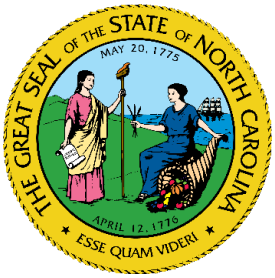

An Information Service of the Division of Health Benefits

NC Medicaid
Pharmacy Newsletter

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In This Issue...

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

Drug Enforcement Administration (DEA) Certification Required on NCTracks Provider File 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.

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.

Vaya and Partners Merge Effective Oct. 1, 2026

Vaya and Partners, two of NC Medicaid's Tailored Plans, will merge effective Oct. 1, 2026. The merged plans will operate under the name Vaya Partners. Vaya Partners will serve members across 47 counties.

Members previously enrolled in Vaya or Partners will be automatically enrolled with Vaya Partners when the merger is complete. Prescription claims for Vaya Partners members will process through Navitus, which is the PBM for Vaya currently.

PBM information for all prepaid health plans (PHPs) is found on the Pharmacy Services Webpage. Follow the billing guidance for PBM Processor Navitus when submitting claims for Vaya Partners members.

Opill Without a Prescription Pharmacy Coverage

Over-the-counter oral contraceptive Opill is available *without a prescription* at no cost.

NC Medicaid beneficiaries may obtain the over the counter (OTC) oral contraceptive Opill without a prescription and at no cost. While NC Medicaid encourages establishing care with a medical home, coverage without a prescription allows Medicaid beneficiaries easy access to the product and reduces barriers such as having to make an appointment to get a prescription, needing transportation to the appointment, or even a lack of health care providers in the community. Medicaid beneficiaries will be able to get Opill from pharmacies enrolled in Medicaid who will be able to submit the claim for reimbursement.

Billing Remainder of a Third-Party Prescription to Medicaid

As required by federal law, Medicaid is the "payer of last resort". Pharmacies should submit the claim to all third-party insurance carriers, including Medicare and private health insurance carriers, prior to submitting a claim to Medicaid for processing. Additionally, providers must report payment or denial details from third-party carriers on claims filed for Medicaid payment.

When a pharmacy claim is submitted, NCTracks checks for third-party coverage on the beneficiary's eligibility file. If coverage is found, the claim is denied for "other coverage," and a message is returned by the Point of Sale (POS) system informing the provider that the beneficiary has third-party coverage for that date of service. The other third party must be billed as the primary payor, then Medicaid can be billed as the secondary payor.

In the event that the beneficiary cannot produce another insurance or the beneficiary states they do not have other insurance, the pharmacy can use one of the following override codes to process the claim for payment by Medicaid by placing the appropriate override in the "Override Codes for Cost Avoidance Process - Claim Segment defined as 308-C8 (Other Coverage Code)". If one of these codes is used, NC Medicaid pays the pharmacy and seeks reimbursement from the third-party for payment. The pharmacy cannot be held liable for any payments made in these cases.

- **01**= No Other Coverage Identified
- **02** = Other Coverage Exists - Payment Collected (the member has other coverage, and the payor has returned a payment amount)
- **03** = Other Coverage Exists - This Claim Not Covered (claim not covered under primary Third-Party Plan)
- **04** = Other Coverage Exists - Payment Not Collected (used when the member has other coverage and that payor has accepted the claim but did not return any payment.

Refer to Pharmacy Policy 9 on the NC Medicaid's Pharmacy Services Clinical Coverage Policies page for the full detail language about cost avoidance at medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies.

*Codes may vary by managed care plan. These are the specific codes for NC Medicaid Direct.

Use of the Pharmacy National Provider Identifier for Point of Sale (POS) Protocol Claims Ended May 2, 2026

Since August 2023, when the State Health Director Standing Orders ended and the Statewide Board of Pharmacy Protocols became effective, use of the Pharmacy National Provider Identifier (NPI) as the prescriber on POS claims for protocol drugs was allowed until May 2, 2026. This was necessary to pay claims submitted for dispensing a protocol drug. See August 2023 Pharmacy Newsletter article titled "State Health Director Standing Orders to be replaced by State Protocols in August 2023" for details about the transition. An excerpt from the August 2023 article follows:

"The protocols are intended for pharmacist use; however, immunizing pharmacists are not currently enrolled providers in NC Medicaid. Until pharmacists have the ability to enroll in NC Medicaid as a provider the pharmacy NPI should be used as the prescriber when utilizing the protocols for a NC Medicaid beneficiary…"

Effective **May 2, 2026,** the pharmacy NPI is not allowed in the prescriber field on POS claims for any of the five Statewide BOP Protocols below.

- Nicotine Replacement Therapy
- Hormonal Contraception
- Prenatal Vitamin
- Glucagon
- HIV PEP

Immunizing pharmacists are encouraged to become an NC Medicaid provider. The Pharmacy Newsletter regularly features an article about the January 2024 start of Immunizing Pharmacist enrollment as an Ordering Prescribing Referring (OPR) provider. The article titled "Immunizing Pharmacist Enrollment in NC Medicaid Contraceptives and NRT Protocol Reimbursement to Pharmacies" was most recently in the February 2026 Pharmacy Newsletter. The article has information about how to enroll and obtain reimbursements for the protocols.

72-Hour Emergency Supply Available for Drugs Requiring Prior Authorization

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 September 2026

Electronic Cutoff Schedule	Checkwrite Date
Aug. 27, 2026	Sept. 1, 2026
Sept. 3, 2026	Sept. 9, 2026
Sept. 10, 2026	Sept. 15, 2026
Sept. 17, 2026	Sept. 22, 2026
Sept. 24, 2026	Sept. 29, 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 July 7, 2026.

Preferred Drug List (PDL) Changes - Effective Oct. 1, 2026

In 2009, the North Carolina Department of Health and Human Services (NCDHHS) established the NC Medicaid PDL 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 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 that will be effective Oct. 1, 2026:

ANALGESICS

- Neuropathic Pain
    - Tonmya Sublingual Tablet moved to class Neuropathic Pain from Skeletal Muscle Relaxants

ANTICONVULSANTS

- Carbamazepine Derivatives
    - Trileptal Suspension moved to Non-Preferred
- Second Generation
    - Lacosamide Solution moved to Preferred

ANTI-INFECTIVES, SYSTEMIC; ANTIBIOTICS

- Lincosamides and Oxazolidinones
    - Linezolid Suspension moved to Non-Preferred
    - Zyvox Suspension moved to Preferred
- Macrolides and Ketolides
    - E.E.S. 200 mg Suspension moved to Non-Preferred
    - Erythromycin EC Capsule moved to Non-Preferred
- Nitroimidazoles (Gastrointestinal Antibiotics)
    - Neomycin Tablet moved to Preferred
    - Tinidazole Tablet moved to Preferred
- Antivirals (Hepatitis C Agents)
    - Vosevi Tablet moved to Non-Preferred
- Antivirals (Influenza)
    - Rimantadine Tablet moved to Non-Preferred

CARDIOVASCULAR

- Beta Blockers
    - Hemangeol Solution moved to Non-Preferred
- PCSK9
    - Praluent Pen added to Preferred
    - Evekeeza IV, Redemplo Syringe, Tryngolza Autoinjector added to Non-Preferred

ENDORCINOLOGY

- Glucagon Agents (New PDL Class)
    - Added as Preferred: Baqsimi Nasal Spray, Glucagon Emergency Kit (all manufacturers except Amphastar), Gvoke Pen/Syringe/Vial, Proglycem Oral Suspension
    - Added as Non-Preferred: Diazoxide Oral Suspension, Glucagon Emergency Kit (Manufacturer: Amphastar), Glucagon Injection, Zegalogue Syringe/Autoinjector
- Premixed 70/30 Combination Insulin
    - Novolog Mix 70/30 Vial/FlexPen moved to Preferred
- GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes
    - Mounjaro Pen moved to Preferred
- Octreotides and Related (New PDL Class)
    - Added as Preferred: Octreotide acetate Ampule/Syringe, Sandostatin LAR depot vial
    - Added as Non-Preferred: Lanreotide acetate syringe, Mycapssa Capsule, Octreotide acetate Vial, Palsonify Tablet, Signifor Injection, Signifor LAR Injection, Somatuline depot Injection

GASTROINTESTINAL

- H. Pylori Combinations
    - Voquezna Tablet/Dual Pak and Triple Pak moved to Preferred
- Selective Constipation Agents
    - Prucalopride Tablet moved to Preferred
- Ulcerative Colitis: Oral
    - Mesalamine ER Capsule moved to Preferred

GENITOURINARY/RENAL

- Urinary Antispasmodics
    - Darifenacin ER Tablet moved to Preferred
    - Trospium Tablet/ER Capsule moved to Preferred

OPHTHALMIC

- Anti-Inflammatory
    - Ketorolac Solution moved to Preferred

OSTEOPOROSIS

- Bone Resorption Suppression and Related Agents
    - Enoby Syringe moved to Preferred
    - Bildyos Syringe moved to Non-Preferred

RESPIRATORY

- Beta-Adrenergic Handheld, Long Acting
    - Albuterol HFA Inhaler (generic for Ventolin HFA Inhaler) moved to Non-Preferred
- Intranasal Rhinitis Agents
    - Mometasone Nasal Spray moved to Preferred

TOPICALS

- Acne Agents
    - Tretinoin Cream moved to Preferred
- Androgenic Agents
    - Testosterone Gel Packet (generic for Vogelxo) moved to Preferred
- Antibiotics – Vaginal
    - Xaciato Vaginal Gel moved to Preferred
    - Clindesse Vaginal Cream moved to Non-Preferred
- Antiparasitics
    - Spinosad Topical Suspension moved to Preferred
- Psoriasis
    - Vtama Cream moved to Preferred

MISCELLANEOUS

- Weight Management Agents
    - Wegovy HD, Foundayo Tablet added to Preferred
    - Zepbound Pen/KwikPen moved to Preferred
- Immunomodulators, Asthma
    - Tezspire Pen/Syringe, Xolair Vial moved to Preferred
- Oral/Transdermal Estrogen Agents and Other
    - Lynkuet Capsule moved to Preferred
- Potassium Binders (New PDL Class)
    - Added to Preferred: Lokelma Powder, SPS Suspension, Sodium polystyrene sulfonate Powder
    - Added to Non-Preferred: Lokelma Unit Dose, Kionex Suspension, Veltassa Powder

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL)

Current as of April 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
NATROBA 0.9% TOPICAL SUSP	SPINOSAD 0.9% TOPICAL SUSP
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
PENTASA 500 MG CAPSULE	MESALAMINE ER 500 MG CAPSULE
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

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
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

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