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**North Carolina
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Newsletter**

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Prescribers Not Enrolled in Medicaid

The Affordable Care Act established a new rule that prohibits N.C. Medicaid and Children's Health Insurance Programs [such as N.C. Health Choice (NCHC)] from paying for prescriptions written by prescribers who are not enrolled in Medicaid and NCHC programs.

On January 1st, 2013, pharmacy providers began to receive a message at point-of-sale for prescriptions written by prescribers not enrolled in the Medicaid program. The edit, 00951, states "M/I PRESCR ID - NO ID ON FILE" with EOB 02951 message "PRESCRIBER NPI NOT ON FILE. CONTACT PRESCRIBER AND REFILE WITH CORRECT NPI." Currently claims pay on this edit. **Claims will deny starting on November 1, 2014. This will hold true for original prescriptions and refills.**

Preferred Drug List (PDL) changes are posted for public comment

The Preferred Drug List (PDL) changes for 2014-2015 are posted for public comment through November 3, 2014 and can be viewed at <http://www.ncdhhs.gov/dma/mpproposed/index.htm>. This list will be reviewed at the PDL Public Panel meeting. Details for this meeting will be posted at <http://www.ncdhhs.gov/dma/pharmacy/pdl.htm> when they are made final.

Current Status of A+KIDS Program

Starting in November 2014, safety documentation for A+KIDS (Antipsychotics - Keeping It Documented for Safety) will be transitioning into the NCTracks Provider Portal Website, an online system where providers can submit prior approval requests. The last date that providers will be able to submit A+KIDS safety documentation through www.documentforsafety.com is **October 31, 2014**. The A+KIDS fax form will also remain available.

A widespread educational effort about A+KIDS safety documentation will occur when the NCTracks Provider Portal begins accepting A+KIDS requests.

History of A+KIDS

In April 2011, the N.C. Division of Medical Assistance partnered Community Care of North Carolina to implement a registry to document the use of antipsychotic therapy in N.C. Medicaid and N.C. Health Choice beneficiaries ages 0 through 17. A+KIDS was created due to well-documented safety concerns and limited information about the efficacy of using antipsychotic agents in children. A+KIDS encourages the use of appropriate baseline and follow-up monitoring parameters to facilitate the safe and effective use of antipsychotics in this population.

BRANDS Program to be Suspended

BRANDS (Brand Request-Adverse event Needs Documentation) program found at www.documentforsafety.org will suspend effective November 1, 2014. Information about the continuation or permanent discontinuation of BRANDS will occur at a future date.

The BRANDS program is a prior authorization process that requires documentation of an adverse event experienced by the patient with use of a generic equivalent. The BRANDS application allows the provider to request a brand name medication for a patient and document the adverse effect related to the generic equivalent at the same time.

Skyla and Paragard are available via Point-of Sale Pharmacy

Skyla and Paragard are now available via a prescription from retail pharmacies. Not all pharmacies may carry these products. Please contact the manufacturer for availability.

Procedures for Prior Authorization of Synagis for Respiratory Syncytial Virus (RSV) Season 2014/2015

The clinical criteria utilized by N.C. Medicaid for the 2014/2015 Respiratory Syncytial Virus (RSV) season are consistent with guidance published online July 28, 2014 by the American Academy of Pediatrics (AAP) Committee on Infectious Diseases and Bronchiolitis Guidelines Committee. This revised guidance for Synagis use among infants and children at increase risk of hospitalization for Respiratory Syncytial Virus (RSV) infection found at <http://pediatrics.aappublications.org/content/134/2/415.full.html> replaces the 2012 Red Book 29th edition recommendations.

Prior authorization (PA) is required for Medicaid coverage of Synagis. The coverage season is November 1, 2014 through March 31, 2015. The updated guidelines narrow the criteria for evidence-based use of Synagis. Providers are encouraged to review the new AAP guidance prior to the start of the RSV season. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) criteria are considered for Synagis requests.

Updated Guidelines for Evidenced Based Synagis Prophylaxis:

- Infants younger than 12 months at start of season with diagnosis:
 - Prematurity - born before 29 weeks 0 days gestation
 - Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and required greater than 21% oxygen for at least 28 days after birth)

- Hemodynamically significant acyanotic heart disease and receiving medication to control congestive heart failure and will require cardiac surgical procedures and; moderate to severe pulmonary hypertension
- Infants with cyanotic heart disease may receive prophylaxis with cardiologist recommendation.
- Infants during first year of life with diagnosis:
 - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airways
- Infants less than 24 months of age with diagnosis:
 - Profound immunocompromise during RSV season
 - CLD of prematurity (see above definition) and continue to require medical support (supplemental oxygen, chronic corticosteroid or diuretic therapy) during 6 month period before start of second RSV season
 - Cardiac transplantation during RSV season

PA Request

Submit all PA requests for coverage of Synagis during the coverage period electronically at www.documentforsafety.org. The web-based program will process PA information in accordance with the updated criteria. A PA request can automatically approve based on the criteria submitted. The program allows a provider to self-monitor the status of a request pending medical review. Up to five doses can be approved for coverage. Coverage of Synagis for neuromuscular disease or congenital anomaly that impairs ability to clear respiratory secretions from the upper airway will terminate when the beneficiary exceeds 12 months of age. Coverage of Synagis for CLD, profound immunocompromise or cardiac transplantation will terminate when the beneficiary exceeds 24 months of age.

Dose Authorization

Each Synagis dose will be individually authorized to promote efficient product distribution. After the initial approval, providers must submit a “**next dose request**” to obtain an authorization for each subsequent dose up to the approved number of doses. Providers should ensure the previously obtained supply of Synagis is administered before submitting a next dose request. Providers will fax each single dose authorization to the pharmacy distributor of choice.

If an infant received one or more Synagis doses prior to hospital discharge, the provider should indicate as part of the request the most recent date a dose was administered and the number of doses administered by the provider should be adjusted accordingly. If any infant or young child receiving monthly palivizumab prophylaxis experiences a breakthrough laboratory-confirmed RSV hospitalization, coverage of Synagis will be discontinued.

Pharmacy Distributor Information

Single dose, vial-specific authorizations, up to the maximum number of doses approved for the beneficiary, will be issued by N.C. Medicaid. It is important for the Synagis distributor to have the appropriate single dose authorization on hand and a paid claim prior to shipping Synagis. An individual dose authorization is required for each paid Synagis

claim. The claim should not exceed the quantity indicated on the authorization. Payment for a Synagis claim will be denied if a dose request was not completed by the provider.

Synagis claims processing will begin on October 28, 2014 to allow sufficient time for pharmacies to provide Synagis by November 1, 2014. Payment of Synagis claims with date of service before October 28, 2014 and after March 31, 2015, will not be allowed. Point of sale claims should not be submitted by the pharmacy distributor prior to the first billable date of service for the season. Pharmacy providers should always indicate an accurate days' supply when submitting claims to N.C. Medicaid.

Claims for Synagis doses that include multiple vial strengths must be submitted as a single compound drug claim. Synagis doses requiring multiple vial strengths that are submitted as individual claims will be subject to recoupment. Physicians and pharmacy providers are subject to audits of beneficiary records by the Division of Medical Assistance (DMA). Maintain Synagis dose authorizations in accordance with required record keeping time frames.

Provider Information

Providers without internet access should contact the N.C. Medicaid Outpatient Pharmacy Program at (919)855-4300 to facilitate submission of a PA request for Synagis. More information about the Synagis program is available at: www.documentforsafety.org.

Submitting a Request to Exceed Policy

The provider should use the **Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age** to request Synagis doses exceeding policy or for coverage outside the defined coverage period. The form is available on DMA's website at <http://www.ncdhhs.gov/dma/epsdt/>. Information about EPSDT coverage is found at (see <http://www.ncdhhs.gov/dma/epsdt/index.htm>.)

Technical Support

Technical support is available Monday to Friday from 8 a. m. to 5 p.m. at 1-855-272-6576 (local: 919-926-3986). Technical support can assist with provider registration, user name and password issues, beneficiary searches and other registry functions.

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 (PA). *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 PA 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.

NDC	NAME
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
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
00832102450	BACLOFEN 10 MG TAB UPSHER SMITH
00832102410	BACLOFEN 10MG TAB/UPSHIRE 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
00832102509	BACLOFEN 20 MG TAB UPSHER SMITH
00832102510	BACLOFEN 20 MG TAB UPSHER SMITH
00832102550	BACLOFEN 20 MG TAB UPSHER SMITH
00832102500	BACLOFEN 20MG TABLET UPSHIRE 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
64679090202	CAPTOPRIL 12.5MG 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
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
51672404709	CARBAMAZEPINE 100 MG SUS TARO
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
00185072401	CARISOPRODOL ASA 200-325MG TAB SANDOZ
00185072405	CARISOPRODOL ASA 200-325MG TAB SANDOZ
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 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
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

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
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
52054021610	DEXADRINE 10MG TAB/AMEDRA
13107003601	DEXTROAMPHETAMINE 10MG TAB/AUROBINDO
64720021610	DEXTROAMPHETAMINE 10MG TAB/COREPHARMA
52536051001	DEXTROAMPHETAMINE 10MG TAB/WILSHIRE
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
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
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
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
00185021401	ENALAPRIL MA20 MG TAB EON
60505003901	ETODOLAC 200MG CAP/APOTEX
51672401601	ETODOLAC 200MG CAP/TARO
68462010430	FLUCONAZOLE 200 MG TABLET GLENMARK
00172541360	FLUCONAZOLE 200 MG TABLET IVAX
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
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 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
43478027015	HYDROCORTISONE BUTY 0.1% CREAM/ROUSES PT
43478027045	HYDROCORTISONE BUTY 0.1% CREAM/ROUSES PT
51672407406	HYDROCORTISONE BUTY 0.1% CREAM/TARO
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
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 10MG TAB/AHP
53014053007	METHYLPHENIDATE 10MG TAB/UCB
68084086021	METHYLPHENIDATE 20MG TAB/AHP
53014053207	METHYLPHENIDATE 20MG TAB/UCB
53014053107	METHYLPHENIDATE 5MG TAB UCB
00591588201	METHYLPHENIDATE 5MG TAB/ACTAVIS
68084080521	METHYLPHENIDATE 5MG TAB/AHP
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
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
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 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
00168008930	NYSTATIN-TRIAMC OINT 30GM/SANDOZ
00168008915	NYSTATIN-TRIAMCINOLONE OINT SANDOZ
00168008960	NYSTATIN-TRIAMCINOLONE OINT SANDOZ
00093092401	OXAPROZIN 600MG TAB TEVA
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
00093092405	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
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
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 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

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
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	PREDNISONE 10 MG TABLET
00054001725	PREDNISONE 10 MG TABLET ROXANE
00054001829	PREDNISONE 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
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
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
23155001801	TETRACYCLINE 500MG CAPS/HERRITAGE
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
00054485929	TRIAZOLAM 0.25 MG TABLET ROXANE
16571016111	TRIHXYPHENIDYL 5 MG TABLET PACK
24338085310	ZENZEDI 10MG TAB/ARBOR

Electronic Cut-Off Schedule

October 3, 2014
October 10, 2014
October 17, 2014
October 24, 2014

Checkwrite Schedule

October 7, 2014
October 15, 2014
October 21, 2014
October 28, 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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