



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

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

Effective June 5, 2015, 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) showing preferred and non-preferred oral antipsychotic medications. The use of a non-preferred antipsychotic medication will require the trial and failure of only one (1) preferred antipsychotic medication or a prior authorization will be required.

<b>ATYPICAL ANTIPSYCHOTICS</b>	
<b>Oral</b>	
<b>Trial and Failure of only one (1) preferred required</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
<b>Abilify®</b>	<b>Clozaril®</b>
clozapine (generic for Clozaril®)	<b>Fanapt® Titration Pack</b>
clozapine ODT (generic for FazaClo®)	<b>FazaClo®</b>
<b>Fanapt®</b>	<b>Geodon®</b>
<b>Invega®</b>	<b>olanzapine/fluoxetine (generic for Symbyax®)</b>
<b>Latuda®</b>	<b>Risperdal®</b>
olanzapine (generic for Zyprexa®)	<b>Risperdal M®</b>
olanzapine ODT (generic for Zyprexa® Zydys)	<b>Seroquel®</b>
quetiapine (generic for Seroquel®)	<b>Versacloz®</b>
risperidone (generic for Risperdal®)	<b>Zyprexa®</b>
risperidone ODT (generic for Risperdal M®)	<b>Zyprexa Zydys®</b>
<b>Saphris®</b>	
<b>Seroquel® XR</b>	
<b>Symbyax®</b>	
ziprasidone (generic for Geodon®)	

**Pharmacists:** In the event of a prior authorization requirement, please remember to use the 72 hour override (3 in the Level of Service Field) to prevent gaps in therapy.

## **Off Label Antipsychotic Safety Monitoring in Beneficiaries Through Age 17 (A+KIDS) and Off Label Antipsychotic Safety (ASAP-adults) to be Re-instated June 5, 2015.**

Effective **June 5, 2015**, the N.C. Division of Medical Assistance (DMA) will re-instate the A+KIDS and ASAP programs. Providers will be required to fill out an A+KIDS (for children 17 and younger) or ASAP (for adults 18 and older) prior authorization (PA) for any preferred or non-preferred antipsychotic medication. Providers will be required to fill this prior authorization through the NCTracks Provider Portal or by calling CSC at 1-866-246-8505. **THERE WILL BE NO FAX FORMS.** Please refer to the policy located at <http://www.ncdhhs.gov/dma/mp/A6.pdf> for any questions.

**Pharmacists:** You can use an “11” in the Submission Clarification Field to override both types of PA requirements to ensure a patient obtains their medications. Since this override can only be used **two** times per 365 days, please inform the prescriber the need for PA. In addition, “Meets PA Criteria” may be written on **adult** antipsychotic prescriptions, and you may use a “1” in the PA Type Code field or a “2” in the Submission Clarification field to override the PA edits. All non-preferred medication requests will require the non-preferred ASAP or AKIDS PA to be processed. There is no override. Please use the 72 hour override, (a “3” in the Level of Service field), to ensure no gaps in therapy.

### **Preferred Brand-Named and Generic Drugs (Note Abilify)**

The Division of Medical Assistance (DMA) understands pharmacy provider frustrations when a brand-named drug is preferred instead of the applicable generic drug. Brand-named drugs may be designated as preferred instead of a generic when rebates received by the manufacturer make it less costly to the state. These rebates are significant to the budget, accounting for millions in annual savings to the state.

**Note:** Brand Abilify will stay preferred instead of the new generic because of the situation stated above.

### **Hepatitis C TEMPORARY Prior Authorization Fax Forms available on NCTracks**

Fax forms are available on NCTracks to request Hepatitis C medications at <https://nctracks.nc.gov/content/public/providers/pharmacy/forms.html>. Please use these temporary forms to obtain a prior authorization (PA) for Hepatitis C medications and fax them to CSC at 1-855-710-1969. **These forms are temporary.**

Once the Prior Approval page on the NCTracks Provider Portal is updated with the ability to request these through the NCTracks portal, the forms and the ability to fax will end. At that time, Hepatitis C PAs will only be accepted through the NCTracks portal or by calling CSC at 1-866-246-8505. Communication will be sent to providers prior to the change.

## **Automated Voice Response System available to check Beneficiary Eligibility**

Providers may call 1-800-723-7337 to check Beneficiary eligibility. Providers must have their NPI number to access this service.

## **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
51672130603	ALCLOMETASONE 0.05% CRM/TARO
00168026315	ALCLOMETASONE DIPR 0.05% CRM/FOUGERA
00168026345	ALCLOMETASONE DIPR 0.05% CRM/FOUGERA
00168026360	ALCLOMETASONE DIPR 0.05% CRM/FOUGERA
68462030017	ALCLOMETASONE DIPR 0.05% CRM/GLENMARK
68462030047	ALCLOMETASONE DIPR 0.05% CRM/GLENMARK
68462030065	ALCLOMETASONE DIPR 0.05% CRM/GLENMARK
51672130606	ALCLOMETASONE DIPR 0.05% CRM/TARO
00591554301	ALLOPURINOL 100 MG TABLET / ACTAVIS
00591554310	ALLOPURINOL 100 MG TABLET / ACTAVIS
62584098801	ALLOPURINOL 100 MG TABLET / AHP
62584098811	ALLOPURINOL 100 MG TABLET / AHP
00378013701	ALLOPURINOL 100 MG TABLET / MYLAN
00378013710	ALLOPURINOL 100 MG TABLET / MYLAN
51079020501	ALLOPURINOL 100 MG TABLET / MYLAN
51079020517	ALLOPURINOL 100 MG TABLET / MYLAN
51079020519	ALLOPURINOL 100 MG TABLET / MYLAN
51079020520	ALLOPURINOL 100 MG TABLET / MYLAN
00603211502	ALLOPURINOL 100 MG TABLET / QUALITEST
00603211504	ALLOPURINOL 100 MG TABLET / QUALITEST
00603211521	ALLOPURINOL 100 MG TABLET / QUALITEST
00603211532	ALLOPURINOL 100 MG TABLET / QUALITEST
00603211593	ALLOPURINOL 100 MG TABLET / QUALITEST
00591554401	ALLOPURINOL 300 MG TAB/ACTAVIS
00591554405	ALLOPURINOL 300 MG TAB/ACTAVIS
62584071301	ALLOPURINOL 300 MG TAB/AHP
62584071311	ALLOPURINOL 300 MG TAB/AHP
00378018101	ALLOPURINOL 300 MG TAB/MYLAN
00378018105	ALLOPURINOL 300 MG TAB/MYLAN
51079020601	ALLOPURINOL 300 MG TAB/MYLAN
51079020617	ALLOPURINOL 300 MG TAB/MYLAN
51079020619	ALLOPURINOL 300 MG TAB/MYLAN
51079020620	ALLOPURINOL 300 MG TAB/MYLAN
00603211602	ALLOPURINOL 300 MG TAB/QUALITEST
00603211632	ALLOPURINOL 300 MG TAB/QUALITEST

00603221721	AMITRIPTYLINE 150MG TAB/QUALITEST
00781149101	AMITRIPTYLINE 150MG TAB/SANDOZ
00603221321	AMITRIPTYLINE 25MG TAB/QUALITEST
00603221332	AMITRIPTYLINE 25MG TAB/QUALITEST
00781148701	AMITRIPTYLINE 25MG TAB/SANDOZ
00781148710	AMITRIPTYLINE 25MG TAB/SANDOZ
00603221421	AMITRIPTYLINE 50MG TAB/QUALITEST
00603221432	AMITRIPTYLINE 50MG TAB/QUALITEST
00781148801	AMITRIPTYLINE 50MG TAB/SANDOZ
00781148810	AMITRIPTYLINE 50MG TAB/SANDOZ
00603221521	AMITRIPTYLINE 75MG TAB/QUALITEST
00781148901	AMITRIPTYLINE 75MG TAB/SANDOZ
51079013101	AMITRIPTYLINE HCL 10 MG TAB/MYLAN
51079013120	AMITRIPTYLINE HCL 10 MG TAB/MYLAN
51079013163	AMITRIPTYLINE HCL 10 MG TAB/MYLAN
00603221202	AMITRIPTYLINE HCL 10 MG TAB/QUALITEST
00603221216	AMITRIPTYLINE HCL 10 MG TAB/QUALITEST
00603221221	AMITRIPTYLINE HCL 10 MG TAB/QUALITEST
00603221232	AMITRIPTYLINE HCL 10 MG TAB/QUALITEST
00781148601	AMITRIPTYLINE HCL 10 MG TAB/SANDOZ
00781148610	AMITRIPTYLINE HCL 10 MG TAB/SANDOZ
51079056301	AMITRIPTYLINE HCL 100 MG TAB/MYLAN
51079056320	AMITRIPTYLINE HCL 100 MG TAB/MYLAN
00603221621	AMITRIPTYLINE HCL 100 MG TAB/QUALITEST
00603221625	AMITRIPTYLINE HCL 100 MG TAB/QUALITEST
00781149001	AMITRIPTYLINE HCL 100 MG TAB/SANDOZ
00172524160	ANAGRLIDE 0.5MG CAPS/TEVA
00172524060	ANAGRLIDE 1MG CAPS/TEVA
00832102400	BACLOFEN 10 MG TAB/UPSHER SMITH
00832102409	BACLOFEN 10 MG TAB/UPSHER SMITH
00832102410	BACLOFEN 10 MG TAB/UPSHER SMITH
00832102450	BACLOFEN 10 MG TAB/UPSHER SMITH
00527133001	BACLOFEN 10MG TABLET/LANNETT
00527133005	BACLOFEN 10MG TABLET/LANNETT
00904336561	BACLOFEN 10MG TABLET/MAJOR
63739047910	BACLOFEN 10MG TABLET/MCKESSON
00378302301	BACLOFEN 10MG TABLET/MYLAN
00378302310	BACLOFEN 10MG TABLET/MYLAN
00172409660	BACLOFEN 10MG TABLET/TEVA

00172409680	BACLOFEN 10MG TABLET/TEVA
00527133701	BACLOFEN 20 MG TAB/LANNETT
00527133705	BACLOFEN 20 MG TAB/LANNETT
00904522261	BACLOFEN 20 MG TAB/MAJOR
00378302401	BACLOFEN 20 MG TAB/MYLAN
00378302405	BACLOFEN 20 MG TAB/MYLAN
00603240721	BACLOFEN 20 MG TAB/QUALITEST
00603240728	BACLOFEN 20 MG TAB/QUALITEST
00603240732	BACLOFEN 20 MG TAB/QUALITEST
00172409760	BACLOFEN 20 MG TAB/TEVA
00172409780	BACLOFEN 20 MG TAB/TEVA
00832102500	BACLOFEN 20 MG TAB/UPSHER SMITH
00832102509	BACLOFEN 20 MG TAB/UPSHER SMITH
00832102510	BACLOFEN 20 MG TAB/UPSHER SMITH
00832102550	BACLOFEN 20 MG TAB/UPSHER SMITH
00378477501	BENAZAPRIL/HCTZ 20/25MG TAB/MYLAN
00378473501	BENAZEPRIL-HCTZ 10-12.5 MG TAB/MYLAN
64980019401	BENAZEPRIL-HCTZ 10-12.5 MG TAB/RISING
00185020401	BENAZEPRIL-HCTZ 10-12.5 MG TAB/SANDOZ
00378474501	BENAZEPRIL-HCTZ 20-12.5 MG TAB/MYLAN
64980019501	BENAZEPRIL-HCTZ 20-12.5 MG TAB/RISING
00185021101	BENAZEPRIL-HCTZ 20-12.5 MG TAB/SANDOZ
64980019601	BENAZEPRIL-HCTZ 20-25 MG TAB/RISING
00185027701	BENAZEPRIL-HCTZ 20-25 MG TAB/SANDOZ
00378472501	BENAZEPRIL-HCTZ 5-6.25 MG TAB/MYLAN
00185012401	BENAZEPRIL-HCTZ 5-6.25 MG TAB/SANDOZ
68084038101	BENZTROPINE 0.5MG TAB/AHP
68084038111	BENZTROPINE 0.5MG TAB/AHP
76385010301	BENZTROPINE 0.5MG TAB/BAYSHORE
76385010310	BENZTROPINE 0.5MG TAB/BAYSHORE
31722021801	BENZTROPINE 0.5MG TAB/CAMBER
00832108000	BENZTROPINE 0.5MG TAB/UPSHIRE SMITH
68084038801	BENZTROPINE 1MG TAB/AHP
68084038811	BENZTROPINE 1MG TAB/AHP
76385010401	BENZTROPINE 1MG TAB/BAYSHORE
76385010410	BENZTROPINE 1MG TAB/BAYSHORE
31722021901	BENZTROPINE 1MG TAB/CAMBER
31722021910	BENZTROPINE 1MG TAB/CAMBER
00832108100	BENZTROPINE 1MG TAB/UPSHIRE SMITH

00832108110	BENZTROPINE 1MG TAB/UPSHIRE SMITH
68084038901	BENZTROPINE 2MG TAB/AHP
68084038911	BENZTROPINE 2MG TAB/AHP
76385010501	BENZTROPINE 2MG TAB/BAYSHORE
76385010510	BENZTROPINE 2MG TAB/BAYSHORE
31722022001	BENZTROPINE 2MG TAB/CAMBER
31722022010	BENZTROPINE 2MG TAB/CAMBER
00832108200	BENZTROPINE 2MG TAB/UPSHIRE SMITH
00832108210	BENZTROPINE 2MG TAB/UPSHIRE SMITH
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
00093423301	BUMETANIDE 1 MG TABLET/TEVA
00093423310	BUMETANIDE 1 MG TABLET/TEVA
68645016359	CAPTOPRIL 100MG TAB/LEGACY
00378302201	CAPTOPRIL 100MG TAB/MYLAN
00781183901	CAPTOPRIL 100MG TAB/SANDOZ
00143117401	CAPTOPRIL 100MG TAB/WEST-WARD
64679090501	CAPTOPRIL 100MG TAB/WOCKHARDT
68645016059	CAPTOPRIL 12.5MG TAB/LEGACY
00904504561	CAPTOPRIL 12.5MG TAB/MAJOR
00378300701	CAPTOPRIL 12.5MG TAB/MYLAN
00378300710	CAPTOPRIL 12.5MG TAB/MYLAN
51079086301	CAPTOPRIL 12.5MG TAB/MYLAN
51079086320	CAPTOPRIL 12.5MG TAB/MYLAN
00143117101	CAPTOPRIL 12.5MG TAB/WEST-WARD
00143117110	CAPTOPRIL 12.5MG TAB/WEST-WARD
64679090201	CAPTOPRIL 12.5MG TAB/WOCKHARDT
64679090202	CAPTOPRIL 12.5MG TAB/WOCKHARDT
68645016159	CAPTOPRIL 25MG TAB/LEGACY
00904504661	CAPTOPRIL 25MG TAB/MAJOR
00378301201	CAPTOPRIL 25MG TAB/MYLAN
00378301210	CAPTOPRIL 25MG TAB/MYLAN
51079086401	CAPTOPRIL 25MG TAB/MYLAN
51079086420	CAPTOPRIL 25MG TAB/MYLAN
00143117201	CAPTOPRIL 25MG TAB/WEST-WARD



00143117210	CAPTOPRIL 25MG TAB/WEST-WARD
64679090301	CAPTOPRIL 25MG TAB/WOCKHARDT
64679090302	CAPTOPRIL 25MG TAB/WOCKHARDT
68645016259	CAPTOPRIL 50MG TAB/LEGACY
00904504761	CAPTOPRIL 50MG TAB/MAJOR
00378301701	CAPTOPRIL 50MG TAB/MYLAN
00378301710	CAPTOPRIL 50MG TAB/MYLAN
00143117301	CAPTOPRIL 50MG TAB/WEST-WARD
00143117310	CAPTOPRIL 50MG TAB/WEST-WARD
64679090401	CAPTOPRIL 50MG TAB/WOCKHARDT
64679090402	CAPTOPRIL 50MG TAB/WOCKHARDT
51672404709	CARBAMAZEPINE 100 MG SUS/TARO
00904385461	CARBAMAZEPINE 100 MG TAB CHEW / MAJOR
00093077801	CARBAMAZEPINE 100 MG TAB CHEW / TEVA
13668027101	CARBAMAZEPINE 100 MG TAB CHEW / TORRENT
13668027105	CARBAMAZEPINE 100 MG TAB CHEW / TORRENT
60429093405	CARBAMAZEPINE 100 MG TAB CHEW/GSMS
51079087001	CARBAMAZEPINE 100 MG TAB CHEW/MYLAN
51079087020	CARBAMAZEPINE 100 MG TAB CHEW/MYLAN
51672404101	CARBAMAZEPINE 100 MG TAB CHEW/TARO
51672404102	CARBAMAZEPINE 100 MG TAB CHEW/TARO
60432012916	CARBAMAZEPINE 100 MG/5 ML SUSP/MORTON GROVE
68084044401	CARBAMAZEPINE 200 MG TAB/AHP
51079038501	CARBAMAZEPINE 200 MG TAB/MYLAN
51672400502	CARBAMAZEPINE 200 MG TAB/TARO
51672400503	CARBAMAZEPINE 200 MG TAB/TARO
00832061115	CARBAMAZEPINE 200 MG TAB/UPSHER SMITH
60505018300	CARBAMAZEPINE 200 MG TABLET/APOTEX
60505018301	CARBAMAZEPINE 200 MG TABLET/APOTEX
00904617261	CARBAMAZEPINE 200 MG TABLET/MAJOR
51079038517	CARBAMAZEPINE 200 MG TABLET/MYLAN
51079038519	CARBAMAZEPINE 200 MG TABLET/MYLAN
51079038520	CARBAMAZEPINE 200 MG TABLET/MYLAN
51672400501	CARBAMAZEPINE 200 MG TABLET/TARO
00093010901	CARBAMAZEPINE 200 MG TABLET/TEVA
00093010910	CARBAMAZEPINE 200 MG TABLET/TEVA
13668026801	CARBAMAZEPINE 200 MG TABLET/TORRENT
13668026805	CARBAMAZEPINE 200 MG TABLET/TORRENT
13668026810	CARBAMAZEPINE 200 MG TABLET/TORRENT

00185072401	CARISOPRODOL ASA 200-325MG TAB/SANDOZ
00185072405	CARISOPRODOL ASA 200-325MG TAB/SANDOZ
65862003420	CEFUROXIME 250 MG TAB/AUROBINDO
65862003460	CEFUROXIME 250 MG TAB/AUROBINDO
65862069920	CEFUROXIME 250 MG TAB/AUROBINDO
65862069960	CEFUROXIME 250 MG TAB/AUROBINDO
57237005820	CEFUROXIME 250 MG TAB/CITRON
57237005860	CEFUROXIME 250 MG TAB/CITRON
68180030220	CEFUROXIME 250 MG TAB/LUPIN
68180030260	CEFUROXIME 250 MG TAB/LUPIN
16714040001	CEFUROXIME 250 MG TAB/NORTHSTAR RX
16714040002	CEFUROXIME 250 MG TAB/NORTHSTAR RX
65862003520	CEFUROXIME AXETIL 500 MG TAB/AUROBINDO
65862003560	CEFUROXIME AXETIL 500 MG TAB/AUROBINDO
65862070020	CEFUROXIME AXETIL 500 MG TAB/AUROBINDO
65862070060	CEFUROXIME AXETIL 500 MG TAB/AUROBINDO
68180030320	CEFUROXIME AXETIL 500 MG TAB/LUPIN
68180030360	CEFUROXIME AXETIL 500 MG TAB/LUPIN
49884046565	CHOLESTYRAMINE SUCR 4 G PWD/PAR
00185094098	CHOLESTYRAMINE SUCR 4 G PWD/SANDOZ
00245053660	CHOLESTYRAMN 4 G PWD/UPSHER SMITH
00378005301	CIMETIDINE 200MG/MYLAN
00378054101	CIMETIDINE 800MG/MYLAN
00093830501	CIMETIDINE 800MG/TEVA
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/GREENSTONE
59762374302	CLINDAMY PHOS 1 % GEL/GREENSTONE
59762372802	CLINDAMY PHOS 1 % SOL/GREENSTONE
59762372801	CLINDAMYCIN 1 % SOLN/GREENSTONE
59762374401	CLINDAMYCIN 1% LOTION/GREENSTONE
00168020160	CLINDAMYCIN PH 1% SOLUTION/FOUGERA
45802056201	CLINDAMYCIN PH 1% SOLUTION/PERRIGO
45802056202	CLINDAMYCIN PH 1% SOLUTION/PERRIGO
51672408103	CLINDAMYCIN PH 1% SOLUTION/TARO
51672408104	CLINDAMYCIN PH 1% SOLUTION/TARO

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
00168016315	CLOBETASOL 0.05% CREAM/SANDOZ
00168016330	CLOBETASOL 0.05% CREAM/SANDOZ
00168016346	CLOBETASOL 0.05% CREAM/SANDOZ
00168016360	CLOBETASOL 0.05% CREAM/SANDOZ
51672125801	CLOBETASOL 0.05% CREAM/TARO
51672125802	CLOBETASOL 0.05% CREAM/TARO
51672125803	CLOBETASOL 0.05% CREAM/TARO
51672125806	CLOBETASOL 0.05% CREAM/TARO
00168016215	CLOBETASOL 0.05% OINT/SANDOZ
00168016230	CLOBETASOL 0.05% OINT/SANDOZ
00168016246	CLOBETASOL 0.05% OINT/SANDOZ
00168016260	CLOBETASOL 0.05% OINT/SANDOZ
50383026815	CLOBETASOL 0.05% OINTMENT/HI-TECH
50383026830	CLOBETASOL 0.05% OINTMENT/HI-TECH
50383026845	CLOBETASOL 0.05% OINTMENT/HI-TECH
50383026860	CLOBETASOL 0.05% OINTMENT/HI-TECH
51672125901	CLOBETASOL 0.05% OINTMENT/TARO
51672125902	CLOBETASOL 0.05% OINTMENT/TARO
51672125906	CLOBETASOL 0.05% OINTMENT/TARO
00168026950	CLOBETASOL 0.05% SOL/FOUGERA
50383026650	CLOBETASOL 0.05% SOL/HI-TECH /AKORN
50383026625	CLOBETASOL 0.05% SOL/HI-TECH/AKORN
60432013325	CLOBETASOL 0.05% SOL/MORON GROVE
60432013350	CLOBETASOL 0.05% SOL/MORON GROVE
51672129302	CLOBETASOL 0.05% SOL/TARO
51672129303	CLOBETASOL 0.05% SOL/TARO
00168030115	CLOBETASOL EMOL 0.05% CRM/FOUGERA
00168030130	CLOBETASOL EMOL 0.05% CRM/FOUGERA
00168030160	CLOBETASOL EMOL 0.05% CRM/FOUGERA
50383027015	CLOBETASOL EMOL 0.05% CRM/HI-TECH
50383027030	CLOBETASOL EMOL 0.05% CRM/HI-TECH

50383027060	CLOBETASOL EMOL 0.05% CRM/HI-TECH
51672129701	CLOBETASOL EMOL 0.05% CRM/TARO
51672129702	CLOBETASOL EMOL 0.05% CRM/TARO
51672129703	CLOBETASOL EMOL 0.05% CRM/TARO
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
51672126003	CLOTRIMAZOLE 1% SOLUTION/TARO
00093024831	CLOTRIMAZOLE 1% SOLUTION/TEVA
00093024843	CLOTRIMAZOLE 1% SOLUTION/TEVA
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
00095004950	CORMAX 0.05% SOL/VALEANT
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
45802042335	DESONIDE 0.05 % OINT/PERRIGO
45802042337	DESONIDE 0.05 % OINT/PERRIGO
51672128001	DESONIDE 0.05% CRM 15GM/TARO
51672128003	DESONIDE 0.05% OINT/TARO

51672128103	DESONIDE 0.05% OINT/TARO
64720021610	DEXTROAMPHETAMINE 10 MG TAB/COREPHARMA
13107003601	DEXTROAMPHETAMINE 10MG TAB/AUROBINDO
52054021610	DEXTROAMPHETAMINE 10MG TAB/COREPHARMA
52536051001	DEXTROAMPHETAMINE 10MG TAB/WILSHIRE
00591079510	DICYCLOMINE 20 MG TABLET/ACTAVIS
00115981103	DIGIOXIN 0.125MG TAB/GLOBAL
00527132410	DIGOX 0.125MG TAB/LANNETT
00527132510	DIGOX 250MCG TABLET/LANNETT
00527132401	DIGOXIN 125 MCG TAB/LANNETT
00527132501	DIGOXIN 250 MCG TAB/LANNETT
59762106101	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/GREENSTONE
59762106102	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/GREENSTONE
00378041501	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/MYLAN
00378041510	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/MYLAN
00378041577	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/MYLAN
51079006701	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/MYLAN
51079006720	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/MYLAN
58864016630	DIPHENOXYLATE-ATROP 2.5-0.025MG TAB/PD-RX
60505009400	DOXAZOSIN MESYLATE 2 MG TAB/APOTEX
60505009500	DOXAZOSIN MESYLATE 4 MG TAB/APOTEX
51079065101	DOXEPIN 100 MG CAPSULE/MYLAN
51079065120	DOXEPIN 100 MG CAPSULE/MYLAN
51079043601	DOXEPIN 10MG CAPS/MYLAN
51079043620	DOXEPIN 10MG CAPS/MYLAN
00378104901	DOXEPIN 10MG CAPSULE/MYLAN
00378104910	DOXEPIN 10MG CAPSULE/MYLAN
00378312501	DOXEPIN 25 MG CAPSULE/MYLAN
00378312510	DOXEPIN 25 MG CAPSULE/MYLAN
51079043701	DOXEPIN 25 MG CAPSULE/MYLAN
51079043720	DOXEPIN 25 MG 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
57237010401	DOXYCYCLINE 100 MG CAP/CITRON
57237010425	DOXYCYCLINE 100 MG CAP/CITRON
24658031205	DOXYCYCLINE 100MG TABS/BLU PHARMA
00143211250	DOXYCYCLINE HYC 100MG TAB/WEST WARD
00591544005	DOXYCYCLINE HYCLATE 100 MG CAP/ACTAVIS
67253038915	DOXYCYCLINE HYCLATE 100 MG CAP/DAVA
67253038950	DOXYCYCLINE HYCLATE 100 MG CAP/DAVA
00591555350	DOXYCYCLINE HYCLATE 100 MG TAB/ACTAVIS
24658031201	DOXYCYCLINE HYCLATE 100 MG TAB/BLU
24658031220	DOXYCYCLINE HYCLATE 100 MG TAB/BLU
24658031250	DOXYCYCLINE HYCLATE 100 MG TAB/BLU
69097022712	DOXYCYCLINE HYCLATE 100 MG TAB/CIPLA
69097022770	DOXYCYCLINE HYCLATE 100 MG TAB/CIPLA
57237010501	DOXYCYCLINE HYCLATE 100 MG TAB/CITRON
57237010525	DOXYCYCLINE HYCLATE 100 MG TAB/CITRON
67405055005	DOXYCYCLINE HYCLATE 100 MG TAB/HARRIS
67405055055	DOXYCYCLINE HYCLATE 100 MG TAB/HARRIS
00904043004	DOXYCYCLINE HYCLATE 100 MG TAB/MAJOR
69235032005	DOXYCYCLINE HYCLATE 100 MG TAB/MHC
69235032050	DOXYCYCLINE HYCLATE 100 MG TAB/MHC
67253039115	DOXYCYCLINE HYCLATE 100 MG TAB/QUALITEST
67253039150	DOXYCYCLINE HYCLATE 100 MG TAB/QUALITEST
00591553550	DOXYCYCLINE HYCLATE 50 MG CAP/ACTAVIS
69097022570	DOXYCYCLINE HYCLATE 50 MG CAP/CIPLA
57237010325	DOXYCYCLINE HYCLATE 50 MG CAP/CITRON
57237010360	DOXYCYCLINE HYCLATE 50 MG CAP/CITRON
67405065055	DOXYCYCLINE HYCLATE 50 MG CAP/HARRIS
69235035005	DOXYCYCLINE HYCLATE 50 MG CAP/MHC

53489011805	DOXYCYCLINE HYCLATE 50 MG CAP/MUTUAL
67253038815	DOXYCYCLINE HYCLATE 50 MG CAP/QUALITEST
68084039101	ENALAPRIL 10MG TAB/AHP
68084039111	ENALAPRIL 10MG TAB/AHP
68645045690	ENALAPRIL 10MG TAB/LEGACY
00904561061	ENALAPRIL 10MG TAB/MAJOR
00378105301	ENALAPRIL 10MG TAB/MYLAN
00378105310	ENALAPRIL 10MG TAB/MYLAN
51079095201	ENALAPRIL 10MG TAB/MYLAN
51079095220	ENALAPRIL 10MG TAB/MYLAN
51672403901	ENALAPRIL 10MG TAB/TARO
51672403903	ENALAPRIL 10MG TAB/TARO
00093002801	ENALAPRIL 10MG TAB/TEVA
00093002810	ENALAPRIL 10MG TAB/TEVA
00093002850	ENALAPRIL 10MG TAB/TEVA
64679092502	ENALAPRIL 10MG TAB/WOCKHARDT
64679092503	ENALAPRIL 10MG TAB/WOCKHARDT
64679092510	ENALAPRIL 10MG TAB/WOCKHARDT
68645045790	ENALAPRIL 20 MG TAB/LEGACY
00904561161	ENALAPRIL 20 MG TAB/MAJOR
00378105401	ENALAPRIL 20 MG TAB/MYLAN
00378105405	ENALAPRIL 20 MG TAB/MYLAN
51079095301	ENALAPRIL 20 MG TAB/MYLAN
51079095320	ENALAPRIL 20 MG TAB/MYLAN
51672404001	ENALAPRIL 20 MG TAB/TARO
51672404003	ENALAPRIL 20 MG TAB/TARO
00093002901	ENALAPRIL 20 MG TAB/TEVA
00093002910	ENALAPRIL 20 MG TAB/TEVA
00093002950	ENALAPRIL 20 MG TAB/TEVA
64679092602	ENALAPRIL 20 MG TAB/WOCKHARDT
64679092603	ENALAPRIL 20 MG TAB/WOCKHARDT
64679092610	ENALAPRIL 20 MG TAB/WOCKHARDT
00185021401	ENALAPRIL MA20 MG TAB/EON
00093009001	EPITOL 200 MG TABLET/TEVA
60505003901	ETODOLAC 200MG CAP/APOTEX
51672401601	ETODOLAC 200MG CAP/TARO
68084083825	ETODOLAC 400 MG TABLET/AHP
68084083895	ETODOLAC 400 MG TABLET/AHP
10544086230	ETODOLAC 400 MG TABLET/BLENHEIM

10544086260	ETODOLAC 400 MG TABLET/BLENHEIM
00185014001	ETODOLAC 400 MG TABLET/SANDOZ
00185014010	ETODOLAC 400 MG TABLET/SANDOZ
51672401801	ETODOLAC 400 MG TABLET/TARO
00093089201	ETODOLAC 400 MG TABLET/TEVA
68001025204	FLUCONAZOLE 100 MG TABLET/BLUEPOINT
57237000430	FLUCONAZOLE 100 MG TABLET/CITRON
68462010230	FLUCONAZOLE 100 MG TABLET/GLENMARK
59762501601	FLUCONAZOLE 100 MG TABLET/GREENSTONE
00172541146	FLUCONAZOLE 100 MG TABLET/TEVA
00172541160	FLUCONAZOLE 100 MG TABLET/TEVA
68001025404	FLUCONAZOLE 200 MG TABLET/BLUEPOINT
57237000630	FLUCONAZOLE 200 MG TABLET/CITRON
68462010430	FLUCONAZOLE 200 MG TABLET/GLENMARK
59762501801	FLUCONAZOLE 200 MG TABLET/GREENSTONE
00172541360	FLUCONAZOLE 200 MG TABLET/IVAX
00378252093	FLUCONAZOLE 200 MG TABLET/MYLAN
00172541346	FLUCONAZOLE 200 MG TABLET/TEVA
68001025104	FLUCONAZOLE 50MG TAB/BLUEPOINT
57237000330	FLUCONAZOLE 50MG TAB/CITRON
68462010130	FLUCONAZOLE 50MG TAB/GLENMARK
59762501501	FLUCONAZOLE 50MG TAB/GREENSTONE
16714069401	FLUCONAZOLE 50MG TAB/NORTHSTAR
16571021010	FLUCONAZOLE 50MG TAB/PACK
16571021030	FLUCONAZOLE 50MG TAB/PACK
00172541046	FLUCONAZOLE 50MG TAB/TEVA
00172541060	FLUCONAZOLE 50MG TAB/TEVA
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
00472390115	FLUOCINONIDE 0.05% CRM/ACTAVIS
00472390130	FLUOCINONIDE 0.05% CRM/ACTAVIS
00472390160	FLUOCINONIDE 0.05% CRM/ACTAVIS
00093026215	FLUOCINONIDE 0.05% CRM/TEVA
00093026230	FLUOCINONIDE 0.05% CRM/TEVA



00093026330	FLUOCINONIDE E 0.05 % CRM/TEVA
00093026392	FLUOCINONIDE E 0.05 % CRM/TEVA
00378073401	FLUOXETINE 10 MG TABLET/MYLAN
00378073493	FLUOXETINE 10 MG TABLET/MYLAN
00378443001	FLURAZEPAM 30MG CAP/MYLAN
00378443005	FLURAZEPAM 30MG CAP/MYLAN
45802005635	GENTAMICIN 0.1% CREAM/PERRIGO
45802004611	GENTAMICIN 0.1% OINT/PERRIGO
45802004635	GENTAMICIN 0.1% OINT/PERRIGO
61314063305	GENTAMICIN 0.3% EYE DROP/SANDOZ
45802005611	GENTAMICIN SULF 0.1% CREAM/PERRIGO
00713063986	HALOBETASOL PROP 0.05 % OINT/G&M
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-50TAB/MYLAN
00378135505	HCTZ TRIAM75 MG-50TAB/MYLAN
43478027015	HYDROCORTISONE BUTY 0.1% CREAM/ROUSES PT
43478027045	HYDROCORTISONE BUTY 0.1% CREAM/ROUSES PT
51672407406	HYDROCORTISONE BUTY 0.1% CREAM/TARO
00378037301	HYDROXYCHLOROQUINE 200 MG TAB/MYLAN
66993005702	HYDROXYCHLOROQUINE 200 MG TAB/PRASCO
00781140752	HYDROXYCHLOROQUINE 200 MG TAB/SANDOZ
00781140797	HYDROXYCHLOROQUINE 200 MG TAB/SANDOZ
68382009601	HYDROXYCHLOROQUINE 200 MG TAB/ZYDUS
68382009605	HYDROXYCHLOROQUINE 200 MG TAB/ZYDUS
53746046405	IBUPROFEN 400 MG TABLET/AMNEAL
00781169501	ISOSORB DINI20 MG TAB/SANDOZ
00781169510	ISOSORB DINI20 MG TAB/SANDOZ

68001022300	ISOSORBIDE DINIT 5MG TAB/BLUEPOINT
68001022308	ISOSORBIDE DINIT 5MG TAB/BLUEPOINT
00781163501	ISOSORBIDE DINIT 5MG TAB/SANDOZ
00781163510	ISOSORBIDE DINIT 5MG TAB/SANDOZ
00143176901	ISOSORBIDE DINIT 5MG TAB/WEST-WARD
00143176910	ISOSORBIDE DINIT 5MG TAB/WEST-WARD
49884002101	ISOSORBIDE DINITRATE 10MG TAB/PAR
49884002110	ISOSORBIDE DINITRATE 10MG TAB/PAR
49884002201	ISOSORBIDE DINITRATE 20MG TAB/PAR
49884002210	ISOSORBIDE DINITRATE 20MG TAB/PAR
49884000901	ISOSORBIDE DINITRATE 30MG TAB/PAR
49884002010	ISOSORBIDE DINITRATE 5MG TAB/PAR
49884002001	ISOSORBIDE DINITRATE 5MG TAB/PAR
66758017001	KLOR-CON M10 TAB/SANDOZ
66758017010	KLOR-CON M10 TAB/SANDOZ
66758017013	KLOR-CON M10 TAB/SANDOZ
66758017092	KLOR-CON M10 TAB/SANDOZ
00591060701	LABETALOL 300 MG TAB/ACTAVIS
68084045701	LABETALOL 300MG TAB/AHP
68084045711	LABETALOL 300MG TAB/AHP
68001020600	LABETALOL 300MG TAB/BLUEPOINT
68001020603	LABETALOL 300MG TAB/BLUEPOINT
00904593061	LABETALOL 300MG TAB/MAJOR
49884012401	LABETALOL 300MG TAB/PAR
49884012405	LABETALOL 300MG TAB/PAR
00185011801	LABETALOL 300MG TAB/SANDOZ
00185011805	LABETALOL 300MG TAB/SANDOZ
00172436660	LABETALOL 300MG TAB/TEVA
00591060505	LABETALOL HCL 100 MG TABLET/ACTAVIS
00527134501	LEVOTHYROXINE 100 MCG TABLET/LANNETT
00527134510	LEVOTHYROXINE 100 MCG TABLET/LANNETT
00378180901	LEVOTHYROXINE 100 MCG TABLET/MYLAN
00378180910	LEVOTHYROXINE 100 MCG TABLET/MYLAN
51079044201	LEVOTHYROXINE 100 MCG TABLET/MYLAN
51079044220	LEVOTHYROXINE 100 MCG TABLET/MYLAN
00781518410	LEVOTHYROXINE 100 MCG TABLET/SANDOZ
00781518492	LEVOTHYROXINE 100 MCG TABLET/SANDOZ
00527134701	LEVOTHYROXINE 125 MCG TAB/LANNETT
00527134710	LEVOTHYROXINE 125 MCG TAB/LANNETT

00378181301	LEVOTHYROXINE 125 MCG TAB/MYLAN
00378181310	LEVOTHYROXINE 125 MCG TAB/MYLAN
51079044301	LEVOTHYROXINE 125 MCG TAB/MYLAN
51079044320	LEVOTHYROXINE 125 MCG TAB/MYLAN
00781518610	LEVOTHYROXINE 125 MCG TAB/SANDOZ
00781518692	LEVOTHYROXINE 125 MCG TAB/SANDOZ
00527134901	LEVOTHYROXINE 150 MCG TAB/LANNETT
00527134910	LEVOTHYROXINE 150 MCG TAB/LANNETT
00378181501	LEVOTHYROXINE 150 MCG TAB/MYLAN
00378181510	LEVOTHYROXINE 150 MCG TAB/MYLAN
51079044501	LEVOTHYROXINE 150 MCG TAB/MYLAN
51079044520	LEVOTHYROXINE 150 MCG TAB/MYLAN
00781518710	LEVOTHYROXINE 150 MCG TAB/SANDOZ
00781518792	LEVOTHYROXINE 150 MCG TAB/SANDOZ
00527134101	LEVOTHYROXINE 25MCG TAB/LANNETT
00527134110	LEVOTHYROXINE 25MCG TAB/LANNETT
00378180001	LEVOTHYROXINE 25MCG TAB/MYLAN
00378180010	LEVOTHYROXINE 25MCG TAB/MYLAN
00527134201	LEVOTHYROXINE 50 MCG TABLET/LANNETT
00527134210	LEVOTHYROXINE 50 MCG TABLET/LANNETT
00378180301	LEVOTHYROXINE 50 MCG TABLET/MYLAN
00378180310	LEVOTHYROXINE 50 MCG TABLET/MYLAN
51079044001	LEVOTHYROXINE 50 MCG TABLET/MYLAN
51079044020	LEVOTHYROXINE 50 MCG TABLET/MYLAN
00781518110	LEVOTHYROXINE 50 MCG TABLET/SANDOZ
00781518192	LEVOTHYROXINE 50 MCG TABLET/SANDOZ
00527134301	LEVOTHYROXINE 75 MCG TABLET/LANNETT
00527134310	LEVOTHYROXINE 75 MCG TABLET/LANNETT
00378180501	LEVOTHYROXINE 75 MCG TABLET/MYLAN
00378180510	LEVOTHYROXINE 75 MCG TABLET/MYLAN
51079044101	LEVOTHYROXINE 75 MCG TABLET/MYLAN
51079044120	LEVOTHYROXINE 75 MCG TABLET/MYLAN
00781518210	LEVOTHYROXINE 75 MCG TABLET/SANDOZ
00781518292	LEVOTHYROXINE 75 MCG TABLET/SANDOZ
00527134401	LEVOTHYROXINE 88 MCG TAB/LANNETT
00527134410	LEVOTHYROXINE 88 MCG TAB/LANNETT
00378180701	LEVOTHYROXINE 88 MCG TAB/MYLAN
00378180710	LEVOTHYROXINE 88 MCG TAB/MYLAN
00781518392	LEVOTHYROXINE 88 MCG TAB/SANDOZ

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
68084082321	METHYLPHENIDATE 10 MG TABLET/AHP
53014053007	METHYLPHENIDATE 10MG TAB/UCB
68084086021	METHYLPHENIDATE 20 MG TABLET/AHP
53014053207	METHYLPHENIDATE 20MG TAB/UCB
00591588201	METHYLPHENIDATE 5 MG TAB/ACTAVIS
64720023710	METHYLPHENIDATE 5 MG TAB/COREPHARMA
68084080521	METHYLPHENIDATE 5 MG TABLET/AHP
00591588201	METHYLPHENIDATE 5MG TAB/ACTAVIS
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
00378617401	METOLAZONE 10MG TAB/MYLAN
00185560001	METOLAZONE 10MG TAB/SANDOZ
65580064571	METOLAZONE 10MG TAB/UCB
00378617201	METOLAZONE 2.5 MG TAB/MYLAN
51079002301	METOLAZONE 2.5 MG TAB/MYLAN
51079002320	METOLAZONE 2.5 MG TAB/MYLAN
65580064371	METOLAZONE 2.5 MG TAB/UCB

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
00168032346	METRONIDAZOLE 0.75% CREAM/FOUGERA
00713063337	METRONIDAZOLE 0.75% CREAM/G&W
43538018045	METRONIDAZOLE 0.75% CREAM/MEDIMETRIKS
66993096045	METRONIDAZOLE 0.75% CREAM/PRASCO
50111033301	METRONIDAZOLE 250 MG TAB/PLIVA
00591252101	METRONIDAZOLE 250 MG TABLET/ACTAVIS
00591521505	METRONIDAZOLE 500 MG TAB/ACTAVIS
00591521550	METRONIDAZOLE 500 MG TAB/ACTAVIS
68084096601	METRONIDAZOLE 500 MG TAB/AHP
68001023003	METRONIDAZOLE 500 MG TAB/BLUEPOINT
23155006501	METRONIDAZOLE 500 MG TAB/HERITAGE
23155006505	METRONIDAZOLE 500 MG TAB/HERITAGE
51079021719	METRONIDAZOLE 500 MG TAB/MYLAN
51079021720	METRONIDAZOLE 500 MG TAB/MYLAN
50111033401	METRONIDAZOLE 500 MG TAB/PLIVA
50111033402	METRONIDAZOLE 500 MG TAB/PLIVA
00713063415	MOMETASONE 0.1 % CRM/G&M
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
00574416035	NEOMYC-POLYM-DEXAMET EYE OINTM/PERRIGO
61570004510	NEOMYC-POLYM-GRAMICID EYE DROP/MONARCH
24208079062	NEOMYC-POLYM-GRAMICID EYE DROP/VALEANT
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 OINT/TARO
51672126302	NYST TRIAMCIN 100000 OINT/TARO
51672126303	NYST TRIAMCIN 100000 OINT/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
00168008930	NYSTATIN-TRIAMC OINT 30GM/SANDOZ
00168008915	NYSTATIN-TRIAMCINOLONE OINT/SANDOZ
00168008960	NYSTATIN-TRIAMCINOLONE OINT/SANDOZ
57664039108	OXAPROZIN 600MG TAB/CARACO
57664039113	OXAPROZIN 600MG TAB/CARACO
55111017001	OXAPROZIN 600MG TAB/DR. REDDY'S
55111017005	OXAPROZIN 600MG TAB/DR. REDDY'S
59762600201	OXAPROZIN 600MG TAB/GREENSTONE
00185014101	OXAPROZIN 600MG TAB/SANDOZ
00093092401	OXAPROZIN 600MG TAB/TEVA
00093092405	OXAPROZIN 600MG TAB/TEVA
00228206710	OXAZEPAM 10 MG CAP/ACTAVIS
00228206910	OXAZEPAM 10 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
68462020401	OXYCODONE 5 MG CAPSULE/GLENMARK
68308014501	OXYCODONE 5 MG CAPSULE/MIDLOTHIAN
68308002003	OXYCODONE HCL 100MG/5ML SOLN/MIDLOTHIAN
00054052244	OXYCODONE HCL 100MG/5ML SOLN/ROXANNE
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
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
00591299239	PHENADOZ 25 MG SUPPOSITORY
00591216139	PHENADOZ 25MG SUP/ACTAVIS
40076031812	PHENERGAN 12.5 MG SUPPOSITORY/PRESTIUM
40076031912	PHENERGAN 25 MG SUPPOSITORY/PRESTIUM
59762014001	PIROXICAM 10 MG CAPSULE / GREENSTONE
29033001201	PIROXICAM 10 MG CAPSULE / NOSTRUM
00093075601	PIROXICAM 10 MG CAPSULE / TEVA
29033001305	PIROXICAM 20 MG CAP/NOSTRUM
29033001301	PIROXICAM 20 MG CAP/NOSTRUM
00093075701	PIROXICAM 20 MG CAP/TEVA
00093075705	PIROXICAM 20 MG CAP/TEVA
59762014501	PIROXICAM 20 MG CAPSULE
62037071001	POTASSIUM CL ER 10 MEQ TAB/ACTAVIS
68084063201	POTASSIUM CL ER 10MEQ TAB/AHP
68084063211	POTASSIUM CL ER 10MEQ TAB/AHP
63739044604	POTASSIUM CL ER 10MEQ TAB/MCKESSON
63739044610	POTASSIUM CL ER 10MEQ TAB/MCKESSON

00781571001	POTASSIUM CL ER 10MEQ TAB/SANDOZ
00781571010	POTASSIUM CL ER 10MEQ TAB/SANDOZ
60505016805	PRAVASTATIN 10 MG TAB/APOTEX
60505016809	PRAVASTATIN 10 MG TAB/APOTEX
00093720298	PRAVASTATIN 40MG TAB/TEVA
00093720210	PRAVASTATIN 40MG TABLET/TEVA
61314063715	PREDNISOLONE 1% DROP/SANDOZ
60758011905	PREDNISOLONE AC 1% EYE DROP/PACIFIC
60758011910	PREDNISOLONE AC 1% EYE DROP/PACIFIC
60758011915	PREDNISOLONE AC 1% EYE DROP/PACIFIC
61314063705	PREDNISOLONE ACET 1 % DRP/SANDOZ
61314063710	PREDNISOLONE ACET 1 % DRP/SANDOZ
00603533832	PREDNISONONE 10 MG TABLET/QUALITEST
00054001725	PREDNISONONE 10 MG TABLET/ROXANE
00054001829	PREDNISONONE 20 MG TABLET/ROXANE
45802075830	PROMETHAZINE 12.5 MG SUPPOS/PERRIGO
40085021912	PROMETHAZINE 25 MG SUPP/RENAISSANCE
00713053612	PROMETHEGAN 12.5 MG SUP/G&M
00713052612	PROMETHEGAN 25 MG SUPP.RECT/G&W
00713052610	PROMETHEGAN 25 MG SUPP/G&W LABS
43478090188	PROPRANOLOL 80MG SA 24HR CAP/ROUSES POINT
43478090388	PROPRANOLOL ER 160 MG CAPS/ROUSES POINT
00228278111	PROPRANOLOL ER 160 MG CAPSULE/ACTAVIS
00228278150	PROPRANOLOL ER 160 MG CAPSULE/ACTAVIS
51991082001	PROPRANOLOL ER 160 MG CAPSULE/BRECKENRIDGE
00245008710	PROPRANOLOL ER 160 MG CAPSULE/UPSHER SMITH
00245008711	PROPRANOLOL ER 160 MG CAPSULE/UPSHER SMITH
43478090088	PROPRANOLOL ER 60 MG CAPS/ROUSES POINT
00228277811	PROPRANOLOL ER 60 MG CAPSULE/ACTAVIS
00228277850	PROPRANOLOL ER 60 MG CAPSULE/ACTAVIS
51991081701	PROPRANOLOL ER 60 MG CAPSULE/BRECKENRIDGE
00245008410	PROPRANOLOL ER 60 MG CAPSULE/UPSHER SMITH
00245008411	PROPRANOLOL ER 60 MG CAPSULE/UPSHER SMITH
53746025401	RANITIDINE 300MG TAB/AMNEAL
53746025402	RANITIDINE 300MG TAB/AMNEAL
53746025430	RANITIDINE 300MG TAB/AMNEAL
68462024901	RANITIDINE 300MG TAB/GELNMARK
68462024920	RANITIDINE 300MG TAB/GELNMARK
68462024930	RANITIDINE 300MG TAB/GELNMARK



00781188425	RANITIDINE 300MG TAB/SANDOZ
00781188431	RANITIDINE 300MG TAB/SANDOZ
00172435846	RANITIDINE 300MG TAB/TEVA
00172435860	RANITIDINE 300MG TAB/TEVA
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
53489014401	SPIRONOLACT/HCTZ 25/25 TAB/MUTUAL
53489014405	SPIRONOLACT/HCTZ 25/25 TAB/MUTUAL
53489014410	SPIRONOLACT/HCTZ 25/25 TAB/MUTUAL
00378014101	SPIRONOLACT/HCTZ 25/25 TAB/MYLAN
00378014105	SPIRONOLACT/HCTZ 25/25 TAB/MYLAN
51079010401	SPIRONOLACT/HCTZ 25/25 TAB/MYLAN
51079010420	SPIRONOLACT/HCTZ 25/25 TAB/MYLAN
59762501401	SPIRONOLACTONE-HCTZ 25-25 TAB/GREENSTONE
43598021040	SSD 1 % CRM/DR. REDDY
43598021050	SSD 1 % CRM/DR. REDDY
43598021055	SSD 1 % CRM/DR. REDDY
43598021085	SSD 1 % CRM/DR. REDDY
24208067004	SULFACETA NA10 % DRP/VALEANT
61314070101	SULFACETAMIDE NA 10 % DRP/SANDOZ
23155001801	TETRACYCLINE 500MG CAPS/HERRITAGE
00378100101	THIOTHIXENE 1 MG CAPSULE/MYLAN
00378501001	THIOTHIXENE 10 MG CAPSULE/MYLAN
00378200201	THIOTHIXENE 2 MG CAPSULE/MYLAN
00781222701	THIOTHIXENE 2 MG CAPSULE/SANDOZ
00378300501	THIOTHIXENE 5 MG CAPS/MYLAN
51079058801	THIOTHIXENE 5 MG CAPS/MYLAN
51079058820	THIOTHIXENE 5 MG CAPS/MYLAN
61314064305	TOBRAMYCIN SULF 0.3 % DRP/SANDOZ
00472011720	TRETINOIN 0.025% CREAM/ACTAVIS
00472011745	TRETINOIN 0.025% CREAM/ACTAVIS
45802018202	TRETINOIN 0.025% CREAM/PERRIGO
45802018242	TRETINOIN 0.025% CREAM/PERRIGO
43478024320	TRETINOIN 0.025% CREAM/ROUSES POINT
43478024345	TRETINOIN 0.025% CREAM/ROUSES POINT
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
59762371803	TRIAZOLAM 0.25 MG TAB/GREENSTONE
59762371804	TRIAZOLAM 0.25 MG TAB/GREENSTONE
00054485951	TRIAZOLAM 0.25 MG TAB/ROXANE
00054885925	TRIAZOLAM 0.25 MG TAB/ROXANE
00054485929	TRIAZOLAM 0.25 MG TABLET/ROXANE
16571016111	TRIHXYPHENIDYL 5 MG TABLET/PACK
24338085310	ZENZEDI 10 MG TABLET/ARBOR

**Electronic Cut-Off Schedule**

**Checkwrite Schedule**

May 1, 2015  
 May 8, 2015  
 May 15, 2015  
 May 22, 2015

May 5, 2015  
 May 12, 2015  
 May 19, 2015  
 May 27, 2015

*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.*

The 2015 checkwrite schedules can be found under **Quick Links** on the NCTracks [Provider Portal home page](#).

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Director, Division of Medical Assistance  
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NC Department of Health and Human Services

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