

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Abilify 10 mg Tab	90 EA per 30 days
Abilify 15 mg Tab	60 EA per 30 days
Abilify 2 mg Tab	30 EA per 30 days
Abilify 20 mg Tab	30 EA per 30 days
Abilify 30 mg Tab	30 EA per 30 days
Abilify 5 mg Tab	30 EA per 30 days
Abilify Discmelt 10 mg	90 EA per 30 days
Abilify Discmelt 15 mg	60 EA per 30 days
<i>acarbose 100 mg Tab</i>	90 EA per 30 days
<i>acarbose 50 mg Tab</i>	90 EA per 30 days
Actoplus MET 15 mg-500 mg Tab	90 EA per 30 days
Actoplus MET 15 mg-850 mg Tab	90 EA per 30 days
Actoplus Met XR 15 mg-1,000 mg 24 hr Tab	60 EA per 30 days
Actoplus Met XR 30 mg-1,000 mg 24 hr Tab	60 EA per 30 days
Actos 15 mg Tab	90 EA per 30 days
Actos 30 mg Tab	30 EA per 30 days
Actos 45 mg Tab	30 EA per 30 days
Advair Diskus 100 mcg-50 mcg/dose for Inhalation	60 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Advair Diskus 250 mcg-50 mcg/dose for Inhalation	60 EA per 25 days
Advair Diskus 500 mcg-50 mcg/dose for Inhalation	60 EA per 25 days
Advair HFA 115 mcg-21 mcg/Actuation Aerosol Inhaler	12 GM per 25 days
Advair HFA 230 mcg-21 mcg/Actuation Aerosol Inhaler	12 GM per 25 days
Advair HFA 45 mcg-21 mcg/Actuation Aerosol Inhaler	12 GM per 25 days
Afinitor 10 mg Tab	62 EA per 31 days
Afinitor 2.5 mg Tab	31 EA per 31 days
Afinitor 5 mg Tab	31 EA per 31 days
<i>albuterol sulfate 0.63 mg/3 mL Neb Solution</i>	300 ML per 25 days
<i>albuterol sulfate 1.25 mg/3 mL Neb Solution</i>	300 ML per 25 days
<i>albuterol sulfate 2.5 mg/3 mL (0.083 %) Neb Solution</i>	300 ML per 25 days
<i>albuterol sulfate 5 mg/mL (0.5 %) Neb Solution</i>	60 ML per 25 days
Alinia 100 mg/5 mL Oral Susp	180 ML per 25 days
Alinia 500 mg Tab	12 EA per 25 days
Alvesco 160 mcg/Actuation Aerosol Inhaler	13 GM per 25 days
Alvesco 80 mcg/Actuation Aerosol Inhaler	24 GM per 25 days
<i>amlodipine-benazepril 10 mg-20 mg Cap</i>	30 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>amlodipine-benazepril 2.5 mg-10 mg Cap</i>	30 EA per 30 days
<i>amlodipine-benazepril 5 mg-10 mg Cap</i>	30 EA per 30 days
<i>amlodipine-benazepril 5 mg-20 mg Cap</i>	30 EA per 30 days
Ampyra 10 mg 12 hr Tab	60 EA per 30 days
Amturnide 150 mg-5 mg-12.5 mg Tab	30 EA per 30 days
Amturnide 300 mg-10 mg-12.5 mg Tab	30 EA per 30 days
Amturnide 300 mg-10 mg-25 mg Tab	30 EA per 30 days
Amturnide 300 mg-5 mg-12.5 mg Tab	30 EA per 30 days
Amturnide 300 mg-5 mg-25 mg Tab	30 EA per 30 days
Aranesp (polysorbate) 100 mcg/0.5 mL Syringe	2 ML per 30 days
Aranesp (polysorbate) 100 mcg/mL Injection	4 ML per 30 days
Aranesp (polysorbate) 150 mcg/0.3 mL Syringe	1 ML per 30 days
Aranesp (polysorbate) 200 mcg/0.4 mL Syringe	2 ML per 30 days
Aranesp (polysorbate) 200 mcg/mL Injection	4 ML per 30 days
Aranesp (polysorbate) 25 mcg/0.42 mL Syringe	3 ML per 30 days
Aranesp (polysorbate) 25 mcg/mL Injection	8 ML per 30 days
Aranesp (polysorbate) 300 mcg/0.6 mL Syringe	2 ML per 30 days
Aranesp (polysorbate) 300 mcg/mL Injection	4 ML per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

Product	Quantity Limit
Aranesp (polysorbate) 40 mcg/0.4 mL Syringe	3 ML per 30 days
Aranesp (polysorbate) 40 mcg/mL Injection	8 ML per 30 days
Aranesp (polysorbate) 500 mcg/mL Syringe	1 ML per 30 days
Aranesp (polysorbate) 60 mcg/0.3 mL Syringe	2 ML per 30 days
Aranesp (polysorbate) 60 mcg/mL Injection	8 ML per 30 days
Asmanex Twisthaler 110 mcg (30 doses)	30 GM per 25 days
Asmanex Twisthaler 220 mcg (120 doses)	58 GM per 25 days
Asmanex Twisthaler 220 mcg (14 doses) Activated	7 GM per 25 days
Asmanex Twisthaler 220 mcg (30 doses)	15 GM per 25 days
Asmanex Twisthaler 220 mcg (60 doses)	29 GM per 25 days
Astepro 0.15 % (205.5 mcg) Nasal Spray	60 ML per 25 days
Atrovent HFA 17 mcg/Actuation Aerosol Inhaler	26 GM per 25 days
AVANDAMET 2 mg-1,000 mg Tab	60 EA per 30 days
AVANDAMET 2 mg-500 mg Tab	120 EA per 30 days
AVANDAMET 4 mg-1,000 mg Tab	60 EA per 30 days
AVANDAMET 4 mg-500 mg Tab	60 EA per 30 days
Avandaryl 4 mg-1 mg Tab	60 EA per 30 days
Avandaryl 4 mg-2 mg Tab	60 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
Avandaryl 4 mg-4 mg Tab	30 EA per 30 days
Avandaryl 8 mg-2 mg Tab	30 EA per 30 days
Avandaryl 8 mg-4 mg Tab	30 EA per 30 days
Avandia 2 mg Tab	120 EA per 30 days
Avandia 4 mg Tab	60 EA per 30 days
Avandia 8 mg Tab	30 EA per 30 days
Avinza 120 mg 24 hr Cap	60 EA per 25 days
Avinza 30 mg 24 hr Cap	60 EA per 25 days
Avinza 45 mg 24 hr Cap	60 EA per 25 days
Avinza 60 mg 24 hr Cap	60 EA per 25 days
Avinza 75 mg 24 hr Cap	60 EA per 25 days
Avinza 90 mg 24 hr Cap	60 EA per 25 days
Avodart 0.5 mg Cap	30 EA per 30 days
Avonex Administration Pack 30 mcg/0.5 mL IM Kit	4 EA per 30 days
Axert 12.5 mg Tab	12 EA per 25 days
Axert 6.25 mg Tab	12 EA per 25 days
<i>azelastine 137 mcg Nasal Spray Aerosol</i>	60 ML per 25 days
Baraclude 0.05 mg/mL Oral Soln	630 ML per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

Product	Quantity Limit
Baraclude 0.5 mg Tab	30 EA per 30 days
Baraclude 1 mg Tab	30 EA per 30 days
Beconase AQ 42 mcg (0.042 %) Nasal Spray	50 GM per 25 days
<i>benazepril-hydrochlorothiazide 10 mg-12.5 mg Tab</i>	240 EA per 30 days
<i>benazepril-hydrochlorothiazide 20 mg-12.5 mg Tab</i>	120 EA per 30 days
<i>benazepril-hydrochlorothiazide 20 mg-25 mg Tab</i>	120 EA per 30 days
<i>benazepril-hydrochlorothiazide 5 mg-6.25 mg Tab</i>	480 EA per 30 days
Betaseron 0.3 mg Sub-Q Kit	15 EA per 30 days
BiDil 20 mg-37.5 mg Tab	180 EA per 30 days
Brovana 15 mcg/2 mL Neb Solution	120 ML per 25 days
Budeprion SR 100 mg Tab	60 EA per 30 days
Budeprion SR 150 mg Tab	60 EA per 30 days
Budeprion XL 150 mg 24 hr Tab	90 EA per 30 days
Budeprion XL 300 mg 24 hr Tab	30 EA per 30 days
<i>budesonide 0.25 mg/2 mL Neb Suspension</i>	120 ML per 25 days
<i>budesonide 0.5 mg/2 mL Neb Suspension</i>	120 ML per 25 days
Buproban 150 mg Tab	62 EA per 31 days
<i>bupropion HCl SR 100 mg Tab</i>	60 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
<i>bupropion HCl SR 150 mg Tab</i>	62 EA per 31 days
<i>bupropion HCl SR 200 mg Tab</i>	60 EA per 30 days
<i>butorphanol tartrate 10 mg/mL Nasal Spray</i>	9 ML per 25 days
Byetta 10 mcg/0.04 mL per dose Sub-Q Pen Injector	2 ML per 30 days
Byetta 5 mcg/0.02 mL per dose Sub-Q Pen Injector	2 ML per 30 days
Caduet 10 mg-10 mg Tab	30 EA per 30 days
Caduet 10 mg-20 mg Tab	30 EA per 30 days
Caduet 10 mg-40 mg Tab	30 EA per 30 days
Caduet 10 mg-80 mg Tab	30 EA per 30 days
Caduet 2.5 mg-10 mg Tab	30 EA per 30 days
Caduet 2.5 mg-20 mg Tab	30 EA per 30 days
Caduet 2.5 mg-40 mg Tab	30 EA per 30 days
Caduet 5 mg-10 mg Tab	30 EA per 30 days
Caduet 5 mg-20 mg Tab	30 EA per 30 days
Caduet 5 mg-40 mg Tab	30 EA per 30 days
Caduet 5 mg-80 mg Tab	30 EA per 30 days
<i>calcitonin (salmon) 200 unit/Actuation Nasal Spray</i>	4 ML per 28 days
Campral Dose Pak 333 mg Tabs	180 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>captopril-hydrochlorothiazide 25 mg-15 mg Tab</i>	30 EA per 30 days
<i>captopril-hydrochlorothiazide 25 mg-25 mg Tab</i>	30 EA per 30 days
<i>captopril-hydrochlorothiazide 50 mg-15 mg Tab</i>	30 EA per 30 days
<i>captopril-hydrochlorothiazide 50 mg-25 mg Tab</i>	90 EA per 30 days
Cayston 75 mg/mL Neb Solution	84 ML per 28 days
Celebrex 100 mg Cap	60 EA per 30 days
Celebrex 200 mg Cap	60 EA per 30 days
Celebrex 400 mg Cap	60 EA per 30 days
Celebrex 50 mg Cap	60 EA per 30 days
Cesamet 1 mg Cap	60 EA per 25 days
Chantix 0.5 mg Tab	60 EA per 30 days
Chantix 1 mg Tab	60 EA per 30 days
Chantix Starting Month Pak 0.5 mg (11)-1 mg (3x14)	53 EA per 28 days
<i>chlorpropamide 100 mg Tab</i>	210 EA per 30 days
<i>chlorpropamide 250 mg Tab</i>	90 EA per 30 days
<i>citalopram 10 mg Tab</i>	60 EA per 30 days
<i>citalopram 20 mg Tab</i>	90 EA per 30 days
<i>citalopram 40 mg Tab</i>	30 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
Clarinet 2.5 mg Tab, Rapid Dissolve	30 EA per 30 days
Clarinet 5 mg Tab	30 EA per 30 days
Clarinet 5 mg Tab, Rapid Dissolve	30 EA per 30 days
Clarinet-D 12 HOUR 2.5 mg-120 mg Tab	60 EA per 30 days
Clarinet-D 24 HOUR 5 mg-240 mg Tab	30 EA per 30 days
Coartem 20 mg-120 mg Tab	24 EA per 31 days
Colcrys 0.6 mg Tab	120 EA per 30 days
Combivent 18 mcg-103 mcg/Actuation Aerosol Inhaler	30 GM per 25 days
Copaxone 20 mg Sub-Q Kit	30 EA per 30 days
Crestor 10 mg Tab	30 EA per 30 days
Crestor 20 mg Tab	30 EA per 30 days
Crestor 40 mg Tab	30 EA per 30 days
Crestor 5 mg Tab	30 EA per 30 days
<i>cromolyn 20 mg/2 mL Neb Solution</i>	240 ML per 25 days
Cymbalta 20 mg Cap	60 EA per 30 days
Cymbalta 30 mg Cap	60 EA per 30 days
Cymbalta 60 mg Cap	30 EA per 30 days
Detrol 1 mg Tab	60 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
Detrol 2 mg Tab	60 EA per 30 days
Detrol LA 2 mg 24 hr Cap	30 EA per 30 days
Detrol LA 4 mg 24 hr Cap	30 EA per 30 days
Diovan 160 mg Tab	60 EA per 30 days
Diovan 320 mg Tab	30 EA per 30 days
Diovan 40 mg Tab	60 EA per 30 days
Diovan 80 mg Tab	60 EA per 30 days
Diovan HCT 160 mg-12.5 mg Tab	30 EA per 30 days
Diovan HCT 160 mg-25 mg Tab	30 EA per 30 days
Diovan HCT 320 mg-12.5 mg Tab	30 EA per 30 days
Diovan HCT 320 mg-25 mg Tab	30 EA per 30 days
Diovan HCT 80 mg-12.5 mg Tab	30 EA per 30 days
<i>doxazosin 1 mg Tab</i>	60 EA per 30 days
<i>doxazosin 2 mg Tab</i>	60 EA per 30 days
<i>doxazosin 4 mg Tab</i>	60 EA per 30 days
<i>doxazosin 8 mg Tab</i>	60 EA per 30 days
<i>dronabinol 10 mg Cap</i>	60 EA per 25 days
<i>dronabinol 2.5 mg Cap</i>	60 EA per 25 days

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<b>Product</b>	<b>Quantity Limit</b>
<i>dronabinol 5 mg Cap</i>	60 EA per 25 days
DUETACT 30 mg-2 mg Tab	30 EA per 30 days
DUETACT 30 mg-4 mg Tab	30 EA per 30 days
Dulera 100 mcg-5 mcg/Actuation HFA Aerosol Inhaler	13 GM per 30 days
Dulera 200 mcg-5 mcg/Actuation HFA Aerosol Inhaler	13 GM per 30 days
Effient 10 mg Tab	36 EA per 31 days
Effient 5 mg Tab	43 EA per 31 days
Embeda 100 mg-4 mg Cap	60 EA per 30 days
Embeda 20 mg-0.8 mg Cap	60 EA per 30 days
Embeda 30 mg-1.2 mg Cap	60 EA per 30 days
Embeda 50 mg-2 mg Cap	60 EA per 30 days
Embeda 60 mg-2.4 mg Cap	60 EA per 30 days
Embeda 80 mg-3.2 mg Cap	60 EA per 30 days
Emend 125 mg (1)-80 mg (1)-80 mg(1) Caps dose pack	12 EA per 30 days
Emend 125 mg Cap	2 EA per 25 days
Emend 40 mg Cap	1 EA per 30 days
Emend 80 mg Cap	4 EA per 25 days
Emsam 12 mg/24 hr Transderm 24 hr Patch	30 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
Emsam 6 mg/24 hr Transderm 24 hr Patch	30 EA per 30 days
Emsam 9 mg/24 hr Transderm 24 hr Patch	30 EA per 30 days
Enablex 15 mg 24 hr Tab	30 EA per 30 days
Enablex 7.5 mg 24 hr Tab	30 EA per 30 days
<i>enalapril-hydrochlorothiazide 10 mg-25 mg Tab</i>	60 EA per 30 days
<i>enalapril-hydrochlorothiazide 5 mg-12.5 mg Tab</i>	30 EA per 30 days
Enbrel 25 mg Sub-Q Kit	200 MG per 30 days
Enbrel 25 mg/0.5 mL (0.51 mL) Sub-Q Syringe	200 MG per 30 days
Enbrel 50 mg/mL (0.98 mL) Sub-Q Syringe	200 MG per 30 days
Epogen 2,000 unit/mL Injection	12 ML per 30 days
Epogen 20,000 unit/2 mL Injection	12 ML per 30 days
Epogen 20,000 unit/mL Injection	12 ML per 30 days
Epogen 3,000 unit/mL Injection	12 ML per 30 days
Epogen 4,000 unit/mL Injection	12 ML per 30 days
Evista 60 mg Tab	30 EA per 30 days
Exelon 4.6 mg/24 hour Transderm 24 hr Patch	30 EA per 30 days
Exelon 9.5 mg/24 hour Transderm 24 hr Patch	30 EA per 30 days
Exforge 10 mg-160 mg Tab	30 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
Exforge 10 mg-320 mg Tab	30 EA per 30 days
Exforge 5 mg-160 mg Tab	30 EA per 30 days
Exforge 5 mg-320 mg Tab	30 EA per 30 days
Exforge HCT 10 mg-160 mg-12.5 mg Tab	90 EA per 90 days
Fanapt 1 mg Tab	30 EA per 30 days
Fanapt 10 mg Tab	30 EA per 30 days
Fanapt 12 mg Tab	30 EA per 30 days
Fanapt 2 mg Tab	30 EA per 30 days
Fanapt 4 mg Tab	30 EA per 30 days
Fanapt 6 mg Tab	30 EA per 30 days
Fanapt 8 mg Tab	30 EA per 30 days
<i>fentanyl 1,200 mcg Lozenge on a Handle</i>	120 EA per 25 days
<i>fentanyl 1,600 mcg Lozenge on a Handle</i>	120 EA per 25 days
<i>fentanyl 100 mcg/hr Transderm Patch</i>	10 EA per 25 days
<i>fentanyl 12 mcg/hr Transderm Patch</i>	10 EA per 25 days
<i>fentanyl 200 mcg Lozenge on a Handle</i>	120 EA per 25 days
<i>fentanyl 25 mcg/hr Transderm Patch</i>	10 EA per 25 days
<i>fentanyl 400 mcg Lozenge on a Handle</i>	120 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>fentanyl 50 mcg/hr Transderm Patch</i>	10 EA per 25 days
<i>fentanyl 600 mcg Lozenge on a Handle</i>	120 EA per 25 days
<i>fentanyl 75 mcg/hr Transderm Patch</i>	10 EA per 25 days
<i>fentanyl 800 mcg Lozenge on a Handle</i>	120 EA per 25 days
Fentora 100 mcg Buccal Tab, Effervescent	120 EA per 25 days
Fentora 200 mcg Buccal Tab, Effervescent	120 EA per 25 days
Fentora 400 mcg Buccal Tab, Effervescent	120 EA per 25 days
Fentora 600 mcg Buccal Tab, Effervescent	120 EA per 25 days
Fentora 800 mcg Buccal Tab, Effervescent	120 EA per 25 days
<i>fexofenadine 180 mg Tab</i>	30 EA per 30 days
<i>fexofenadine 30 mg Tab</i>	60 EA per 30 days
<i>fexofenadine 60 mg Tab</i>	60 EA per 30 days
<i>finasteride 5 mg Tab</i>	30 EA per 30 days
Flovent Diskus 100 mcg/Actuation for Inhalation	120 EA per 25 days
Flovent Diskus 250 mcg/Actuation for Inhalation	120 EA per 25 days
Flovent Diskus 50 mcg/Actuation for Inhalation	120 EA per 25 days
Flovent HFA 110 mcg/Actuation Aerosol Inhaler	24 GM per 25 days
Flovent HFA 220 mcg/Actuation Aerosol Inhaler	24 GM per 25 days

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<b>Product</b>	<b>Quantity Limit</b>
Flovent HFA 44 mcg/Actuation Aerosol Inhaler	24 GM per 25 days
<i>flunisolide 25 mcg (0.025 %) Nasal Spray</i>	50 ML per 25 days
<i>fluoxetine 10 mg Cap</i>	240 EA per 30 days
<i>fluoxetine 10 mg Tab</i>	240 EA per 30 days
<i>fluoxetine 20 mg Cap</i>	120 EA per 30 days
<i>fluoxetine 20 mg Tab</i>	120 EA per 30 days
<i>fluoxetine 40 mg Cap</i>	60 EA per 30 days
<i>fluoxetine 90 mg Cap, Delayed Release</i>	4 EA per 28 days
<i>fluticasone 50 mcg/Actuation Nasal Spray, Susp</i>	16 GM per 25 days
<i>fluvoxamine 100 mg Tab</i>	90 EA per 30 days
<i>fluvoxamine 25 mg Tab</i>	90 EA per 30 days
<i>fluvoxamine 50 mg Tab</i>	90 EA per 30 days
Foradil Aerolizer 12 mcg inhalation Caps	60 EA per 25 days
Fortamet 1,000 mg 24 hr Tab Ctrl Rel	60 EA per 30 days
Fortamet 500 mg 24 hr Tab Ctrl Rel	150 EA per 30 days
Forteo 20 mcg/dose (600 mcg/2.4 mL) Sub-Q Pen Injector	2 ML per 30 days
FORTICAL 200 unit/Actuation Nasal Spray Aerosol	4 ML per 28 days
<i>fosinopril-hydrochlorothiazide 10 mg-12.5 mg Tab</i>	30 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>fosinopril-hydrochlorothiazide 20 mg-12.5 mg Tab</i>	120 EA per 30 days
Frova 2.5 mg Tab	18 EA per 25 days
<i>gabapentin 100 mg Cap</i>	1080 EA per 25 days
<i>gabapentin 250 mg/5 mL Oral Soln</i>	2350 ML per 25 days
<i>gabapentin 300 mg Cap</i>	360 EA per 25 days
<i>gabapentin 400 mg Cap</i>	270 EA per 25 days
<i>gabapentin 600 mg Tab</i>	180 EA per 25 days
<i>gabapentin 800 mg Tab</i>	120 EA per 25 days
<i>galantamine 12 mg Tab</i>	60 EA per 30 days
<i>galantamine 4 mg Tab</i>	60 EA per 30 days
<i>galantamine 8 mg Tab</i>	60 EA per 30 days
<i>galantamine ER 16 mg 24 hr Cap</i>	30 EA per 30 days
<i>galantamine ER 24 mg 24 hr Cap</i>	30 EA per 30 days
<i>galantamine ER 8 mg 24 hr Cap</i>	30 EA per 30 days
Geodon 20 mg Cap	60 EA per 30 days
Geodon 40 mg Cap	60 EA per 30 days
Geodon 60 mg Cap	60 EA per 30 days
Geodon 80 mg Cap	60 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
<i>glimepiride 1 mg Tab</i>	240 EA per 30 days
<i>glimepiride 2 mg Tab</i>	120 EA per 30 days
<i>glimepiride 4 mg Tab</i>	60 EA per 30 days
<i>glipizide 10 mg Tab</i>	120 EA per 30 days
<i>glipizide 5 mg Tab</i>	240 EA per 30 days
<i>glipizide ER 10 mg 24 hour Tab</i>	60 EA per 30 days
<i>glipizide ER 2.5 mg 24 hour Tab</i>	240 EA per 30 days
<i>glipizide ER 5 mg 24 hour Tab</i>	120 EA per 30 days
<i>glipizide-metformin 2.5 mg-250 mg Tab</i>	240 EA per 30 days
<i>glipizide-metformin 2.5 mg-500 mg Tab</i>	120 EA per 30 days
<i>glipizide-metformin 5 mg-500 mg Tab</i>	120 EA per 30 days
Glumetza 500 mg 24 hr Tab	120 EA per 30 days
<i>glyburide 1.25 mg Tab</i>	480 EA per 30 days
<i>glyburide 2.5 mg Tab</i>	240 EA per 30 days
<i>glyburide 5 mg Tab</i>	120 EA per 30 days
<i>glyburide micronized 1.5 mg Tab</i>	240 EA per 30 days
<i>glyburide micronized 3 mg Tab</i>	120 EA per 30 days
<i>glyburide micronized 6 mg Tab</i>	60 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>glyburide-metformin 1.25 mg-250 mg Tab</i>	240 EA per 30 days
<i>glyburide-metformin 2.5 mg-500 mg Tab</i>	120 EA per 30 days
<i>glyburide-metformin 5 mg-500 mg Tab</i>	120 EA per 30 days
Glycron 1.5 mg Tab	240 EA per 30 days
Glycron 3 mg Tab	120 EA per 30 days
Glycron 4.5 mg Tab	60 EA per 30 days
Glycron 6 mg Tab	60 EA per 30 days
<i>granisetron 1 mg Tab</i>	60 EA per 30 days
<i>granisetron 1 mg/mL (1 mL) IV</i>	14 ML per 30 days
Hepsera 10 mg Tab	30 EA per 30 days
Humira 20 mg/0.4 mL Sub-Q Kit	1 EA per 30 days
Humira 40 mg/0.8 mL Sub-Q Kit	2 EA per 28 days
Imitrex 20 mg/Actuation Nasal Spray	12 EA per 25 days
Imitrex 5 mg/Actuation Nasal Spray	12 EA per 25 days
Imitrex STATdose Kit Refill 4 mg/0.5 mL SubQ Kit, refill	4 EA per 25 days
Imitrex STATdose Kit Refill 6 mg/0.5 mL SubQ Kit, refill	4 EA per 25 days
Invega 1.5 mg 24 hr Tab	30 EA per 30 days
Invega 3 mg 24 hr Tab	30 EA per 30 days

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<b>Product</b>	<b>Quantity Limit</b>
Invega 6 mg 24 hr Tab	60 EA per 30 days
Invega 9 mg 24 hr Tab	30 EA per 30 days
<i>ipratropium bromide 0.02 % Soln for Inhalation</i>	315 ML per 25 days
<i>ipratropium-albuterol 0.5 mg-2.5 mg/3 mL Neb Soln</i>	540 ML per 25 days
Jalyn 0.5 mg-0.4 mg 24 hr Cap	30 EA per 25 days
Janumet 50 mg-1,000 mg Tab	60 EA per 30 days
Janumet 50 mg-500 mg Tab	60 EA per 30 days
Januvia 100 mg Tab	30 EA per 30 days
Januvia 25 mg Tab	30 EA per 30 days
Januvia 50 mg Tab	30 EA per 30 days
Kadian 10 mg Cap	60 EA per 25 days
Kadian 100 mg Cap	60 EA per 25 days
Kadian 20 mg Cap	60 EA per 25 days
Kadian 200 mg Cap	60 EA per 25 days
Kadian 30 mg Cap	60 EA per 25 days
Kadian 50 mg Cap	60 EA per 25 days
Kadian 60 mg Cap	60 EA per 25 days
Kadian 80 mg Cap	60 EA per 25 days

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<b>Product</b>	<b>Quantity Limit</b>
KETEK 300 mg Tab	20 EA per 30 days
KETEK 400 mg Tab	20 EA per 30 days
<i>ketorolac 10 mg Tab</i>	20 EA per 25 days
<i>lansoprazole 15 mg Cap, Delayed Release</i>	60 EA per 30 days
<i>lansoprazole 30 mg Cap, Delayed Release</i>	60 EA per 30 days
Latuda 40 mg Tab	90 EA per 30 days
Latuda 80 mg Tab	30 EA per 30 days
<i>leflunomide 10 mg Tab</i>	30 EA per 30 days
Letairis 10 mg Tab	30 EA per 30 days
Letairis 5 mg Tab	30 EA per 30 days
<i>levalbuterol 1.25 mg/0.5 mL Neb Solution</i>	180 EA per 25 days
Lexapro 10 mg Tab	30 EA per 30 days
Lexapro 20 mg Tab	30 EA per 30 days
Lexapro 5 mg Tab	30 EA per 30 days
Lipitor 10 mg Tab	30 EA per 30 days
Lipitor 20 mg Tab	30 EA per 30 days
Lipitor 40 mg Tab	30 EA per 30 days
Lipitor 80 mg Tab	30 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>lisinopril-hydrochlorothiazide 10 mg-12.5 mg Tab</i>	30 EA per 30 days
<i>lisinopril-hydrochlorothiazide 20 mg-12.5 mg Tab</i>	30 EA per 30 days
<i>lisinopril-hydrochlorothiazide 20 mg-25 mg Tab</i>	120 EA per 30 days
Livalo 1 mg Tab	30 EA per 30 days
Livalo 2 mg Tab	30 EA per 30 days
Livalo 4 mg Tab	30 EA per 30 days
<i>losartan 100 mg Tab</i>	30 EA per 30 days
<i>losartan 25 mg Tab</i>	30 EA per 30 days
<i>losartan 50 mg Tab</i>	30 EA per 30 days
<i>losartan-hydrochlorothiazide 100 mg-12.5 mg Tab</i>	30 EA per 30 days
<i>losartan-hydrochlorothiazide 100 mg-25 mg Tab</i>	30 EA per 30 days
<i>losartan-hydrochlorothiazide 50 mg-12.5 mg Tab</i>	30 EA per 30 days
Lotronex 0.5 mg Tab	60 EA per 30 days
Lotronex 1 mg Tab	60 EA per 30 days
lovastatin 10 mg Tab	30 EA per 30 days
lovastatin 20 mg Tab	60 EA per 30 days
lovastatin 40 mg Tab	60 EA per 30 days
Lyricea 100 mg Cap	120 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Lyrica 150 mg Cap	120 EA per 25 days
Lyrica 200 mg Cap	120 EA per 25 days
Lyrica 225 mg Cap	120 EA per 25 days
Lyrica 25 mg Cap	120 EA per 25 days
Lyrica 300 mg Cap	60 EA per 25 days
Lyrica 50 mg Cap	120 EA per 25 days
Lyrica 75 mg Cap	120 EA per 25 days
Maxair Autohaler 200 mcg/Inhalation	14 GM per 25 days
Maxalt 10 mg Tab	12 EA per 25 days
Maxalt 5 mg Tab	12 EA per 25 days
Maxalt-MLT 10 mg Tab, Rapid Dissolve	12 EA per 25 days
Maxalt-MLT 5 mg Tab, Rapid Dissolve	12 EA per 25 days
<i>metformin 1,000 mg Tab</i>	60 EA per 30 days
<i>metformin 500 mg Tab</i>	150 EA per 30 days
<i>metformin 850 mg Tab</i>	90 EA per 30 days
<i>metformin ER 500 mg 24 hr Tab</i>	120 EA per 30 days
<i>metformin ER 750 mg 24 hr Tab</i>	60 EA per 30 days
<i>methadone 10 mg Tab</i>	240 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>methadone 5 mg Tab</i>	240 EA per 25 days
Methadose 10 mg Tab	240 EA per 25 days
Methadose 5 mg Tab	240 EA per 25 days
Micardis 20 mg Tab	30 EA per 30 days
Micardis 40 mg Tab	30 EA per 30 days
Micardis 80 mg Tab	30 EA per 30 days
Micardis HCT 40 mg-12.5 mg Tab	30 EA per 30 days
Micardis HCT 80 mg-12.5 mg Tab	30 EA per 30 days
Micardis HCT 80 mg-25 mg Tab	30 EA per 30 days
Migranal 0.5 mg/pump Actuation Nasal Spray	8 ML per 25 days
<i>mirtazapine 15 mg Tab</i>	30 EA per 30 days
<i>mirtazapine 15 mg Tab, Rapid Dissolve</i>	30 EA per 30 days
<i>mirtazapine 30 mg Tab</i>	30 EA per 30 days
<i>mirtazapine 30 mg Tab, Rapid Dissolve</i>	30 EA per 30 days
<i>mirtazapine 45 mg Tab</i>	30 EA per 30 days
<i>mirtazapine 45 mg Tab, Rapid Dissolve</i>	30 EA per 30 days
<i>mirtazapine 7.5 mg Tab</i>	30 EA per 30 days
<i>moexipril-hydrochlorothiazide 15 mg-12.5 mg Tab</i>	30 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>moexipril-hydrochlorothiazide 15 mg-25 mg Tab</i>	60 EA per 30 days
<i>moexipril-hydrochlorothiazide 7.5 mg-12.5 mg Tab</i>	30 EA per 30 days
<i>morphine ER 100 mg Tab</i>	90 EA per 25 days
<i>morphine ER 15 mg Tab</i>	90 EA per 25 days
<i>morphine ER 200 mg Tab</i>	60 EA per 25 days
<i>morphine ER 30 mg Tab</i>	90 EA per 25 days
<i>morphine ER 60 mg Tab</i>	90 EA per 25 days
Mozobil 24 mg/1.2 mL (20 mg/mL) Sub-Q	2 ML per 30 days
Namenda 10 mg Tab	60 EA per 30 days
Namenda 5 mg Tab	90 EA per 30 days
<i>naratriptan 1 mg Tab</i>	9 EA per 25 days
<i>naratriptan 2.5 mg Tab</i>	9 EA per 25 days
Nasacort AQ 55 mcg Nasal Spray Aerosol	17 GM per 25 days
Nasonex 50 mcg/Actuation Spray	34 GM per 25 days
<i>nateglinide 120 mg Tab</i>	90 EA per 30 days
<i>nateglinide 60 mg Tab</i>	90 EA per 30 days
<i>nefazodone 100 mg Tab</i>	60 EA per 30 days
<i>nefazodone 150 mg Tab</i>	60 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>nefazodone 200 mg Tab</i>	60 EA per 30 days
<i>nefazodone 250 mg Tab</i>	60 EA per 30 days
<i>nefazodone 50 mg Tab</i>	60 EA per 30 days
Neulasta 6 mg/0.6 mL Sub-Q Syringe	1 ML per 30 days
Neumega 5 mg Sub-Q Soln	21 EA per 30 days
Neupogen 300 mcg/0.5 mL Syringe	7 ML per 30 days
Nexavar 200 mg Tab	124 EA per 31 days
Nexium 20 mg Cap	31 EA per 31 days
Nexium 40 mg Cap	31 EA per 31 days
Nexium Packet 10 mg Oral Susp	31 EA per 31 days
Nexium Packet 20 mg Oral Susp	31 EA per 31 days
Nexium Packet 40 mg Oral Susp	31 EA per 31 days
Nicotrol 10 mg Inhalation Cartridge	174 EA per 31 days
Nicotrol NS 10 mg/mL Nasal Spray	30 ML per 30 days
Nucynta 100 mg Tab	180 EA per 30 days
Nucynta 50 mg Tab	180 EA per 30 days
Nucynta 75 mg Tab	180 EA per 30 days
Nuvigil 150 mg Tab	31 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Nuvigil 250 mg Tab	31 EA per 30 days
Nuvigil 50 mg Tab	31 EA per 30 days
<i>omeprazole 10 mg Cap, Delayed Release</i>	60 EA per 30 days
<i>omeprazole 40 mg Cap, Delayed Release</i>	30 EA per 30 days
Omnaris 50 mcg Nasal Spray	13 GM per 25 days
<i>ondansetron 4 mg Tab, Rapid Dissolve</i>	45 EA per 30 days
<i>ondansetron 8 mg Tab, Rapid Dissolve</i>	45 EA per 30 days
<i>ondansetron HCl 24 mg Tab</i>	7 EA per 30 days
<i>ondansetron HCl 4 mg Tab</i>	45 EA per 30 days
<i>ondansetron HCl 8 mg Tab</i>	45 EA per 30 days
Onglyza 2.5 mg Tab	30 EA per 30 days
Onglyza 5 mg Tab	30 EA per 30 days
Opana ER 10 mg 12 hr Tab	120 EA per 25 days
Opana ER 20 mg 12 hr Tab	120 EA per 25 days
Opana ER 30 mg 12 hr Tab	120 EA per 25 days
Opana ER 40 mg 12 hr Tab	120 EA per 25 days
Opana ER 5 mg 12 hr Tab	120 EA per 25 days
Oramorph SR 100 mg Tab	90 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Oramorph SR 15 mg Tab	90 EA per 25 days
Oramorph SR 30 mg Tab	90 EA per 25 days
Oramorph SR 60 mg Tab	90 EA per 25 days
<i>oxybutynin chloride ER 10 mg 24 hr Tab</i>	60 EA per 30 days
<i>oxybutynin chloride ER 15 mg 24 hr Tab</i>	60 EA per 30 days
<i>oxybutynin chloride ER 5 mg 24 hr Tab</i>	30 EA per 30 days
OxyContin 10 mg 12 hr Tab	120 EA per 25 days
OxyContin 15 mg 12 hr Tab	120 EA per 25 days
OxyContin 20 mg 12 hr Tab	120 EA per 25 days
OxyContin 30 mg 12 hr Tab	120 EA per 25 days
OxyContin 40 mg 12 hr Tab	120 EA per 25 days
OxyContin 60 mg 12 hr Tab	120 EA per 25 days
OxyContin 80 mg 12 hr Tab	120 EA per 25 days
<i>paroxetine 20 mg Tab</i>	30 EA per 30 days
<i>paroxetine 30 mg Tab</i>	60 EA per 30 days
<i>paroxetine 40 mg Tab</i>	30 EA per 30 days
<i>paroxetine ER 12.5 mg 24 hr Tab</i>	60 EA per 30 days
<i>paroxetine ER 25 mg 24 hr Tab</i>	90 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Pegasys 180 mcg/mL Sub-Q	4 ML per 30 days
Pegasys Convenience Pack 180 mcg/0.5 mL Sub-Q Kit	2 EA per 28 days
PegIntron 50 mcg/0.5 mL Sub-Q Kit	4 EA per 30 days
PegIntron Redipen 120 mcg/0.5 mL SubQ Kit	4 EA per 30 days
PegIntron Redipen 150 mcg/0.5 mL SubQ Kit	4 EA per 30 days
PegIntron Redipen 50 mcg/0.5 mL SubQ Kit	4 EA per 30 days
PegIntron Redipen 80 mcg/0.5 mL SubQ Kit	4 EA per 30 days
Perforomist 20 mcg/2 mL Neb Solution	120 ML per 25 days
Pradaxa 150 mg Cap	60 EA per 30 days
Pradaxa 75 mg Cap	60 EA per 30 days
Prandin 0.5 mg Tab	120 EA per 30 days
Prandin 1 mg Tab	120 EA per 30 days
Prandin 2 mg Tab	240 EA per 30 days
<i>pravastatin 10 mg Tab</i>	30 EA per 30 days
<i>pravastatin 20 mg Tab</i>	30 EA per 30 days
<i>pravastatin 40 mg Tab</i>	60 EA per 30 days
<i>pravastatin 80 mg Tab</i>	30 EA per 30 days
<i>prazosin 1 mg Cap</i>	120 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>prazosin 2 mg Cap</i>	120 EA per 30 days
<i>prazosin 5 mg Cap</i>	120 EA per 30 days
Pristiq 100 mg 24 hr Tab	30 EA per 30 days
Pristiq 50 mg 24 hr Tab	30 EA per 30 days
ProAir HFA 90 mcg/Actuation Aerosol Inhaler	18 GM per 25 days
Procrit 10,000 unit/mL Injection	12 ML per 30 days
Procrit 2,000 unit/mL Injection	12 ML per 30 days
Procrit 20,000 unit/mL Injection	12 ML per 30 days
Procrit 3,000 unit/mL Injection	12 ML per 30 days
Procrit 4,000 unit/mL Injection	12 ML per 30 days
Procrit 40,000 unit/mL Injection	12 ML per 30 days
Promacta 25 mg Tab	90 EA per 30 days
Promacta 50 mg Tab	30 EA per 30 days
Proventil HFA 90 mcg/Actuation Aerosol Inhaler	14 GM per 25 days
Provigil 100 mg Tab	31 EA per 31 days
Provigil 200 mg Tab	31 EA per 31 days
Pulmicort 1 mg/2 mL Neb Suspension	60 ML per 25 days
Pulmicort Flexhaler 180 mcg/Inhalation	2 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

Product	Quantity Limit
Pulmicort Flexhaler 90 mcg/Inhalation	4 EA per 25 days
Qvar 40 mcg/Actuation Aerosol Inhaler	24 GM per 25 days
Qvar 80 mcg/Actuation Aerosol Inhaler	24 GM per 25 days
Rebif 22 mcg/0.5 mL Sub-Q Syringe	6 ML per 30 days
Rebif 44 mcg/0.5 mL Sub-Q Syringe	6 ML per 30 days
Relpax 20 mg Tab	12 EA per 25 days
Relpax 40 mg Tab	12 EA per 25 days
Revatio 20 mg Tab	90 EA per 30 days
Rhinocort Aqua 32 mcg/Actuation Nasal Spray	18 GM per 25 days
RIOMET 500 mg/5 mL Oral Soln	750 ML per 30 days
<i>risperidone 0.25 mg Tab</i>	60 EA per 30 days
<i>risperidone 0.25 mg Tab, Rapid Dissolve</i>	60 EA per 30 days
<i>risperidone 0.5 mg Tab</i>	60 EA per 30 days
<i>risperidone 0.5 mg Tab, Rapid Dissolve</i>	60 EA per 30 days
<i>risperidone 1 mg Tab</i>	60 EA per 30 days
<i>risperidone 1 mg Tab, Rapid Dissolve</i>	60 EA per 30 days
<i>risperidone 2 mg Tab</i>	60 EA per 30 days
<i>risperidone 2 mg Tab, Rapid Dissolve</i>	60 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
<i>risperidone 3 mg Tab</i>	60 EA per 30 days
<i>risperidone 3 mg Tab, Rapid Dissolve</i>	60 EA per 30 days
<i>risperidone 4 mg Tab</i>	60 EA per 30 days
<i>risperidone 4 mg Tab, Rapid Dissolve</i>	60 EA per 30 days
Sancuso 3.1 mg/24 hour Transderm Patch	2 EA per 15 days
Saphris 10 mg Sublingual Tab	62 EA per 31 days
Saphris 5 mg Sublingual Tab	62 EA per 31 days
Serevent Diskus 50 mcg/dose for Inhalation	60 EA per 25 days
Seroquel 100 mg Tab	90 EA per 30 days
Seroquel 200 mg Tab	90 EA per 30 days
Seroquel 25 mg Tab	60 EA per 30 days
Seroquel 300 mg Tab	60 EA per 30 days
Seroquel 400 mg Tab	60 EA per 30 days
Seroquel 50 mg Tab	90 EA per 30 days
Seroquel XR 150 mg 24 hr Tab	60 EA per 30 days
Seroquel XR 200 mg 24 hr Tab	90 EA per 30 days
Seroquel XR 300 mg 24 hr Tab	60 EA per 30 days
Seroquel XR 400 mg 24 hr Tab	60 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Seroquel XR 50 mg 24 hr Tab	90 EA per 30 days
<i>sertraline 100 mg Tab</i>	60 EA per 30 days
<i>sertraline 25 mg Tab</i>	60 EA per 30 days
<i>sertraline 50 mg Tab</i>	90 EA per 30 days
Silenor 3 mg Tab	31 EA per 31 days
Silenor 6 mg Tab	31 EA per 31 days
Simcor 500 mg-20 mg 24 hr Tab	60 EA per 30 days
Simcor 750 mg-20 mg 24 hr Tab	60 EA per 30 days
<i>simvastatin 10 mg Tab</i>	30 EA per 30 days
<i>simvastatin 20 mg Tab</i>	30 EA per 30 days
<i>simvastatin 40 mg Tab</i>	30 EA per 30 days
<i>simvastatin 5 mg Tab</i>	30 EA per 30 days
<i>simvastatin 80 mg Tab</i>	30 EA per 30 days
Singulair 10 mg Tab	30 EA per 30 days
Singulair 4 mg Chewable Tab	30 EA per 30 days
Singulair 4 mg Oral Granules in Packet	30 EA per 30 days
Singulair 5 mg Chewable Tab	30 EA per 30 days
Skelid 240 mg Tab	62 EA per 31 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
SOMAVERT 10 mg Sub-Q Soln	30 EA per 30 days
SOMAVERT 15 mg Sub-Q Soln	30 EA per 30 days
SOMAVERT 20 mg Sub-Q Soln	30 EA per 30 days
Spiriva with HandiHaler 18 mcg & inhalation Caps	30 EA per 25 days
Sprycel 100 mg Tab	60 EA per 30 days
Sprycel 140 mg Tab	60 EA per 30 days
Sprycel 20 mg Tab	120 EA per 30 days
Sprycel 50 mg Tab	60 EA per 30 days
Sprycel 70 mg Tab	60 EA per 30 days
Sprycel 80 mg Tab	60 EA per 30 days
Stelara 45 mg/0.5 mL Sub-Q Syringe	1 ML per 28 days
Stelara 90 mg/mL Sub-Q Syringe	1 ML per 28 days
<i>sumatriptan 100 mg Tab</i>	9 EA per 25 days
<i>sumatriptan 25 mg Tab</i>	9 EA per 25 days
<i>sumatriptan 4 mg/0.5 mL Sub-Q</i>	4 ML per 25 days
<i>sumatriptan 50 mg Tab</i>	9 EA per 25 days
<i>sumatriptan 6 mg/0.5 mL Sub-Q</i>	10 ML per 25 days
Sutent 12.5 mg Cap	124 EA per 31 days

## 2012 Vantage Health Plan Quantity Limit Detail

Product	Quantity Limit
Sutent 25 mg Cap	62 EA per 31 days
Sutent 50 mg Cap	31 EA per 31 days
Symbicort 160 mcg-4.5 mcg/Actuation Inhalation HFA Aerosol Inhaler	11 GM per 25 days
Symbicort 80 mcg-4.5 mcg/Actuation Inhalation HFA Aerosol Inhaler	11 GM per 25 days
Symbyax 12 mg-25 mg Cap	30 EA per 30 days
Symbyax 12 mg-50 mg Cap	30 EA per 30 days
Symbyax 3 mg-25 mg Cap	30 EA per 30 days
Symbyax 6 mg-25 mg Cap	30 EA per 30 days
Symbyax 6 mg-50 mg Cap	30 EA per 30 days
Symlin 600 mcg/mL Sub-Q	20 ML per 30 days
SymlinPen 120 2,700 mcg/2.7 mL Sub-Q Pen Injector	11 ML per 30 days
SymlinPen 60 1,500 mcg/1.5 mL Sub-Q Pen Injector	11 ML per 30 days
Tamiflu 30 mg Cap	112 EA per 365 days
Tamiflu 45 mg Cap	56 EA per 365 days
Tamiflu 75 mg Cap	56 EA per 365 days
<i>tamsulosin ER 0.4 mg 24 hr Cap</i>	60 EA per 30 days
Tarceva 100 mg Tab	31 EA per 31 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Tarceva 150 mg Tab	31 EA per 31 days
Tarceva 25 mg Tab	62 EA per 31 days
Tekturna 150 mg Tab	30 EA per 30 days
Tekturna 300 mg Tab	30 EA per 30 days
Tekturna HCT 150 mg-12.5 mg Tab	30 EA per 30 days
Tekturna HCT 150 mg-25 mg Tab	30 EA per 30 days
Tekturna HCT 300 mg-12.5 mg Tab	30 EA per 30 days
Tekturna HCT 300 mg-25 mg Tab	30 EA per 30 days
<i>terazosin 1 mg Cap</i>	60 EA per 30 days
<i>terazosin 10 mg Cap</i>	60 EA per 30 days
<i>terazosin 2 mg Cap</i>	60 EA per 30 days
<i>terazosin 5 mg Cap</i>	60 EA per 30 days
<i>tolazamide 250 mg Tab</i>	360 EA per 30 days
<i>tolazamide 500 mg Tab</i>	180 EA per 30 days
<i>tolbutamide 500 mg Tab</i>	180 EA per 30 days
Tracleer 125 mg Tab	60 EA per 30 days
Tracleer 62.5 mg Tab	60 EA per 30 days
Treximet 85 mg-500 mg Tab	9 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Twynsta 40 mg-10 mg Tab	30 EA per 30 days
Twynsta 40 mg-5 mg Tab	30 EA per 30 days
Twynsta 80 mg-10 mg Tab	30 EA per 30 days
Twynsta 80 mg-5 mg Tab	30 EA per 30 days
Tykerb 250 mg Tab	180 EA per 30 days
Uroxatral 10 mg 24 hr Tab	30 EA per 30 days
Valturna 150 mg-160 mg Tab	30 EA per 30 days
Valturna 300 mg-320 mg Tab	30 EA per 30 days
<i>venlafaxine 100 mg Tab</i>	90 EA per 30 days
<i>venlafaxine 25 mg Tab</i>	90 EA per 30 days
<i>venlafaxine 37.5 mg Tab</i>	90 EA per 30 days
<i>venlafaxine 50 mg Tab</i>	90 EA per 30 days
<i>venlafaxine 75 mg Tab</i>	90 EA per 30 days
Ventolin HFA 90 mcg/Actuation Aerosol Inhaler	36 GM per 25 days
Veramyst 27.5 mcg/Actuation Nasal Spray	10 GM per 25 days
Vidaza 100 mg Sub-Q Soln	1400 EA per 30 days
Viibryd 10 mg Tab	30 EA per 25 days
Viibryd 20 mg Tab	30 EA per 25 days

## 2012 Vantage Health Plan Quantity Limit Detail

<b>Product</b>	<b>Quantity Limit</b>
Viibryd 40 mg Tab	30 EA per 25 days
Vimovo 375 mg-20 mg 12 hr Tab	60 EA per 30 days
Vimovo 500 mg-20 mg 12 hr Tab	60 EA per 30 days
Xifaxan 200 mg Tab	9 EA per 30 days
Xopenex 0.31 mg/3 mL Neb Solution	288 ML per 25 days
Xopenex 0.63 mg/3 mL Neb Solution	288 ML per 25 days
Xopenex 1.25 mg/3 mL Neb Solution	288 ML per 25 days
Xopenex HFA 45 mcg/Actuation Aerosol Inhaler	30 GM per 25 days
Zetia 10 mg Tab	30 EA per 30 days
Zomig 2.5 mg Tab	12 EA per 25 days
Zomig 5 mg Nasal Spray	12 EA per 25 days
Zomig 5 mg Tab	12 EA per 25 days
Zomig ZMT 2.5 mg Tab, Rapid Dissolve	12 EA per 25 days
Zomig ZMT 5 mg Tab, Rapid Dissolve	12 EA per 25 days
Zyflo CR 600 mg 12 hr Tab	120 EA per 30 days
Zyprexa 10 mg Tab	30 EA per 30 days
Zyprexa 15 mg Tab	30 EA per 30 days
Zyprexa 2.5 mg Tab	30 EA per 30 days

## 2012 Vantage Health Plan Quantity Limit Detail

Product	Quantity Limit
Zyprexa 20 mg Tab	30 EA per 30 days
Zyprexa 5 mg Tab	30 EA per 30 days
Zyprexa 7.5 mg Tab	30 EA per 30 days
Zyprexa Zydis 10 mg Tab, Rapid Dissolve	30 EA per 30 days
Zyprexa Zydis 15 mg Tab, Rapid Dissolve	30 EA per 30 days
Zyprexa Zydis 20 mg Tab, Rapid Dissolve	30 EA per 30 days
Zyprexa Zydis 5 mg Tab, Rapid Dissolve	30 EA per 30 days
Zyvox 100 mg/5 mL Oral Susp	1800 ML per 30 days
Zyvox 600 mg Tab	56 EA per 30 days