

WYOMING MEDICAID

DOSAGE LIMITATION LIST

(*) Indicates BRAND is Preferred

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

Last Updated March 12, 2019

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	ARIPIPRAZOLE (<13 YEARS OF AGE)		23 MG	
ABILIFY (>=13 YEARS OF AGE)	ARIPIPRAZOLE (>=13 YEARS OF AGE)		45 MG	
ADDERALL	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
			90 MG	(for diagnosis of narcolepsy)
<u>ADDERALL XR</u>	AMPHETAMINE SALTS/D-AMPHETAMINE SALTS XR		60 MG	
<u>ADVAIR (7 & 14 DAY PACKS)</u>	FLUTICASONE/SALMETEROL			1/365
AMBIEN (IR)	ZOLPIDEM (IR)		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	
<u>ANTIHYPERTENSIVES, LONG ACTING</u>				LABELED FREQUENCY + 1
<u>APLENZIN</u>	BUPROPION SR		450MG	
<u>APTENSIO XR</u>	METHYLPHENIDATE ER CAPSULES		90MG	
ATIVAN	LORAZEPAM		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	
<u>BRINTELLIX</u>	VORTIOXETINE		30 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)	CITALOPRAM (<= 60 YEARS OF AGE)		60 MG	
CELEXA (> 60 YEARS OF AGE)	CITALOPRAM (> 60 YEARS OF AGE)		30 MG	
<u>CHANTIX</u>	VARENICLINE			168 TABS &/or 84 DAYS/365
<u>CLOZARIL</u>	<u>CLOZAPINE</u>		1350 MG	
CAPITAL/CODEINE SUSPENSION	CODEINE/ACETAMINOPHEN ORAL SUSPENSION AND SOLUTION		20 ML	
CONCERTA	<u>METHYLPHENIDATE ER TABLETS</u>		90 MG	
CONZIP	TRAMADOL ER CAPSULES		300MG	
<u>COTEMPLA</u>	METHYLPHENIDATE ER DISINTEGRATING TABLETS		90MG	
CYMBALTA	<u>DULOXETINE</u>		120 MG	
DALMANE	<u>FLURAZEPAM</u>		45MG	
<u>DAYTRANA</u>	METHYLPHENIDATE PATCHES		45MG/9HR PATCH	
DEMEROL ORAL LIQUID	MEPERIDINE ORAL SOLUTION		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	
<u>DEXEDRINE/DEXTROSTAT</u>	D-AMPHETAMINE		90 MG	
<u>DIABETIC MONITOR</u>				1/365
<u>DIABETIC LANCET DEVICE</u>				1/365
<u>DILAUDID ORAL LIQUID</u>	HYDROMORPHONE ORAL LIQUID		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>	AMPHETAMINE ER SUSPENSION		60MG	
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	
<u>ENBREL 25MG</u>	ETANERCEPT 25MG		10 SYRINGES/MONTH	
<u>ENBREL 50MG</u>	ETANERCEPT 50MG		5 SYRINGES OR VIALS/MONTH	
<u>EXALGO</u>	HYDROMORPHONE SR		30 MG	
<u>FANAPT</u>	ILOPERIDONE		36 MG	
<u>FAZACLO</u>	CLOZAPINE		1350 MG	
<u>FETZIMA</u>	LEVOMILNACIPRAN		180 MG	
<u>FOCALIN</u>	<u>DEXMETHYLPHENIDATE</u>		30 MG	
FOCALIN XR (<=13 YEARS OF AGE)*	DEXMETHYLPHENIDATE ER		45 MG	
FOCALIN XR (>13 YEARS OF AGE)*	DEXMETHYLPHENIDATE ER		60 MG	
<u>FORFIVO XL</u>	BUPROPION XL		450MG	
<u>FROVA</u>	FROVATRIPTAN	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	
<u>GRALISE</u>	GABAPENTIN		1800 MG	
<u>HALCION</u>	TRIAZOLAM		0.75 MG	
<u>HUMIRA 10MG</u>	ADALIMUMAB 10MG		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
<u>HUMIRA 20MG</u>	ADALIMUMAB 20MG		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
<u>HUMIRA 40MG</u>	ADALIMUMAB 40MG		4 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
<u>HYCET SOLUTION</u>	HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION		60 ML	
<u>HYSINGLA ER</u>	HYDROCODONE ER		120 MG	
<u>IMITREX KIT/VIAL</u>	<u>SUMATRIPTAN KIT</u>	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

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
IMITREX TAB	<u>SUMATRIPTAN TAB</u>	50 MG		20/34
IMITREX TAB	SUMATRIPTAN TAB	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	<u>CLONAZEPAM</u>		6 MG	
LATUDA (10-17 YEARS OF AGE)	LURASIDONE		120MG	
LATUDA (>17 YEARS OF AGE)	LURASIDONE		240MG	
LEXAPRO	ESCITALOPRAM		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	
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>		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	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	
MORPHABOND	MORPHINE SULFATE ER DETER 60 MG		120 MG	
MS CONTIN	<u>MORPHINE ER TABLETS</u>		120 MG	
NARCAN	<u>NALOXONE SOLUTION</u>	0.4MG/ML	2/365 (only 1 fill of any formulation per year)	
NEBULIZER				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	TAPENTADOL SR		327 MG	
NUVIGIL	ARMODAFINIL		150 MG	
			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
OXYCONTIN CR (limit 2 strengths per client)	<u>OXYCODONE ER (limit 2 strengths per client)</u>	3 TABS/STRENGTH	80 MG	
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	DESVENLAFAXINE		150 MG	
PROSOM	<u>ESTAZOLAM</u>		3 MG	
PROVIGIL	<u>MODAFINIL</u>		200 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	
QUILLICHEW	<u>METHYLPHENIDATE ER CHEWABLE</u>		90MG	
QUILLIVANT XR	<u>METHYLPHENIDATE ER SUSPENSION</u>		90MG	
RELPAK	ELETRIPTAN	20 MG		20/34
RELPAK	ELETRIPTAN	40 MG		14/34
REMERON	<u>MIRTAZAPINE</u>		67.5 MG	
RESTORIL	<u>TEMAZEPAM</u>		45 MG	
REXULTI	<u>BREXPIPIRAZOLE</u>		6MG	
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	

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
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	
ROXANOL CONCENTRATE	<u>MORPHINE CONCENTRATE ORAL SOLUTION</u>		4 ML	
ROXANOL	<u>MORPHINE ORAL SOLUTION</u>		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>	<u>RAMELTEON</u>		12 MG	
RYBIX	<u>TRAMADOL ODT</u>		8 TABS	
RYZOLT	<u>TRAMADOL ER TABLETS</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	
<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)	<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	
<u>SPACER</u>				1/365
<u>SPIRIVA (5 DAY PACK)</u>	<u>TIOTROPIUM BROMIDE</u>			1/365
<u>SPIROMETER</u>				1/365
STADOL NASAL SPRAY	<u>BUTORPHANOL</u>	10 MG/ML		1 BOTTLE/34
STRATTERA	<u>ATOMOXETINE</u>		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 (< 18 YEARS OF AGE)</u>		90 MG	
TRANXENE (>= 18 YEARS OF AGE)	<u>CLORAZEPATE (>= 18 YEARS OF AGE)</u>		135 MG	
TREXIMET	<u>SUMATRIPTAN/NAPROXEN</u>		85/500 MG	10/34
TREXIMET	<u>SUMATRIPTAN/NAPROXEN</u>		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	<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	
VICTOZA	<u>LIRAGLUTIDE</u>		1.8 MG	
VIIIBRYD	<u>VILAZODONE</u>		60 MG	
VICODIN	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
VRAYLAR	<u>CARIPRAZINE</u>		9 MG	
VYVANSE	<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	
XARTEMIS XR	<u>OXYCODONE/ACETAMINOPHEN CR</u>		80 MG	
XENAZINE	<u>TETRABENAZINE</u>		50 MG	
XTAMPZA ER	<u>OXYCODONE ER</u>		80 MG	
ZAMICET SOLUTION	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
ZENZEDI	<u>DEXTRAMPHETAMINE</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>		15 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (>=13 YEARS OF AGE)</u>		30 MG	