

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, 2013

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>ABILIFY (<13 YEARS OF AGE)</u>	ARIPRAZOLE (<13 YEARS OF AGE)		23 MG	
<u>ABILIFY (>=13 YEARS OF AGE)</u>	ARIPRAZOLE (>=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 & 14 DAY PACKS)</u>	FLUTICASONE/SALMETEROL			1/365
<u>AMBIEN (IR)</u>	ZOLPIDEM (IR)		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 (< 18 YEARS OF AGE)</u>	<u>CLOMIPRAMINE (< 18 YEARS OF AGE)</u>		300 MG	
<u>ANFRANIL (>= 18 YEARS OF AGE)</u>	<u>CLOMIPRAMINE (>= 18 YEARS OF AGE)</u>		375 MG	
<u>ANTIHYPERTENSIVES, LONG ACTING</u>				LABELED FREQUENCY + 1
<u>ATIVAN</u>	<u>LORAZEPAM</u>		15 MG	
<u>AXERT</u>	ALMOTRIPTAN	6.25 MG		27/34
<u>AXERT</u>	ALMOTRIPTAN	12.5 MG		27/34
<u>CAPITAL/CODEINE</u>	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	
<u>CATHETERS</u>			10 CATHETERS	
<u>CELEXA (<= 60 YEARS OF AGE)</u>	<u>CITALOPRAM (<= 60 YEARS OF AGE)</u>		60 MG	
<u>CELEXA (> 60 YEARS OF AGE)</u>	<u>CITALOPRAM (> 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>	METHYLPHENIDATE ER TABLETS		135 MG	
<u>CYMBALTA</u>	DULOXETINE		120 MG	
<u>DALMANE</u>	<u>FLURAZEPAM</u>		22.5 MG	
<u>DAYTRANA</u>	METHYLPHENIDATE		45MG/9HR PATCH	
<u>DESYREL (<18 YEARS OF AGE)</u>	<u>TRAZODONE IR (<18 YEARS OF AGE)</u>		300 MG	
<u>DESYREL (>= 18 YEARS OF AGE)</u>	<u>TRAZODONE IR (>= 18 YEARS OF AGE)</u>		600 MG	
<u>DEXEDRINE/DEXTRSTAT</u>	<u>D-AMPHETAMINE</u>		90 MG	
<u>DIABETIC MONITOR</u>				1/365
<u>DIABETIC LANCET DEVICE</u>				1/365
<u>DURAGESIC PATCH</u>	<u>FENTANYL PATCH</u>			1 PATCH/72 HOURS
<u>EFFEXOR IR (<18 YEARS OF AGE)</u>	<u>VENLAFAXINE IR (<18 YEARS OF AGE)</u>		450 MG	
<u>EFFEXOR IR (>= 18 YEARS OF AGE)</u>	<u>VENLAFAXINE IR (>= 18 YEARS OF AGE)</u>		562.5 MG	
<u>EFFEXOR XR (<18 YEARS OF AGE)</u>	<u>VENLAFAXINE XR/ER (<18 YEARS OF AGE)</u>		450 MG	
<u>EFFEXOR XR (>= 18 YEARS OF AGE)</u>	<u>VENLAFAXINE XR/ER (>= 18 YEARS OF AGE)</u>		337.5 MG	
<u>ELAVIL (<18 YEARS OF AGE)</u>	<u>AMITRIPTYLINE (<18 YEARS OF AGE)</u>		75 MG	
<u>ELAVIL (>= 18 YEARS OF AGE)</u>	<u>AMITRIPTYLINE (>= 18 YEARS OF AGE)</u>		225 MG	
<u>EXALGO</u>	<u>HYDROMORPHONE SR</u>		32 MG	
<u>FANAPT</u>	ILOPERIDONE		36 MG	
<u>FAZACLO</u>	CLOZAPINE		1350 MG	
<u>FOCALIN*</u>	DEXMETHYLPHENIDATE		30 MG	
<u>FOCALIN XR (<=13 YEARS OF AGE)</u>	DEXMETHYLPHENIDATE ER		45 MG	
<u>FOCALIN XR (>13 YEARS OF AGE)</u>	DEXMETHYLPHENIDATE ER		60 MG	
<u>FROVA</u>	FROVATRIPTAN	2.5 MG		20/34
<u>GEODON (<=17 YEARS OF AGE)</u>	<u>ZIPRASIDONE (<=17 YEARS OF AGE)</u>		180 MG	
<u>GEODON (>17 YEARS OF AGE)</u>	<u>ZIPRASIDONE (>17 YEARS OF AGE)</u>		300 MG	
<u>GRALISE</u>	GABAPENTIN		1800 MG	
<u>HALCION</u>	<u>TRIAZOLAM</u>		0.75 MG	
<u>IMITREX KIT</u>	SUMATRIPTAN KIT	6 MG/0.5 ML		3 KITS/34
<u>IMITREX VIAL</u>	SUMATRIPTAN VIAL	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>	<u>CLONAZEPAM</u>		6 MG	
<u>LATUDA</u>	LURASIDONE		240 MG	
<u>LEXAPRO</u>	ESCITALOPRAM		30 MG	
<u>LIBRIUM (< 18 YEARS OF AGE)</u>	<u>CHLORDIAZEPOXIDE (< 18 YEARS OF AGE)</u>		45 MG	
<u>LIBRIUM (>= 18 YEARS OF AGE)</u>	<u>CHLORDIAZEPOXIDE (>= 18 YEARS OF AGE)</u>		450 MG	
<u>LORCET</u>	HYDROCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
<u>LORTAB</u>	HYDROCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
<u>LUNESTA</u>	EZOPICLONE		4.5 MG	
<u>LUVOX (<18 YEARS OF AGE)</u>	<u>FLUVOXAMINE (<18 YEARS OF AGE)</u>		300 MG	
<u>LUVOX (>= 18 YEARS OF AGE)</u>	<u>FLUVOXAMINE (>= 18 YEARS OF AGE)</u>		450 MG	

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MARINOL	<u>DRONABINOL</u>		20 MG	
MAXALT	RIZATRIPTAN	5 MG		27/34
MAXALT	RIZATRIPTAN	10 MG		14/34
MAXALT MLT	RIZATRIPTAN MLT	5 MG		27/34
MAXALT MLT	RIZATRIPTAN MLT	10 MG		14/34
METADATE CD/ER	METHYLPHENIDATE ER CAPSULES		90 MG	
NEBULIZER				1/365
	<u>NICOTINE GUM/LOZENGES</u>			735 pcs &/or 84 days/365
	<u>NICOTINE PATCH</u>	5 MG		14 PATCH &/or 14 DAYS/365
	<u>NICOTINE PATCH</u>	7 MG		14 PATCH &/or 14 DAYS/365
	<u>NICOTINE PATCH</u>	10 MG		14 PATCH &/or 14 DAYS/365
	<u>NICOTINE PATCH</u>	14 MG		14 PATCH &/or 14 DAYS/365
	<u>NICOTINE PATCH</u>	15 MG		84 PATCH &/or 84 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	
OLEPTRO (<18 YEARS OF AGE)	<u>TRAZODONE ER (< 18 YEARS OF AGE)</u>		300 MG	
OLEPTRO (>= 18 YEARS OF AGE)	<u>TRAZODONE ER (>= 18 YEARS OF AGE)</u>		562.5 MG	
OXANDRIN	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
OXANDRIN	<u>OXANDROLONE</u>	10 MG	2 TABS	68/34
OXYCONTIN CR	<u>OXYCODONE ER</u>	ALL STRENGTHS	3 TABS/strength	102/34/strength
(Limit 2 strengths per client)	(Limit 2 strengths per client)			(Limit 2 strengths per client)
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>		4G/DAY OF APAP	
PRISTIQ	<u>DESVENLAFAXINE</u>		150 MG	
PROSOM	<u>ESTAZOLAM</u>		3 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	
RELPAK	<u>ELETRIPTAN</u>	20 MG		20/34
RELPAK	<u>ELETRIPTAN</u>	40 MG		14/34
REMERON	<u>MIRTAZAPINE</u>		67.5 MG	
RISPERDAL (<=17 YEARS OF AGE)	<u>RISPERIDONE (<=17 YEARS OF AGE)</u>		5 MG	
RISPERDAL (>17 YEARS OF AGE)	<u>RISPERIDONE (>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	
SEREVENT (14 DAY PACK)	<u>SALMETEROL</u>			1/365
SEROQUEL (<13 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (<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 (>17 YEARS OF AGE)</u>		1200 MG	
SERZONE	<u>NEFAZODONE</u>		600 MG	
SHARPS CONTAINER				1/365
SINEQUAN (< 18 YEARS OF AGE)	<u>DOXEPIN (< 18 YEARS OF AGE)</u>		150 MG	
SINEQUAN (>= 18 YEARS OF AGE)	<u>DOXEPIN (>= 18 YEARS OF AGE)</u>		450 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	1 tab/day
				*Exception applies if dose is greater than 40mg/day or unable to achieve prescribed dose with 1 tablet.
SUBOXONE	<u>BUPRENORPHONE/NALOXONE</u>		24 MG	
SUBUTEX	<u>BUPRENORPHONE</u>		24 MG	

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
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	SUMATRIPTAN/NAPROXEN			10/34
TYLENOL #3	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	
TYLOX	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
ULTRAM	<u>TRAMADOL</u>		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 (< 18 YEARS OF AGE)</u>		15 MG	
VALIUM (>= 18 YEARS OF AGE)	<u>DIAZEPAM (>= 18 YEARS OF AGE)</u>		60 MG	
VIIBRYD	<u>VILAZODONE</u>		60 MG	
VICODIN	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
VYVANSE	LISDEXAMFETAMINE		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	
ZOLOFT	<u>SERTRALINE</u>		300 MG	
ZOMIG	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	BUPROPION		450 MG	168 tabs &/or 84 days/365
ZYPREXA (<13 YEARS OF AGE)	<u>OLANZAPINE (<13 YEARS OF AGE)</u>		15 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (>=13 YEARS OF AGE)</u>		30 MG	