

# 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, 2020

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	<u>ARIPRAZOLE (&lt;13 YEARS OF AGE)</u>		15 MG	
ABILIFY (>=13 YEARS OF AGE)	<u>ARIPRAZOLE (&gt;=13 YEARS OF AGE)</u>		30 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	
ANTIHYPERTENSIVES, LONG ACTING				LABELLED FREQUENCY + 1
APLENZIN	<u>BUPROPION SR</u>		450MG	
APTENSIO XR	<u>METHYLPHENIDATE ER CAPSULES</u>		90MG	
<u>ARISTADA 441MG AND 662MG</u>	<u>ARIPRAZOLE</u>			1/28
<u>ARISTADA 882MG</u>	<u>ARIPRAZOLE</u>			1/42
<u>ARISTADA 1064MG</u>	<u>ARIPRAZOLE</u>			1/56
<u>ARISTADA INITIO</u>	<u>ARIPRAZOLE</u>			1/365
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>		1.2MG (1200MCG)	
BELSOMRA	<u>SUVOREXANT</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>		20 ML	
CONCERTA	<u>METHYLPHENIDATE ER TABLETS</u>		90 MG	
CONZIP	<u>TRAMADOL ER CAPSULES</u>		300MG	
COTEMPLA	<u>METHYLPHENIDATE ER DISINTEGRATING TABLETS</u>		90MG	
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>		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	
DEXEDRINE/DEXTRORSTAT	<u>D-AMPHETAMINE</u>		90 MG	
DIABETIC MONITOR				1/365
DIABETIC LANCET DEVICE				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
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	
<u>EMBEDA</u>	<u>MORPHINE/NALTREXONE</u>		120MG	
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>		30 MG	
FANAPT	<u>ILOPERIDONE</u>		24 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>		120 MG	
GEODON (>17 YEARS OF AGE)	<u>ZIPRASIDONE (&gt;17 YEARS OF AGE)</u>		200 MG	
GRALISE	<u>GABAPENTIN</u>		1800 MG	
HALCION	<u>TRIAZOLAM</u>		0.75 MG	
HUMIRA 10MG	<u>ADALIMUMAB 10MG</u>		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
HUMIRA 20MG	<u>ADALIMUMAB 20MG</u>		2 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
HUMIRA 40MG	<u>ADALIMUMAB 40MG</u>		4 SYRINGES/28 DAYS, AFTER INITIAL DOSE	
HYCET SOLUTION	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>HYSINGLA ER</u>	HYDROCODONE ER		120 MG	
IMITREX KIT/VIAL	<u>SUMATRIPTAN KIT</u>	4/0.5ML		3 VIALS/34
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	PALIPERIDONE		12 MG	
INVEGA SUSTENNA	PALIPERIDONE			1/28
INVEGA TRINZ	PALIPERIDONE			1/84
IV EQUIPMENT				1/365
KLONOPIN	<u>CLONAZEPAM</u>		6 MG	
LATUDA (10-17 YEARS OF AGE)	LURASIDONE		80MG	
LATUDA (>17 YEARS OF AGE)	LURASIDONE		160MG	
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	HYDROCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
LORTAB	HYDROCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
LORTAB ELIXIR	HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION		60 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	METHYLPHENIDATE ER CAPSULES		90 MG	
MORPHABOND	MORPHINE SULFATE ER DETER 60 MG		120 MG	
MS CONTIN	MORPHINE ER TABLETS		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	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	
NUPLAZID	PIMAVANSERIN		34 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)	OXYCODONE ER (limit 2 strengths per client)	3 TABS/STRENGTH	80 MG	
PAMELOR (<18 YEARS OF AGE)	<u>NORTRIPTYLINE (&lt;18 YEARS OF AGE)</u>		150 MG	
PAMELOR (>= 18 YEARS OF AGE)	<u>NORTRIPTYLINE (&gt;= 18 YEARS OF AGE)</u>		225 MG	
PAXIL IR (<18 YEARS OF AGE)	<u>PAROXETINE IR (&lt;18 YEARS OF AGE)</u>		75 MG	
PAXIL IR (>= 18 YEARS OF AGE)	<u>PAROXETINE IR (&gt;= 18 YEARS OF AGE)</u>		90 MG	
PAXIL CR (<18 YEARS OF AGE)	<u>PAROXETINE CR (&lt;18 YEARS OF AGE)</u>		75 MG	
PAXIL CR (>= 18 YEARS OF AGE)	<u>PAROXETINE CR (&gt;= 18 YEARS OF AGE)</u>		112.5 MG	
PERCOCET	OXYCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
PERSERIS	RISPERIDONE			1/28
PRISTIQ	DESVENLAFAXINE		150 MG	
PROSOM	<u>ESTAZOLAM</u>		3 MG	
PROVIGIL	<u>MODAFINIL</u>		200 MG	
PROZAC (<18 YEARS OF AGE)	<u>FLUOXETINE (&lt;18 YEARS OF AGE)</u>		90 MG	
PROZAC (>= 18 YEARS OF AGE)	<u>FLUOXETINE (&gt;= 18 YEARS OF AGE)</u>		120 MG	

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Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
<u>QUILLICHEW</u>	METHYLPHENIDATE ER CHEWABLE		90MG	
<u>QUILLIVANT XR</u>	METHYLPHENIDATE ER SUSPENSION		90MG	
<u>RELPAK</u>	ELETRIPTAN	20 MG		20/34
<u>RELPAK</u>	ELETRIPTAN	40 MG		14/34
<u>REMERON</u>	<u>MIRTAZAPINE</u>		67.5 MG	
<u>RESTORIL</u>	<u>TEMAZEPAM</u>		45 MG	
<u>REXULTI</u>	BREXPIRAZOLE		4 MG	
<u>RISPERDAL (&lt;10 YEARS OF AGE)</u>	<u>RISPERIDONE (&lt;10 YEARS OF AGE)</u>		3 MG	
<u>RISPERDAL (10-17 YEARS OF AGE)</u>	<u>RISPERIDONE (10-17 YEARS OF AGE)</u>		6 MG	
<u>RISPERDAL (&gt;17 YEARS OF AGE)</u>	<u>RISPERIDONE (&gt;17 YEARS OF AGE)</u>		16 MG	
<u>RISPERDAL CONSTA</u>	<u>RISPERIDONE</u>			2/28
<u>RITALIN</u>	METHYLPHENIDATE TABLETS		90 MG	
<u>RITALIN LA</u>	<u>METHYLPHENIDATE ER CAPSULES</u>		90 MG	
<u>RITALIN SR</u>	<u>METHYLPHENIDATE ER/METHYLIN ER TABLETS</u>		90 MG	
<u>ROXANOL CONCENTRATE</u>	<u>MORPHINE CONCENTRATE ORAL SOLUTION</u>		4 ML	
<u>ROXANOL</u>	<u>MORPHINE ORAL SOLUTION</u>		20 ML	
<u>ROXICET</u>	<u>OXYCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		20 ML	
<u>ROXICODONE CONCENTRATE</u>	<u>OXYCODONE CONCENTRATE ORAL SOLUTION</u>		4 ML	
<u>ROXICODONE</u>	<u>OXYCODONE ORAL SOLUTION</u>		20 ML	
<u>ROZEREM</u>	RAMELTEON		12 MG	
<u>RYBIX</u>	TRAMADOL ODT		8 TABS	
<u>RYZOLT</u>	<u>TRAMADOL ER TABLETS</u>		300 MG	
<u>SAPHRIS</u>	ASENAPINE		20 MG	
<u>SAVELLA</u>	<u>MILNACIPRAN</u>		200 MG	
<u>SERAX</u>	<u>OXAZEPAM</u>		180 MG	
<u>SEREVENT (14 DAY PACK)</u>	SALMETEROL			1/365
<u>SEROQUEL (&lt;13 YEARS OF AGE)</u>	<u>QUETIAPINE FUMARATE (&lt;13 YEARS OF AGE)</u>		400 MG	
<u>SEROQUEL (13-17 YEARS OF AGE)</u>	<u>QUETIAPINE FUMARATE (13-17 YEARS OF AGE)</u>		600 MG	
<u>SEROQUEL (&gt;17 YEARS OF AGE)</u>	<u>QUETIAPINE FUMARATE (&gt;17 YEARS OF AGE)</u>		800 MG	
<u>SERZONE</u>	<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		
<u>SINEQUAN (&lt; 18 YEARS OF AGE)</u>	<u>DOXEPIN (&lt; 18 YEARS OF AGE)</u>		150 MG	
<u>SINEQUAN (&gt;= 18 YEARS OF AGE)</u>	<u>DOXEPIN (&gt;= 18 YEARS OF AGE)</u>		450 MG	
<u>SOMA</u>	<u>CARISOPRODOL</u>			84/365
<u>SONATA</u>	<u>ZALEPLON</u>		30 MG	
<u>SPACER</u>				1/365
<u>SPIRIVA (5 DAY PACK)</u>	TIOTROPIUM BROMIDE			1/365
<u>SPIROMETER</u>				1/365
<u>STADOL NASAL SPRAY</u>	<u>BUTORPHANOL</u>	10 MG/ML		1 BOTTLE/34
<u>STRATTERA</u>	<u>ATOMOXETINE</u>		150 MG	
<u>SUBOXONE*</u>	<u>BUPRENORPHINE/NALOXONE</u>		DURING FIRST TWO YEARS OF TREATMENT DOSAGE LIMIT IS 16 MG AFTER TWO YEARS OF TREATMENT DOSAGE LIMIT IS 8MG	
<u>SUBUTEX</u>	<u>BUPRENORPHINE</u>		DURING FIRST TWO YEARS OF TREATMENT DOSAGE LIMIT IS 16 MG AFTER TWO YEARS OF TREATMENT DOSAGE LIMIT IS 8MG	
<u>TALWIN NX</u>	<u>PENTAZOCINE/NALOXONE</u>		2 TABS	60/30
<u>TOFRANIL</u>	<u>IMIPRAMINE</u>		300 MG	
<u>TORADOL SYRINGE</u>	<u>KETOROLAC SYRINGE</u>	30 MG		5-DAY DURATION/34 DAYS
<u>TORADOL SYRINGE</u>	<u>KETOROLAC SYRINGE</u>	15 MG		5-DAY DURATION/34 DAYS
<u>TORADOL TAB</u>	<u>KETOROLAC TAB</u>	10 MG	4 TABS	5-DAY DURATION/34 DAYS
<u>TRANXENE (&lt; 18 YEARS OF AGE)</u>	<u>CLORAZEPATE (&lt; 18 YEARS OF AGE)</u>		90 MG	
<u>TRANXENE (&gt;= 18 YEARS OF AGE)</u>	<u>CLORAZEPATE (&gt;= 18 YEARS OF AGE)</u>		135 MG	
<u>TREXIMET</u>	<u>SUMATRIPTAN/NAPROXEN</u>		85/500 MG	10/34
<u>TREXIMET</u>	<u>SUMATRIPTAN/NAPROXEN</u>		10/60 MG	5/34
<u>TRINTELLIX</u>	<u>VORTIOXETINE</u>		30 MG	
<u>TYLENOL #3</u>	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	
<u>TYLOX</u>	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>ULTRAM</u>	<u>TRAMADOL</u>		8 TABS	
<u>ULTRAM ER</u>	<u>TRAMADOL ER TABLETS</u>		300 MG	
<u>ULTRACET</u>	<u>TRAMADOL/ACETAMINOPHEN</u>		8 TABS	
<u>VALIUM (&lt; 18 YEARS OF AGE)</u>	<u>DIAZEPAM (&lt; 18 YEARS OF AGE)</u>		15 MG	
<u>VALIUM (&gt;= 18 YEARS OF AGE)</u>	<u>DIAZEPAM (&gt;= 18 YEARS OF AGE)</u>		60 MG	
<u>VICTOZA</u>	<u>LIRAGLUTIDE</u>		1.8 MG	
<u>VIIIBRYD</u>	<u>VILAZODONE</u>		60 MG	
<u>VICODIN</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>VRAYLAR</u>	<u>CARIPRAZINE</u>		6 MG	
<u>VYVANSE</u>	<u>LISDEXAMFETAMINE</u>		105 MG	
<u>WELLBUTRIN IR</u>	<u>BUPROPION IR</u>		450 MG	
<u>WELLBUTRIN SR</u>	<u>BUPROPION SR</u>		450 MG	
<u>WELLBUTRIN XL</u>	<u>BUPROPION XL</u>		450 MG	
<u>XANAX</u>	<u>ALPRAZOLAM</u>		6 MG	
<u>XARTEMIS XR</u>	<u>OXYCODONE/ACETAMINOPHEN CR</u>		80 MG	

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<u>XENAZINE</u>	TETRABENAZINE		50 MG	
<u>XTAMPZA ER</u>	OXYCODONE ER		80 MG	
<u>ZAMICET SOLUTION</u>	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
<u>ZENZEDI</u>	DEXTRAMPHETAMINE		90MG	
<u>ZOFRAN</u>	<u>ONDANSETRON</u>		12 MG	
<u>ZOHYDRO ER</u>	HYDROCODONE SR		120 MG	
<u>ZOLOFT</u>	<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	<u>BUPROPION</u>		450 MG	168 TABS &/or 84 DAYS/365
ZYPREXA (<13 YEARS OF AGE)	<u>OLANZAPINE (&lt;13 YEARS OF AGE)</u>		10 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (&gt;=13 YEARS OF AGE)</u>		20 MG	