET</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		90 MG*	90MME FOR SA + LA TOTAL
<u>LORTAB</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		90 MG*	90MME FOR SA + LA TOTAL
<u>LORTAB ELIXIR</u>	<u>HYDROCODONE/APAP ORAL SOLN</u>		90 MG*	90MME FOR SA + LA TOTAL
LUNESTA	<u>EZOPICLONE</u>		4.5 MG	
LUVOX (<18 YEARS OF AGE)	<u>FLUVOXAMINE (<18 YEARS OF AGE)</u>		300 MG	
LUVOX (>= 18 YEARS OF AGE)	<u>FLUVOXAMINE (>= 18 YEARS OF AGE)</u>		450 MG	
LYRICA	<u>PREGABALIN</u>		600 MG	
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	
<u>MS CONTIN</u>	<u>MORPHINE ER TABLETS</u>		90 MG*	90MME FOR SA + LA TOTAL

**WYOMING MEDICAID
DOSAGE LIMITATION CHART**

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
NARCAN	<u>NALOXONE SOLUTION</u>	0.4MG/ML		1 fill/180 days
NEBULIZER				1/365
NEURONTIN	<u>GABAPENTIN</u>		3600 MG	
	<u>NICOTINE GUM</u>			24PCS/DAY & 84 DAYS/365
	<u>NICOTINE LOZENGES</u>			20PCS/DAY & 84 DAYS/365
	<u>NICOTINE NASAL SPRAY</u>		40MG	84 DAYS/365
	<u>NICOTINE PATCH</u>	7 MG		84 DAYS/365 OF ANY COMBINATION
	<u>NICOTINE PATCH</u>	14 MG		84 DAYS/365 OF ANY COMBINATION
	<u>NICOTINE PATCH</u>	21 MG		84 DAYS/365 OF ANY COMBINATION
	<u>NICOTINE TRANSDERMAL SYSTEM</u>			Refer to Patch Limits
NORCO	<u>HYDROCODONE/ACETAMINOPHEN</u>		90 MG*	90MME FOR SA + LA TOTAL
NORPRAMIN (< 18 YEARS OF AGE)	<u>DESIPRAMINE (< 18 YEARS OF AGE)</u>		225 MG	
NORPRAMIN (>= 18 YEARS OF AGE)	<u>DESIPRAMINE (>= 18 YEARS OF AGE)</u>		450 MG	
NUPLAZID	<u>PIMAVANSERIN</u>		34 MG	
NUVIGIL*	<u>ARMODAFINIL</u>		150 MG	
			250 MG	(for diagnosis of narcolepsy)
OXANDRIN	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
OXYCONTIN CR (limit 2 strengths per client)	<u>OXYCODONE ER (limit 2 strengths per client)</u>	3 TABS/STRENGTH	60 MG*	90MME FOR SA + LA TOTAL
OZEMPIC	<u>SEMAGLUTIDE</u>			2 MG/7 DAYS
<u>NURTEC ODT</u>	<u>RIMEGEPANT</u>	75 MG		Treatment: 8/30 days
<u>NURTEC ODT</u>	<u>RIMEGEPANT</u>	75 MG		Prophylaxis: 16/30 days
PAMELOR (<18 YEARS OF AGE)	<u>NORTRIPTYLINE (<18 YEARS OF AGE)</u>		150 MG	
PAMELOR (>= 18 YEARS OF AGE)	<u>NORTRIPTYLINE (>= 18 YEARS OF AGE)</u>		225 MG	
PAXIL IR (<18 YEARS OF AGE)	<u>PAROXETINE IR (<18 YEARS OF AGE)</u>		75 MG	
PAXIL IR (>= 18 YEARS OF AGE)	<u>PAROXETINE IR (>= 18 YEARS OF AGE)</u>		90 MG	
PAXIL CR (<18 YEARS OF AGE)	<u>PAROXETINE CR (<18 YEARS OF AGE)</u>		75 MG	
PAXIL CR (>= 18 YEARS OF AGE)	<u>PAROXETINE CR (>= 18 YEARS OF AGE)</u>		112.5 MG	
PERCOCET	<u>OXYCODONE/ACETAMINOPHEN</u>		60 MG*	90MME FOR SA + LA TOTAL
<u>PERSERIS</u>	<u>RISPERIDONE</u>			1/28
PRISTIQ	<u>DESVENLAFAXINE</u>		150 MG	
PROSOM	<u>ESTAZOLAM</u>		2 MG	
PROVIGIL	<u>MODAFINIL</u>		200 MG	
PROZAC (<18 YEARS OF AGE)	<u>FLUOXETINE (<18 YEARS OF AGE)</u>		90 MG	
PROZAC (>= 18 YEARS OF AGE)	<u>FLUOXETINE (>= 18 YEARS OF AGE)</u>		120 MG	
<u>QELBREE (6-17 YEARS OF AGE)</u>	<u>VILOXAZINE (6-17 YEARS OF AGE)</u>		400 MG	
<u>QELBREE (>= 18 YEARS OF AGE)</u>	<u>VILOXAZINE (>= 18 YEARS OF AGE)</u>		600 MG	
<u>QUILLICHEW</u>	<u>METHYLPHENIDATE ER CHEWABLE</u>		90MG	
<u>QUILLIVANT XR</u>	<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 (<10 YEARS OF AGE)</u>		3 MG	
RISPERDAL (10-17 YEARS OF AGE)	<u>RISPERIDONE (10-17 YEARS OF AGE)</u>		6 MG	
RISPERDAL (>17 YEARS OF AGE)	<u>RISPERIDONE (>17 YEARS OF AGE)</u>		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	90MME FOR SA + LA TOTAL
ROXANOL	<u>MORPHINE ORAL SOLUTION</u>		20 ML	90MME FOR SA + LA TOTAL

**WYOMING MEDICAID
DOSAGE LIMITATION CHART**

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ROXICET	<u>OXYCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		20 ML	90MME FOR SA + LA TOTAL
ROXICODONE CONCENTRATE	<u>OXYCODONE CONCENTRATE ORAL SOLUTION</u>		4 ML	90MME FOR SA + LA TOTAL
ROXICODONE	<u>OXYCODONE ORAL SOLUTION</u>		20 ML	90MME FOR SA + LA TOTAL
ROZEREM	<u>RAMELTEON</u>		12 MG	
RYZOLT	<u>TRAMADOL ER TABLETS</u>		300 MG	
SAPHRIS	<u>ASENAPINE</u>		20 MG	
SAVELLA	<u>MILNACIPRAN</u>		200 MG	
SERAX	<u>OXAZEPAM</u>		120 MG	
SEREVENT	<u>SALMETEROL</u>			1/365
SEROQUEL (<13 YEARS OF AGE)	<u>QUETIAPINE FUMARATE</u>		400 MG	
SEROQUEL (13-17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE</u>		600 MG	
SEROQUEL (>17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE</u>		800 MG	
SEROQUEL XR	<u>QUETIAPINE FUMARATE ER</u>	SAME AGE/DOSE LIMITS AS ABOVE, LIMITED TO 1 TAB/DAY IF >150 MG		
SERZONE	<u>NEFAZODONE</u>		600 MG	
SHARPS CONTAINER				1/365
SHORT-ACTING NARCOTICS				90MME FOR SA + LA TOTAL
SINEQUAN (>= 18 YEARS OF AGE)	<u>DOXEPIN (>= 12 YEARS OF AGE)</u>		300 MG	
SINGULAIR (6m -5 YEARS OF AGE)	<u>MONTELUKAST (6m -5 YEARS OF AGE)</u>		4MG	
SINGULAIR (6-14 YEARS OF AGE)	<u>MONTELUKAST (6-14 YEARS OF AGE)</u>		5MG	
SINGULAIR (>= 15 YEARS OF AGE)	<u>MONTELUKAST (>= 15 YEARS OF AGE)</u>		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 DAYS
STRATTERA	<u>ATOMOXETINE</u>		100 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 (< 18 YEARS OF AGE)</u>		90 MG	
TRANXENE (>= 18 YEARS OF AGE)	<u>CLORAZEPATE (>= 18 YEARS OF AGE)</u>		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	90MME FOR SA + LA TOTAL
TYLOX	<u>OXYCODONE/ACETAMINOPHEN</u>		60 MG*	90MME FOR SA + LA TOTAL
UBRELVY	<u>UBROGEPANT</u>		200 MG	16 TABS/30 DAYS
ULTRAM	<u>TRAMADOL</u>		8 TABS	90MME FOR SA + LA TOTAL
ULTRAM ER	<u>TRAMADOL ER TABLETS</u>		300 MG	90MME FOR SA + LA TOTAL
ULTRACET	<u>TRAMADOL/ACETAMINOPHEN</u>		8 TABS	90MME FOR SA + LA TOTAL
VALIUM (< 18 YEARS OF AGE)	<u>DIAZEPAM (< 18 YEARS OF AGE)</u>		15 MG	
VALIUM (>= 18 YEARS OF AGE)	<u>DIAZEPAM (>= 18 YEARS OF AGE)</u>		60 MG	
VICTOZA*	<u>LIRAGLUTIDE</u>		1.8 MG	
VIIBRYD	<u>VILAZODONE</u>		40 MG	
VICODIN	<u>HYDROCODONE/ACETAMINOPHEN</u>		90MG*	90MME FOR SA + LA TOTAL
VRAYLAR	<u>CARIPRAZINE</u>		6 MG	
VYVANSE*	<u>LISDEXAMFETAMINE</u>		70 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	

**WYOMING MEDICAID
DOSAGE LIMITATION CHART**

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
XENAZINE	TETRABENAZINE		50 MG	
ZAMICET SOLUTION	HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION		90MG*	90MME FOR SA + LA TOTAL
ZENZEDI	DEXTROAMPHETAMINE		90MG	
ZOFRAN	ONDANSETRON		12 MG	
ZOHYDRO ER	HYDROCODONE SR		90 MG*	90MME FOR SA + LA TOTAL
ZOLOFT	SERTRALINE		300 MG	
ZOMIG	ZOLMITRIPTAN	2.5 MG		20/34
ZOMIG	ZOLMITRIPTAN	5 MG		10/34
ZOMIG ZMT	ZOLMITRIPTAN ZMT	2.5 MG		20/34
ZYBAN	BUPROPION		450 MG	168 TABS &/or 84 DAYS/365
ZYPREXA (<13 YEARS OF AGE)	OLANZAPINE (<13 YEARS OF AGE)		10 MG	
ZYPREXA (>=13 YEARS OF AGE)	OLANZAPINE (>=13 YEARS OF AGE)		20 MG	
ZYPREXA RELPREVV 210MG AND 300MG	OLANZAPINE			2/28
ZYPREXA RELPREVV 405MG	OLANZAPINE			1/28