

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred

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

Last Updated August 31, 2016

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	<u>ARIPIPRAZOLE (&lt;13 YEARS OF AGE)</u>		23 MG	
ABILIFY (>=13 YEARS OF AGE)	<u>ARIPIPRAZOLE (&gt;=13 YEARS OF AGE)</u>		45 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	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 (&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	
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>		1.8MG (1800MCG)	
BELSOMRA	<u>SUVOREXANT</u>		30 MG	
BRINTELLIX	<u>VORTIOXETINE</u>		30 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>		30 ML	
CONCERTA	<u>METHYLPHENIDATE ER TABLETS</u>		90 MG	
CONZIP	<u>TRAMADOL ER CAPSULES</u>		300MG	
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>		30 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>		12 ML	
DOLOPHINE	<u>METHADONE</u>		3 TABS	
DURAGESIC PATCH	<u>FENTANYL PATCH</u>	1 STRENGTH AT A TIME	75 MCG/HR DOSE	1 PATCH/72 HOURS
DYANAVEL	<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	
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>		32 MG	
FANAPT	<u>ILOPERIDONE</u>		36 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>		180 MG	
GEODON (>17 YEARS OF AGE)	<u>ZIPRASIDONE (&gt;17 YEARS OF AGE)</u>		300 MG	
GRALISE	<u>GABAPENTIN</u>		1800 MG	
HALCION	<u>TRIAZOLAM</u>		0.75 MG	
HUMIRA 20MG	<u>ADALIMUMAB 20MG</u>		10 SYRINGES/MONTH	
HUMIRA 40MG	<u>ADALIMUMAB 40MG</u>		5 SYRINGES/MONTH	
HYCET SOLUTION	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		90 ML	
HYSINGLA ER	<u>HYDROCODONE ER</u>		180 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

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
INCONTINENCE PRODUCTS	<u>BRIEFS</u>		13 BRIEFS	
	<u>DIAPERS</u>		13 DIAPERS	
	<u>LINERS</u>		13 LINERS	
	<u>PADS</u>		13 PADS	
INVEGA	PALIPERIDONE		18 MG	
IV EQUIPMENT				1/365
KLONOPIN	<u>CLONAZEPAM</u>		6 MG	
LATUDA	LURASIDONE		240 MG	
LEXAPRO	<u>ESCITALOPRAM</u>		30 MG	
LIBRIUM (< 18 YEARS OF AGE)	CHLORDIAZEPOXIDE (< 18 YEARS OF AGE)		45 MG	
LIBRIUM (>= 18 YEARS OF AGE)	CHLORDIAZEPOXIDE (>= 18 YEARS OF AGE)		450 MG	
LONG-ACTING NARCOTIC			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/ACETAMINOPHEN ORAL SOLUTION</u>		90 ML	
LUNESTA	<u>EZOPICLONE</u>		4.5 MG	
LUVOX (<18 YEARS OF AGE)	FLUVOXAMINE (<18 YEARS OF AGE)		300 MG	
LUVOX (>= 18 YEARS OF AGE)	FLUVOXAMINE (>= 18 YEARS OF AGE)		450 MG	
LYRICA	PREGABALIN		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>		180 MG	
NARCAN	<u>NALOXONE SOLUTION</u>	0.4MG/ML		2 KITS/365
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)	DESIPRAMINE (< 18 YEARS OF AGE)		225 MG	
NORPRAMIN (>= 18 YEARS OF AGE)	DESIPRAMINE (>= 18 YEARS OF AGE)		450 MG	
NUCYNTA ER	TAPENTADOL SR		490.5 MG	
OLEPTRO (<18 YEARS OF AGE)	TRAZODONE ER (< 18 YEARS OF AGE)		300 MG	
OLEPTRO (>= 18 YEARS OF AGE)	TRAZODONE ER (>= 18 YEARS OF AGE)		562.5 MG	
OPANA ER	<u>OXYMORPHONE ER</u>		60 MG	
OXANDRIN	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
OXANDRIN	<u>OXANDROLONE</u>	10 MG	2 TABS	68/34
OXYCONTIN CR ( <i>limit 2 strengths per client</i> )	OXYCODONE ER ( <i>limit 2 strengths per client</i> )	3 TABS/STRENGTH	120 MG	
PAMELOR (<18 YEARS OF AGE)	NORTRIPTYLINE (<18 YEARS OF AGE)		150 MG	
PAMELOR (>= 18 YEARS OF AGE)	NORTRIPTYLINE (>= 18 YEARS OF AGE)		225 MG	
PAXIL IR (<18 YEARS OF AGE)	PAROXETINE IR (<18 YEARS OF AGE)		75 MG	
PAXIL IR (>= 18 YEARS OF AGE)	PAROXETINE IR (>= 18 YEARS OF AGE)		90 MG	
PAXIL CR (<18 YEARS OF AGE)	PAROXETINE CR (<18 YEARS OF AGE)		75 MG	
PAXIL CR (>= 18 YEARS OF AGE)	PAROXETINE CR (>= 18 YEARS OF AGE)		112.5 MG	
PERCOCET	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
PRISTIQ	DESVENLAFAXINE		150 MG	
PROSOM	<u>ESTAZOLAM</u>		3 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	
QUILLICHEW	METHYLPHENIDATE ER CHEWABLE		90MG	
QUILLIVANT XR	METHYLPHENIDATE ER SUSPENSION		90MG	
RELPAX	ELETRIPTAN	20 MG		20/34
RELPAX	ELETRIPTAN	40 MG		14/34
REMERON	<u>MIRTAZAPINE</u>		67.5 MG	
RESTORIL	TEMAZEPAM		45 MG	
REXULTI	BREXPIRAZOLE		6MG	
RISPERDAL (<=17 YEARS OF AGE)	RISPERIDONE (<=17 YEARS OF AGE)		5 MG	
RISPERDAL (>17 YEARS OF AGE)	RISPERIDONE (>17 YEARS OF AGE)		24 MG	
RITALIN	METHYLPHENIDATE TABLETS		90 MG	
RITALIN LA	<u>METHYLPHENIDATE ER CAPSULES</u>		90 MG	
RITALIN SR	<u>METHYLPHENIDATE ER/METHYLN ER TABLETS</u>		90 MG	
ROXANOL CONCENTRATE	<u>MORPHINE CONCENTRATE ORAL SOLUTION</u>		6 ML	
ROXANOL	<u>MORPHINE ORAL SOLUTION</u>		30 ML	
ROXICET	<u>OXYCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		30 ML	
ROXICODONE CONCENTRATE	<u>OXYCODONE CONCENTRATE ORAL SOLUTION</u>		6ML	
ROXICODONE	<u>OXYCODONE ORAL SOLUTION</u>		30 ML	
ROZEREM	RAMELTEON		12 MG	
RYBIX	TRAMADOL ODT		8 TABS	

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
RYZOLT	<u>TRAMADOL ER TABLETS</u>		300 MG	
SAPHRIS	ASENAPINE		30 MG	
SERAX	<u>OXAZEPAM</u>		180 MG	
SEREVENT (14 DAY PACK)	SALMETEROL			1/365
SEROQUEL (<13 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (&lt;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 (&gt;17 YEARS OF AGE)</u>		1200 MG	
SERZONE	NEFAZODONE		600 MG	
SHARPS CONTAINER				1/365
SHORT-ACTING NARCOTICS		LIMITED TO ONE SHORT-ACTING NARCOTIC AT A TIME		
SHORT-ACTING NARCOTIC TABS/CAPS		6 TABS OR CAPS/DAY AFTER 42 DAYS OF CONSECUTIVE USE		
SINEQUAN (< 18 YEARS OF AGE)	DOXEPIN (< 18 YEARS OF AGE)		150 MG	
SINEQUAN (>= 18 YEARS OF AGE)	DOXEPIN (>= 18 YEARS OF AGE)		450 MG	
SOMA	<u>CARISOPRODOL</u>			84/365
SONATA	<u>ZALEPLON</u>		30 MG	
SPACER				1/365
SPIRIVA (5 DAY PACK)	TIOTROPIUM BROMIDE			1/365
SPIROMETER				1/365
STADOL NASAL SPRAY	<u>BUTORPHANOL</u>	10 MG/ML		1 BOTTLE/34
STRATTERA	ATOMOXETINE		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 (&lt; 18 YEARS OF AGE)</u>		90 MG	
TRANXENE (>= 18 YEARS OF AGE)	<u>CLORAZEPATE (&gt;= 18 YEARS OF AGE)</u>		135 MG	
TREXIMET	SUMATRIPTAN/NAPROXEN			10/34
TYLENOL #3	ACETAMINOPHEN/CODEINE		4G/DAY OF APAP	
TYLOX	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
ULTRAM	TRAMADOL		8 TABS	
ULTRAM ER	<u>TRAMADOL ER TABLETS</u>		300 MG	
ULTRACET	TRAMADOL/ACETAMINOPHEN		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	
VICTOZA	LIRAGLUTIDE		1.8 MG	
VIBRYD	VILAZODONE		60 MG	
VICODIN	HYDROCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
<u>VRAYLAR</u>	<u>CARIPRAZINE</u>		9 MG	
VYVANSE	LISDEXAMFETAMINE		105 MG	
WELLBUTRIN IR	BUPROPION IR		450 MG	
WELLBUTRIN SR	<u>BUPROPION SR</u>		450 MG	
WELLBUTRIN XL	<u>BUPROPION XL</u>		450 MG	
XANAX	ALPRAZOLAM		6 MG	
XARTEMIS XR	OXYCODONE/ACETAMINOPHEN CR		120 MG	
XTAMPZA ER	OXYCODONE ER		120 MG	
ZAMICET SOLUTION	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		90 ML	
ZENZEDI	DEXTRAMPHETAMINE		90MG	
ZOFRAN	<u>ONDANSETRON</u>		12 MG	
ZOXYDRO ER	HYDROCODONE SR		180 MG	
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	<u>BUPROPION</u>		450 MG	168 TABS &/or 84 DAYS/365
ZYPREXA (<13 YEARS OF AGE)	<u>OLANZAPINE (&lt;13 YEARS OF AGE)</u>		15 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (&gt;=13 YEARS OF AGE)</u>		30 MG	