



2010 Quantity Limits

Note: The quantity limit document advises members of products with quantity limit amounts and days that make up the edit.

Trade Name	Strength	Quantity Limit
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Trade Name	Strength	Quantity Limit
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ABILIFY	2MG	30.00 per 30 days
ABILIFY	5MG	30.00 per 30 days
ABILIFY	10MG	30.00 per 30 days
ABILIFY	15MG	30.00 per 30 days
ABILIFY	20MG	30.00 per 30 days
ABILIFY	30MG	30.00 per 30 days
ACCOLATE	10MG	60.00 per 30 days
ACCOLATE	20MG	60.00 per 30 days
ACETAMINOPHEN/CODEINE	300MG; 15MG	390.00 per 30 days
ACETAMINOPHEN/CODEINE	300MG; 60MG	390.00 per 30 days
ACETAMINOPHEN/CODEINE #2	300MG; 15MG	390.00 per 30 days
ACETAMINOPHEN/CODEINE #3	300MG; 30MG	390.00 per 30 days
ACETAMINOPHEN/CODEINE #4	300MG; 60MG	390.00 per 30 days
ACTONEL	30MG	30.00 per 30 days
ACTONEL	5MG	30.00 per 30 days
ACTONEL	35MG	4.00 per 28 days
ACTONEL WITH CALCIUM	1250MG; 35MG	30.00 per 30 days
ACTOPLUS MET	500MG; 15MG	90.00 per 30 days
ACTOPLUS MET	850MG; 15MG	90.00 per 30 days
ACTOS	15MG	30.00 per 30 days
ACTOS	30MG	30.00 per 30 days
ACTOS	45MG	30.00 per 30 days
ACULAR	0.5%	5.00 per 15 days
ACULAR LS	0.4%	5.00 per 15 days
ADDERALL XR	1.25MG; 1.25MG; 1.25MG; 1.25MG	60.00 per 30 days
ADDERALL XR	2.5MG; 2.5MG; 2.5MG; 2.5MG	60.00 per 30 days
ADDERALL XR	3.75MG; 3.75MG; 3.75MG; 3.75MG	60.00 per 30 days
ADDERALL XR	5MG; 5MG; 5MG; 5MG	60.00 per 30 days
ADDERALL XR	6.25MG; 6.25MG; 6.25MG; 6.25MG	60.00 per 30 days

ADDERALL XR	7.5MG; 7.5MG; 7.5MG; 7.5MG	60.00 per 30 days
ADVAIR DISKUS	100MCG/DOSE; 50MCG/DOSE	60.00 per 30 days
ADVAIR DISKUS	250MCG/DOSE; 50MCG/DOSE	60.00 per 30 days
ADVAIR DISKUS	500MCG/DOSE; 50MCG/DOSE	60.00 per 30 days
ADVAIR HFA	230MCG/ACT; 21MCG/ACT	12.00 per 30 days
AFEDITAB CR	30MG	30.00 per 30 days
AFEDITAB CR	60MG	30.00 per 30 days
AGGRENOX	25MG; 200MG	60.00 per 30 days
ALDARA	5%	24.00 per 30 days
ALENDRONATE SODIUM	5MG	30.00 per 30 days
ALENDRONATE SODIUM	10MG	30.00 per 30 days
ALENDRONATE SODIUM	40MG	30.00 per 30 days
ALORA	0.05MG/24HR	8.00 per 28 days
ALORA	0.075MG/24HR	8.00 per 28 days
ALORA	0.1MG/24HR	8.00 per 28 days
ALORA	0.025MG/24HR	8.00 per 28 days
AMBIEN CR	6.25MG	30.00 per 30 days
AMBIEN CR	12.5MG	30.00 per 30 days
AMLODIPINE BESYLATE	2.5MG	30.00 per 30 days
AMLODIPINE BESYLATE	5MG	30.00 per 30 days
AMLODIPINE BESYLATE	10MG	30.00 per 30 days
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	2.5MG; 10MG	30.00 per 30 days
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	5MG; 10MG	30.00 per 30 days
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	5MG; 20MG	30.00 per 30 days
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	10MG; 20MG	30.00 per 30 days
AMPHETAMINE SALT COMBO	5MG; 5MG; 5MG; 5MG	60.00 per 30 days

Trade Name	Strength	Quantity Limit
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AMPHETAMINE SALT COMBO	7.5MG; 7.5MG; 7.5MG; 7.5MG	60.00 per 30 days
AMPHETAMINE SALT COMBO	1.875MG; 1.875MG; 1.875MG; 1.875MG	90.00 per 30 days
AMPHETAMINE SALT COMBO	3.125MG; 3.125MG; 3.125MG; 3.125MG	90.00 per 30 days
AMPHETAMINE SALT COMBO	3.75MG; 3.75MG; 3.75MG; 3.75MG	90.00 per 30 days
AMPHETAMINE SALT COMBO	2.5MG; 2.5MG; 2.5MG; 2.5MG	90.00 per 30 days
AMPHETAMINE SALT COMBO	1.25MG; 1.25MG; 1.25MG; 1.25MG	90.00 per 30 days
ANDRODERM	2.5MG/24HR	60.00 per 30 days
ANDRODERM	5MG/24HR	30.00 per 30 days
APIDRA	100UNIT/ML	40.00 per 30 days
APRI	0.15MG; 30MCG	28.00 per 28 days
ARANELLE	0; 0	28.00 per 28 days
ARICEPT	5MG	30.00 per 30 days
ARICEPT	10MG	30.00 per 30 days
ARICEPT ODT	5MG	30.00 per 30 days
ARICEPT ODT	10MG	30.00 per 30 days
ARIMIDEX	1MG	30.00 per 30 days
ASACOL	400MG	180.00 per 30 days
ASTELIN	137MCG/SPRAY	30.00 per 30 days
ATROVENT HFA	17MCG/ACT	39.00 per 30 days
AVANDAMET	1000MG; 2MG	60.00 per 30 days
AVANDAMET	1000MG; 4MG	60.00 per 30 days
AVANDAMET	500MG; 2MG	120.00 per 30 days
AVANDAMET	500MG; 4MG	60.00 per 30 days
AVANDARYL	1MG; 4MG	60.00 per 30 days
AVANDARYL	2MG; 4MG	60.00 per 30 days
AVANDARYL	4MG; 4MG	30.00 per 30 days
AVANDIA	2MG	60.00 per 30 days
AVANDIA	4MG	60.00 per 30 days

Trade Name	Strength	Quantity Limit
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AVANDIA	8MG	30.00 per 30 days
AVIANE	20MCG; 0.1MG	28.00 per 28 days
AVITA	0.025%	90.00 per 30 days
AVODART	0.5MG	30.00 per 30 days
AZILECT	0.5MG	30.00 per 30 days
AZILECT	1MG	30.00 per 30 days
AZITHROMYCIN	100MG/5ML	15.00 per 5 days
AZITHROMYCIN	200MG/5ML	22.50 per 5 days
AZITHROMYCIN	250MG	6.00 per 5 days
AZITHROMYCIN	500MG	3.00 per 3 days
AZITHROMYCIN	600MG	8.00 per 28 days
AZITHROMYCIN	1GM	2.00 per 1 days
BALACET 325	325MG; 100MG	360.00 per 30 days
BALZIVA	35MCG; 0.4MG	28.00 per 28 days
BD ECLIPSE SYRINGE/1ML/30GX1/2"		204.00 per 30 days
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"		200.00 per 30 days
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"		200.00 per 30 days
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"		200.00 per 30 days
BD NEEDLE/30G X 1/2"		204.00 per 30 days
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM		200.00 per 30 days
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	10MG; 12.5MG	30.00 per 30 days
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	20MG; 12.5MG	30.00 per 30 days
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	20MG; 25MG	30.00 per 30 days
BETAXOLOL HCL	0.5%	30.00 per 30 days
BIDIL	37.5MG; 20MG	180.00 per 30 days
BUDEPRION XL	150MG	30.00 per 30 days
BYETTA	10MCG/0.04ML	2.40 per 30 days
CALCITONIN-SALMON	200UNIT/ACT	4.00 per 30 days
CAMILA	0.35MG	28.00 per 28 days
CARTIA XT	120MG	30.00 per 30 days
CARTIA XT	180MG	30.00 per 30 days
CARTIA XT	240MG	30.00 per 30 days
CARTIA XT	300MG	30.00 per 30 days

Trade Name	Strength	Quantity Limit
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CARVEDILOL	3.125MG	60.00 per 30 days
CARVEDILOL	6.25MG	60.00 per 30 days
CARVEDILOL	12.5MG	60.00 per 30 days
CARVEDILOL	25MG	60.00 per 30 days
CESIA	0; 0	28.00 per 28 days
CILOSTAZOL	50MG	60.00 per 30 days
CILOSTAZOL	100MG	60.00 per 30 days
CLARITHROMYCIN	250MG	28.00 per 14 days
CLARITHROMYCIN	500MG	42.00 per 21 days
CLIMARA	0.05MG/24HR	4.00 per 28 days
CLIMARA	0.1MG/24HR	4.00 per 28 days
CLIMARA	0.075MG/24HR	4.00 per 28 days
CLIMARA	0.025MG/24HR	4.00 per 28 days
CLIMARA	37.5MCG/24HR	4.00 per 28 days
CLIMARA	0.06MG/24HR	4.00 per 28 days
CLIMARA PRO	0.045MG/DAY; 0.015MG/DAY	4.00 per 28 days
CO-GESIC	500MG; 5MG	240.00 per 30 days
COMBIVENT	103MCG/ACT; 18MCG/ACT	45.00 per 30 days
COMTAN	200MG	240.00 per 30 days
COZAAR	25MG	30.00 per 30 days
COZAAR	50MG	30.00 per 30 days
COZAAR	100MG	30.00 per 30 days
CURITY GAUZE PADS 2"X2"		204.00 per 30 days
CYMBALTA	20MG	60.00 per 30 days
CYMBALTA	60MG	30.00 per 30 days
CYMBALTA	30MG	60.00 per 30 days
DECLOMYCIN	300MG	42.00 per 21 days
DETROL	1MG	60.00 per 30 days
DETROL	2MG	60.00 per 30 days
DETROL LA	2MG	30.00 per 30 days
DETROL LA	4MG	30.00 per 30 days
DICLOFENAC SODIUM	0.1%	5.00 per 15 days
DILT-CD	240MG	30.00 per 30 days
DILT-CD	120MG	30.00 per 30 days
DILT-CD	300MG	30.00 per 30 days
DILTIAZEM CD	120MG	30.00 per 30 days
DILTIAZEM CD	240MG	30.00 per 30 days
DILTIAZEM CD	300MG	30.00 per 30 days
DILTIAZEM HCL	240MG	30.00 per 30 days

Trade Name	Strength	Quantity Limit
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DILTIAZEM HCL	300MG	30.00 per 30 days
DILTIAZEM HCL	360MG	30.00 per 30 days
DILTIAZEM HCL ER	420MG	30.00 per 30 days
DIOVAN	80MG	30.00 per 30 days
DIOVAN	160MG	30.00 per 30 days
DIOVAN	320MG	30.00 per 30 days
DIOVAN	40MG	30.00 per 30 days
DIOVAN HCT	12.5MG; 80MG	30.00 per 30 days
DIOVAN HCT	12.5MG; 160MG	30.00 per 30 days
DIOVAN HCT	25MG; 160MG	30.00 per 30 days
DIOVAN HCT	12.5MG; 320MG	30.00 per 30 days
DIOVAN HCT	25MG; 320MG	30.00 per 30 days
DORZOLAMIDE HCL	2%	20.00 per 30 days
DORZOLAMIDE HCL/TIMOLOL MALEATE	2%; 0.5%	20.00 per 30 days
DOVONEX	0.005%	200.00 per 30 days
DOVONEX	0.005%	60.00 per 30 days
DUETACT	2MG; 30MG	30.00 per 30 days
DUETACT	4MG; 30MG	30.00 per 30 days
ELIDEL	1%	60.00 per 30 days
EMEND	40MG	1.00 per 14 days
EMEND	0	3.00 per 14 days
ENDOCET	325MG; 5MG	360.00 per 30 days
ENDOCET	325MG; 7.5MG	360.00 per 30 days
ENDOCET	325MG; 10MG	360.00 per 30 days
ENDOCET	500MG; 7.5MG	240.00 per 30 days
ENDOCET	650MG; 10MG	180.00 per 30 days
ENPRESSE-28	0; 0	28.00 per 28 days
EPIPEN 2-PAK	1:1000	2.00 per 10 days
EPIPEN-JR 2-PAK	1:2000	2.00 per 10 days
ERRIN	0.35MG	28.00 per 28 days
ESTRADIOL	0.025MG/24HR	4.00 per 28 days
ESTRADIOL	0.05MG/24HR	4.00 per 28 days
ESTRADIOL	0.075MG/24HR	4.00 per 28 days
ESTRADIOL	0.1MG/24HR	4.00 per 28 days
ESTRADIOL	37.5MCG/24HR	4.00 per 28 days
ESTRADIOL	0.06MG/24HR	4.00 per 28 days
EXELON	1.5MG	60.00 per 30 days
EXELON	3MG	60.00 per 30 days
EXELON	4.5MG	60.00 per 30 days
EXELON	6MG	60.00 per 30 days

Trade Name	Strength	Quantity Limit
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FAMCICLOVIR	125MG	60.00 per 30 days
FAMCICLOVIR	250MG	60.00 per 30 days
FAMCICLOVIR	500MG	60.00 per 30 days
FELODIPINE ER	10MG	30.00 per 30 days
FEMARA	2.5MG	30.00 per 30 days
FENOFIBRATE	54MG	30.00 per 30 days
FENOFIBRATE	160MG	30.00 per 30 days
FENOFIBRATE MICRONIZED	67MG	30.00 per 30 days
FENOFIBRATE MICRONIZED	134MG	30.00 per 30 days
FENOFIBRATE MICRONIZED	200MG	30.00 per 30 days
FEXOFENADINE HCL	30MG	60.00 per 30 days
FEXOFENADINE HCL	180MG	30.00 per 30 days
FEXOFENADINE HCL	60MG	60.00 per 30 days
FINASTERIDE	5MG	30.00 per 30 days
FLOMAX	0.4MG	60.00 per 30 days
FLOVENT HFA	44MCG/ACT	21.20 per 30 days
FLOVENT HFA	110MCG/ACT	24.00 per 30 days
FLOVENT HFA	220MCG/ACT	24.00 per 30 days
FLUCONAZOLE	150MG	1.00 per 10 days
FLUNISOLIDE	0.025%	50.00 per 30 days
FLUOR-OP	0.1%	30.00 per 30 days
FLUTICASONE PROPIONATE	50MCG/ACT	32.00 per 30 days
FORTICAL	200UNIT/ACT	4.00 per 30 days
FOSAMAX PLUS D	70MG; 2800UNIT	5.00 per 30 days
GABITRIL	2MG	90.00 per 30 days
GABITRIL	12MG	90.00 per 30 days
GABITRIL	16MG	90.00 per 30 days
GALANTAMINE HYDROBROMIDE	4MG	180.00 per 30 days
GALANTAMINE HYDROBROMIDE	8MG	90.00 per 30 days
GALANTAMINE HYDROBROMIDE	12MG	60.00 per 30 days
GALANTAMINE HYDROBROMIDE	8MG	30.00 per 30 days
GALANTAMINE HYDROBROMIDE	16MG	30.00 per 30 days
GALANTAMINE HYDROBROMIDE	24MG	30.00 per 30 days
GEMFIBROZIL	600MG	60.00 per 30 days
GENOTROPIN MINIQUICK	0.2MG	28.00 per 28 days
GENOTROPIN MINIQUICK	0.4MG	28.00 per 28 days
GENOTROPIN MINIQUICK	0.6MG	28.00 per 28 days
GENOTROPIN MINIQUICK	0.8MG	28.00 per 28 days
GENOTROPIN MINIQUICK	1MG	28.00 per 28 days
GENOTROPIN MINIQUICK	1.2MG	28.00 per 28 days

Trade Name	Strength	Quantity Limit
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GENOTROPIN MINIQUICK	1.4MG	28.00 per 28 days
GENOTROPIN MINIQUICK	1.6MG	28.00 per 28 days
GENOTROPIN MINIQUICK	1.8MG	28.00 per 28 days
GENOTROPIN MINIQUICK	2MG	28.00 per 28 days
GLIPIZIDE/METFORMIN HCL	2.5MG; 500MG	120.00 per 30 days
GLIPIZIDE/METFORMIN HCL	2.5MG; 250MG	120.00 per 30 days
GLIPIZIDE/METFORMIN HCL	5MG; 500MG	120.00 per 30 days
GLYBURIDE MICRONIZED	3MG	60.00 per 30 days
GLYBURIDE MICRONIZED	1.5MG	60.00 per 30 days
GLYBURIDE MICRONIZED	6MG	60.00 per 30 days
GLYBURIDE/METFORMIN HCL	1.25MG; 250MG	120.00 per 30 days
GLYBURIDE/METFORMIN HCL	2.5MG; 500MG	120.00 per 30 days
GLYBURIDE/METFORMIN HCL	5MG; 500MG	120.00 per 30 days
GLYSET	25MG	90.00 per 30 days
GLYSET	50MG	90.00 per 30 days
GLYSET	100MG	90.00 per 30 days
HUMALOG	100UNIT/ML	40.00 per 30 days
HUMALOG MIX 50/50	50%; 50%	40.00 per 30 days
HUMALOG MIX 50/50 PEN	50%; 50%	40.00 per 30 days
HUMALOG MIX 75/25	25%; 75%	40.00 per 30 days
HUMALOG MIX 75/25 PEN	25%; 75%	40.00 per 30 days
HUMALOG PEN	100UNIT/ML	40.00 per 30 days
HUMATROPE	6MG	28.00 per 28 days
HUMATROPE	12MG	28.00 per 28 days
HUMATROPE	24MG	28.00 per 28 days
HUMATROPE COMBO PACK	5MG	28.00 per 28 days
HUMULIN 50/50	50%; 50%	40.00 per 30 days
HUMULIN 70/30	30%; 70%	40.00 per 30 days
HUMULIN 70/30 PEN	30%; 70%	40.00 per 30 days
HUMULIN N	100UNIT/ML	40.00 per 30 days
HUMULIN N U-100 PEN	100UNIT/ML	40.00 per 30 days
HUMULIN R	100UNIT/ML	40.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	325MG; 10MG	360.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	750MG; 7.5MG	150.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	500MG; 5MG	240.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	500MG; 7.5MG	240.00 per 30 days

Trade Name	Strength	Quantity Limit
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HYDROCODONE /ACETAMINOPHEN	660MG; 10MG	180.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	500MG; 10MG	240.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	325MG; 5MG	360.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	325MG; 7.5MG	360.00 per 30 days
HYDROCODONE /ACETAMINOPHEN	650MG; 7.5MG	180.00 per 30 days
HYDROCODONE /ACETAMINOPHEN-HS	500MG; 2.5MG	240.00 per 30 days
HYDROCODONE BITARTRATE/ACETAMINOPHEN	750MG; 10MG	150.00 per 30 days
HYZAAR	12.5MG; 50MG	30.00 per 30 days
HYZAAR	12.5MG; 100MG	30.00 per 30 days
HYZAAR	25MG; 100MG	30.00 per 30 days
IPRATROPIUM BROMIDE	0.03%	30.00 per 30 days
IPRATROPIUM BROMIDE	0.06%	15.00 per 30 days
JANUVIA	50MG	30.00 per 30 days
JANUVIA	25MG	30.00 per 30 days
JANUVIA	100MG	30.00 per 30 days
JOLIVETTE	0.35MG	28.00 per 28 days
JUNEL FE 1.5/30	30MCG; 75MG; 1.5MG	28.00 per 28 days
JUNEL FE 1/20	20MCG; 75MG; 1MG	28.00 per 28 days
KARIVA	0; 0	28.00 per 28 days
KELNOR 1/35	35MCG; 1MG	28.00 per 28 days
KEPPRA	250MG	120.00 per 30 days
KEPPRA	500MG	120.00 per 30 days
KEPPRA	750MG	120.00 per 30 days
KEPPRA	1000MG	120.00 per 30 days
KETEK	400MG	20.00 per 10 days
KETOPROFEN ER	200MG	30.00 per 30 days
KETOROLAC TROMETHAMINE	10MG	30.00 per 30 days
KINERET	100MG/0.67ML	28.00 per 28 days
LACRISERT	5MG	120.00 per 30 days
LANTUS	100UNIT/ML	30.00 per 30 days
LEENA	0; 0	28.00 per 28 days
LEFLUNOMIDE	10MG	30.00 per 30 days

Trade Name	Strength	Quantity Limit
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LEFLUNOMIDE	20MG	30.00 per 30 days
LESSINA-28	20MCG; 0.1MG	28.00 per 28 days
LEVAQUIN	750MG	14.00 per 14 days
LEVAQUIN	250MG	10.00 per 10 days
LEVAQUIN	500MG	14.00 per 14 days
LEVEMIR	100UNIT/ML	30.00 per 30 days
LEVEMIR FLEXPEN	100UNIT/ML	30.00 per 30 days
LEVOBUNOLOL HCL	0.25%	30.00 per 30 days
LEVOBUNOLOL HCL	0.5%	30.00 per 30 days
LEVORA 0.15/30-28	30MCG; 0.15MG	28.00 per 28 days
LEXAPRO	5MG	30.00 per 30 days
LEXAPRO	10MG	30.00 per 30 days
LEXAPRO	20MG	30.00 per 30 days
LIDOCAINE/PRILOCAINE	2.5%; 2.5%	30.00 per 30 days
LIPITOR	10MG	30.00 per 30 days
LIPITOR	20MG	30.00 per 30 days
LIPITOR	40MG	30.00 per 30 days
LIPITOR	80MG	30.00 per 30 days
LISINOPRIL	10MG	30.00 per 30 days
LISINOPRIL	40MG	30.00 per 30 days
LISINOPRIL	30MG	30.00 per 30 days
LISINOPRIL	5MG	30.00 per 30 days
LISINOPRIL	20MG	30.00 per 30 days
LISINOPRIL	2.5MG	30.00 per 30 days
LOESTRIN 24 FE	20MCG; 75MG; 1MG	28.00 per 28 days
LOTREL	10MG; 40MG	30.00 per 30 days
LOTREL	5MG; 40MG	30.00 per 30 days
LOVASTATIN	20MG	30.00 per 30 days
LOVASTATIN	40MG	60.00 per 30 days
LOVASTATIN	10MG	30.00 per 30 days
LUNESTA	1MG	30.00 per 30 days
LUNESTA	2MG	30.00 per 30 days
LUNESTA	3MG	30.00 per 30 days
LUTERA	20MCG; 0.1MG	28.00 per 28 days
LYRICA	25MG	90.00 per 30 days
LYRICA	50MG	90.00 per 30 days
LYRICA	75MG	90.00 per 30 days
LYRICA	100MG	90.00 per 30 days
LYRICA	150MG	60.00 per 30 days
LYRICA	200MG	60.00 per 30 days

Trade Name	Strength	Quantity Limit
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LYRICA	300MG	60.00 per 30 days
LYRICA	225MG	60.00 per 30 days
MARGESIC-H	500MG; 5MG	240.00 per 30 days
MAXALT-MLT	5MG	12.00 per 30 days
MAXALT-MLT	10MG	12.00 per 30 days
MELOXICAM	15MG	30.00 per 30 days
METADATE CD	10MG	30.00 per 30 days
METADATE CD	20MG	30.00 per 30 days
METADATE CD	30MG	30.00 per 30 days
METADATE CD	40MG	30.00 per 30 days
METADATE CD	50MG	30.00 per 30 days
METADATE CD	60MG	30.00 per 30 days
METFORMIN HCL	850MG	90.00 per 30 days
METFORMIN HCL	500MG	120.00 per 30 days
METFORMIN HCL	1000MG	60.00 per 30 days
METFORMIN HCL ER	500MG	120.00 per 30 days
METFORMIN HCL ER	750MG	90.00 per 30 days
METHYLIN	5MG	90.00 per 30 days
METHYLIN	10MG	90.00 per 30 days
METHYLIN	20MG	90.00 per 30 days
METHYLPHENIDATE HCL	10MG	90.00 per 30 days
METHYLPHENIDATE HCL	20MG	90.00 per 30 days
METHYLPHENIDATE HCL	5MG	90.00 per 30 days
MICONAZOLE 3	200MG	12.00 per 30 days
MICROGESTIN 1.5/30	30MCG; 1.5MG	21.00 per 21 days
MICROGESTIN 1/20	20MCG; 1MG	21.00 per 21 days
MICROGESTIN FE	20MCG; 75MG; 1MG	28.00 per 28 days
MICROGESTIN FE 1.5/30	30MCG; 75MG; 1.5MG	28.00 per 28 days
MIRAPEX	0.125MG	90.00 per 30 days
MIRAPEX	0.25MG	90.00 per 30 days
MIRAPEX	0.5MG	90.00 per 30 days
MIRAPEX	1MG	90.00 per 30 days
MIRAPEX	1.5MG	90.00 per 30 days
MORPHINE SULFATE ER	15MG	120.00 per 30 days
MORPHINE SULFATE ER	200MG	120.00 per 30 days
MORPHINE SULFATE ER	30MG	120.00 per 30 days
MORPHINE SULFATE ER	100MG	180.00 per 30 days
MORPHINE SULFATE ER	60MG	120.00 per 30 days
NAMENDA	10MG/5ML	360.00 per 30 days

Trade Name	Strength	Quantity Limit
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NAMENDA	5MG	60.00 per 30 days
NAMENDA	10MG	60.00 per 30 days
NASONEX	50MCG/ACT	34.00 per 30 days
NECON 0.5/35-28	35MCG; 0.5MG	28.00 per 28 days
NECON 1/35-28	35MCG; 1MG	28.00 per 28 days
NECON 1/50-28	50MCG; 1MG	28.00 per 28 days
NECON 7/7/7	0; 0	28.00 per 28 days
NEULASTA	6MG/0.6ML	1.00 per 28 days
NIFEDIAC CC	60MG	30.00 per 30 days
NIFEDIAC CC	90MG	30.00 per 30 days
NIFEDIAC CC	30MG	30.00 per 30 days
NIFEDICAL XL	30MG	30.00 per 30 days
NIFEDICAL XL	60MG	30.00 per 30 days
NIFEDIPINE ER	30MG	30.00 per 30 days
NIFEDIPINE ER	60MG	30.00 per 30 days
NIFEDIPINE ER	90MG	30.00 per 30 days
NITROGLYCERIN TRANSDERMAL	0.4MG/HR	30.00 per 30 days
NITROGLYCERIN TRANSDERMAL	0.6MG/HR	30.00 per 30 days
NITROGLYCERIN TRANSDERMAL	0.2MG/HR	30.00 per 30 days
NORA-BE	0.35MG	28.00 per 28 days
NORTREL 0.5/35 (28)	35MCG; 0.5MG	28.00 per 28 days
NORTREL 1/35 (21)	35MCG; 1MG	28.00 per 28 days
NORTREL 1/35 (28)	35MCG; 1MG	28.00 per 28 days
NORTREL 7/7/7	0; 0	28.00 per 28 days
NOVOLIN 70/30	30%; 70%	40.00 per 30 days
NOVOLIN 70/30 INNOLET	30%; 70%	40.00 per 30 days
NOVOLIN 70/30 PENFILL	30%; 70%	40.00 per 30 days
NOVOLIN N	100UNIT/ML	40.00 per 30 days
NOVOLIN N INNOLET	100UNIT/ML	40.00 per 30 days
NOVOLIN N U-100 PENFILL	100UNIT/ML	40.00 per 30 days
NOVOLIN R	100UNIT/ML	40.00 per 30 days
NOVOLIN R INNOLET	100UNIT/ML	40.00 per 30 days
NOVOLIN R U-100 PENFILL	100UNIT/ML	40.00 per 30 days
NOVOLOG	100UNIT/ML	40.00 per 30 days
NOVOLOG FLEXPEN	100UNIT/ML	40.00 per 30 days
NOVOLOG MIX 70/30	30%; 70%	40.00 per 30 days
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	30%; 70%	40.00 per 30 days
NOVOLOG PENFILL	100UNIT/ML	40.00 per 30 days
NUTROPIN	10MG	28.00 per 28 days
NUTROPIN	5MG	28.00 per 28 days

Trade Name	Strength	Quantity Limit
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NUTROPIN AQ	10MG/2ML	28.00 per 28 days
NUTROPIN AQ PEN	10MG/2ML	28.00 per 28 days
OFLOXACIN	0.3%	30.00 per 30 days
ORAMORPH SR	15MG	120.00 per 30 days
ORAMORPH SR	30MG	120.00 per 30 days
ORAMORPH SR	100MG	180.00 per 30 days
ORTHO EVRA	20MCG/24HR; 150MCG/24HR	3.00 per 28 days
OXYCODONE /ACETAMINOPHEN	325MG; 5MG	360.00 per 30 days
OXYCODONE /APAP	500MG; 7.5MG	240.00 per 30 days
OXYCODONE /ASPIRIN	325MG; 4.5MG; 0.38MG	360.00 per 30 days
OXYCODONE-APAP	325MG; 7.5MG	360.00 per 30 days
OXYCODONE-APAP	325MG; 10MG	360.00 per 30 days
PENTASA	250MG	480.00 per 30 days
PENTASA	500MG	240.00 per 30 days
PLAVIX	75MG	30.00 per 30 days
PORTIA-28	0.03MG; 0.15MG	28.00 per 28 days
PRAVASTATIN SODIUM	20MG	30.00 per 30 days
PRAVASTATIN SODIUM	40MG	30.00 per 30 days
PRECOSE	50MG	90.00 per 30 days
PRECOSE	100MG	90.00 per 30 days
PRECOSE	25MG	90.00 per 30 days
PREMARIN	0.45MG	30.00 per 30 days
PREMARIN	0.9MG	30.00 per 30 days
PREMARIN	1.25MG	30.00 per 30 days
PREMPRO	0.3MG; 1.5MG	30.00 per 30 days
PREMPRO	0.625MG; 2.5MG	30.00 per 30 days
PREMPRO	0.45MG; 1.5MG	30.00 per 30 days
PREMPRO	0.625MG; 5MG	30.00 per 30 days
PROAIR HFA	108MCG/ACT	36.00 per 30 days
PROPOXYPHENE-N /ACETAMINOPHEN	325MG; 50MG	360.00 per 30 days
PROPOXYPHENE-N /ACETAMINOPHEN	650MG; 100MG	180.00 per 30 days
PROPOXYPHENE-N /ACETAMINOPHEN	500MG; 100MG	240.00 per 30 days
PROTOPIC	0.03%	60.00 per 30 days
PROTOPIC	0.1%	60.00 per 30 days

Trade Name	Strength	Quantity Limit
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PROVIGIL	100MG	60.00 per 30 days
PROVIGIL	200MG	30.00 per 30 days
QUASENSE	0.03MG; 0.15MG	91.00 per 91 days
QUINAPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 20MG	30.00 per 30 days
QUINAPRIL /HYDROCHLOROTHIAZIDE	12.5MG; 10MG	30.00 per 30 days
QUINAPRIL /HYDROCHLOROTHIAZIDE	25MG; 20MG	30.00 per 30 days
QUINARETIC	12.5MG; 10MG	30.00 per 30 days
QUINARETIC	12.5MG; 20MG	30.00 per 30 days
QUINARETIC	25MG; 20MG	30.00 per 30 days
RANEXA	500MG	120.00 per 30 days
RECLIPSEN	0.15MG; 30MCG	28.00 per 28 days
REGRANEX	0.01%	15.00 per 30 days
RELENZA DISKHALER	5MG/BLISTER	56.00 per 180 days
RELION 70/30	30%; 70%	40.00 per 30 days
RELION N	100UNIT/ML	40.00 per 30 days
RELION R	100UNIT/ML	40.00 per 30 days
REVATIO	20MG	90.00 per 30 days
RITALIN LA	20MG	30.00 per 30 days
RITALIN LA	30MG	30.00 per 30 days
RITALIN LA	40MG	30.00 per 30 days
RITALIN LA	10MG	30.00 per 30 days
ROXICET	325MG; 5MG	360.00 per 30 days
ROZEREM	8MG	30.00 per 30 days
SELSUN SHAMPOO	2.5%	120.00 per 30 days
SEREVENT DISKUS	50MCG/DOSE	60.00 per 30 days
SEROSTIM	4MG	28.00 per 28 days
SEROSTIM	5MG	28.00 per 28 days
SEROSTIM	6MG	28.00 per 28 days
SIMVASTATIN	10MG	30.00 per 30 days
SIMVASTATIN	5MG	30.00 per 30 days
SIMVASTATIN	20MG	30.00 per 30 days
SIMVASTATIN	40MG	30.00 per 30 days
SIMVASTATIN	80MG	30.00 per 30 days
SINGULAIR	10MG	30.00 per 30 days
SINGULAIR	5MG	30.00 per 30 days
SINGULAIR	4MG	30.00 per 30 days
SINGULAIR	4MG	30.00 per 30 days

Trade Name	Strength	Quantity Limit
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SOLIA	0.15MG; 30MCG	28.00 per 28 days
SONATA	5MG	30.00 per 30 days
SONATA	10MG	30.00 per 30 days
SPIRIVA HANDIHALER	18MCG	30.00 per 30 days
SRONYX	20MCG; 0.1MG	28.00 per 28 days
STAGESIC	500MG; 5MG	240.00 per 30 days
STARLIX	60MG	90.00 per 30 days
STARLIX	120MG	90.00 per 30 days
STRATTERA	10MG	60.00 per 30 days
STRATTERA	25MG	60.00 per 30 days
STRATTERA	40MG	60.00 per 30 days
STRATTERA	18MG	60.00 per 30 days
STRATTERA	60MG	60.00 per 30 days
STRATTERA	80MG	60.00 per 30 days
STRATTERA	100MG	60.00 per 30 days
SYMBYAX	25MG; 3MG	30.00 per 30 days
SYMBYAX	25MG; 6MG	30.00 per 30 days
SYMBYAX	25MG; 12MG	30.00 per 30 days
SYMBYAX	50MG; 6MG	30.00 per 30 days
SYMBYAX	50MG; 12MG	30.00 per 30 days
TAMIFLU	75MG	28.00 per 180 days
TAMIFLU	45MG	10.00 per 180 days
TAMIFLU	30MG	10.00 per 180 days
TAZTIA XT	120MG	30.00 per 30 days
TAZTIA XT	180MG	30.00 per 30 days
TAZTIA XT	240MG	30.00 per 30 days
TAZTIA XT	300MG	30.00 per 30 days
TAZTIA XT	360MG	30.00 per 30 days
TEKTURNA	150MG	30.00 per 30 days
TEKTURNA	300MG	30.00 per 30 days
TEKTURNA HCT	150MG; 12.5MG	30.00 per 30 days
TEKTURNA HCT	150MG; 25MG	30.00 per 30 days
TEKTURNA HCT	300MG; 12.5MG	30.00 per 30 days
TEKTURNA HCT	300MG; 25MG	30.00 per 30 days
TERCONAZOLE	0.8%	40.00 per 30 days
TERCONAZOLE	0.4%	90.00 per 30 days
TEV-TROPIN	5MG	28.00 per 28 days
THEO-24	100MG	30.00 per 30 days
THEO-24	200MG	30.00 per 30 days
THEO-24	300MG	30.00 per 30 days
THEO-24	400MG	30.00 per 30 days

Trade Name	Strength	Quantity Limit
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TICLOPIDINE HCL	250MG	60.00 per 30 days
TIMOLOL MALEATE	0.25%	30.00 per 30 days
TIMOLOL MALEATE	0.5%	30.00 per 30 days
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	0.25%	10.00 per 30 days
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	0.5%	10.00 per 30 days
TOBRADEX	0.1%; 0.3%	5.00 per 10 days
TOBRADEX	0.1%; 0.3%	3.50 per 10 days
TOPAMAX	25MG	120.00 per 30 days
TOPAMAX	50MG	120.00 per 30 days
TOPAMAX	100MG	120.00 per 30 days
TOPAMAX	200MG	60.00 per 30 days
TRACLEER	62.5MG	60.00 per 30 days
TRACLEER	125MG	60.00 per 30 days
TRAMADOL HCL	50MG	240.00 per 30 days
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	325MG; 37.5MG	240.00 per 30 days
TRETINOIN	0.025%	90.00 per 30 days
TRETINOIN	0.01%	90.00 per 30 days
TRICOR	48MG	30.00 per 30 days
TRICOR	145MG	30.00 per 30 days
TRINESSA	0; 0	28.00 per 28 days
TRI-PREVFIFEM	0; 0	28.00 per 28 days
TRI-SPRINTEC	0; 0	28.00 per 28 days
TRIVORA-28	0; 0	28.00 per 28 days
UNIPHYL	600MG	30.00 per 30 days
VALTREX	1GM	30.00 per 30 days
VALTREX	500MG	30.00 per 30 days
VANACET	500MG; 5MG	240.00 per 30 days
VELIVET	0; 0	28.00 per 28 days
VENLAFAXINE HCL	25MG	90.00 per 30 days
VENLAFAXINE HCL	37.5MG	90.00 per 30 days
VENLAFAXINE HCL	50MG	90.00 per 30 days
VENLAFAXINE HCL	75MG	90.00 per 30 days
VENLAFAXINE HCL	100MG	90.00 per 30 days
VENTOLIN HFA	108MCG/ACT	36.00 per 30 days
VERAPAMIL HCL ER	120MG	30.00 per 30 days
VEREGEN	15%	15.00 per 30 days
XIBROM	0.09%	5.00 per 15 days

Trade Name	Strength	Quantity Limit
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Trade Name	Strength	Quantity Limit
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XOPENEX HFA	45MCG/ACT	45.00 per 30 days
XYREM	500MG/ML	540.00 per 30 days
ZAZOLE	0.4%	90.00 per 30 days
ZAZOLE	0.8%	40.00 per 30 days
ZETIA	10MG	30.00 per 30 days
ZOLPIDEM TARTRATE	5MG	30.00 per 30 days
ZOLPIDEM TARTRATE	10MG	30.00 per 30 days
ZOVIA 1/35E	35MCG; 1MG	28.00 per 28 days
ZOVIA 1/50E	50MCG; 1MG	28.00 per 28 days
ZOVIRAX	5%	30.00 per 30 days
ZOVIRAX	5%	30.00 per 30 days
ZYFLO CR	600MG	120.00 per 30 days
ZYVOX	600MG	20.00 per 10 days
ZYVOX	100MG/5ML	600.00 per 10 days

Trade Name	Strength	Quantity Limit
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Trade Name	Strength	Quantity Limit
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