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**North Carolina  
Medicaid Pharmacy  
Newsletter**

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## N.C. Medicaid and N.C. Health Choice Preferred Drug List Changes

Effective with an estimated date of service of **May 17th, 2014**, the N.C. Division of Medical Assistance (DMA) will make changes to the N.C. Medicaid and N.C. Health Choice Preferred Drug List (PDL). Below are highlights of some of the changes that will occur:

- The prior authorization criteria will be removed from the second generation anti-convulsant class
- The use of only Spiriva® in the COPD class will be required before moving to a non-preferred agent
- Adderall XR and Adderall generics will be removed from the PDL entirely. Prior authorization will be required for these generic products.
- New classes are being added: Under CARDIOVASULAR, Sympatholytics and Combinations, under ENDROCRINOLOGY, Sodium Glucose Co-Transporter 2 (SGLT2), under OPTHALMIC, Antibiotics-Steroid Combinations, under OTIC, Anti-Infectives and Anesthetics, under TOPICALS, Antibiotics-Vaginal, and under MISCELLANEOUS, Estrogen Agent Combinations and Estrogen Agent Oral/Transdermal

In addition to the changes above, the preferred brands with non-preferred generic equivalents will be updated and are listed in the chart below:

<b>Brand Name</b>	<b>Generic Name</b>
Accolate	Zafirlukast
Adderall	Amphetamine Salt Combo
Adderall XR	Amphetamine Salt Combo ER
Alphagan P	Brimonidine
Aricept ODT	Donepezil ODT
Astelin/Astepro	Azelastine Hydrochloride
Benzaclin	Clindamycin/Benzoyl Peroxide
Cardizem LA	Diltiazem LA
Catapress-TTS	Clonidine Patches
Derma-Smoothe-FS	Fluocinolone 0.01% Oil
Differin	Adapalene
Diovan HCT	Valsartan Hydrochlorothiazide
Dovonex Cream	Calcipotriene 0.005% Cream
Diastat / Diastat Accudial	Diazepam Rectal & Rectal Device
Exelon	Rivastigmine
Gabitril	Tiagabine
Kadian ER	Morphine Sulfate ER
Gris-Peg	Griseofulvin Ultramicrosize
Lovenox	Enoxaparin
Marinol	Dronabinol
Metrogel Vaginal	Metronidazole Gel Vaginal
Opana ER	Oxymorphone ER

Pulmicort 0.25mg/2ml, 0.5mg/2ml	Budesonide 0.25mg/2ml, 0.5mg/2ml
Retin-A Micro	Tretinoin Microsphere
Singulair Granules	Montelukast Granules
Tobradex Suspension	Tobramycin/Dexamethasone Susp
Toprol XL	Metoprolol Succinate
Travatan	Travoprost
Trilipix	Fenofibric Acid
Uroxatral	Alfuzosin
Vancocin	Vancomycin
Zovirax Ointment	Acyclovir Ointment

### **Makena will be available June 1, 2014 via Point of Sale**

Makena is still available through the Physicians Drug Program (PDP) at a rate of \$2.87 per milligram. In addition, the Division of Medical Assistance (DMA) also covers the compounded product, 17P, through the PDP program. The compounding product may be unavailable soon and, in order to prevent any barrier in obtaining the product, DMA has chosen to allow Makena to be dispensed at point-of-sale (POS) starting June 1, 2014. DMA may impose a prior authorization requirement in the near future.

Makena may have limited distribution. Visit the manufacturer's web site (Ther-Rx Corp - [www.ther-rx.com/](http://www.ther-rx.com/)) or call the manufacturer (1-877-567-7676) to learn more about obtaining Makena through the PDP program or through POS.

### **New/Reinstated Labelers in the Medicaid Drug Rebate Program:**

<b>Labeler Code</b>	<b>Labeler Name</b>	<b>Optional Effective Date (for State Coverage)</b>	<b>Mandatory Effective Date (for State Coverage)</b>
23594	ZYLERA PHARMACEUTICALS, LLC	04/24/2014	07/01/2014
76299	MIST PHARMACEUTICALS, LLC	04/10/2014	07/01/2014
59212	CONCORDIA PHARMACEUTICALS, INC.	03/07/2014	07/01/2014
43975	AMERIGEN PHARMACEUTICALS, INC.	02/11/2014	07/01/2014
58181	NEXTSOURCE BIOTECHNOLOGY, LLC	01/05/2014	04/01/2014
44004	VANSEN PHARMA INC.	01/01/2014	04/01/2014
44009	VANSEN PHARMA INC.	01/01/2014	04/01/2014
10885	GALEN US INCORPORATED	11/22/2013	04/01/2014
57962	PHARMACYCLICS, INC.	11/22/2013	04/01/2014
68628	DISCOVERY LABORATORIES, INC.	11/22/2013	04/01/2014

### Terminated Labelers in the Medicaid Drug Rebate Program:

Labeler Code	Labeler Name	Effective Date
65628 (Voluntary Termination)	CutisPharma	7/1/2014
11701	Coloplast Corporation	7/1/2014
49730	Hercon Laboratories Corporation	7/1/2014
61480	Plymouth Pharmaceuticals, Inc.	7/1/2014
18754	A. AARONS, INC	4/1/2014
45809	SHIONOGI USA, INC.	4/1/2014
58178	MEDIMMUNE ONCOLOGY, INC.	4/1/2014
59060	NOVO NORDISK, INC.	4/1/2014
58177 (Voluntary Termination)	ETHEX CORPORATION	4/1/2014
59366 (Voluntary Termination)	GLADES PHARMACEUTICALS LLC	4/1/2014
66607 (Voluntary Termination)	RARE DISEASE THERAPEUTICS, INC.	4/1/2014
67707 (Voluntary Termination)	OSCIENT PHARMACEUTICALS CORPORATION	4/1/2014
68820 (Voluntary Termination)	NORTHSTAR RX LLC	4/1/2014

### 72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior authorization. ***Federal law requires that this emergency supply be available to Medicaid recipients for drugs requiring prior authorization.*** [Social Security Act, Section 1927, 42 U.S.C. 1396r-8(d)(5)(B)]. Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior authorization requirement if an emergency supply is indicated. A "3" in the Level of Service field (418-DI) should be used to indicate that the transaction is an emergency fill. ***Please Note: Co-payments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.***

### Updated Federal Upper Limit Reimbursement List

Certain drugs have been identified for which the Federal Upper Limit (FUL) reimbursement rate does not cover the cost of the drug. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. In order to receive adequate reimbursement, pharmacy providers may use the DAW1 override to override the FUL reimbursement rate for the drugs listed on the FUL list until the FUL rate has been adjusted to adequately cover the cost of the drug.

As indicated in previous communications, use of the ***DAWI*** override code is being monitored. A claim submitted for more than the State Maximum Allowable Cost (SMAC) rate on file may lead

to an identifiable overpayment. Any difference between the SMAC rate on file for the date of service and the actual rate applied to the claim (*if higher*) may be considered an overpayment and subject to recoupment.

<b>NDC</b>	<b>NAME</b>
00054302802	ACETYLCYSTEI 200 MG VIAL ROXANE
53489017701	ALBUTEROL SULF 4MG TAB MUTUAL
51672130601	ALCLOMETASONE 0.05% CREAM TARO
00832102500	BACLOFEN 20MG TABLET UPSHIRE SMITH
00378477501	BENAZAPRIL/HCTZ 20/25MG TAB MYLAN
45802002146	BETAMETH DIP 0.05 % LOT PERRIGO
00168005515	BETAMETHASONE DIP 0.05 % CRM SANDOZ
00168005546	BETAMETHASONE DIP 0.05 % CRM SANDOZ
00472037015	BETAMETHASONE VAL 0.1 % CREAM – ACTAVIS
00168004046	BETAMETHASONE VAL 0.1 % CRM SANDOZ
00168004015	BETAMETHASONE VAL 0.1% CREAM SANDOZ
64679090202	CAPTOPRIL 12.5MG TAB WOCKHARDT
51672404709	CARBAMAZEPINE 100 MG SUS TARO
60432012916	CARBAMAZEPINE 100 MG/5 ML SUSP MORTON GROVE
00185072401	CARISOPRODOL ASA 200-325MG TAB SANDOZ
00185072405	CARISOPRODOL ASA 200-325MG TAB SANDOZ
49884046565	CHOLESTYRAMINE SUCR 4 G PWD PAR
00185094098	CHOLESTYRAMINE SUCR 4 G PWD SANDOZ
00245053660	CHOLESTYRAMN 4 G PWD UPSHER SMITH
00781196160	CLARITHROMYCIN 250 MG TAB SANDOZ
00054003721	CLARITHROMYCIN 500 MG TAB ROXANE
00781196260	CLARITHROMYCIN 500 MG TAB SANDOZ
64679094901	CLARITHROMYCIN 500 MG TAB WOCKHARDT
68382076214	CLARITHROMYCIN 500 MG TAB ZYDUS
59762374301	CLINDAMY PHOS 1 % GEL GRN STONE
59762374302	CLINDAMY PHOS 1 % GEL GRN STONE
59762372802	CLINDAMY PHOS 1 % SOL GRN STONE
59762372801	CLINDAMYCIN 1 % SOLN GREENSTONE
59762374401	CLINDAMYCIN 1% LOTION GRN STONE
00168020230	CLINDAMYCIN PHOS 1 % GEL SANDOZ
00168020260	CLINDAMYCIN PHOS 1 % GEL SANDOZ
00168020360	CLINDAMYCIN PHOSP 1% LOTION SANDOZ
51672125903	CLOBETASOL 0.05 % OINT TARO
50383026715	CLOBETASOL 0.05 %CRM HI-TECH
50383026730	CLOBETASOL 0.05 %CRM HI-TECH
50383026745	CLOBETASOL 0.05 %CRM HI-TECH
50383026760	CLOBETASOL 0.05 %CRM HI-TECH

00168016215	CLOBETASOL 0.05% OINT SANDOZ
00168016230	CLOBETASOL 0.05% OINT SANDOZ
00168016246	CLOBETASOL 0.05% OINT SANDOZ
00168016260	CLOBETASOL 0.05% OINT SANDOZ
00781202701	CLOMIPRAMINE 25 MG CAPSULE SANDOZ
51672401106	CLOMIPRAMINE 25 MG CAPSULE TARO
00378305001	CLOMIPRAMINE 50 MG CAPSULE MYLAN
00781203701	CLOMIPRAMINE 50 MG CAPSULE SANDOZ
51672401305	CLOMIPRAMINE 75 MG CAP TARO
00378302501	CLOMIPRAMINE HCL 25MG CAP MYLAN
51672401105	CLOMIPRAMINE HCL 25MG CAP TARO
51672401205	CLOMIPRAMINE HCL 50 MG CAP TARO
51672401206	CLOMIPRAMINE HCL 50 MG CAP TARO
00378003001	CLORAZEPATE 3.75 MG TABLET MYLAN
51672404801	CLOTRIMAZOLE 1 %-0.05% CRM TARO
51672404806	CLOTRIMAZOLE 1 %-0.05% CRM TARO
51672130803	CLOTRIMAZOLE-BETAMETH LOT TARO
00472037915	CLOTRM BMETH 1 %-0.05% CRM ACTAVIS
00472037945	CLOTRM BMETH 1 %-0.05% CRM ACTAVIS
00168025815	CLOTRM BMETH 1 %-0.05% CRM SANDOZ
00168025846	CLOTRM BMETH 1 %-0.05% CRM SANDOZ
00168037030	CLOTRM BMETH 1 %-0.05% LOT SANDOZ
00555095302	D-AMPHET SULF 10 MG TAB BARR
00406895901	D-AMPHET SULF 10 MG TAB MALLINCKRODT
00472080460	DESONIDE 0.05 % CREAM - ACTAVIS
45802042235	DESONIDE 0.05 % CRM PERRIGO
45802042237	DESONIDE 0.05 % CRM PERRIGO
00472080302	DESONIDE 0.05 % LOT ACTAVIS
00472080304	DESONIDE 0.05 % LOT ACTAVIS
00168031002	DESONIDE 0.05 % LOT SANDOZ
00168031004	DESONIDE 0.05 % LOT SANDOZ
45802042337	DESONIDE 0.05 % OINT PERRIGO
51672128003	DESONIDE 0.05 % CRM TARO
45802042335	DESONIDE 0.05 % OINT PERRIGO
51672128001	DESONIDE 0.05% CRM 15GM TARO
51672128103	DESONIDE 0.05% OINT TARO
00591079510	DICYCLOMINE 20 MG TABLET ACTAVIS
00115981103	DIGIOXIN 0.125MG TAB GLOBAL PHARM
00527132410	DIGOX 0.125MG TAB LANNETT
00527132510	DIGOX 250MCG TABLET LANNETT
00527132401	DIGOXIN 125 MCG TAB LANNETT CO

00527132501	DIGOXIN 250 MCG TAB LANNETT CO
60505009400	DOXAZOSIN MESYLATE 2 MG TAB APOTEX
60505009500	DOXAZOSIN MESYLATE 4 MG TAB APOTEX
00378104901	DOXEPIN 10MG CAPSULE MYLAN
00378104910	DOXEPIN 10MG CAPSULE MYLAN
00378425010	DOXEPIN 50 MG CAPSULE MYLAN
00378641001	DOXEPIN HCL 100 MG CAP MYLAN
00378641010	DOXEPIN HCL 100 MG CAP MYLAN
00378425001	DOXEPIN HCL 50 MG CAP MYLAN
00378537501	DOXEPIN HCL 75 MG CAP MYLAN
00591544050	DOXY HYCLATE 100 MG CAP ACTAVIS
00904042840	DOXY HYCLATE 100 MG CAP MAJOR
00143314205	DOXY HYCLATE 100 MG CAP WEST WARD
00143314250	DOXY HYCLATE 100 MG CAP WEST WARD
00143980305	DOXY HYCLATE 100 MG CAP WEST WARD
00591555305	DOXY HYCLATE 100 MG TAB ACTAVIS
53489012002	DOXY HYCLATE 100 MG TAB MUTUAL
53489012005	DOXY HYCLATE 100 MG TAB MUTUAL
00143211205	DOXY HYCLATE 100 MG TAB WEST WARD
53489011902	DOXY HYCLATE 100MG CAP MUTUAL
53489011905	DOXY HYCLATE 100MG CAP MUTUAL
53489011802	DOXY HYCLATE 50 MG CAP MUTUAL
00143314150	DOXY HYCLATE 50 MG CAP WEST WARD
00143211250	DOXYCYCLINE HYC 100MG TAB WEST WARD
68462010430	FLUCONAZOLE 200 MG TABLET GLENMARK
00172541360	FLUCONAZOLE 200 MG TABLET IVAX
51672125301	FLUOCINONIDE 0.05 % CRM TARO
51672125302	FLUOCINONIDE 0.05 % CRM TARO
51672125303	FLUOCINONIDE 0.05 % CRM TARO
51672125304	FLUOCINONIDE 0.05 % CRM TARO
00168013460	FLUOCINONIDE 0.05 % SOL SANDOZ
51672127304	FLUOCINONIDE 0.05 % SOL TARO
00093026292	FLUOCINONIDE 0.05% CREAM TEVA
00093026330	FLUOCINONIDE E 0.05 % CRM TEVA
00093026392	FLUOCINONIDE E 0.05 % CRM TEVA
61314063305	GENTAMICIN 0.3% EYE DROP SANDOZ
45802005611	GENTAMICIN SULF 0.1% CREAM PERRIGO
00713063986	HALOBETASOL PROP 0.05 % OINT G&M LABS
51672407401	HC BUTYRATE 0.1 % CRM TARO
45802045535	HC VALERATE 0.2 % CRM PERRIGO
45802045537	HC VALERATE 0.2 % CRM PERRIGO

45802045542	HC VALERATE 0.2 % CRM PERRIGO
51672129001	HC VALERATE 0.2 % CRM TARO
51672129003	HC VALERATE 0.2 % CRM TARO
51672129006	HC VALERATE 0.2 % CRM TARO
51672129201	HC VALERATE 0.2 % OINT TARO
51672129203	HC VALERATE 0.2 % OINT TARO
51672129206	HC VALERATE 0.2 % OINT TARO
00378034701	HCTZ PROPRANOLOL 25MG /80 MG TAB MYLAN
00781100801	HCTZ TRIAM 75 MG-50MG TAB SANDOZ
00781100805	HCTZ TRIAM 75 MG-50MG TAB SANDOZ
00378135501	HCTZ TRIAM75 MG-50TABMYLA
00378135505	HCTZ TRIAM75 MG-50TABMYLA
53746046405	IBUPROFEN 400 MG TABLET AMNEAL
00781169501	ISOSORB DINI20 MG TAB SANDOZ
00781169510	ISOSORB DINI20 MG TAB SANDOZ
00591060701	LABETALOL 300 MG TAB ACTAVIS
00591060505	LABETALOL HCL 100 MG TABLET ACTAVIS
48102010101	METHAZOLAMDE 50 MG TAB FERA
00781107101	METHAZOLAMDE 50 MG TAB SANDOZ
00555057202	METHOTREXATE 2.5 MG TAB BARR
00555057235	METHOTREXATE 2.5 MG TAB BARR
00054455015	METHOTREXATE 2.5 MG TAB ROXANE
00054455025	METHOTREXATE 2.5 MG TAB ROXANE
53014053107	METHYLPHENIDATE 5MG TAB UCB
00591588301	METHYLPHN HCL 10 MG TAB ACTAVIS
57664022988	METHYLPHN HCL 10 MG TAB CARACO
00406114401	METHYLPHN HCL 10 MG TAB MALLINCKRODT
00406114410	METHYLPHN HCL 10 MG TAB MALLINCKRODT
00781574901	METHYLPHN HCL 10 MG TAB SANDOZ
00591588401	METHYLPHN HCL 20 MG TAB ACTAVIS
57664023088	METHYLPHN HCL 20 MG TAB CARACO
00406114601	METHYLPHN HCL 20 MG TAB MALLINCKRODT
00781575301	METHYLPHN HCL 20 MG TAB SANDOZ
57664022888	METHYLPHN HCL 5 MG TAB CARACO
00406114201	METHYLPHN HCL 5 MG TAB MALLINCKRODT
00406114210	METHYLPHN HCL 5 MG TAB MALLINCKRODT
00781574801	METHYLPHN HCL 5 MG TAB SANDOZ
00603459315	METHYLPREDNISOL 4 MG TAB QUALITEST
00603459321	METHYLPREDNISOL 4 MG TAB QUALITEST
59746000103	METHYLPREDNISOLONE 4 MG TAB CADISTA
67253032010	METHYLTREXATE SODIUM 2.5 MG TAB DAVA



00591252250	METRONIDAZOL 500 MG TAB ACTAVIS
67405011045	METRONIDAZOLE 0.75 % CRM HARRIS
51672411606	METRONIDAZOLE 0.75 % GEL TARO
00168038360	METRONIDAZOLE 0.75 % LOT SANDOZ
00472091145	METRONIDAZOLE 0.75% CREAM ACTAVIS
50111033301	METRONIDAZOLE 250 MG TAB PLIVA
00591252101	METRONIDAZOLE 250 MG TABLET ACTAVIS
50111033401	METRONIDAZOLE 500 MG TAB PLIVA
50111033402	METRONIDAZOLE 500 MG TAB PLIVA
00713063415	MOMETASONE 0.1 % CRM G&M LABS
00093423501	NADOLOL 20 MG TAB TEVA
00781118101	NADOLOL 20MG CAP SANDOZ
00378002801	NADOLOL 20MG TABLET MYLAN
00378117110	NADOLOL 40 MG TAB MYLAN
00781118201	NADOLOL 40 MG TAB SANDOZ
00093423601	NADOLOL 40 MG TAB TEVA
61314063136	NEO POL DEXA 3.5-10 OINT SANDOZ
61314064610	NEO POLYMX HCL 3.5-10% SOL SANDOZ
24208079535	NEOMYC-POLYM-DEXAMET EYE OINT VALEANT
51762401105	No Drug
51762401206	No Drug
00591578701	NORTRPTYLINE HCL 25 MG CAP ACTAVIS
00591578705	NORTRPTYLINE HCL 25 MG CAP ACTAVIS
00591578710	NORTRPTYLINE HCL 25 MG CAP ACTAVIS
00168008160	NYST TRIAMC 100000 CRM SANDOZ
00168008130	NYST TRIAMCI 100000 CRM SANDOZ
51672126301	NYST TRIAMCIN 100000 CRM TARO
51672126302	NYST TRIAMCIN 100000 CRM TARO
51672126303	NYST TRIAMCIN 100000 CRM TARO
51672127201	NYST TRIAMCIN 100000 OINT TARO
51672127202	NYST TRIAMCIN 100000 OINT TARO
51672127203	NYST TRIAMCIN 100000 OINT TARO
00168005430	NYSTATIN 100,000 UNIT/GM CRM SANDOZ
45802005911	NYSTATIN 100000 UNIT CREAM PERRIGO
00472016315	NYSTATIN 100000/G CRM ACTAVIS
00472016330	NYSTATIN 100000/G CRM ACTAVIS
00603781874	NYSTATIN 100000/G CRM QUALITEST
00603781878	NYSTATIN 100000/G CRM QUALITEST
51672128901	NYSTATIN 100000/G CRM TARO
51672128902	NYSTATIN 100000/G CRM TARO
00472016615	NYSTATIN 100000/G OINT ACTAVIS

00472016630	NYSTATIN 100000/G OINT ACTAVIS
45802004811	NYSTATIN 100000/G OINT PERRIGO
45802004835	NYSTATIN 100000/G OINT PERRIGO
00093092401	OXAPROZIN 600MG TAB TEVA
00228206710	OXAZEPAM 10 MG CAP ACTAVIS
00228206910	OXAZEPAM 15 MG CAP ACTAVIS
00781281001	OXAZEPAM 15 MG CAPSULE SANDOZ
50111045602	OXYBUTYNIN 5 MG TABLET PLIVA
50111045603	OXYBUTYNIN 5MG TAB PLIVA
00832003810	OXYBUTYNIN 5MG TABLET UPSHIRE SMITH
00603497521	OXYBUTYNIN CHLORIDE 5MG TABLET QUALITEST
00603497528	OXYBUTYNIN CHLORIDE 5MG TABLET QUALITEST
00603497532	OXYBUTYNIN CHLORIDE 5MG TABLET QUALITEST
68462034737	OXYCODON HCL 20 MG/ML CONC GLENMARK
00527142635	OXYCODON HCL 20 MG/ML CONC LANNETT
00527142636	OXYCODON HCL 20 MG/ML CONC LANNETT
66689002530	OXYCODON HCL 20MG/ML CONC. VISTA
68308014501	OXYCODONE 5 MG CAPSULE – MIDLOTHIAN LAB
68462020401	OXYCODONE 5 MG CAPSULE- GLENMARK
68084035401	OXYCODONE HCL 5 MG TAB AHP
68084035411	OXYCODONE HCL 5 MG TAB AHP
47781026301	OXYCODONE HCL 5 MG TAB ALVOGEN
13107005501	OXYCODONE HCL 5 MG TAB AUROBINDO
10702001801	OXYCODONE HCL 5 MG TAB KVK-TECH
00406055201	OXYCODONE HCL 5 MG TAB MALLINCKRODT
00406055223	OXYCODONE HCL 5 MG TAB MALLINCKRODT
00406055262	OXYCODONE HCL 5 MG TAB MALLINCKRODT
68308050547	OXYCODONE HCL 5 MG TAB MIDLOTHIAN LAB
00603499021	OXYCODONE HCL 5 MG TAB QUALITEST
00603499028	OXYCODONE HCL 5 MG TAB QUALITEST
68382079301	OXYCODONE HCL 5 MG TAB ZYDUS
00591216039	PHENADOZ 12.5 MG SUP ACTAVIS
00574723612	PHENADOZ 12.5MG SUP WATSON
00574723412	PHENADOZ 25 MG SUP WATSON
00591216139	PHENADOZ 25MG SUP ACTAVIS
29033001301	PIROXICAM 20 MG CAP NOSTRUM LAB
29033001305	PIROXICAM 20 MG CAP NOSTRUM LAB
00093075701	PIROXICAM 20 MG CAP TEVA
00093075705	PIROXICAM 20 MG CAP TEVA
62037071001	POTASSIUM CL ER 10 MEQ TAB ACTAVIS
00093720298	PRAVASTATIN 40MG TAB - TEVA

00093720210	PRAVASTATIN 40MG TABLET TEVA
61314063715	PREDNISOLONE 1% DROP SANDOZ
61314063705	PREDNISOLONE ACET 1 % DRP SANDOZ
61314063710	PREDNISOLONE ACET 1 % DRP SANDOZ
00603533832	PREDNISON 10 MG TABLET
00054001725	PREDNISON 10 MG TABLET ROXANE
00054001829	PREDNISON 20 MG TABLET ROXANE
45802075830	PROMETHAZINE 12.5 MG SUPPOS PERRIGO
00713053612	PROMETHEGAN 12.5 MG SUP G&M LABS
00713052612	PROMETHEGAN 25 MG SUPP.RECT - G & W LABS
00591081046	SILVER SULFA DIAZ 1 % CRM ACTAVIS
00591081055	SILVER SULFA DIAZ 1 % CRM ACTAVIS
00591081085	SILVER SULFA DIAZ 1 % CRM ACTAVIS
67877012440	SILVER SULFADIAZINE CREAM ASCEND
67877012450	SILVER SULFADIAZINE CREAM ASCEND
43598021040	SSD 1 % CRM DR. REDDY
43598021050	SSD 1 % CRM DR. REDDY
43598021055	SSD 1% CREAM DR.REDDY'S LAB
43598021085	SSD CREAM - DR. REDDY'S
24208067004	SULFACETA NA10 % DRP VALEANT
61314070101	SULFACETAMIDE NA 10 % DRP SANDOZ
61314064305	TOBRAMYCIN SULF 0.3 % DRP SANDOZ
45802006405	TRIAMCIN ACET 0.1 % CRM PERRIGO
45802006435	TRIAMCIN ACET 0.1 % CRM PERRIGO
45802006436	TRIAMCIN ACET 0.1 % CRM PERRIGO
51672128202	TRIAMCIN ACET 0.1 % CRM TARO
45802006535	TRIAMCIN ACET 0.5 % CRM PERRIGO
67877025180	TRIAMCINOLONE ACET 0.1% CREAM ASCEND
45802005536	TRIAMCINOLONE 0.1% OINTMENT PERRIGO
00168000315	TRIAMCINOLONE ACET 0.025% CRM SANDOZ
00168000380	TRIAMCINOLONE ACET 0.025% CRM SANDOZ
00168000415	TRIAMCINOLONE ACET 0.1 % CRM SANDOZ
00168000416	TRIAMCINOLONE ACET 0.1 % CRM SANDOZ
00168000480	TRIAMCINOLONE ACET 0.1 % CRM SANDOZ
00168000615	TRIAMCINOLONE ACET 0.1 % OINT SANDOZ
00168000616	TRIAMCINOLONE ACET 0.1 % OINT SANDOZ
00168000680	TRIAMCINOLONE ACET 0.1 % OINT SANDOZ
00168000215	TRIAMCINOLONE ACET 0.5 % CRM SANDOZ
59762371704	TRIAZOLAM 0.125 MG TABLET GREENSTONE
00054485929	TRIAZOLAM 0.25 MG TABLET ROXANE
16571016111	TRIHEXYPHENIDYL 5 MG TABLET PACK

**Electronic Cut-Off Schedule**

May 2, 2014  
May 9, 2014  
May 16, 2014  
May 23, 2014  
May 30, 2014

**Checkwrite Schedule**

May 6, 2014  
May 13, 2014  
May 20, 2014  
May 28, 2014  
June 3, 2014

*POS Claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cut-off date to be included in the next checkwrite.*

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