

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred

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

Last Updated September 29, 2017

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	<u>ARIPIRAZOLE (&lt;13 YEARS OF AGE)</u>		23 MG	
ABILIFY (>=13 YEARS OF AGE)	<u>ARIPIRAZOLE (&gt;=13 YEARS OF AGE)</u>		45 MG	
ADDERALL	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
			90 MG	(for diagnosis of narcolepsy)
<u>ADDERALL XR</u>	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS XR</u>		60 MG	
<u>ADVAIR (7 &amp; 14 DAY PACKS)</u>	<u>FLUTICASONE/SALMETEROL</u>			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	
<u>ANTIHYPERTENSIVES, LONG ACTING</u>				LABELED FREQUENCY + 1
<u>APLENZIN</u>	<u>BUPROPION SR</u>		450MG	
<u>APTENSIO XR</u>	<u>METHYLPHENIDATE ER CAPSULES</u>		90MG	
ATIVAN	<u>LORAZEPAM</u>		15 MG	
<u>AXERT</u>	<u>ALMOTRIPTAN</u>	6.25 MG		27/34
<u>AXERT</u>	<u>ALMOTRIPTAN</u>	12.5 MG		27/34
<u>BELBUCA</u>	<u>BUPRENORPHINE BUCCAL FILM</u>		1.2MG (1200MCG)	
<u>BELSOMRA</u>	<u>SUVOREXANT</u>		30 MG	
<u>BRINTELLIX</u>	<u>VORTIOXETINE</u>		30 MG	
<u>BUTRANS</u>	<u>BUPRENORPHINE WEEKLY PATCH</u>	1 STRENGTH AT A TIME	20 MCG/HR DOSE	1 PATCH/WEEK
<u>CATHETERS</u>			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>		20 ML	
CONCERTA	<u>METHYLPHENIDATE ER TABLETS</u>		90 MG	
CONZIP	<u>TRAMADOL ER CAPSULES</u>		300MG	
<u>COTEMPLA</u>	<u>METHYLPHENIDATE ER DISINTEGRATING TABLETS</u>		90MG	
CYMBALTA	<u>DULOXETINE</u>		120 MG	
DALMANE	<u>FLURAZEPAM</u>		45MG	
<u>DAYTRANA</u>	<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 (&lt;18 YEARS OF AGE)</u>		300 MG	
DESYREL (>= 18 YEARS OF AGE)	<u>TRAZODONE IR (&gt;= 18 YEARS OF AGE)</u>		600 MG	
<u>DEXEDRINE/DEXTROSTAT</u>	<u>D-AMPHETAMINE</u>		90 MG	
<u>DIABETIC MONITOR</u>				1/365
<u>DIABETIC LANCET DEVICE</u>				1/365
DILAUDID ORAL LIQUID	<u>HYDROMORPHONE ORAL LIQUID</u>		8 ML	
DOLOPHINE	<u>METHADONE</u>		3 TABS	
DURAGESIC PATCH	<u>FENTANYL PATCH</u>	1 STRENGTH AT A TIME	50 MCG/HR DOSE	1 PATCH/72 HOURS
<u>DYANAVEL</u>	<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	
<u>ENBREL 25MG</u>	<u>ETANERCEPT 25MG</u>		10 SYRINGES/MONTH	
<u>ENBREL 50MG</u>	<u>ETANERCEPT 50MG</u>		5 SYRINGES OR VIALS/MONTH	
EXALGO	<u>HYDROMORPHONE SR</u>		30 MG	
FANAPT	<u>ILOPERIDONE</u>		36 MG	
<u>FAZACLO</u>	<u>CLOZAPINE</u>		1350 MG	
FETZIMA	<u>LEVOMILNACIPRAN</u>		180 MG	
FOCALIN	<u>DEXMETHYLPHENIDATE</u>		30 MG	
<u>FOCALIN XR (&lt;=13 YEARS OF AGE)*</u>	<u>DEXMETHYLPHENIDATE ER</u>		45 MG	
<u>FOCALIN XR (&gt;13 YEARS OF AGE)*</u>	<u>DEXMETHYLPHENIDATE ER</u>		60 MG	
<u>FORFIVO XL</u>	<u>BUPROPION XL</u>		450MG	
<u>FROVA</u>	<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>		60 ML	
<u>HYSINGLA ER</u>	<u>HYDROCODONE ER</u>		120 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

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred  
 If the Brand name is underlined a generic is currently not available  
 Last Updated September 29, 2017

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
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	PALIPERIDONE		18 MG	
IV EQUIPMENT				1/365
KLONOPIN	CLONAZEPAM		6 MG	
LATUDA	LURASIDONE		240 MG	
LEXAPRO	ESCITALOPRAM		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	
<u>LONG-ACTING NARCOTIC</u>		LIMITED TO ONE LONG-ACTING NARCOTIC AT A TIME		
LORCET	HYDROCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
LORTAB	HYDROCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
LORTAB ELIXIR	HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION		60 ML	
LUNESTA	EZOPICLONE		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	DRONABINOL		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>MORPHABOND</u>	<u>MORPHINE SULFATE ER DETER 60 MG</u>		120 MG	
MS CONTIN	<u>MORPHINE ER TABLETS</u>		120 MG	
NARCAN	NALOXONE SOLUTION	0.4MG/ML		2 KITS/365
NEBULIZER				1/365
	<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	HYDROCODONE/ACETAMINOPHEN		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		327 MG	
			150 MG	
NUVIGIL	ARMODAFINIL		250 MG	(for diagnosis of narcolepsy)
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>		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	
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	OXYCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
PRISTIQ	DESVENLAFAXINE		150 MG	
PROSOM	ESTAZOLAM		3 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	
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	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	<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	

# WYOMING MEDICAID

## DOSAGE LIMITATION LIST

(\*) Indicates BRAND is Preferred  
 If the Brand name is underlined a generic is currently not available  
 Last Updated September 29, 2017

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ROXANOL CONCENTRATE	<u>MORPHINE CONCENTRATE ORAL SOLUTION</u>		4 ML	
ROXANOL	MORPHINE ORAL SOLUTION		20 ML	
ROXICET	<u>OXYCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		20 ML	
ROXICODONE CONCENTRATE	<u>OXYCODONE CONCENTRATE ORAL SOLUTION</u>		4 ML	
ROXICODONE	<u>OXYCODONE ORAL SOLUTION</u>		20 ML	
<u>ROZEREM</u>	RAMELTEON		12 MG	
<u>RYBIX</u>	TRAMADOL ODT		8 TABS	
<u>RYZOLT</u>	TRAMADOL ER TABLETS		300 MG	
<u>SAPHRIS</u>	ASENAPINE		30 MG	
<u>SERAX</u>	OXAZEPAM		180 MG	
<u>SEREVENT (14 DAY PACK)</u>	SALMETEROL			1/365
SEROQUEL (<13 YEARS OF AGE)	QUETIAPINE FUMARATE (<13 YEARS OF AGE)		600 MG	
SEROQUEL (13-17 YEARS OF AGE)	QUETIAPINE FUMARATE (13-17 YEARS OF AGE)		900 MG	
SEROQUEL (>17 YEARS OF AGE)	QUETIAPINE FUMARATE (>17 YEARS OF AGE)		1200 MG	
SERZONE	<u>NEFAZODONE</u>		600 MG	
<u>SHARPS CONTAINER</u>				1/365
<u>SHORT-ACTING NARCOTICS</u>		LIMITED TO ONE SHORT-ACTING NARCOTIC AT A TIME		
<u>SHORT-ACTING NARCOTIC TABS/CAPS</u>		4 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	CARISOPRODOL			84/365
SONATA	<u>ZALEPLON</u>		30 MG	
SPACER				1/365
<u>SPIRIVA (5 DAY PACK)</u>	TIOTROPIUM BROMIDE			1/365
<u>SPIROMETER</u>				1/365
STADOL NASAL SPRAY	<u>BUTORPHANOL</u>	10 MG/ML		1 BOTTLE/34
<u>STRATTERA</u>	ATOMOXETINE		150 MG	
SUBOXONE*	BUPRENORPHINE/NALOXONE		DURING FIRST TWO YEARS OF TREATMENT DOSAGE LIMIT IS 16 MG AFTER TWO YEARS OF TREATMENT DOSAGE LIMIT IS 8MG	
SUBUTEX	BUPRENORPHINE		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	IMIPRAMINE		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)	CLORAZEPATE (< 18 YEARS OF AGE)		90 MG	
TRANXENE (>= 18 YEARS OF AGE)	CLORAZEPATE (>= 18 YEARS OF AGE)		135 MG	
TREXIMET	SUMATRIPTAN/NAPROXEN		85/500 MG	10/34
<u>TREXIMET</u>	SUMATRIPTAN/NAPROXEN		10/60 MG	5/34
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	TRAMADOL ER TABLETS		300 MG	
ULTRACET	TRAMADOL/ACETAMINOPHEN		8 TABS	
VALIUM (< 18 YEARS OF AGE)	DIAZEPAM (< 18 YEARS OF AGE)		15 MG	
VALIUM (>= 18 YEARS OF AGE)	DIAZEPAM (>= 18 YEARS OF AGE)		60 MG	
VICTOZA	LIRAGLUTIDE		1.8 MG	
VIIBRYD	VILAZODONE		60 MG	
VICODIN	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
VRAYLAR	CARIPRAZINE		9 MG	
VYVANSE	LISDEXAMFETAMINE		105 MG	
WELLBUTRIN IR	<u>BUPROPION IR</u>		450 MG	
WELLBUTRIN SR	BUPROPION SR		450 MG	
WELLBUTRIN XL	<u>BUPROPION XL</u>		450 MG	
XANAX	ALPRAZOLAM		6 MG	
XARTEMIS XR	OXYCODONE/ACETAMINOPHEN CR		80 MG	
XTAMPZA ER	OXYCODONE ER		80 MG	
ZAMICET SOLUTION	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
ZENZEDI	DEXTROAMPHETAMINE		90MG	
ZOFRAN	<u>ONDANSETRON</u>		12 MG	
<u>ZOXYDRO ER</u>	HYDROCODONE SR		120 MG	
ZOLOFT	<u>SERTRALINE</u>		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)	<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	