

WYOMING MEDICAID

DOSAGE LIMITATION LIST

(*) Indicates BRAND is Preferred

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

Last Updated March 7, 2013

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	ARIPIPIRAZOLE (<13 YEARS OF AGE)		23 MG	
ABILIFY (>=13 YEARS OF AGE)	ARIPIPIRAZOLE (>=13 YEARS OF AGE)		45 MG	
ADDERALL	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
			90 MG <i>(for diagnosis of narcolepsy)</i>	
ADDERALL XR	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
ADVAIR (7 & 14 DAY PACKS)	FLUTICASONE/SALMETEROL			1/365
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>		300 MG	
ANFRANIL (>= 18 YEARS OF AGE)	<u>CLOMIPRAMINE (>= 18 YEARS OF AGE)</u>		375 MG	
ANTIHYPERTENSIVES, LONG ACTING				LABELED FREQUENCY + 1
ATIVAN	<u>LORAZEPAM</u>		15 MG	
AXERT	<u>ALMOTRIPTAN</u>	6.25 MG		27/34
AXERT	<u>ALMOTRIPTAN</u>	12.5 MG		27/34
CAPITAL/CODEINE	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	
CATHETERS			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	<u>VARENICLINE</u>			168 tabs &/or 84 days/365
CLOZARIL	<u>CLOZAPINE</u>		1350 MG	
CONCERTA	<u>METHYLPHENIDATE ER TABLETS</u>		135 MG	
CYMBALTA	<u>DULOXETINE</u>		120 MG	
DALMANE	<u>FLURAZEPAM</u>		22.5 MG	
DAYTRANA	<u>METHYLPHENIDATE</u>		45MG/9HR PATCH	
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/DEXTROSTAT	<u>D-AMPHETAMINE</u>		90 MG	
DIABETIC MONITOR				1/365
DIABETIC LANCET DEVICE				1/365
DURAGESIC PATCH	<u>FENTANYL PATCH</u>			1 PATCH/72 HOURS
EFFEXOR IR (<18 YEARS OF AGE)	<u>VENLAFAXINE IR (<18 YEARS OF AGE)</u>		450 MG	
EFFEXOR IR (>= 18 YEARS OF AGE)	<u>VENLAFAXINE IR (>= 18 YEARS OF AGE)</u>		562.5 MG	
EFFEXOR XR (<18 YEARS OF AGE)	<u>VENLAFAXINE XR/ER (<18 YEARS OF AGE)</u>		337.5 MG	
EFFEXOR XR (>= 18 YEARS OF AGE)	<u>VENLAFAXINE XR/ER (>= 18 YEARS OF AGE)</u>		337.5 MG	
ELAVIL (<18 YEARS OF AGE)	<u>AMITRIPTYLINE (<18 YEARS OF AGE)</u>		75 MG	
ELAVIL (>= 18 YEARS OF AGE)	<u>AMITRIPTYLINE (>= 18 YEARS OF AGE)</u>		225 MG	
EXALGO	<u>HYDROMORPHONE SR</u>		32 MG	
FANAPT	<u>ILOPERIDONE</u>		36 MG	
FAZACLO	<u>CLOZAPINE</u>		1350 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	
FROVA	<u>FROVATRIPTAN</u>	2.5 MG		20/34
GEODON (<=17 YEARS OF AGE)	<u>ZIPRASIDONE (<=17 YEARS OF AGE)</u>		180 MG	
GEODON (>17 YEARS OF AGE)	<u>ZIPRASIDONE (>17 YEARS OF AGE)</u>		300 MG	
GRALISE	<u>GABAPENTIN</u>		1800 MG	
HALCION	<u>TRIAZOLAM</u>		0.75 MG	
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 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
INCONTINENCE PRODUCTS	<u>BRIEFS</u>		13 BRIEFS	
	<u>DIAPERS</u>		13 DIAPERS	
	<u>LINERS</u>		13 LINERS	
	<u>PADS</u>		13 PADS	
INVEGA	<u>PALIPERIDONE</u>		18 MG	
IV EQUIPMENT				1/365
KLONOPIN	<u>CLONAZEPAM</u>		6 MG	
LATUDA	<u>LURASIDONE</u>		240 MG	
LEXAPRO	<u>ESCITALOPRAM</u>		30 MG	
LIBRIUM (< 18 YEARS OF AGE)	<u>CHLORDIAZEPOXIDE (< 18 YEARS OF AGE)</u>		45 MG	
LIBRIUM (>= 18 YEARS OF AGE)	<u>CHLORDIAZEPOXIDE (>= 18 YEARS OF AGE)</u>		450 MG	
LORCET	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
LORTAB	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
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	
MARINOL	<u>DRONABINOL</u>		20 MG	

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>MAXALT</u>	RIZATRIPTAN	5 MG		27/34
<u>MAXALT</u>	RIZATRIPTAN	10 MG		14/34
<u>MAXALT MLT</u>	RIZATRIPTAN MLT	5 MG		27/34
<u>MAXALT MLT</u>	RIZATRIPTAN MLT	10 MG		14/34
<u>METADATE CD/ER</u>	METHYLPHENIDATE ER CAPSULES		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 (< 18 YEARS OF AGE)</u>		225 MG	
NORPRAMIN (>= 18 YEARS OF AGE)	<u>DESIPRAMINE (>= 18 YEARS OF AGE)</u>		450 MG	
<u>OLEPTRO (<18 YEARS OF AGE)</u>	<u>TRAZODONE ER (< 18 YEARS OF AGE)</u>		300 MG	
<u>OLEPTRO (>= 18 YEARS OF AGE)</u>	<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
<u>OXYCONTIN CR</u>	<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)
<u>PAMELOR (<18 YEARS OF AGE)</u>	<u>NORTRIPTYLINE (<18 YEARS OF AGE)</u>		150 MG	
<u>PAMELOR (>= 18 YEARS OF AGE)</u>	<u>NORTRIPTYLINE (>= 18 YEARS OF AGE)</u>		225 MG	
<u>PAXIL IR (<18 YEARS OF AGE)</u>	<u>PAROXETINE IR (<18 YEARS OF AGE)</u>		75 MG	
<u>PAXIL IR (>= 18 YEARS OF AGE)</u>	<u>PAROXETINE IR (>= 18 YEARS OF AGE)</u>		90 MG	
<u>PAXIL CR (<18 YEARS OF AGE)</u>	<u>PAROXETINE CR (<18 YEARS OF AGE)</u>		75 MG	
<u>PAXIL CR (>= 18 YEARS OF AGE)</u>	<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	
<u>RELPAX</u>	<u>ELETRIPTAN</u>	20 MG		20/34
<u>RELPAX</u>	<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	
<u>SEREVENT (14 DAY PACK)</u>	<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
<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	1 tab/day
				*Exception applies if dose is greater than 40mg/day or unable to achieve prescribed dose with 1 tablet.
<u>SUBOXONE</u>	<u>BUPRENORPHONE/NALOXONE</u>		24 MG	
SUBUTEX	<u>BUPRENORPHONE</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

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
TORADOL TAB	KETOROLAC TAB	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	
<u>TREXIMET</u>	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</u> (< 18 YEARS OF AGE)		15 MG	
VALIUM (>= 18 YEARS OF AGE)	<u>DIAZEPAM</u> (>= 18 YEARS OF AGE)		60 MG	
VIIBRYD	VILAZODONE		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	
<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</u> (<13 YEARS OF AGE)		15 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE</u> (>=13 YEARS OF AGE)		30 MG	