

Quantity Limit Listing

For certain drugs Advantage by Bridgeway Health Solutions HMO SNP (Bridgeway) limits the amount of the drug that Bridgeway will cover. For example Bridgeway provides 30 tablets per prescription for Zetia. The quantity limit listing below provides you with information on products that have quantity limit amounts and days supply that make up the edit.

The Quantity Limit Listing is subject to change and may not be comprehensive. Some of the medications on the list may also be subject to additional plan coverage rules.

Trade Name	Strength	Quantity Limit
ABILIFY	10MG	30.00 per 30 days
ABILIFY	15MG	30.00 per 30 days
ABILIFY	20MG	30.00 per 30 days
ABILIFY	2MG	30.00 per 30 days
ABILIFY	30MG	30.00 per 30 days
ABILIFY	5MG	30.00 per 30 days
ACARBOSE	100MG	90.00 per 30 days
ACARBOSE	25MG	90.00 per 30 days
ACARBOSE	50MG	90.00 per 30 days
ACETAMINOPHEN/CODEINE	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
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
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

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
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
ALENDRONATE SODIUM	10MG	30.00 per 30 days
ALENDRONATE SODIUM	40MG	30.00 per 30 days
ALENDRONATE SODIUM	5MG	30.00 per 30 days
ALENDRONATE SODIUM	35MG	4.00 per 28 days
ALENDRONATE SODIUM	70MG	4.00 per 28 days
ALORA	0.025MG/24HR	8.00 per 28 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
AMLODIPINE BESYLATE	10MG	30.00 per 30 days
AMLODIPINE BESYLATE	2.5MG	30.00 per 30 days
AMLODIPINE BESYLATE	5MG	30.00 per 30 days
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	10MG; 20MG	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
AMPHETAMINE/DEXTROAMPHETAMINE	5MG; 5MG; 5MG; 5MG	60.00 per 30 days
AMPHETAMINE/DEXTROAMPHETAMINE	7.5MG; 7.5MG; 7.5MG; 7.5MG	60.00 per 30 days
AMPHETAMINE/DEXTROAMPHETAMINE	1.25MG; 1.25MG; 1.25MG; 1.25MG	90.00 per 30 days
AMPHETAMINE/DEXTROAMPHETAMINE	1.875MG; 1.875MG; 1.875MG; 1.875MG	90.00 per 30 days
AMPHETAMINE/DEXTROAMPHETAMINE	2.5MG; 2.5MG; 2.5MG; 2.5MG	90.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
AMPHETAMINE/DEXTROAMPHETAMINE	3.125MG; 3.125MG; 3.125MG; 3.125MG	90.00 per 30 days
AMPHETAMINE/DEXTROAMPHETAMINE	3.75MG; 3.75MG; 3.75MG; 3.75MG	90.00 per 30 days
ANASTROZOLE	1MG	30.00 per 30 days
ANDRODERM	5MG/24HR	30.00 per 30 days
ANDRODERM	2.5MG/24HR	60.00 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
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	500MG; 2MG	120.00 per 30 days
AVANDAMET	1000MG; 2MG	60.00 per 30 days
AVANDAMET	1000MG; 4MG	60.00 per 30 days
AVANDAMET	500MG; 4MG	60.00 per 30 days
AVANDARYL	1MG; 4MG	30.00 per 30 days
AVANDARYL	2MG; 4MG	30.00 per 30 days
AVANDARYL	2MG; 8MG	30.00 per 30 days
AVANDARYL	4MG; 4MG	30.00 per 30 days
AVANDARYL	4MG; 8MG	30.00 per 30 days
AVANDIA	8MG	30.00 per 30 days
AVANDIA	2MG	60.00 per 30 days
AVANDIA	4MG	60.00 per 30 days
AVIANE	20MCG; 0.1MG	28.00 per 28 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

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
AZITHROMYCIN	500MG	3.00 per 3 days
AZITHROMYCIN	250MG	6.00 per 5 days
AZITHROMYCIN	600MG	8.00 per 28 days
BALZIVA	35MCG; 0.4MG	28.00 per 28 days
BANZEL	200MG	240.00 per 30 days
BANZEL	400MG	240.00 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 PEN NEEDLE/ULTRAFINE/29G X 12.7MM		200.00 per 30 days
BENAZEPRIL HCL	10MG	30.00 per 30 days
BENAZEPRIL HCL	20MG	30.00 per 30 days
BENAZEPRIL HCL	5MG	30.00 per 30 days
BENAZEPRIL HCL	40MG	60.00 per 30 days
BICALUTAMIDE	50MG	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
CALCIPOTRIENE	0.005%	60.00 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
CARVEDILOL	12.5MG	60.00 per 30 days
CARVEDILOL	25MG	60.00 per 30 days
CARVEDILOL	3.125MG	60.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
CARVEDILOL	6.25MG	60.00 per 30 days
CESIA	0; 0	28.00 per 28 days
CHANTIX	0.5MG	56.00 per 28 days
CHANTIX	1MG	56.00 per 28 days
CLARITHROMYCIN	250MG	28.00 per 14 days
CLARITHROMYCIN	500MG	42.00 per 21 days
CLIMARA	0.025MG/24HR	4.00 per 28 days
CLIMARA	0.05MG/24HR	4.00 per 28 days
CLIMARA	0.06MG/24HR	4.00 per 28 days
CLIMARA	0.075MG/24HR	4.00 per 28 days
CLIMARA	0.1MG/24HR	4.00 per 28 days
CLIMARA	37.5MCG/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
CRYSELLE-28	30MCG; 0.3MG	28.00 per 28 days
CURITY GAUZE PADS 2"X2"		204.00 per 30 days
CYCLOBENZAPRINE HCL	10MG	90.00 per 30 days
CYCLOBENZAPRINE HCL	5MG	90.00 per 30 days
CYMBALTA	60MG	30.00 per 30 days
CYMBALTA	20MG	60.00 per 30 days
CYMBALTA	30MG	60.00 per 30 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
DILT-CD	300MG	30.00 per 30 days
DILT-CD	120MG	30.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
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 ER	360MG	30.00 per 30 days
DILTIAZEM HCL ER	420MG	30.00 per 30 days
DILT-XR	180MG	30.00 per 30 days
DILT-XR	240MG	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	80MG	30.00 per 30 days
DIOVAN HCT	12.5MG; 160MG	30.00 per 30 days
DIOVAN HCT	12.5MG; 320MG	30.00 per 30 days
DIOVAN HCT	12.5MG; 80MG	30.00 per 30 days
DIOVAN HCT	25MG; 160MG	30.00 per 30 days
DIOVAN HCT	25MG; 320MG	30.00 per 30 days
DONEPEZIL HCL	10MG	30.00 per 30 days
DONEPEZIL HCL	5MG	30.00 per 30 days
DONEPEZIL HCL	10MG	30.00 per 30 days
DONEPEZIL HCL	5MG	30.00 per 30 days
DORZOLAMIDE HCL	2%	20.00 per 30 days
DORZOLAMIDE HCL/TIMOLOL MALEATE	22.3MG/ML; 6.8MG/ML	20.00 per 30 days
DOVONEX	0.005%	200.00 per 30 days
DUETACT	2MG; 30MG	30.00 per 30 days
DUETACT	4MG; 30MG	30.00 per 30 days
EFFIENT	10MG	30.00 per 30 days
EFFIENT	5MG	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

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
ENALAPRIL MALEATE	10MG	60.00 per 30 days
ENALAPRIL MALEATE	2.5MG	60.00 per 30 days
ENALAPRIL MALEATE	20MG	60.00 per 30 days
ENALAPRIL MALEATE	5MG	60.00 per 30 days
ENDOCET	650MG; 10MG	180.00 per 30 days
ENDOCET	500MG; 7.5MG	240.00 per 30 days
ENDOCET	325MG; 10MG	360.00 per 30 days
ENDOCET	325MG; 5MG	360.00 per 30 days
ENDOCET	325MG; 7.5MG	360.00 per 30 days
ENPRESSE-28	0; 0	28.00 per 28 days
EPIPEN 2-PAK	0.3MG/0.3ML	2.00 per 10 days
EPIPEN-JR 2-PAK	0.15MG/0.3ML	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	0.06MG/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
EVISTA	60MG	30.00 per 30 days
FAMCICLOVIR	125MG	60.00 per 30 days
FAMCICLOVIR	250MG	60.00 per 30 days
FAMCICLOVIR	500MG	60.00 per 30 days
FANAPT	10MG	60.00 per 30 days
FANAPT	12MG	60.00 per 30 days
FANAPT	1MG	60.00 per 30 days
FANAPT	2MG	60.00 per 30 days
FANAPT	4MG	60.00 per 30 days
FANAPT	6MG	60.00 per 30 days
FANAPT	8MG	60.00 per 30 days
FELODIPINE ER	10MG	30.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
FELODIPINE ER	2.5MG	30.00 per 30 days
FELODIPINE ER	5MG	30.00 per 30 days
FEMARA	2.5MG	30.00 per 30 days
FENOFIBRATE	160MG	30.00 per 30 days
FENOFIBRATE	54MG	30.00 per 30 days
FENOFIBRATE MICRONIZED	134MG	30.00 per 30 days
FENOFIBRATE MICRONIZED	200MG	30.00 per 30 days
FENOFIBRATE MICRONIZED	67MG	30.00 per 30 days
FEXOFENADINE HCL	180MG	30.00 per 30 days
FEXOFENADINE HCL	30MG	60.00 per 30 days
FEXOFENADINE HCL	60MG	60.00 per 30 days
FINASTERIDE	5MG	30.00 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
FLUTICASONE PROPIONATE	50MCG/ACT	32.00 per 30 days
FORTICAL	200UNIT/ACT	4.00 per 30 days
FOSAMAX	70MG/75ML	300.00 per 28 days
GABITRIL	12MG	90.00 per 30 days
GABITRIL	16MG	90.00 per 30 days
GABITRIL	2MG	90.00 per 30 days
GALANTAMINE HYDROBROMIDE	4MG	180.00 per 30 days
GALANTAMINE HYDROBROMIDE	16MG	30.00 per 30 days
GALANTAMINE HYDROBROMIDE	24MG	30.00 per 30 days
GALANTAMINE HYDROBROMIDE	8MG	30.00 per 30 days
GALANTAMINE HYDROBROMIDE	12MG	60.00 per 30 days
GALANTAMINE HYDROBROMIDE	8MG	90.00 per 30 days
GEMFIBROZIL	600MG	60.00 per 30 days
GLIMEPIRIDE	1MG	30.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
GLIMEPIRIDE	2MG	30.00 per 30 days
GLIMEPIRIDE	4MG	60.00 per 30 days
GLIPIZIDE	10MG	120.00 per 30 days
GLIPIZIDE	5MG	90.00 per 30 days
GLIPIZIDE ER	2.5MG	30.00 per 30 days
GLIPIZIDE ER	5MG	30.00 per 30 days
GLIPIZIDE ER	10MG	60.00 per 30 days
GLIPIZIDE/METFORMIN HCL	2.5MG; 250MG	120.00 per 30 days
GLIPIZIDE/METFORMIN HCL	2.5MG; 500MG	120.00 per 30 days
GLIPIZIDE/METFORMIN HCL	5MG; 500MG	120.00 per 30 days
GLYBURIDE	1.25MG	30.00 per 30 days
GLYBURIDE	2.5MG	30.00 per 30 days
GLYBURIDE MICRONIZED	1.5MG	30.00 per 30 days
GLYBURIDE MICRONIZED	3MG	30.00 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
GLYCRON	1.5MG	30.00 per 30 days
GLYCRON	3MG	30.00 per 30 days
GLYCRON	6MG	60.00 per 30 days
GLYSET	100MG	90.00 per 30 days
GLYSET	25MG	90.00 per 30 days
GLYSET	50MG	90.00 per 30 days
HUMALOG	100UNIT/ML	40.00 per 30 days
HUMALOG KWIKPEN	100UNIT/ML	40.00 per 30 days
HUMALOG MIX 50/50	50%; 50%	40.00 per 30 days
HUMALOG MIX 50/50 KWIKPEN	50%; 50%	40.00 per 30 days
HUMALOG MIX 75/25	25%; 75%	40.00 per 30 days
HUMALOG MIX 75/25 KWIKPEN	25%; 75%	40.00 per 30 days
HUMULIN 70/30	30%; 70%	40.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
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 BITARTRATE/ACETAMINOPHEN	750MG; 10MG	150.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	750MG; 7.5MG	150.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	650MG; 7.5MG	180.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	660MG; 10MG	180.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	500MG; 10MG	240.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	500MG; 2.5MG	240.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	500MG; 5MG	240.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	500MG; 7.5MG	240.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	325MG; 10MG	360.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	325MG; 5MG	360.00 per 30 days
HYDROCODONE/ACETAMINOPHEN	325MG; 7.5MG	360.00 per 30 days
IMIQUIMOD	5%	24.00 per 30 days
INVEGA	1.5MG	30.00 per 30 days
INVEGA	3MG	30.00 per 30 days
INVEGA	9MG	30.00 per 30 days
INVEGA	6MG	60.00 per 30 days
IPRATROPIUM BROMIDE	0.06%	15.00 per 30 days
IPRATROPIUM BROMIDE	0.03%	30.00 per 30 days
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	2.5MG/3ML; 0.5MG/3ML	540.00 per 30 days
IRESSA	250MG	30.00 per 30 days
JANUVIA	100MG	30.00 per 30 days
JANUVIA	25MG	30.00 per 30 days
JANUVIA	50MG	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

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
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
KETEK	400MG	20.00 per 10 days
KETOPROFEN ER	200MG	30.00 per 30 days
KETOROLAC TROMETHAMINE	10MG	30.00 per 30 days
KETOROLAC TROMETHAMINE	0.4%	5.00 per 15 days
KETOROLAC TROMETHAMINE	0.5%	5.00 per 15 days
KINERET	100MG/0.67ML	28.00 per 28 days
LANTUS	100UNIT/ML	30.00 per 30 days
LEENA	0; 0	28.00 per 28 days
LEFLUNOMIDE	10MG	30.00 per 30 days
LEFLUNOMIDE	20MG	30.00 per 30 days
LESSINA-28	20MCG; 0.1MG	28.00 per 28 days
LEVAQUIN	250MG	10.00 per 10 days
LEVAQUIN	500MG	14.00 per 14 days
LEVAQUIN	750MG	14.00 per 14 days
LEVEMIR	100UNIT/ML	30.00 per 30 days
LEVETIRACETAM	750MG	120.00 per 30 days
LEVETIRACETAM	500MG	180.00 per 30 days
LEVETIRACETAM	1000MG	90.00 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	10MG	30.00 per 30 days
LEXAPRO	20MG	30.00 per 30 days
LEXAPRO	5MG	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

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
LISINOPRIL	10MG	30.00 per 30 days
LISINOPRIL	2.5MG	30.00 per 30 days
LISINOPRIL	20MG	30.00 per 30 days
LISINOPRIL	30MG	30.00 per 30 days
LISINOPRIL	40MG	30.00 per 30 days
LISINOPRIL	5MG	30.00 per 30 days
LOESTRIN 24 FE	20MCG; 75MG; 1MG	28.00 per 28 days
LOSARTAN POTASSIUM	100MG	30.00 per 30 days
LOSARTAN POTASSIUM	25MG	30.00 per 30 days
LOSARTAN POTASSIUM	50MG	30.00 per 30 days
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	12.5MG; 100MG	30.00 per 30 days
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	12.5MG; 50MG	30.00 per 30 days
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	25MG; 100MG	30.00 per 30 days
LOTRONEX	0.5MG	60.00 per 30 days
LOTRONEX	1MG	60.00 per 30 days
LOVASTATIN	10MG	30.00 per 30 days
LOVASTATIN	20MG	30.00 per 30 days
LOVASTATIN	40MG	60.00 per 30 days
LOW-OGESTREL	30MCG; 0.3MG	28.00 per 28 days
LUTERA	20MCG; 0.1MG	28.00 per 28 days
LYRICA	150MG	60.00 per 30 days
LYRICA	200MG	60.00 per 30 days
LYRICA	225MG	60.00 per 30 days
LYRICA	300MG	60.00 per 30 days
LYRICA	100MG	90.00 per 30 days
LYRICA	25MG	90.00 per 30 days
LYRICA	50MG	90.00 per 30 days
LYRICA	75MG	90.00 per 30 days
MARGESIC-H	500MG; 5MG	240.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
MAXALT-MLT	10MG	12.00 per 30 days
MAXALT-MLT	5MG	12.00 per 30 days
MELOXICAM	15MG	30.00 per 30 days
MELOXICAM	7.5MG	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
METADATE ER	20MG	90.00 per 30 days
METFORMIN HCL	500MG	120.00 per 30 days
METFORMIN HCL	1000MG	60.00 per 30 days
METFORMIN HCL	850MG	90.00 per 30 days
METFORMIN HCL ER	500MG	120.00 per 30 days
METFORMIN HCL ER	750MG	90.00 per 30 days
METHYLIN	10MG	90.00 per 30 days
METHYLIN	20MG	90.00 per 30 days
METHYLIN	5MG	90.00 per 30 days
METHYLIN ER	10MG	60.00 per 30 days
METHYLIN ER	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
METHYLPHENIDATE HCL SR	20MG	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
MONONESSA	35MCG; 0.25MG	28.00 per 28 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
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	60MG	120.00 per 30 days
MORPHINE SULFATE ER	100MG	180.00 per 30 days
NAMENDA	10MG/5ML	360.00 per 30 days
NAMENDA	10MG	60.00 per 30 days
NAMENDA	5MG	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 10/11-28	35MCG; 0	28.00 per 28 days
NECON 7/7/7	0; 0	28.00 per 28 days
NIFEDIAC CC	30MG	30.00 per 30 days
NIFEDIAC CC	60MG	30.00 per 30 days
NIFEDIAC CC	90MG	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
NILANDRON	150MG	60.00 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 N	100UNIT/ML	40.00 per 30 days
NOVOLIN R	100UNIT/ML	40.00 per 30 days
NOVOLOG	100UNIT/ML	40.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
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
NUTROPIN	10MG	28.00 per 28 days
NUTROPIN AQ PEN	10MG/2ML	28.00 per 28 days
OGESTREL	50MCG; 0.5MG	28.00 per 28 days
OMEPRAZOLE	10MG	30.00 per 30 days
OMEPRAZOLE	20MG	90.00 per 30 days
OMEPRAZOLE	40MG	90.00 per 30 days
ONDANSETRON HCL	24MG	1.00 per 15 days
ONDANSETRON HCL	4MG	90.00 per 30 days
ONDANSETRON HCL	8MG	90.00 per 30 days
ONDANSETRON ODT	4MG	90.00 per 30 days
ONDANSETRON ODT	8MG	90.00 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	500MG; 7.5MG	240.00 per 30 days
OXYCODONE/ACETAMINOPHEN	325MG; 10MG	360.00 per 30 days
OXYCODONE/ACETAMINOPHEN	325MG; 5MG	360.00 per 30 days
OXYCODONE/ACETAMINOPHEN	325MG; 7.5MG	360.00 per 30 days
OXYCODONE/ASPIRIN	325MG; 4.5MG; 0.38MG	360.00 per 30 days
PANTOPRAZOLE SODIUM	20MG	30.00 per 30 days
PLAVIX	75MG	30.00 per 30 days
PORTIA-28	0.03MG; 0.15MG	28.00 per 28 days
PRAVASTATIN SODIUM	10MG	30.00 per 30 days
PRAVASTATIN SODIUM	20MG	30.00 per 30 days
PRAVASTATIN SODIUM	40MG	30.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
PRAVASTATIN SODIUM	80MG	30.00 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	0.45MG; 1.5MG	30.00 per 30 days
PREMPRO	0.625MG; 2.5MG	30.00 per 30 days
PREMPRO	0.625MG; 5MG	30.00 per 30 days
PRISTIQ	100MG	30.00 per 30 days
PRISTIQ	50MG	30.00 per 30 days
PROAIR HFA	108MCG/ACT	36.00 per 30 days
PROMACTA	50MG	30.00 per 30 days
PROMACTA	25MG	90.00 per 30 days
PROTOPIC	0.03%	60.00 per 30 days
PROTOPIC	0.1%	60.00 per 30 days
PROVIGIL	200MG	30.00 per 30 days
PROVIGIL	100MG	60.00 per 30 days
QUASENSE	0.03MG; 0.15MG	91.00 per 91 days
RAMIPRIL	1.25MG	60.00 per 30 days
RAMIPRIL	10MG	60.00 per 30 days
RAMIPRIL	2.5MG	60.00 per 30 days
RAMIPRIL	5MG	60.00 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
REVATIO	20MG	90.00 per 30 days
RIVASTIGMINE TARTRATE	1.5MG	60.00 per 30 days
RIVASTIGMINE TARTRATE	3MG	60.00 per 30 days
RIVASTIGMINE TARTRATE	4.5MG	60.00 per 30 days
RIVASTIGMINE TARTRATE	6MG	60.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
ROXICET	325MG; 5MG	360.00 per 30 days
SABRIL	500MG	360.00 per 30 days
SABRIL	500MG	360.00 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	20MG	30.00 per 30 days
SIMVASTATIN	40MG	30.00 per 30 days
SIMVASTATIN	5MG	30.00 per 30 days
SIMVASTATIN	80MG	30.00 per 30 days
SINGULAIR	4MG	30.00 per 30 days
SINGULAIR	5MG	30.00 per 30 days
SINGULAIR	4MG	30.00 per 30 days
SINGULAIR	10MG	30.00 per 30 days
SOLIA	0.15MG; 30MCG	28.00 per 28 days
SPIRIVA HANDIHALER	18MCG	30.00 per 30 days
SPRINTEC 28	35MCG; 0.25MG	28.00 per 28 days
SRONYX	20MCG; 0.1MG	28.00 per 28 days
STAGESIC	500MG; 5MG	240.00 per 30 days
STRATTERA	100MG	60.00 per 30 days
STRATTERA	10MG	60.00 per 30 days
STRATTERA	18MG	60.00 per 30 days
STRATTERA	25MG	60.00 per 30 days
STRATTERA	40MG	60.00 per 30 days
STRATTERA	60MG	60.00 per 30 days
STRATTERA	80MG	60.00 per 30 days
TAMIFLU	75MG	28.00 per 180 days
TAMSULOSIN HCL	0.4MG	60.00 per 30 days
TAZTIA XT	120MG	30.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
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	80MG	3.00 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
TICLOPIDINE HCL	250MG	60.00 per 30 days
TIKOSYN	125MCG	60.00 per 30 days
TIKOSYN	250MCG	60.00 per 30 days
TIKOSYN	500MCG	60.00 per 30 days
TIMOLOL MALEATE	0.25%	30.00 per 30 days
TIMOLOL MALEATE	0.5%	30.00 per 30 days
TOBRADEX	0.1%; 0.3%	3.50 per 10 days
TRACLEER	125MG	60.00 per 30 days
TRACLEER	62.5MG	60.00 per 30 days
TRAMADOL HCL	50MG	240.00 per 30 days
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	325MG; 37.5MG	240.00 per 30 days
TRANDOLAPRIL	1MG	30.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
TRANDOLAPRIL	2MG	30.00 per 30 days
TRANDOLAPRIL	4MG	60.00 per 30 days
TRETINOIN	0.01%	90.00 per 30 days
TRETINOIN	0.025%	90.00 per 30 days
TRINESSA	0; 0	28.00 per 28 days
TRI-PREVIFEM	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
VALACYCLOVIR HCL	1000MG	30.00 per 30 days
VALACYCLOVIR HCL	500MG	30.00 per 30 days
VELIVET	0; 0	28.00 per 28 days
VENLAFAXINE HCL	100MG	90.00 per 30 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 ER	150MG	30.00 per 30 days
VENLAFAXINE HCL ER	37.5MG	30.00 per 30 days
VENLAFAXINE HCL ER	75MG	30.00 per 30 days
VENLAFAXINE HCL ER	150MG	30.00 per 30 days
VENLAFAXINE HCL ER	225MG	30.00 per 30 days
VENLAFAXINE HCL ER	37.5MG	30.00 per 30 days
VENLAFAXINE HCL ER	75MG	30.00 per 30 days
VENTOLIN HFA	108MCG/ACT	36.00 per 30 days
VERAPAMIL HCL ER	100MG	30.00 per 30 days
VERAPAMIL HCL ER	120MG	30.00 per 30 days
VERAPAMIL HCL ER	180MG	30.00 per 30 days
VERAPAMIL HCL ER	200MG	30.00 per 30 days
VERAPAMIL HCL ER	240MG	30.00 per 30 days
VERAPAMIL HCL ER	300MG	30.00 per 30 days
VEREGEN	15%	15.00 per 30 days

Quantity Limit Listing

Trade Name	Strength	Quantity Limit
VIMPAT	150MG	60.00 per 30 days
VIMPAT	200MG	60.00 per 30 days
VIVELLE-DOT	0.025MG/24HR	8.00 per 28 days
VIVELLE-DOT	0.0375MG/24HR	8.00 per 28 days
VIVELLE-DOT	0.05MG/24HR	8.00 per 28 days
VIVELLE-DOT	0.075MG/24HR	8.00 per 28 days
VIVELLE-DOT	0.1MG/24HR	8.00 per 28 days
VOTRIENT	200MG	120.00 per 30 days
XOPENEX HFA	45MCG/ACT	45.00 per 30 days
XYREM	500MG/ML	540.00 per 30 days
ZAFIRLUKAST	10MG	60.00 per 30 days
ZAFIRLUKAST	20MG	60.00 per 30 days
ZALEPLON	10MG	30.00 per 30 days
ZALEPLON	5MG	30.00 per 30 days
ZETIA	10MG	30.00 per 30 days
ZOLPIDEM TARTRATE	10MG	30.00 per 30 days
ZOLPIDEM TARTRATE	5MG	30.00 per 30 days
ZOLPIDEM TARTRATE ER	12.5MG	30.00 per 30 days
ZOLPIDEM TARTRATE ER	6.25MG	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

Quantity Limit Listing

You can find out if your drug has any additional requirements or limits by looking in the Bridgeway Comprehensive Formulary. For a complete listing of drugs covered by Bridgeway, please visit our web site at <http://advantage.bridgewayhs.com> or call 1-866-475-3129, 8:00 A.M to 8:00 P.M. seven days a week. TTY/TDD users should call 1-877-613-2076.

This information is available for free in other languages. Please contact Member Services at -866-475-3129 for additional information.

Este documento está disponible en formatos e idiomas diferentes, incluso en español. Comuníquese con Servicios para los Miembros para solicitar información en otros formatos o idiomas.