

WYOMING MEDICAID

DOSAGE LIMITATION LIST

(*) Indicates BRAND is Preferred
 If the Brand name is underlined a generic is currently not available
 Last Updated September 20, 2023

Brand Name	Generic Name	Strength	Limit/Day	Limit/Days
ABILIFY (<13 YEARS OF AGE)	<u>ARIPIRAZOLE (<13 YEARS OF AGE)</u>		15 MG	
ABILIFY (>=13 YEARS OF AGE)	<u>ARIPIRAZOLE (>=13 YEARS OF AGE)</u>		30 MG	
ABILIFY MAINTENA	<u>ARIPIRAZOLE</u>	400 MG		1 INJECTION/26 DAYS
ADDERALL	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS</u>		60 MG	
ADDERALL XR	<u>AMPHETAMINE SALTS/D-AMPHETAMINE SALTS XR</u>		60 MG	
ADVAIR (7 & 14 DAY PACKS)*	<u>FLUTICASONE/SALMETEROL</u>			1/365
ALBUTEROL HFA, PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	<u>ALBUTEROL INHALERS</u>	90 MCG		12 inhalers/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>		200 MG	
ANFRANIL (>= 18 YEARS OF AGE)	<u>CLOMIPRAMINE (>= 18 YEARS OF AGE)</u>		250 MG	
ANTIHYPERTENSIVES, LONG ACTING				LABELED FREQUENCY + 1
<u>ALENZIN</u>	<u>BUPROPION SR</u>		450MG	
<u>APTENSIO XR</u>	<u>METHYLPHENIDATE ER CAPSULES</u>		90MG	
<u>ARISTADA 441MG, 662MG, 882MG</u>	<u>ARIPIRAZOLE</u>			1/28
<u>ARISTADA 1064MG</u>	<u>ARIPIRAZOLE</u>			1/56
<u>ARISTADA INITIO</u>	<u>ARIPIRAZOLE</u>			1/365
<u>ATIVAN</u>	<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>BUSPAR (<18 YEARS OF AGE)</u>	<u>BUSPIRONE (<18 YEARS OF AGE)</u>		45 MG	
<u>BUSPAR (>=18 YEARS OF AGE)</u>	<u>BUSPIRONE (>=18 YEARS OF AGE)</u>		90 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	
<u>CELEXA (<= 60 YEARS OF AGE)</u>	<u>CITALOPRAM (<= 60 YEARS OF AGE)</u>		60 MG	
<u>CELEXA (> 60 YEARS OF AGE)</u>	<u>CITALOPRAM (> 60 YEARS OF AGE)</u>		30 MG	
<u>CHANTIX</u>	<u>VARENICLINE</u>			168 TABS &/or 84 DAYS/365
<u>CLOZARIL</u>	<u>CLOZAPINE</u>		900 MG	
<u>CAPITAL/CODEINE SUSPENSION</u>	<u>CODEINE/ACETAMINOPHEN ORAL SUSPENSION AND SOLUTION</u>		20 ML	
<u>CONCERTA</u>	<u>METHYLPHENIDATE ER TABLETS</u>		90 MG	
<u>CONZIP</u>	<u>TRAMADOL ER CAPSULES</u>		300MG	
<u>COTEMPLA</u>	<u>METHYLPHENIDATE ER DISINTEGRATING TABLETS</u>		90MG	
<u>CYMBALTA</u>	<u>DULOXETINE</u>		120 MG	
<u>DAYTRANA</u>	<u>METHYLPHENIDATE PATCHES</u>		45MG/9HR PATCH	
<u>DEMEROL ORAL LIQUID</u>	<u>MEPERIDINE ORAL SOLUTION</u>		20 ML	
<u>DESYREL (<18 YEARS OF AGE)</u>	<u>TRAZODONE IR (<18 YEARS OF AGE)</u>		300 MG	
<u>DESYREL (>= 18 YEARS OF AGE)</u>	<u>TRAZODONE IR (>= 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
<u>DILAUDID ORAL LIQUID</u>	<u>HYDROMORPHONE ORAL LIQUID</u>		8 ML	
<u>DOLOPHINE</u>	<u>METHADONE</u>		3 TABS	
<u>DURAGESIC PATCH</u>	<u>FENTANYL PATCH</u>	1 STRENGTH AT A TIME	50 MCG/HR DOSE	1 PATCH/72 HOURS
<u>DYANAVAL</u>	<u>AMPHETAMINE ER SUSPENSION</u>		60MG	
<u>EFFEXOR IR (<18 YEARS OF AGE)</u>	<u>VENLAFAXINE IR (<18 YEARS OF AGE)</u>		450 MG	
<u>EFFEXOR IR (>= 18 YEARS OF AGE)</u>	<u>VENLAFAXINE IR (>= 18 YEARS OF AGE)</u>		562.5 MG	
<u>EFFEXOR XR (<18 YEARS OF AGE)</u>	<u>VENLAFAXINE XR/ER (<18 YEARS OF AGE)</u>		337.5 MG	
<u>EFFEXOR XR (>= 18 YEARS OF AGE)</u>	<u>VENLAFAXINE XR/ER (>= 18 YEARS OF AGE)</u>		337.5 MG	
<u>ELAVIL (<18 YEARS OF AGE)</u>	<u>AMITRIPTYLINE (<18 YEARS OF AGE)</u>		75 MG	
<u>ELAVIL (>= 18 YEARS OF AGE)</u>	<u>AMITRIPTYLINE (>= 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	
<u>EXALGO</u>	<u>HYDROMORPHONE SR</u>		30 MG	
<u>FANAPT</u>	<u>ILOPERIDONE</u>		24 MG	
<u>FETZIMA</u>	<u>LEVOMILNACIPRAN</u>		120 MG	
<u>FOCALIN</u>	<u>DEXMETHYLPHENIDATE</u>		30 MG	
<u>FOCALIN XR (<=13 YEARS OF AGE)*</u>	<u>DEXMETHYLPHENIDATE ER</u>		45 MG	
<u>FOCALIN XR (>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
<u>GEODON (<=17 YEARS OF AGE)</u>	<u>ZIPRASIDONE (<=17 YEARS OF AGE)</u>		120 MG	
<u>GEODON (>17 YEARS OF AGE)</u>	<u>ZIPRASIDONE (>17 YEARS OF AGE)</u>		200 MG	
<u>GRALISE</u>	<u>GABAPENTIN</u>		1800 MG	
<u>HALCION</u>	<u>TRIAZOLAM</u>		0.75 MG	
<u>HUMIRA 10MG</u>	<u>ADALIMUMAB 10MG</u>			2 SYRINGES/28 DAYS, AFTER INITIAL DOSE

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<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>	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
<u>HYSINGLA ER</u>	HYDROCODONE ER		120 MG	
<u>IMITREX KIT/VIAL</u>	<u>SUMATRIPTAN KIT</u>	4/0.5ML		3 VIALS/34
<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 NASAL SPRAY</u>	<u>SUMATRIPTAN NASAL SPRAY</u>	5MG		12 BOTTLES/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	25 MG		41/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	50 MG		20/34
<u>IMITREX TAB</u>	<u>SUMATRIPTAN TAB</u>	100 MG		10/34
<u>INTUNIV (6 - 12 YEARS OF AGE)</u>	<u>GUANFACINE (6 - 12 YEARS OF AGE)</u>		4 MG	
<u>INTUNIV (13 - 17 YEARS OF AGE)</u>	<u>GUANFACINE (13 - 17 YEARS OF AGE)</u>		7 MG	
<u>INVEGA</u>	<u>PALIPERIDONE</u>		12 MG	
<u>INVEGA HAFYERA</u>	PALIPERIDONE			1/180
<u>INVEGA SUSTENNA</u>	PALIPERIDONE			1/28
<u>INVEGA TRINZA</u>	PALIPERIDONE			1/84
<u>IV EQUIPMENT</u>				1/365
<u>JORNAY PM</u>	<u>METHYLPHENIDATE</u>		100 MG	
<u>KLONOPIN</u>	<u>CLONAZEPAM</u>		6 MG	
<u>LATUDA (10-17 YEARS OF AGE)</u>	<u>LURASIDONE</u>		80MG	
<u>LATUDA (>17 YEARS OF AGE)</u>	<u>LURASIDONE</u>		160MG	
<u>LEXAPRO</u>	<u>ESCITALOPRAM</u>		30 MG	
<u>LIBRIUM (< 18 YEARS OF AGE)</u>	<u>CHLORDIAZEPOXIDE (< 18 YEARS OF AGE)</u>		30 MG	
<u>LIBRIUM (>= 18 YEARS OF AGE)</u>	<u>CHLORDIAZEPOXIDE (>= 18 YEARS OF AGE)</u>		300 MG	
<u>LIDODERM PATCHES</u>	<u>LIDOCAINE PATCHES</u>	5%	3 PATCHES	
<u>LONG-ACTING NARCOTIC</u>		LIMITED TO ONE LONG-ACTING NARCOTIC AT A TIME		
<u>LORCET</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>LORTAB</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>LORTAB ELIXIR</u>	<u>HYDROCODONE/ACETAMINOPHEN ORAL SOLUTION</u>		60 ML	
<u>LUNESTA</u>	<u>EZOPICLONE</u>		4.5 MG	
<u>LUVOX (<18 YEARS OF AGE)</u>	<u>FLUVOXAMINE (<18 YEARS OF AGE)</u>		300 MG	
<u>LUVOX (>= 18 YEARS OF AGE)</u>	<u>FLUVOXAMINE (>= 18 YEARS OF AGE)</u>		450 MG	
<u>LYRICA</u>	<u>PREGABALIN</u>		600 MG	
<u>MARINOL</u>	<u>DRONABINOL</u>		20 MG	
<u>MAXALT</u>	<u>RIZATRIPTAN</u>	5 MG		27/34
<u>MAXALT</u>	<u>RIZATRIPTAN</u>	10 MG		14/34
<u>MAXALT MLT</u>	<u>RIZATRIPTAN MLT</u>	5 MG		27/34
<u>MAXALT MLT</u>	<u>RIZATRIPTAN MLT</u>	10 MG		14/34
<u>METADATE CD/ER</u>	<u>METHYLPHENIDATE ER CAPSULES</u>		90 MG	
<u>MS CONTIN</u>	<u>MORPHINE ER TABLETS</u>		120 MG	
<u>NARCAN</u>	<u>NALOXONE SOLUTION</u>	0.4MG/ML		1 fill/180 days
<u>NEBULIZER</u>				1/365
<u>NEURONTIN</u>	<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
<u>NORCO</u>	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
<u>NORPRAMIN (< 18 YEARS OF AGE)</u>	<u>DESIPRAMINE (< 18 YEARS OF AGE)</u>		225 MG	
<u>NORPRAMIN (>= 18 YEARS OF AGE)</u>	<u>DESIPRAMINE (>= 18 YEARS OF AGE)</u>		450 MG	
<u>NUCYNTA ER</u>	TAPENTADOL SR		327 MG	
<u>NUPLAZID</u>	PIMAVANSERIN		34 MG	
<u>NUVIGIL*</u>	<u>ARMODAFINIL</u>		150 MG	
			250 MG	(for diagnosis of narcolepsy)
<u>OPANA ER</u>	<u>OXYMORPHONE ER</u>		40 MG	
<u>OXANDRIN</u>	<u>OXANDROLONE</u>	2.5 MG	8 TABS	272/34
<u>OXANDRIN</u>	<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	
<u>OZEMPIC</u>	<u>SEMAGLUTIDE</u>		2 MG	2 MG/7 DAYS
<u>NURTEC ODT</u>	RIMEGEPANT	75 MG		Treatment: 8 /30 days
<u>NURTEC ODT</u>	RIMEGEPANT	75 MG		Prophylaxis: 16/30 days
<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	

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PAXIL CR (>= 18 YEARS OF AGE)	PAROXETINE CR (>= 18 YEARS OF AGE)		112.5 MG	
PERCOCET	OXYCODONE/ACETAMINOPHEN		4G/DAY OF APAP	
<u>PERSERIS</u>	RISPERIDONE			1/28
PRISTIQ	<u>DESVENLAFAXINE</u>		150 MG	
PROSOM	<u>ESTAZOLAM</u>		2 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	
<u>QELBREE (6-17 YEARS OF AGE)</u>	<u>VILOXAZINE (6-17 YEARS OF AGE)</u>		400 MG	
<u>QELBREE (>= 18 YEARS OF AGE)</u>	<u>VILOXAZINE (>= 18 YEARS OF AGE)</u>		600 MG	
<u>QUILLICHEW</u>	METHYLPHENIDATE ER CHEWABLE		90MG	
<u>QUILLIVANT XR</u>	METHYLPHENIDATE ER SUSPENSION		90MG	
RELPAK	<u>ELETRIPTAN</u>	20 MG		20/34
RELPAK	<u>ELETRIPTAN</u>	40 MG		14/34
REMERON	<u>MIRTAZAPINE</u>		67.5 MG	
RESTORIL	<u>TEMAZEPAM</u>		45 MG	
REXULTI	<u>BREXPIRAZOLE</u>		4 MG	
RISPERDAL (<10 YEARS OF AGE)	<u>RISPERIDONE (<10 YEARS OF AGE)</u>		3 MG	
RISPERDAL (10-17 YEARS OF AGE)	<u>RISPERIDONE (10-17 YEARS OF AGE)</u>		6 MG	
RISPERDAL (>17 YEARS OF AGE)	<u>RISPERIDONE (>17 YEARS OF AGE)</u>		16 MG	
RISPERDAL CONSTA	RISPERIDONE			2/28
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	
ROZEREM	<u>RAMELTEON</u>		12 MG	
RYZOLT	<u>TRAMADOL ER TABLETS</u>		300 MG	
SAPHRIS	<u>ASENAPINE</u>		20 MG	
<u>SAVELLA</u>	MILNACIPRAN		200 MG	
SERAX	<u>OXAZEPAM</u>		120 MG	
SEREVENT	SALMETEROL			1/365
SEROQUEL (<13 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (<13 YEARS OF AGE)</u>		400 MG	
SEROQUEL (13-17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (13-17 YEARS OF AGE)</u>		600 MG	
SEROQUEL (>17 YEARS OF AGE)	<u>QUETIAPINE FUMARATE (>17 YEARS OF AGE)</u>		800 MG	
SEROQUEL XR	<u>QUETIAPINE FUMARATE ER</u>	SAME AGE/DOSE LIMITS AS ABOVE, LIMITED TO 1 TAB/DAY IF >150 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 (>= 12 YEARS OF AGE)</u>		300 MG	
SINGULAIR (6m -5 YEARS OF AGE)	<u>MONTELUKAST (6m -5 YEARS OF AGE)</u>		4MG	
SINGULAIR (6-14 YEARS OF AGE)	<u>MONTELUKAST (6-14 YEARS OF AGE)</u>		5MG	
SINGULAIR (>= 15 YEARS OF AGE)	<u>MONTELUKAST (>= 15 YEARS OF AGE)</u>		10 MG	
SOMA	<u>CARISOPRODOL</u>			84/365
SONATA	<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
STADOL NASAL SPRAY	<u>BUTORPHANOL</u>	10 MG/ML		1 BOTTLE/34
STRATTERA	<u>ATOMOXETINE</u>		100 MG	
SUBOXONE*	<u>BUPRENORPHINE/NALOXONE</u>		24 MG	
SUBUTEX	<u>BUPRENORPHINE</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
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	
<u>TREXIMET</u>	SUMATRIPTAN/NAPROXEN		85/500 MG	10/34
<u>TREXIMET</u>	SUMATRIPTAN/NAPROXEN		10/60 MG	5/34
<u>TRINTELLIX</u>	VORTIOXETINE		30 MG	
TYLENOL #3	<u>ACETAMINOPHEN/CODEINE</u>		4G/DAY OF APAP	
TYLOX	<u>OXYCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
UBRELVY	UBROGEPANT		200 MG	16 TABS/30 DAYS
ULTRAM	<u>TRAMADOL</u>		8 TABS	

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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	
VIIBRYD	<u>VILAZODONE</u>		40 MG	
VICODIN	<u>HYDROCODONE/ACETAMINOPHEN</u>		4G/DAY OF APAP	
VRAYLAR	<u>CARIPRAZINE</u>		6 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	
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>DEXTROAMPHETAMINE</u>		90MG	
ZOFRAN	<u>ONDANSETRON</u>		12 MG	
ZOHDRO ER	<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>		10 MG	
ZYPREXA (>=13 YEARS OF AGE)	<u>OLANZAPINE (>=13 YEARS OF AGE)</u>		20 MG	
<u>ZYPREXA RELPREVV 210MG AND 300MG</u>	<u>OLANZAPINE</u>			2/28
<u>ZYPREXA RELPREVV 405MG</u>	<u>OLANZAPINE</u>			1/28