

WYOMING MEDICAID DOSAGE LIMITATION CHART

(*) Indicates BRAND is Preferred

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

Last Updated September 20, 2023

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	<u>ARIPIRAZOLE (<13 YEARS OF AGE)</u>		15 MG	
ABILIFY (>=13 YEARS OF AGE)	<u>ARIPIRAZOLE (>=13 YEARS OF AGE)</u>		30 MG	
ABILIFY MAINTENA	<u>ARIPIRAZOLE</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	
<u>ANTIHYPERTENSIVES, LONG ACTING</u>				LABELED FREQUENCY + 1
<u>APLENZIN</u>	BUPROPION SR		450MG	
<u>APTENSIO XR</u>	METHYLPHENIDATE ER CAPSULES		90MG	
<u>ARISTADA 441MG, 662MG, 882MG</u>	ARIPIRAZOLE			1/28
<u>ARISTADA 1064MG</u>	ARIPIRAZOLE			1/56
<u>ARISTADA INITIO</u>	ARIPIRAZOLE			1/365
ATIVAN	<u>LORAZEPAM</u>		15 MG	
<u>AXERT</u>	ALMOTRIPTAN	6.25 MG		27/34
<u>AXERT</u>	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	

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DEXEDRINE/DEXTROSTAT	D-AMPHETAMINE		90 MG	
DIABETIC MONITOR				1/365
DIABETIC LANCET DEVICE				1/365
DILAUDID ORAL LIQUID	HYDROMORPHONE ORAL LIQUID		8 ML	
DOLOPHINE	METHADONE		3 TABS	
DURAGESIC PATCH	FENTANYL PATCH	1 STRENGTH AT A TIME	50 MCG/HR DOSE	1 PATCH/72 HOURS
DYANAVEL	AMPHETAMINE ER SUSPENSION		60MG	
EFFEXOR IR (<18 YEARS OF AGE)	VENLAFAXINE IR		450 MG	
EFFEXOR IR (>= 18 YEARS OF AGE)	VENLAFAXINE IR		562.5 MG	
EFFEXOR XR (<18 YEARS OF AGE)	VENLAFAXINE XR/ER		337.5 MG	
EFFEXOR XR (>= 18 YEARS OF AGE)	VENLAFAXINE XR/ER		337.5 MG	
ELAVIL (<18 YEARS OF AGE)	AMITRIPTYLINE		75 MG	
ELAVIL (>= 18 YEARS OF AGE)	AMITRIPTYLINE		225 MG	
ENBREL 25MG	ETANERCEPT 25MG		10 SYRINGES/MONTH	
ENBREL 50MG	ETANERCEPT 50MG		5 SYRINGES OR VIALS/MONTH	
EXALGO	HYDROMORPHONE SR		30 MG	
FANAPT	ILOPERIDONE		24 MG	
FETZIMA	LEVOMILNACIPRAN		120 MG	
FOCALIN	DEXMETHYLPHENIDATE		30 MG	
FOCALIN XR (<=13 YEARS OF AGE)*	DEXMETHYLPHENIDATE ER		45 MG	
FOCALIN XR (>13 YEARS OF AGE)*	DEXMETHYLPHENIDATE ER		60 MG	
FORFIVO XL	BUPROPION XL		450MG	
FROVA	FROVATRIPTAN	2.5 MG		20/34
GEODON (<=17 YEARS OF AGE)	ZIPRASIDONE (<=17 YEARS OF AGE)		120 MG	
GEODON (>17 YEARS OF AGE)	ZIPRASIDONE (>17 YEARS OF AGE)		200 MG	
GRALISE	GABAPENTIN		1800 MG	
HALCION	TRIAZOLAM		0.75 MG	
HUMIRA 10MG	ADALIMUMAB 10MG		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
HUMIRA 20MG	ADALIMUMAB 20MG		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
HUMIRA 40MG	ADALIMUMAB 40MG		4 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
HYCET SOLUTION	HYDROCODONE/APAP ORAL SOLUTION		60 ML	
HYSINGLA ER	HYDROCODONE ER		120 MG	
IMITREX KIT/VIAL	SUMATRIPTAN KIT	4/0.5ML		3 VIALS/34
IMITREX KIT/VIAL	SUMATRIPTAN KIT	6 MG/0.5 ML		2 VIALS/34
IMITREX NASAL SPRAY	SUMATRIPTAN NASAL SPRAY	20 MG		6 BOTTLES/34
IMITREX NASAL SPRAY	SUMATRIPTAN NASAL SPRAY	5MG		12 BOTTLES/34
IMITREX TAB	SUMATRIPTAN TAB	25 MG		41/34
IMITREX TAB	SUMATRIPTAN TAB	50 MG		20/34
IMITREX TAB	SUMATRIPTAN TAB	100 MG		10/34
INTUNIV (6 - 12 YEARS OF AGE)	GUANFACINE (6 - 12 YEARS OF AGE)		4 MG	
INTUNIV (13 -17 YEARS OF AGE)	GUANFACINE (13 - 17 YEARS OF AGE)		7 MG	
INVEGA	PALIPERIDONE		12 MG	
INVEGA HAFYERA	PALIPERIDONE			1/180
INVEGA SUSTENNA	PALIPERIDONE			1/28
INVEGA TRINZA	PALIPERIDONE			1/84
IV EQUIPMENT				1/365
JORNAY PM	METHYLPHENIDATE		100 MG	

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
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	<u>LIDOCAINE PATCHES</u>	5%	3 PATCHES	
<u>LONG-ACTING NARCOTIC</u>		LIMITED TO ONE LONG-ACTING NARCOTIC AT A TIME		
LORCET	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
LORTAB	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
LORTAB ELIXIR	<u>HYDROCODONE/APAP ORAL SOLN</u>		60 ML	
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	
MS CONTIN	<u>MORPHINE ER TABLETS</u>		120 MG	
NARCAN	<u>NALOXONE SOLUTION</u>	0.4MG/ML		1 fill/180 days
<u>NEBULIZER</u>				1/365
NEURONTIN	<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
NORCO	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
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	
NUCYNTA ER	<u>TAPENTADOL SR</u>		327 MG	
NUPLAZID	<u>PIMAVANSERIN</u>		34 MG	
NUVIGIL*	<u>ARMODAFINIL</u>		150 MG	
			250 MG	(for diagnosis of narcolepsy)
OPANA ER	<u>OXYMORPHONE ER</u>		40 MG	
OXANDRIN	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
OXANDRIN	<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	
OZEMPIC	<u>SEMAGLUTIDE</u>		2 MG	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	

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PERCOCET	OXYCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
PERSERIS	RISPERIDONE			1/28
PRISTIQ	DESVENLAFAXINE		150 MG	
PROSOM	ESTAZOLAM		2 MG	
PROVIGIL	MODAFINIL		200 MG	
PROZAC (<18 YEARS OF AGE)	FLUOXETINE (<18 YEARS OF AGE)		90 MG	
PROZAC (>= 18 YEARS OF AGE)	FLUOXETINE (>= 18 YEARS OF AGE)		120 MG	
QELBREE (6-17 YEARS OF AGE)	VILOXAZINE (6-17 YEARS OF AGE)		400 MG	
QELBREE (>= 18 YEARS OF AGE)	VILOXAZINE (>= 18 YEARS OF AGE)		600 MG	
QUILLICHEW	METHYLPHENIDATE ER CHEWABLE		90MG	
QUILLIVANT XR	METHYLPHENIDATE ER SUSPENSION		90MG	
RELPAK	ELETRIPTAN	20 MG		20/34
RELPAK	ELETRIPTAN	40 MG		14/34
REMERON	MIRTAZAPINE		67.5 MG	
RESTORIL	TEMAZEPAM		45 MG	
REXULTI	BREXPIPIRAZOLE		4 MG	
RISPERDAL (<10 YEARS OF AGE)	RISPERIDONE (<10 YEARS OF AGE)		3 MG	
RISPERDAL (10-17 YEARS OF AGE)	RISPERIDONE (10-17 YEARS OF AGE)		6 MG	
RISPERDAL (>17 YEARS OF AGE)	RISPERIDONE (>17 YEARS OF AGE)		16 MG	
RISPERDAL CONSTA	RISPERIDONE			2/28
RITALIN	METHYLPHENIDATE TABLETS		90 MG	
RITALIN LA	METHYLPHENIDATE ER CAPSULES		90 MG	
RITALIN SR	METHYLPHENIDATE ER/ METHYLIN ER TABLETS		90 MG	
ROXANOL CONCENTRATE	MORPHINE CONCENTRATE ORAL SOLUTION		4 ML	
ROXANOL	MORPHINE ORAL SOLUTION		20 ML	
ROXICET	OXYCODONE/ACETAMINOPHEN ORAL SOLUTION		20 ML	
ROXICODONE CONCENTRATE	OXYCODONE CONCENTRATE ORAL SOLUTION		4 ML	
ROXICODONE	OXYCODONE ORAL SOLUTION		20 ML	
ROZEREM	RAMELTEON		12 MG	
RYZOLT	TRAMADOL ER TABLETS		300 MG	
SAPHRIS	ASENAPINE		20 MG	
SAVELLA	MILNACIPRAN		200 MG	
SERAX	OXAZEPAM		120 MG	
SEREVENT	SALMETEROL			1/365
SEROQUEL (<13 YEARS OF AGE)	QUETIAPINE FUMARATE		400 MG	
SEROQUEL (13-17 YEARS OF AGE)	QUETIAPINE FUMARATE		600 MG	
SEROQUEL (>17 YEARS OF AGE)	QUETIAPINE FUMARATE		800 MG	
SEROQUEL XR	QUETIAPINE FUMARATE ER	SAME AGE/DOSE LIMITS AS ABOVE, LIMITED TO 1 TAB/DAY IF >150 MG		
SERZONE	NEFAZODONE		600 MG	
SHARPS CONTAINER				1/365
SHORT-ACTING NARCOTICS		LIMITED TO ONE SHORT-ACTING		
SHORT-ACTING NARCOTIC TABS/CAPS		4 TABS OR CAPS/DAY AFTER 42		
SINEQUAN (>= 18 YEARS OF AGE)	DOXEPIN (>= 12 YEARS OF AGE)		300 MG	
SINGULAIR (6m -5 YEARS OF AGE)	MONTELUKAST (6m -5 YEARS OF AGE)		4MG	
SINGULAIR (6-14 YEARS OF AGE)	MONTELUKAST (6-14 YEARS OF AGE)		5MG	
SINGULAIR (>= 15 YEARS OF AGE)	MONTELUKAST (>= 15 YEARS OF AGE)		10 MG	
SOMA	CARISOPRODOL			84/365
SONATA	ZALEPLON		30 MG	
SPACER				1/365
SPIRIVA (5 DAY PACK)	TIOTROPIUM BROMIDE			1/365

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>SPIROMETER</u>				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	
<u>TREXIMET</u>	<u>SUMATRIPTAN/NAPROXEN</u>		85/500 MG	10/34
<u>TREXIMET</u>	<u>SUMATRIPTAN/NAPROXEN</u>		10/60 MG	5/34
<u>TRINTELLIX</u>	<u>VORTIOXETINE</u>		30 MG	
TYLENOL #3	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	
TYLOX	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>UBRELVY</u>	<u>UBROGEPANT</u>		200 MG	16 TABS/30 DAYS
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 (< 18 YEARS OF AGE)</u>		15 MG	
VALIUM (>= 18 YEARS OF AGE)	<u>DIAZEPAM (>= 18 YEARS OF AGE)</u>		60 MG	
<u>VICTOZA</u>	<u>LIRAGLUTIDE</u>		1.8 MG	
<u>VIIBRYD</u>	<u>VILAZODONE</u>		40 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>XENAZINE</u>	<u>TETRABENZAZINE</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 (<13 YEARS OF AGE)</u>		10 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (>=13 YEARS OF AGE)</u>		20 MG	
<u>ZYPREXA RELPREVV 210MG AND 300MG</u>	<u>OLANZAPINE</u>			2/28
<u>ZYPREXA RELPREVV 405MG</u>	<u>OLANZAPINE</u>			1/28