An Information Service of the Division of Health Benefits

NC Medicaid
Pharmacy Newsletter

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Published by Prime Therapeutics for the North Carolina Medicaid Program

Did you know… *You can locate override codes in the Pharmacy Provider Manual on the Provider Portal:* ***NC Medicaid Direct Pharmacy Provider Manual***

Prior Authorization Guidance

NC Medicaid Pharmacy Benefit team would like to offer some clarifications and guidance to make the prior authorization process more efficient for providers, pharmacies and Medicaid beneficiaries. This information is included in the Pharmacy Newsletter to inform specialty pharmacies which complete prior authorizations on behalf of prescribers.

The drug lookup tool, available in the Pharmacy Benefits Administrator (PBA) portal may be used to determine if NC Medicaid requires prior authorization for specific drugs. Information provided by the drug lookup tool does not guarantee coverage or payment from the program. Some covered drugs may be a medical benefit only.

All managed care plans must apply the same clinical criteria as the state. Clinical criteria is available on the PBA portal under the Clinical Criteria tab. Per the August 10, 2026 NC Medicaid Bulletin, NC Medicaid Managed Care plans may implement utilization management strategies, such as prior authorization, up to Food and Drug Administration (FDA) labeling and medically acceptable indications in cases where the state is silent. Please refer to the beneficiary's specific managed care plan for prior authorization requirements.

Each NC Medicaid plan, including fee for service and managed care plans, accepts electronic prior authorizations (ePAs) through CoverMyMeds from prescribing providers or their authorized representative.

For authorization requests for medically acceptable indications or dosing outside of FDA-approved dosing, providers should submit all chart notes and supporting evidence from one of the four approved compendia (listed below) with the initial request. This applies to all plans. All documentation and evidence submitted with the initial request is reviewed for approval. **Submission of all relevant documentation and evidence with the initial prior authorization request may avoid requests for additional information, unnecessary denials, appeal or mediation**. The **provider** has the responsibility to supply relevant evidence from one or more of the four approved compendia for review.

Per NC Medicaid Clinical Coverage Policy 9:

- Medically accepted indication means any use for a covered outpatient drug which is approved under the Federal Food, Drug, and Cosmetic Act, or the use of which is supported by **one or more citations included or**

approved for inclusion in any of the compendia described in Section 1927 (g)(1)(B)(i) of the Social Security Act. The compendia include:

a. American Hospital Formulary Service Drug Information
b. United States Pharmacopeia-Drug Information (or its successor publications);
c. DRUGDEX Information System; or
d. As per 1927(d)(1)(B)(ii), peer-reviewed medical literature.

In the event a request is denied, the prescriber's office is notified of the denial; the beneficiary receives the denial along with the appeal information via mail. In Medicaid, the appeal rights belong to the beneficiary. Beneficiaries may delegate their appeal rights to their prescriber's office. Appeal requests must be submitted within 30 days of the date the denial notice was mailed.

Drug Enforcement Agency (DEA) Certification Required for Prescribing Controlled Substances

Beginning Nov. 1, 2026, pharmacy claims for controlled substances will be denied if the prescriber does not have an active DEA certification on their NCTracks provider enrollment record.

Pharmacies can expect to see the following reject code "25 – M/I Prescriber ID" with additional messaging stating "Missing or Invalid DEA certification on record. Prescriber should contact NCTracks to update DEA record on file." Pharmacy providers should advise prescribers to update their DEA certification on file with NCTracks. Prime Therapeutics will not provide overrides for this reject code.

Prescribers can submit a Manage Change Request (MCR) through the NCTracks Secure Provider Portal. An MCR typically takes 7 to 10 business days to process. Pharmacy providers should request a new prescription from a different provider if the Medicaid beneficiary needs their prescription before the MCR is processed.

NC Medicaid Coverage for Influenza Test and Treat Services in Pharmacies

Effective Nov. 23, 2026, NC Medicaid will cover and reimburse pharmacy providers for test and treat services for influenza when these services are performed by an NC Medicaid-enrolled immunizing pharmacist for both NC Medicaid Direct and managed care plans. (For information on Medicaid enrollment follow this link Immunizing Pharmacists Enrollment).

Enacted by the North Carolina General Assembly, Session Law 2025-37 (HB 67) authorizes pharmacists to order and perform Clinical Laboratory Improvement Amendments (CLIA)-waived influenza tests and, when clinically appropriate, initiate treatment based on the test results in accordance with North Carolina Board of Pharmacy Statewide Protocols. (Statewide Protocols).

Reimbursement and Billing Information

Claims for Influenza Test and Treat services will be processed through the Point-of-Sale (POS) Pharmacy Claims System.

- Reimbursement includes:
    - Reimbursement for the test (based on the Pharmacy Fee Schedule)
    - Plus a **$32.50 administration fee**.
- No dispensing fee will be paid for the test.
- A $4 copayment applies, subject to the beneficiary's Medicaid eligibility and copayment requirements.

Coverage Requirements

- At-home self-administered tests are not covered by NC Medicaid.
- Pharmacies providing this service must:
    - Be located within the state of North Carolina.
    - Maintain documentation of test results and the associated patient visit for audit purposes.
- Covered products are listed on the NC Medicaid Pharmacy Fee Schedule. Additional NDCs may be added in the future.

Important: To receive reimbursement, pharmacies must ensure that the National Drug Code (NDC) for the test administered is included on the NC Medicaid Pharmacy Fee Schedule.

Claim Submission Requirements

NC Medicaid Direct

- Pharmacies must submit claims with a **Level of Service (NCPDP Field 418-DI)** value of **05** on the POS pharmacy claim.

NC Medicaid Managed Care

Pharmacies should consult each managed care website for plan-specific billing and claim submission requirements. For NC Medicaid Managed Care health plans, refer to Health Plan Contacts and Resources.

By expanding pharmacist authority and reimbursement for influenza test and treat services, NC Medicaid supports timely access to testing and treatment while helping beneficiaries receive care in accessible community pharmacy settings.

Participation in the CMS GENEROUS Model

NC Medicaid has signed the State Participation Agreement and is now actively engaged in the Centers for Medicare & Medicaid (CMS) GENEROUS Model. The GENEROUS Model (short for *GENErating cost Reductions FOR US Medicaid*) is a voluntary federal initiative designed to lower Medicaid drug spending through internationally referenced Most Favored Nation pricing. The model began on **Jan. 1, 2026**, and will run through **Dec. 31, 2030**.

Through this initiative, CMS negotiates pricing and key coverage terms with participating manufacturers, giving states access to nationally negotiated arrangements that reduce drug costs and expand access to important therapies. NC maintains the flexibility to **select only the drugs that offer the best value**, ensuring thoughtful and targeted adoption of products that support improved access and quality. North Carolina remains committed to advancing lower costs and stronger value for the people we serve, and we look forward to the benefits this model will bring to our members.

Medicare Part D Coverage for Dual-Eligible Beneficiaries

Medicare Part D is the primary payer for Part D-covered prescription medications for beneficiaries who have both Medicare and NC Medicaid. NC Medicaid does not cover Medicare Part D copays.

Beneficiaries with full Medicaid coverage automatically qualify for Medicare Extra Help, also known as the Low-Income Subsidy (LIS). Beneficiaries who qualify for Medicaid or Extra Help but do not yet have Medicare Part D coverage may qualify for temporary prescription drug coverage through the Limited Income Newly Eligible Transition (LINET) program.

What Pharmacy Providers Should Do When a Medicaid Beneficiary Has Medicare:

Verify Medicare Part D Enrollment

Submit an E1 eligibility query using the beneficiary's Medicare information. Part D plan enrollment information may be available up to 90 days before the query.

- If the E1 query identifies a Medicare Part D plan, submit the claim to that plan using the BIN and PCN provided.
- If the E1 query does not identify a Part D plan, continue to Step 2.

Verify eligibility for Medicare and Medicaid or Extra Help

Verify eligibility using:

- Medicaid ID card

- Current Medicaid award letter with effective dates
- State eligibility verification system
- Notice from Medicare or the Social Security Administration awarding Extra Help

Submit the claim to LINET if the beneficiary is eligible

- **BIN**: 015599
- **PCN**: 05440000
- **Group ID**: Leave Blank
- **Cardholder ID**: Medicare Beneficiary Identifier (MBI) from the beneficiary's Medicare card or the ID returned on the E1 eligibility query

If the beneficiary cannot provide evidence of current Medicare and Medicaid or Extra Help eligibility, do not submit the LINET claim. Refer the beneficiary to the Seniors' Health Insurance Information Program (SHIIP) for help.

For LINET claims or eligibility assistance, call the Humana LINET Service Center at **1-800-783-1307**, Monday through Friday, 8 a.m. to 5 p.m.

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 approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (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 approval requirement if an emergency supply is indicated. **Use a "3" in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill.**

Note: Copayments will apply. There is no limit to the number of times the emergency supply can be used.

Checkwrite Schedule for November 2026

Electronic Cutoff Schedule	Checkwrite Date
October 29, 2026	November 3, 2026
November 5, 2026	November 10, 2026
November 12, 2026	November 17, 2026
November 19, 2026	November 24, 2026

POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cutoff date to be included in the next checkwrite.

The 2026 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the home page.

Reminder: As stated in the published approved 2026 checkwrite schedule, "NCTracks will issue 50 checkwrites per fiscal year. The payment cycle will be weekly, exceptions being the last week of June (end of State fiscal year) and the last week of the calendar year."

The last checkwrite date for the State fiscal year was June 23, 2026. There was no checkwrite on June 30, 2026. The first checkwrite for the new State fiscal year was on July 7, 2026.

Preferred Drug List Changes – Effective Nov. 5, 2026

In 2009, the North Carolina Department of Health and Human Services (NCDHHS) established the NC Medicaid Preferred Drug List (PDL) to allow NC Medicaid to ensure access to cost efficient as well as medically appropriate drug therapies that maximize patient health outcomes for all NC Medicaid beneficiaries.

The PDL Review Panel was established the following year to review the PDL recommendations received from NCDHHS, NC Medicaid and the Physician Advisory Group Pharmacy and Therapeutics (PAG P&T) Committee to classify prescription medications as preferred or nonpreferred on the PDL. The NC Medicaid PDL Review Panel currently meets on a quarterly basis, with PDL changes occurring on the first of the month in January, April, July and October. Ad hoc PDL changes may be made in the interim to address patient safety, product shortages, or products with significant financial impact.

Below is a summary of the PDL changes effective Nov. 5, 2026:

Effective Nov. 5, 2026, clinical criteria will be updated for the following policies:

- Epinephrine Auto-Injections

- Hematinics

Clinical criteria will be newly implemented for the following policy:

- Ctexli

Updated clinical criteria will be posted to Prime's web portal at: Forms and Documents - North Carolina DHHS - Portal

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) *Current as of Nov. 1, 2026*

When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

Brand Name	Generic Name
ACTIVELLA 1 MG-0.5 MG TABLET	ABIGALE 1 MG-0.5 MG TABLET
ADVAIR 100-50 DISKUS	FLUTICASONE-SALMETEROL 100-50
ADVAIR 100-50 DISKUS	WIXELA 100-50 INHUB
ADVAIR 250-50 DISKUS	FLUTICASONE-SALMETEROL 250-50
ADVAIR 250-50 DISKUS	WIXELA 250-50 INHUB
ADVAIR 500-50 DISKUS	FLUTICASONE-SALMETEROL 500-50
ADVAIR 500-50 DISKUS	WIXELA 500-50 INHUB
ADVAIR HFA 115-21 MCG INHALER	FLUTICASONE-SALMETEROL 115-21
ADVAIR HFA 230-21 MCG INHALER	FLUTICASONE-SALMETEROL 230-21
ADVAIR HFA 45-21 MCG INHALER	FLUTICASONE-SALMETEROL 45-21
ALPHAGAN P 0.1% DROPS	BRIMONIDINE TARTRATE 0.1% DROP
ALPHAGAN P 0.15% EYE DROPS	BRIMONIDINE TARTRATE 0.15% DRP
ANORO ELLIPTA 62.5-25 MCG INH	UMECLIDINIUM-VILANTERO 62.5-25
ARNUITY ELLIPTA 100 MCG INH	FLUTICASONE ELLIPTA 100MCG INH
ARNUITY ELLIPTA 200 MCG INH	FLUTICASONE ELLIPTA 200MCG INH
ARNUITY ELLIPTA 50 MCG INH	FLUTICASONE ELLIPTA 50 MCG INH
ATROVENT 17 MCG HFA INHALER	IPRATROPIUM BR 17 MCG HFA INH
BETHKIS 300 MG/4 ML AMPULE	TOBRAMYCIN 300 MG/4 ML AMPULE
BRIVIACT 10 MG TABLET	BRIVARACETAM 10 MG TABLET

BRIVIACT 10 MG/ML ORAL SOLN	BRIVARACETAM 10 MG/ML ORAL SOL
BRIVIACT 100 MG TABLET	BRIVARACETAM 100 MG TABLET
BRIVIACT 25 MG TABLET	BRIVARACETAM 25 MG TABLET
BRIVIACT 50 MG TABLET	BRIVARACETAM 50 MG TABLET
BRIVIACT 75 MG TABLET	BRIVARACETAM 75 MG TABLET
BUPHENYL 500 MG TABLET	SODIUM PHENYLBUTYRATE 500MG TB
BUPHENYL POWDER	SODIUM PHENYLBUTYRATE POWDER
BUTRANS 10 MCG/HR PATCH	BUPRENORPHINE 10 MCG/HR PATCH
BUTRANS 15 MCG/HR PATCH	BUPRENORPHINE 15 MCG/HR PATCH
BUTRANS 20 MCG/HR PATCH	BUPRENORPHINE 20 MCG/HR PATCH
BUTRANS 5 MCG/HR PATCH	BUPRENORPHINE 5 MCG/HR PATCH
BUTRANS 7.5 MCG/HR PATCH	BUPRENORPHINE 7.5 MCG/HR PATCH
BYETTA 10 MCG DOSE PEN INJ	EXENATIDE 10 MCG DOSE PEN INJ
BYETTA 5 MCG DOSE PEN INJ	EXENATIDE 5 MCG DOSE PEN INJ
CARBAGLU 200 MG TAB FOR SUSP	CARGLUMIC ACID 200 MG TAB SUSP
CELONTIN 300 MG CAPSULE	METHSUXIMIDE 300 MG CAPSULE
CIPRO 10% SUSPENSION	CIPROFLOXACIN 500 MG/5 ML SUSP
CIPRO 5% SUSPENSION	CIPROFLOXACIN 250 MG/5 ML SUSP
COMBIGAN 0.2%-0.5% EYE DROPS	BRIMONIDINE-TIMOLOL 0.2%-0.5%
COPAXONE 20 MG/ML SYRINGE	GLATIRAMER 20 MG/ML SYRINGE
COPAXONE 20 MG/ML SYRINGE	GLATOPA 20 MG/ML SYRINGE
DENAVIR 1% CREAM	PENCICLOVIR 1% CREAM
DERMA-SMOOTHE-FS BODY OIL	FLUOCINOLONE 0.01% BODY OIL
DERMA-SMOOTHE-FS SCALP OIL	FLUOCINOLONE 0.01% SCALP OIL
DICLEGIS DR 10-10 MG TABLET	DOXYLAMINE-PYRIDOXINE 10-10 MG
DIFFERIN 0.1% CREAM	ADAPALENE 0.1% CREAM
DIFFERIN 0.3% GEL PUMP	ADAPALENE 0.3% GEL PUMP
DYMISTA NASAL SPRAY	AZELASTIN-FLUTIC 137-50MCG SPR
EMFLAZA 18 MG TABLET	DEFLAZACORT 18 MG TABLET
EMFLAZA 18 MG TABLET	JAYTHARI 18 MG TABLET
EMFLAZA 18 MG TABLET	KYMBEE 18 MG TABLET
EMFLAZA 22.75 MG/ML ORAL SUSP	DEFLAZACORT 22.75 MG/ML SUSP
EMFLAZA 22.75 MG/ML ORAL SUSP	JAYTHARI 22.75 MG/ML ORAL SUSP

EMFLAZA 22.75 MG/ML ORAL SUSP	KYMBEE 22.75 MG/ML ORAL SUSP
EMFLAZA 22.75 MG/ML ORAL SUSP	PYQUVI 22.75 MG/ML ORAL SUSP
EMFLAZA 30 MG TABLET	DEFLAZACORT 30 MG TABLET
EMFLAZA 30 MG TABLET	JAYTHARI 30 MG TABLET
EMFLAZA 30 MG TABLET	KYMBEE 30 MG TABLET
EMFLAZA 36 MG TABLET	DEFLAZACORT 36 MG TABLET
EMFLAZA 36 MG TABLET	JAYTHARI 36 MG TABLET
EMFLAZA 36 MG TABLET	KYMBEE 36 MG TABLET
EMFLAZA 6 MG TABLET	DEFLAZACORT 6 MG TABLET
EMFLAZA 6 MG TABLET	JAYTHARI 6 MG TABLET
EMFLAZA 6 MG TABLET	KYMBEE 6 MG TABLET
EPRONTIA 25 MG/ML SOLUTION	TOPIRAMATE 25 MG/ML SOLUTION
EXELON 13.3 MG/24HR PATCH	RIVASTIGMINE 13.3 MG/24HR PTCH
EXELON 4.6 MG/24HR PATCH	RIVASTIGMINE 4.6 MG/24HR PATCH
EXELON 9.5 MG/24HR PATCH	RIVASTIGMINE 9.5 MG/24HR PATCH
FARXIGA 10 MG TABLET	DAPAGLIFLOZIN 10 MG TABLET
FARXIGA 5 MG TABLET	DAPAGLIFLOZIN 5 MG TABLET
FELBATOL 400 MG TABLET	FELBAMATE 400 MG TABLET
FELBATOL 600 MG TABLET	FELBAMATE 600 MG TABLET
FORTEO 560 MCG/2.24 ML PEN INJ	TERIPARATIDE 560MCG/2.24ML PEN
FYCOMPA 0.5 MG/ML ORAL SUSP	PERAMPANEL 0.5 MG/ML ORAL SUSP
FYCOMPA 10 MG TABLET	PERAMPANEL 10 MG TABLET
FYCOMPA 12 MG TABLET	PERAMPANEL 12 MG TABLET
FYCOMPA 2 MG TABLET	PERAMPANEL 2 MG TABLET
FYCOMPA 4 MG TABLET	PERAMPANEL 4 MG TABLET
FYCOMPA 6 MG TABLET	PERAMPANEL 6 MG TABLET
FYCOMPA 8 MG TABLET	PERAMPANEL 8 MG TABLET
INCRUSE ELLIPTA 62.5 MCG INH	UMECLIDINIUM ELLIPTA 62.5 MCG
JANUMET 50-1,000 MG TABLET	SITAGLIPTIN PHOS-METF 50-1,000
JANUMET 50-500 MG TABLET	SITAGLIPTIN PHOS-METFOR 50-500
JANUMET XR 100-1,000 MG TABLET	SITAGLIP PHOS-METF ER 100-1000
JANUMET XR 50-1,000 MG TABLET	SITAGLIP PHOS-METF ER 50-1,000
JANUMET XR 50-500 MG TABLET	SITAGLIP PHOS-METF ER 50-500
JANUVIA 100 MG TABLET	SITAGLIPTIN PHOS 100 MG TABLET
JANUVIA 25 MG TABLET	SITAGLIPTIN PHOSPHATE 25 MG TB
JANUVIA 50 MG TABLET	SITAGLIPTIN PHOSPHATE 50 MG TB
KITABIS PAK 300 MG/5 ML	TOBRAMYCIN PAK 300 MG/5 ML
LOTEMAX 0.5% EYE DROPS	LOTEPREDNOL ETABONATE 0.5% DRP
MYRBETRIQ ER 25 MG TABLET	MIRABEGRON ER 25 MG TABLET

MYRBETRIQ ER 50 MG TABLET	MIRABEGRON ER 50 MG TABLET
NEXIUM DR 10 MG PACKET	ESOMEPRAZOLE DR 10 MG PACKET
NEXIUM DR 2.5 MG PACKET	ESOMEPRAZOLE DR 2.5 MG PACKET
NEXIUM DR 20 MG PACKET	ESOMEPRAZOLE DR 20 MG PACKET
NEXIUM DR 40 MG PACKET	ESOMEPRAZOLE DR 40 MG PACKET
NEXIUM DR 5 MG PACKET	ESOMEPRAZOLE DR 5 MG PACKET
NUVESSA VAGINAL 1.3% GEL	METRONIDAZOLE VAGINAL 1.3% GEL
OXTELLAR XR 150 MG TABLET	OXCARBAZEPINE ER 150 MG TABLET
OXTELLAR XR 300 MG TABLET	OXCARBAZEPINE ER 300 MG TABLET
OXTELLAR XR 600 MG TABLET	OXCARBAZEPINE ER 600 MG TABLET
OXYCONTIN ER 10 MG TABLET	OXYCODONE HCL ER 10 MG TABLET
OXYCONTIN ER 20 MG TABLET	OXYCODONE HCL ER 20 MG TABLET
OXYCONTIN ER 40 MG TABLET	OXYCODONE HCL ER 40 MG TABLET
OXYCONTIN ER 80 MG TABLET	OXYCODONE HCL ER 80 MG TABLET
PREMARIN 0.3 MG TABLET	CONJUGATED ESTROGENS 0.3 MG TB
PREMARIN 0.45 MG TABLET	CONJUGATED ESTROGENS 0.45MG TB
PREMARIN 0.625 MG TABLET	CONJUGATED ESTROGEN 0.625MG TB
PREMARIN 0.9 MG TABLET	CONJUGATED ESTROGENS 0.9 MG TB
PREMARIN 1.25 MG TABLET	CONJUGATED ESTROGENS 1.25MG TB
PROGLYCEM 50 MG/ML ORAL SUSP	DIAZOXIDE 50 MG/ML ORAL SUSP
PROMACTA 12.5 MG SUSPEN PACKET	ELTROMBOPAG 12.5 MG SUSP PKT
PROMACTA 12.5 MG TABLET	ELTROMBOPAG 12.5 MG TABLET
PROMACTA 25 MG SUSPENSION PCKT	ELTROMBOPAG 25 MG SUSP PACKET
PROMACTA 25 MG TABLET	ELTROMBOPAG 25 MG TABLET
PROMACTA 50 MG TABLET	ELTROMBOPAG 50 MG TABLET
PROMACTA 75 MG TABLET	ELTROMBOPAG 75 MG TABLET
PROTONIX 40 MG SUSPENSION	PANTOPRAZOLE DR 40 MG SUSP PKT
PROVIGIL 100 MG TABLET	MODAFINIL 100 MG TABLET
PROVIGIL 200 MG TABLET	MODAFINIL 200 MG TABLET

PYLERA 140-125-125 MG CAPSULE	BISMUTH-METRO-TETR 140-125-125
PYZCHIVA 45 MG/0.5 ML VIAL	USTEKINUMAB-TTWE 45MG/0.5ML VL
RESTASIS 0.05% EYE EMULSION	CYCLOSPORINE 0.05% EYE EMULS
SABRIL 500 MG TABLET	VIGABATRIN 500 MG TABLET
SABRIL 500 MG TABLET	VIGADRONE 500 MG TABLET
SANDOSTATIN LAR DEPOT 10 MG KT	OCTREOTIDE ACET ER 10 MG IM VL
SANDOSTATIN LAR DEPOT 10 MG VL	OCTREOTIDE ACET ER 10 MG IM VL
SANDOSTATIN LAR DEPOT 20 MG KT	OCTREOTIDE ACET ER 20 MG IM VL
SANDOSTATIN LAR DEPOT 20 MG VL	OCTREOTIDE ACET ER 20 MG IM VL
SANDOSTATIN LAR DEPOT 30 MG KT	OCTREOTIDE ACET ER 30 MG IM VL
SANDOSTATIN LAR DEPOT 30 MG VL	OCTREOTIDE ACET ER 30 MG IM VL
SF ROWASA 4 GM/60 ML ENEMA	MESALAMINE 4 GM/60 ML ENEMA
SPIRIVA HANDIHALER 18 MCG CAP	TIOTROPIUM 18 MCG CAP-INHALER
SUBOXONE 12 MG-3 MG SL FILM	BUPRENORPHINE-NALOX 12-3MG FLM
SUBOXONE 2 MG-0.5 MG SL FILM	BUPRENORPHINE-NALOX 2-0.5MG FM
SUBOXONE 4 MG-1 MG SL FILM	BUPRENORPHINE-NALOX 4-1MG FILM
SUBOXONE 8 MG-2 MG SL FILM	BUPRENORPHINE-NALOX 8-2MG FILM
SYMBICORT 160-4.5 MCG INHALER	BREYNA 160-4.5 MCG INHALER
SYMBICORT 160-4.5 MCG INHALER	BUDESONIDE-FORMOTEROL 160-4.5
SYMBICORT 80-4.5 MCG INHALER	BREYNA 80-4.5 MCG INHALER
SYMBICORT 80-4.5 MCG INHALER	BUDESONIDE-FORMOTEROL 80-4.5
TEKTURNA 300 MG TABLET	ALISKIREN 300 MG TABLET
TRACLEER 125 MG TABLET	BOSENTAN 125 MG TABLET
TRACLEER 62.5 MG TABLET	BOSENTAN 62.5 MG TABLET
TRAVATAN Z 0.004% EYE DROP	TRAVOPROST 0.004% EYE DROP
VAGIFEM 10 MCG VAGINAL TAB	ESTRADIOL 10 MCG VAGINAL INSRT
VAGIFEM 10 MCG VAGINAL TAB	YUVAFEM 10 MCG VAGINAL INSERT
VAGIFEM 10 MCG VAGINAL TAB	YUVAFEM 10 MCG VAGINAL TABLET
VICTOZA 2-PAK 18 MG/3 ML PEN	LIRAGLUTIDE 18 MG/3 ML PEN
VICTOZA 2-PAK 18 MG/3 ML PEN	LIRAGLUTIDE 2-PAK 18 MG/3 ML
VICTOZA 2-PAK 18 MG/3 ML PEN	LIRAGLUTIDE 3-PAK 18 MG/3 ML
VICTOZA 3-PAK 18 MG/3 ML PEN	LIRAGLUTIDE 18 MG/3 ML PEN
VICTOZA 3-PAK 18 MG/3 ML PEN	LIRAGLUTIDE 2-PAK 18 MG/3 ML
VICTOZA 3-PAK 18 MG/3 ML PEN	LIRAGLUTIDE 3-PAK 18 MG/3 ML
VYVANSE 10 MG CAPSULE	LISDEXAMFETAMINE 10 MG CAPSULE

VYVANSE 20 MG CAPSULE	LISDEXAMFETAMINE 20 MG CAPSULE
VYVANSE 30 MG CAPSULE	LISDEXAMFETAMINE 30 MG CAPSULE
VYVANSE 40 MG CAPSULE	LISDEXAMFETAMINE 40 MG CAPSULE
VYVANSE 50 MG CAPSULE	LISDEXAMFETAMINE 50 MG CAPSULE
VYVANSE 60 MG CAPSULE	LISDEXAMFETAMINE 60 MG CAPSULE
VYVANSE 70 MG CAPSULE	LISDEXAMFETAMINE 70 MG CAPSULE
XARELTO 2.5 MG TABLET	RIVAROXABAN 2.5 MG TABLET
XELJANZ 10 MG TABLET	TOFACITINIB 10 MG TABLET
XELJANZ 5 MG TABLET	TOFACITINIB 5 MG TABLET
XIGDUO XR 10 MG-1,000 MG TAB	DAPAGLIFLOZIN-METFO ER 10-1000
XIGDUO XR 10 MG-500 MG TABLET	DAPAGLIFLOZIN-METFOR ER 10-500
XIGDUO XR 5 MG-1,000 MG TABLET	DAPAGLIFLOZIN-METFOR ER 5-1000
XIGDUO XR 5 MG-500 MG TABLET	DAPAGLIFLOZIN-METFOR ER 5-500
XOPENEX HFA 45 MCG INHALER	LEVALBUTEROL TAR HFA 45MCG INH
ZYVOX 100 MG/5 ML SUSPENSION	LINEZOLID 100 MG/5 ML SUSP

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