# NLPDP Coverage Status Table

**Effective September 2018**

<table>
<thead>
<tr>
<th>DIN</th>
<th>Label Name</th>
<th>Benefit Status</th>
<th>Limitation</th>
<th>NIDPF</th>
<th>PACKAGE SIZE</th>
<th>NLPDP LIST PRICE</th>
<th>NIDPF MLP</th>
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<td>02234510</td>
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Effective September 2018
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<th>DIN</th>
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<th>PACKAGE SIZE</th>
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<td>None</td>
<td>No</td>
<td>30</td>
<td>0.7594</td>
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NLPDP Coverage Status Table
September 2018

A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin.
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<th>DIN</th>
<th>Label Name</th>
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<th>Limitation</th>
<th>NIDPF</th>
<th>PACKAGE SIZE</th>
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<td>02426757</td>
<td>ACH-CAPECITABINE 150MG TABLET</td>
<td>SPEC AUTH</td>
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<td>Yes</td>
<td>60</td>
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<td>Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.</td>
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<td>For use in Methadone Maintenance Therapy only.</td>
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<td>02453916</td>
<td>ACT BUPRENORPHINE/NALOXONE 8MG/2MG SUBLINGUAL TABLET</td>
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<td>For use in Methadone Maintenance Therapy only.</td>
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<td>ACT BUPROPION XL 150MG TABLET</td>
<td>OPEN</td>
<td>a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
<td>Yes</td>
<td>500</td>
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<tr>
<td>02439662</td>
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<td>a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
<td>Yes</td>
<td>500</td>
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<td>ACT METFORMIN 500 MG TABLET</td>
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<td>SPEC AUTH</td>
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<td>AG-ZOLMITRIPTAN ODT 2.5MG TABLET</td>
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<td>Coverage limited to 6 doses/30 days. Yes 100 3.8559 3.8559</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>Beneficiary of CSSD No 15 0.6437</td>
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<td>00977064</td>
<td>ALCOHOL PREP - SWABS</td>
<td>OPEN</td>
<td>Beneficiary of CSSD. Beneficiary must have eligibility under the Cystic Fibrosis Program.</td>
<td>No</td>
<td>100</td>
<td>0.0209</td>
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<td>00180408</td>
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<td>None</td>
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<td>ALDACTAZIDE 50 TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>0.5422</td>
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<td>00285455</td>
<td>ALDACTONE 100 MG TABLET</td>
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<td>None</td>
<td>No</td>
<td>100</td>
<td>0.3953</td>
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<td>00028606</td>
<td>ALDACTONE 25 MG TABLET</td>
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<td>None</td>
<td>No</td>
<td>100</td>
<td>0.1677</td>
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<td>02239505</td>
<td>ALDARA 5% CREAM</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>7.5</td>
<td>14.5888</td>
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<td>00016578</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>02381486</td>
<td>ALENDRONATE 10MG TABLET</td>
<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
<td>28</td>
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<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
<td>100</td>
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<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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<td>4</td>
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<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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<td>50</td>
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<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
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<td>1.6706</td>
<td>0.3735</td>
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<td>02236974</td>
<td>ALESSE 21 TABLETS</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
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<td>ALESSE 28 TABLETS</td>
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<td>02229492</td>
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<td>02382067</td>
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<td>Limit of one per year without Special Authorization</td>
<td>No</td>
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<td>02466821</td>
<td>ALMOTRIPTAN 12.5MG TABLET</td>
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<td>Coverage limited to 6 doses/30 days</td>
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<td>0.0772</td>
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<td>Yes</td>
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<td>0.9760</td>
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<td>02283182</td>
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<td>OPEN</td>
<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
<td>No</td>
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<td>0.0657</td>
<td>0.0639</td>
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<td>02285606</td>
<td>ALVESCO 100 MCG AEROSOL INH</td>
<td>OPEN</td>
<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
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<td>OPEN</td>
<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
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<td>ALYSENA 28 TABLET</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
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<td>AMARYL 1 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>30</td>
<td>1.0497</td>
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<td>SPEC AUTH</td>
<td>None</td>
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<td>02260077</td>
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<td>Yes</td>
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<td>02455897</td>
<td>APO-CABERGOLINE 0.5MG TABLET</td>
<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Dostinex Norprolac or Bromocriptine in past year.</td>
<td>Yes</td>
<td>8</td>
<td>13.5096</td>
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<td>00682047</td>
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<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan. Beneficiary of CSSD.</td>
<td>No</td>
<td>100</td>
<td>0.0222</td>
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<td>00682039</td>
<td>APO-CAL 500 TABLET</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan. Beneficiary of CSSD. Special Authorization for beneficiaries undergoing dialysis.</td>
<td>No</td>
<td>500</td>
<td>0.0699</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
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### NLPDP Coverage Status Table
#### September 2018

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## NLPDP Coverage Status Table
### September 2018

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<td>APO-MONTELUKAST 10MG TABLET</td>
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<td>Yes</td>
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<td>02377608</td>
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<td>02377616</td>
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<td>OPEN</td>
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<td>OPEN</td>
<td>None</td>
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<td>No</td>
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<td>02393433</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>200</td>
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<td>0.0461</td>
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<td>02229524</td>
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<td>Yes</td>
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<td>02248398</td>
<td>APO-OFLOXACIN 0.3% DROPS</td>
<td>OPEN</td>
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<td>Yes</td>
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<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>1.1588</td>
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<td>02281791</td>
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<td>SPEC AUTH</td>
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<td>0.1931</td>
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<td>02333015</td>
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<td>02360624</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>APO-OLMESARTAN/HCTZ 20MG/12.5MG TABLET</td>
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<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>02305054</td>
<td>APO-OLOPATADINE 0.1% OPHTHALMIC SOLUTION</td>
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<td>None</td>
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<td>02288184</td>
<td>APO-ONDANSETRON 4MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
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<td>APO-ONDANSETRON 8MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
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<td>02236783</td>
<td>APO-ORCIPRENALINE 10 MG/5 ML</td>
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<td>None</td>
<td>Yes</td>
<td>250</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>APO-OXCARBAZEPINE 150 MG TA</td>
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<td>02163543</td>
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<td>02324628</td>
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<td>Limit of 1 per day without Special Authorization</td>
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<td>00642223</td>
<td>APO-PEN-VK 125 MG/5 ML SUSP</td>
<td>OPEN</td>
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<td>APO-PERINDOPRIL 2MG TABLET</td>
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<td>None</td>
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<td>0.1779</td>
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<td>APO-PHENYTOIN SODIUM 100MG CAPSULE</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>1000</td>
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<td>APO-PIMOZIDE 2 MG TAB</td>
<td>OPEN</td>
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<td>SPEC AUTH</td>
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Effective September 2018
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# NLPDP Coverage Status Table

**September 2018**

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## NLPDP Coverage Status Table
### September 2018

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### NLPDP Coverage Status Table

#### September 2018

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<td>02194155</td>
<td>ARISTOSPAN 20 MG/ML VIAL</td>
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<td>01926713</td>
<td>ARILDIN 6 MG TABLET</td>
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<td>No</td>
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<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
<td>No</td>
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<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
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<td>02242705</td>
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<td>None</td>
<td>Yes</td>
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<td>01917056</td>
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<td>None</td>
<td>Yes</td>
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<td>02229837</td>
<td>ARTHROTEC 75 TABLET</td>
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<td>None</td>
<td>Yes</td>
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<td>0.4672</td>
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<td>01997580</td>
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<td>No</td>
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<td>None</td>
<td>No</td>
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<td>02438690</td>
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<td>No</td>
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<td>None</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
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<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
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<td>0.2486</td>
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<td>OPEN</td>
<td>Limit of 1.5 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
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<td>ATACAND PLUS 16-12.5 MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
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<td>Yes</td>
<td>100</td>
<td>0.0992</td>
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<td>800</td>
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<td>0.0969</td>
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<td>02041413</td>
<td>ATIVAN 0.5 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>0.0431</td>
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<td>0.1900</td>
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<td>OPEN</td>
<td>None</td>
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<td>0.2553</td>
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<td>02094703</td>
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<td>None</td>
<td>No</td>
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<td>SPEC AUTH</td>
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<td>02163705</td>
<td>ATROVENT 21MCG NASAL SPRAY</td>
<td>OPEN</td>
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<td>No</td>
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<td>ATROVENT HFA 20MCG/ACT AERS</td>
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<td>02388545</td>
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<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
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<td>02388553</td>
<td>AURO-ALENDRONATE 70MG TABLET</td>
<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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<td>2.2905</td>
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<td>02388073</td>
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<td>None</td>
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<td>None</td>
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<td>SPEC AUTH</td>
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<td>SPEC AUTH</td>
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<td>1.0919</td>
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<td>AURO-ARIPIPRAZOLE 2MG TABLET</td>
<td>SPEC AUTH</td>
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<td>SPEC AUTH</td>
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<td>AURO-CANDESARTAN HCT 32MG/25MG TABLET</td>
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<td>Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.</td>
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## NLPDP Coverage Status Table

**September 2018**

### DIN | Label Name | Benefit Status | Limitation | NIDPF | PACKAGE SIZE | NLPDP LIST PRICE | NIDPF MLP
---|---|---|---|---|---|---|---
02403331 | AURO-LOSARTAN 50MG TABLET | OPEN | Limit of 1.5 per day without Special Authorization. | Yes | 100 | 0.3430 | 0.3430
02423650 | AURO-LOSARTAN HCT 100MG/12.5MG TABLET | OPEN | Limit of 1 per day without Special Authorization. | Yes | 100 | 0.3359 | 0.3359
02423669 | AURO-LOSARTAN HCT 100MG/25MG TABLET | OPEN | Limit of 1 per day without Special Authorization. | Yes | 100 | 0.3430 | 0.3430
02423642 | AURO-LOSARTAN HCT 50MG/12.5MG TABLET | OPEN | Limit of 1 per day without Special Authorization. | Yes | 100 | 0.3430 | 0.3430
02390892 | AURO-MELOXICAM 15MG TABLET | OPEN | None | Yes | 100 | 0.2519 | 0.2519
02390884 | AURO-MELOXICAM 7.5MG TABLET | OPEN | None | Yes | 100 | 0.2183 | 0.2183
02438275 | AURO-METFORMIN 500MG TABLET | OPEN | None | Yes | 500 | 0.0269 | 0.0269
02438283 | AURO-METFORMIN 850MG TABLET | OPEN | None | Yes | 500 | 0.0370 | 0.0370
02470284 | AURO-METRONIDAZOLE 500MG CAPSULE | OPEN | None | Yes | 100 | 0.5972 | 0.5972
02411695 | AURO-MIRTAZAPINE 15MG TABLET | OPEN | Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization. | No | 100 | 0.4069 |
02411709 | AURO-MIRTAZAPINE 30MG TABLET | OPEN | Initial fills are limited to a maximum 30 days | Yes | 100 | 0.3726 | 0.3726
02299801 | AURO-MIRTAZAPINE OD 15MG TABLET | OPEN | Initial fills are limited to a maximum 30 days | Yes | 30 | 0.1127 | 0.1127
02299828 | AURO-MIRTAZAPINE OD 30MG TABLET | OPEN | Initial fills are limited to a maximum 30 days | Yes | 30 | 0.2255 | 0.2255
02299836 | AURO-MIRTAZAPINE OD 45MG TABLET | OPEN | Initial fills are limited to a maximum 30 days | Yes | 30 | 0.3382 | 0.3382
02430487 | AURO-MODAFINIL 100MG TABLET | SPEC AUTH | Initial fills are limited to a maximum 30 days | Yes | 100 | 0.3735 | 0.3735
02401274 | AURO-MONTELUKAST 10MG TABLET | SPEC AUTH | None | Yes | 90 | 0.4612 | 0.4612
02422867 | AURO-MONTELUKAST 4MG CHEWABLE TABLET | SPEC AUTH | None | Yes | 90 | 0.3006 | 0.3006
02422875 | AURO-MONTELUKAST 5MG CHEWABLE TABLET | SPEC AUTH | None | Yes | 90 | 0.3359 | 0.3359
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## NLPDP Coverage Status Table
### September 2018

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Effective September 2018
# NLPDP Coverage Status Table
## September 2018

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## NLPDP Coverage Status Table
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## NLPDP Coverage Status Table

**September 2018**

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A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year.
B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin. 

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Effective September 2018
# NLPDP Coverage Status Table

**September 2018**

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<tr>
<th>DIN</th>
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<th>Limitation</th>
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**Effective September 2018**
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<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
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## NLPDP Coverage Status Table

**September 2018**

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# NLPDP Coverage Status Table

September 2018

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Effective September 2018
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<td>02325675</td>
<td>CO OLanzapine 7.5MG Tablet</td>
<td>SPEC AUTH</td>
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<td>Yes</td>
<td>0.5794</td>
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<td>02327570</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>02296357</td>
<td>CO Ondansetron 8MG Tablet</td>
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<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
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<td>Yes</td>
<td>5.5710</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>02302861</td>
<td>CO Pioglitazone 15 MG Tablet</td>
<td>SPEC AUTH</td>
<td>None</td>
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<td>02297302</td>
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<td>02297337</td>
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<td>02248182</td>
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<td>Yes</td>
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<td>02316099</td>
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<td>02316080</td>
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<td>02295482</td>
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<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
<td>Yes</td>
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<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
<td>Yes</td>
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<td>CO REPAGLINIDE 2MG TABLET</td>
<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
<td>Yes</td>
<td>100</td>
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<td>02282585</td>
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<td>02282615</td>
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<td>250</td>
<td>0.7826</td>
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<td>1.0436</td>
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<td>Yes</td>
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<td>4.1475</td>
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<td>02374749</td>
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<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
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<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
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<td>02248104</td>
<td>CO SIMVASTATIN 10 MG TAB</td>
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<td>OPEN</td>
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<td>0.4089</td>
<td>0.2726</td>
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<td>02248106</td>
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<td>OPEN</td>
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<td>Yes</td>
<td>500</td>
<td>0.4089</td>
<td>0.2726</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
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<td>100</td>
<td>0.2355</td>
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<td>Yes</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>100</td>
<td>0.0477</td>
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<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>100</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>02395290</td>
<td>CO TEMOZOLOMIDE 140MG CAPSULE</td>
<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>02254727</td>
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<td>02287773</td>
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<td>02331748</td>
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<td>Yes</td>
<td>100</td>
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<td>Yes</td>
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<td>100</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
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<td>02304333</td>
<td>CO VENLAFAXINE XR 150 MG CAP</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>0.2100</td>
<td>0.2100</td>
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<td>CO VENLAFAXINE XR 37.5 MG CAP</td>
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<td>0.0995</td>
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<td>02304325</td>
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<td>02271931</td>
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<td>Yes</td>
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<td>02163748</td>
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<td>02163780</td>
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<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
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<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
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<td>02230302</td>
<td>CODEINE CONTIN 50 MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>60</td>
<td>0.3971</td>
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<td>00050024</td>
<td>CODEINE PHOS 25 MG/5 ML SIROP</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>500</td>
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<td>00003220</td>
<td>CODEINE PHOS TAB 15MG</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
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<td>00604623</td>
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<td>No</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>02132680</td>
<td>COLESTID 1GM TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
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<td>00642975</td>
<td>COLESTID GRANULES</td>
<td>OPEN</td>
<td>None</td>
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<td>COLESTID ORANGE 7.5 GRANULE</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>225</td>
<td>0.1597</td>
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<td>00677442</td>
<td>COLYTE SOLUTION</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan.</td>
<td>No</td>
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<td>01944363</td>
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<td>No</td>
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<td>02248347</td>
<td>COMBIGAN DROPS</td>
<td>OPEN</td>
<td>None</td>
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<td>02419106</td>
<td>COMBIVENT RESPIMAT INHALER</td>
<td>OPEN</td>
<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
<td>No</td>
<td>120</td>
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<td>02231675</td>
<td>COMBIVENT UDV SOLUTION</td>
<td>SPEC AUTH</td>
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<td>Yes</td>
<td>50</td>
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<td>02239213</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>00977307</td>
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<td>OPEN</td>
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<td>00977828</td>
<td>COMPANION STRIPS STP 40%</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
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<td>02243763</td>
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<td>SPEC AUTH</td>
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<td>00977119</td>
<td>CONTOUR BLOOD GLUCOSE</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
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<td>97799460</td>
<td>CONTOUR NEXT BLOOD GLUCOSE TEST STRIPS (50's)</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
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<td>SPEC AUTH</td>
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<td>OPEN</td>
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<td>00213071</td>
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NLPDP Coverage Status Table
September 2018

Effective September 2018
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### NLPDP Coverage Status Table
#### September 2018

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# NLPDP Coverage Status Table

September 2018

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**Effective September 2018**
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<td>00525596</td>
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<td>Yes</td>
<td>100</td>
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<td>Yes</td>
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<td>00762954</td>
<td>FER-IN-SOL 15 MG/ML DROPS</td>
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<td>Beneficiary must have eligibility under the CF Plan.  Beneficiary of CSSD.</td>
<td>No</td>
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<td>00017884</td>
<td>FER-IN-SOL 150 MG/5 ML SYRUP</td>
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<td>No</td>
<td>250</td>
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<td>00378739</td>
<td>FERMENTOL 100 MG/30 ML LIQUID</td>
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<td>No</td>
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<td>No</td>
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<td>02436523</td>
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<td>00031089</td>
<td>FERROUS FUMARATE 300 MG TAB</td>
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<td>No</td>
<td>500</td>
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<td>No</td>
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<td>02408163</td>
<td>FIBRISTAL 5MG TABLET</td>
<td>SPEC AUTH</td>
<td>Duration of treatment will not exceed three months per patient per lifetime.</td>
<td>No</td>
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<td>02270811</td>
<td>FINACEA ACID 15% Gel</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>50</td>
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<td>None</td>
<td>Yes</td>
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<td>None</td>
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<tr>
<td>00977852</td>
<td>FINGERSTIX STRIP</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>200</td>
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<td>00176206</td>
<td>FIORINAL C 1/2 CAPSULE</td>
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<td>FIRST CANADIAN HEALTH LANCET 28G 0.37MM</td>
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<td>No</td>
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<td>No</td>
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<td>01926861</td>
<td>FLAGYL 10% CREAM</td>
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<td>No</td>
<td>60</td>
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<td>01926853</td>
<td>FLAGYL 500 MG Capsule</td>
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<td>Yes</td>
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<td>0.5972 0.5972</td>
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<td>01926845</td>
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<td>No</td>
<td>55</td>
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<td>01926829</td>
<td>FLAGYSTATIN VAGINAL OVULE</td>
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<td>No</td>
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<td>00323098</td>
<td>FLAMAZINE 1% CREAM</td>
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<td>No</td>
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<td>00108065</td>
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<td>No</td>
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<td>02230845</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
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<td>02230848</td>
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<td>None</td>
<td>No</td>
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<td>02238123</td>
<td>FLOMAX 0.4 MG SA CAPSULE</td>
<td>OPEN</td>
<td>Limit of 2 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
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<td>0.2659</td>
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<td>02270102</td>
<td>FLOMAX CR 0.4MG TABLET SR</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>02086026</td>
<td>FLORINEF 0.1 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
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<td>02237245</td>
<td>FLOVENT DISKUS 100MCG/BLS</td>
<td>OPEN</td>
<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
<td>No</td>
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<td>OPEN</td>
<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
<td>No</td>
<td>60</td>
<td>0.7743</td>
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<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
<td>No</td>
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<td>02244292</td>
<td>FLOVENT HFA 125 MCG INHALER</td>
<td>OPEN</td>
<td>Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization</td>
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<td>01968408</td>
<td>FLOXIN 400 MG TABLET</td>
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<td>No</td>
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<td>None</td>
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<td>02156008</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>No</td>
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<td>02156016</td>
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<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
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<td>100</td>
<td>0.6391</td>
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<td>02156040</td>
<td>FLUANXOL DEPOT 100 MG/ML VL</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>No</td>
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<td>02156032</td>
<td>FLUANXOL DEPOT 20 MG/ML VIAL</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>No</td>
<td>10</td>
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<td>02246226</td>
<td>FLUDARA 10MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>20</td>
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<td>02426544</td>
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<td>No</td>
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<td>00716782</td>
<td>FLUODERM 0.01% CREAM</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
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<td>00012882</td>
<td>FLUOURACIL 50 MG/ML VIAL</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
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<td>FLURAZEPAM 15 MG CAPSULE</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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# NLPDP Coverage Status Table
**September 2018**

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## NLPDP Coverage Status Table
### September 2018

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## NLPDP Coverage Status Table
### September 2018

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## NLPDP Coverage Status Table

**September 2018**

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NLPDP Coverage Status Table
September 2018

Effective September 2018
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## NLPDP Coverage Status Table

### September 2018

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*NIDPF Coverage Status Table*  
*September 2018*  

*Effective September 2018*
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<td>30</td>
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<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
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<td>Yes</td>
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<td>02458411</td>
<td>JAMP-OLOPATADINE 0.1% OPHTHALMIC SOLUTION</td>
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<td>Yes</td>
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<td>500</td>
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<td>02313685</td>
<td>JAMP-ONDANSETRON 4MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>10</td>
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<td>OPEN</td>
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<td>Yes</td>
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<td>JAMP-PANTOPRAZOLE 40MG TABLET</td>
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<td>Yes</td>
<td>500</td>
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<td>02368862</td>
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<td>0.6685</td>
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<td>None</td>
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<td>90</td>
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<td>SPEC AUTH</td>
<td>None</td>
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<td>None</td>
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<td>Yes</td>
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<td>02330423</td>
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<td>Yes</td>
<td>500</td>
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<td>02330458</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>02331128</td>
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<td>0.0891</td>
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<tr>
<td>02368552</td>
<td>JAMP-RISEDRONATE 35MG TABLET</td>
<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
<td>4</td>
<td>2.1568</td>
<td>2.1568</td>
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<td>02359529</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>0.1129</td>
<td>0.1129</td>
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<td>02359537</td>
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<td>0.1891</td>
<td>0.1891</td>
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<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>500</td>
<td>0.2613</td>
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<td>02454319</td>
<td>JAMP-RISPERIDONE 1MG/ML ORAL SOLUTION</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>0.5402</td>
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<td>02359553</td>
<td>JAMP-RISPERIDONE 2MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>500</td>
<td>0.5227</td>
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<td>02359561</td>
<td>JAMP-RISPERIDONE 3MG TABLET</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>0.7826</td>
<td>0.7826</td>
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<td>02359588</td>
<td>JAMP-RISPERIDONE 4MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>1.0436</td>
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<td>02380463</td>
<td>JAMP-RIZATRIPTAN 10MG TABLET</td>
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<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
<td>30</td>
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<td>JAMP-RIZATRIPTAN 5MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
<td>6</td>
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<td>JAMP-RIZATRIPTAN IR 10MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
<td>6</td>
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<td>4.1475</td>
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<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
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<td>6</td>
<td>4.0385</td>
<td>4.0385</td>
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<td>OPEN</td>
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<td>Yes</td>
<td>6</td>
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<td>OPEN</td>
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<td>6</td>
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<td>02352338</td>
<td>JAMP-ROPINIROLE 0.25MG TABLET</td>
<td>OPEN</td>
<td>None</td>
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<td>100</td>
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<td>JAMP-ROPINIROLE 1MG TABLET</td>
<td>OPEN</td>
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<td>Yes</td>
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<td>02357178</td>
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<td>Yes</td>
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<td>100</td>
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<td>Yes</td>
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<td>02435616</td>
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<td>Yes</td>
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<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
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<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>No</td>
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<td>SPEC AUTH</td>
<td>Beneficiary must have eligibility under the CF Plan. Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>No</td>
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<td>02410389</td>
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<td>Beneficiary must have eligibility under the CF Plan</td>
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<td>97799594</td>
<td>LB BLOOD GLUCOSE TEST 100CT.</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
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<td>00682314</td>
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<td>00977153</td>
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<td>00727695</td>
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<td>OPEN</td>
<td>None</td>
<td>No</td>
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<td>00884502</td>
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<td>02239833</td>
<td>LUPRON DEPOT 30 MG VIAL</td>
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<td>No</td>
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<td>00836273</td>
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<td>No</td>
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<td>LUTERA 21 TABLET</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
<td>21</td>
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<td>0.5053</td>
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<td>02401207</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
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<td>01919369</td>
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<td>0.4287</td>
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<td>01919342</td>
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<td>0.2385</td>
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<td>00716863</td>
<td>LYDERM 0.05% CREAM</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
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<td>02236997</td>
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<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>60</td>
<td>0.3931</td>
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<td>02236996</td>
<td>LYDERM 0.05% OINTMENT</td>
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<td>None</td>
<td>No</td>
<td>60</td>
<td>0.3656</td>
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<td>00690198</td>
<td>M.O.S. 10 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>0.1845</td>
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<td>00776203</td>
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<td>No</td>
<td>50</td>
<td>0.9199</td>
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<td>02009765</td>
<td>M.O.S. SULPHATE 10 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
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<td>M.O.S. SULPHATE 5 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>0.1265</td>
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<td>0.5219</td>
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<td>02063662</td>
<td>MACROBID 100 MG CAPSULE</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>Yes</td>
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<td>00966827</td>
<td>MAGIC BULLET SUPPOSITORIES 10M</td>
<td>OPEN</td>
<td>Beneficiary of CSSD</td>
<td>No</td>
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<td>01927639</td>
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<td>00499013</td>
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<td>None</td>
<td>No</td>
<td>100</td>
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<td>00899356</td>
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<td>02166747</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
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<td>1.0795</td>
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<td>02396327</td>
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<td>Yes</td>
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<td>Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.</td>
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<td>SPEC AUTH</td>
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### NLPDP Coverage Status Table
**September 2018**

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<td>MINT-CIPROFLOXACIN 750 MG TAB</td>
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<td>02370077</td>
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<td>MINT-DORZOLAMIDE/TIMOLOL 20MG/ML/5MG/ML OPHTHALMIC SOLUTION</td>
<td>OPEN</td>
<td>None</td>
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# NLPDP Coverage Status Table

**September 2018**

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<td>02382458</td>
<td>MONTELUKAST 4MG CHEWABLE TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.3006</td>
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<td>02382466</td>
<td>MONTELUKAST 5MG CHEWABLE TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.3359</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>02379325</td>
<td>MONTELUKAST CHEWABLE 5MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>02379236</td>
<td>MONTELUKAST SODIUM 10MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>30</td>
<td>0.4612</td>
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<td>02240335</td>
<td>MONUROL 3G PACKET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>1</td>
<td>26.9623</td>
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<td>00676411</td>
<td>MORPHINE HP 25 25 MG/ML VIAL</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>20</td>
<td>3.1357</td>
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<td>02350815</td>
<td>MORPHINE SR 15MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>50</td>
<td>0.2526</td>
<td>0.2526</td>
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<td>02350890</td>
<td>MORPHINE SR 30MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.3815</td>
<td>0.3815</td>
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<td>02350912</td>
<td>MORPHINE SR 60MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.6722</td>
<td>0.6722</td>
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<td>00392588</td>
<td>MORPHINE SULF 10 MG/ML AMP</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>10</td>
<td>2.5884</td>
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<td>00850322</td>
<td>MORPHINE SULF 10 MG/ML AMP</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>10</td>
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<td>00850330</td>
<td>MORPHINE SULF 15 MG/ML AMP</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>1</td>
<td>0.6618</td>
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<td>02242484</td>
<td>MORPHINE SULFATE 2 MG/ML VL</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>10</td>
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<td>00855820</td>
<td>MOTILIUM 10MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.2589</td>
<td>0.0467</td>
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<td>02186934</td>
<td>MOTRIN IB 200 MG CAPLET</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan. Beneficiary of CSSD.</td>
<td>Yes</td>
<td>150</td>
<td>0.1363</td>
<td>0.0556</td>
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<td>02242658</td>
<td>MOTRIN IB SUPER STRENGTH 400MG TABLET</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan. Beneficiary of CSSD.</td>
<td>Yes</td>
<td>45</td>
<td>0.2112</td>
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<td>02410303</td>
<td>MOVISSE 0.35MG TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
<td>28</td>
<td>0.4278</td>
<td>0.4278</td>
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<td>97799810</td>
<td>MPD THIN LANCET</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.0434</td>
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<td>97799807</td>
<td>MPD ULTRA THIN LANCET</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.0434</td>
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<td>02014319</td>
<td>MS CONTIN 100 MG TABLET SA</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>3.3561</td>
<td>2.6814</td>
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<td>02015439</td>
<td>MS CONTIN 15 MG TABLET SA</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>0.8273</td>
<td>0.2526</td>
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<td>02014327</td>
<td>MS CONTIN 200 MG CAPLET SA</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>6.2566</td>
<td>4.9854</td>
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<td>02014297</td>
<td>MS CONTIN 30 MG TABLET SA</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>1.2513</td>
<td>0.3815</td>
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<td>02014300</td>
<td>MS CONTIN 60 MG TABLET SA</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>2.2051</td>
<td>0.6722</td>
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<td>02014211</td>
<td>MS-IR 10 MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>60</td>
<td>0.2094</td>
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<td>02014238</td>
<td>MS-IR 20 MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>60</td>
<td>0.3841</td>
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<td>02014254</td>
<td>MS-IR 30 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>02014203</td>
<td>MS-IR 5 MG TABLET</td>
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<td>60</td>
<td>0.1345</td>
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<td>02125013</td>
<td>MUCAINE SUSPENSION</td>
<td>OPEN</td>
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<td>No</td>
<td>350</td>
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<td>00977586</td>
<td>MULTISTIX</td>
<td>OPEN</td>
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<td>No</td>
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<td>00903472</td>
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<td>OPEN</td>
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<td>No</td>
<td>120</td>
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<td>00750816</td>
<td>MURO-128 5% OINTMENT</td>
<td>OPEN</td>
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<td>No</td>
<td>3.5</td>
<td>3.0473</td>
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<td>00750824</td>
<td>MURO-128 5% OPHTHALMIC DROP</td>
<td>OPEN</td>
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<td>No</td>
<td>15</td>
<td>0.7110</td>
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<td>95999960</td>
<td>MVW COMPLETE FORMULATION CHEWABLES</td>
<td>SPEC AUTH</td>
<td>Beneficiary must have eligibility under the CF Plan. Beneficiary of CSSD.</td>
<td>No</td>
<td>60</td>
<td>0.4511</td>
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<td>95999961</td>
<td>MVW COMPLETE FORMULATION D3000 SOFTGELS</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan</td>
<td>No</td>
<td>60</td>
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<td>95999959</td>
<td>MVW COMPLETE FORMULATION PEDIATRIC DROPS</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan</td>
<td>No</td>
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<td>02063786</td>
<td>MYCOBUTIN 150 MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>100</td>
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<td>00465763</td>
<td>MYDFRIN 2.5% EYE DROPS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>5</td>
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<td>00000981</td>
<td>MYDRIACYL 0.5% EYE DROPS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>15</td>
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<td>MYDRIACYL 1% EYE DROPS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>15</td>
<td>1.3881</td>
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<td>97799458</td>
<td>MYGLUCOHEALTH TEST STRIPS</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>50</td>
<td>0.6891</td>
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<td>02450682</td>
<td>MYLAN-ABACAVIR/LAMIVUDINE 600MG/300MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>6.5264</td>
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<td>02237885</td>
<td>MYLAN-ACEBUTOLOL (TYPE S) 100</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.0941</td>
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<td>02237886</td>
<td>MYLAN-ACEBUTOLOL (TYPE S) 200</td>
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<td>None</td>
<td>Yes</td>
<td>500</td>
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<td>0.1410</td>
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<td>02237887</td>
<td>MYLAN-ACEBUTOLOL (TYPE S) 400</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.2807</td>
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<td>02237721</td>
<td>MYLAN-ACEBUTOLOL 100 MG TABLET</td>
<td>OPEN</td>
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<td>Yes</td>
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<td>None</td>
<td>Yes</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>02242784</td>
<td>MYLAN-ACYCLOVIR 200 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>02242463</td>
<td>MYLAN-ACYCLOVIR 400 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>1.3843</td>
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<td>02242464</td>
<td>MYLAN-ACYCLOVIR 800 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>1.3814</td>
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<td>02286335</td>
<td>MYLAN-ALENDRONATE 70 MG TABLET</td>
<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
<td>4</td>
<td>2.2905</td>
<td>2.2905</td>
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<td>02398443</td>
<td>MYLAN-ALMOTRIPTAN 12.5MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
<td>6</td>
<td>2.5591</td>
<td>2.5591</td>
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<td>02137534</td>
<td>MYLAN-ALPRAZOLAM 0.25 MG TAB</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>1000</td>
<td>0.0678</td>
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<td>02137542</td>
<td>MYLAN-ALPRAZOLAM 0.5 MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>1000</td>
<td>0.0810</td>
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<td>02229813</td>
<td>MYLAN-ALPRAZOLAM 1 MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
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<td>02229814</td>
<td>MYLAN-ALPRAZOLAM 2 MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.4053</td>
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<td>02139200</td>
<td>MYLAN-AMANTADINE 100 MG CAP</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>1000</td>
<td>0.5645</td>
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<td>0240604</td>
<td>MYLAN-AMIODARONE 200 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.4040</td>
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<td>02272121</td>
<td>MYLAN-AMLODIPINE 10 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.2172</td>
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<td>02272113</td>
<td>MYLAN-AMLODIPINE 5 MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1.5 per day without Special Authorization</td>
<td>Yes</td>
<td>500</td>
<td>0.1464</td>
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<td>02238171</td>
<td>MYLAN-AMOXICILLIN 250 MG CAP</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>1000</td>
<td>0.1908</td>
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<td>02238172</td>
<td>MYLAN-AMOXICILLIN 500 MG CAP</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.3725</td>
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<td>02253054</td>
<td>MYLAN-ANAGRELIDE 0.5 MG CAP</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>2.8733</td>
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<td>02456877</td>
<td>MYLAN-ATAZANAVIR 150MG CAPSULE</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>02456885</td>
<td>MYLAN-ATAZANAVIR 200MG CAPSULE</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>02456893</td>
<td>MYLAN-ATAZANAVIR 300MG CAPSULE</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>12.2260</td>
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<td>02147432</td>
<td>MYLAN-ATENOLOL 100 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
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<td>02303647</td>
<td>MYLAN-ATENOLOL 25 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.0565</td>
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<td>02146894</td>
<td>MYLAN-ATENOLOL 50 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.1207</td>
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<td>02378981</td>
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<td>None</td>
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<td>100</td>
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<td>None</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>Yes</td>
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<td>None</td>
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<td>Yes</td>
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<td>None</td>
<td>Yes</td>
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<td>MYLAN-AZATHIOPRINE 50 MG TAB</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.2698</td>
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<td>OPEN</td>
<td>None</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>0.3823</td>
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<td>MYLAN-BECLO AQ 50 MCG SPRAY</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>Yes</td>
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<td>SPEC AUTH</td>
<td>None</td>
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<td>MYLAN-BUDESONIDE AQ 100 MCG</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>02408090</td>
<td>MYLAN-BUPRENORPHINE/NALOXONE 2MG/0.5MG TABLET</td>
<td>OPEN</td>
<td>For use in Methadone Maintenance Therapy only.</td>
<td>Yes</td>
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<td>OPEN</td>
<td>For use in Methadone Maintenance Therapy only.</td>
<td>Yes</td>
<td>100</td>
<td>1.2889</td>
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<td>02382075</td>
<td>MYLAN-BUPROPION XL 150MG TABLET</td>
<td>OPEN</td>
<td>a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
<td>Yes</td>
<td>500</td>
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<td>02382083</td>
<td>MYLAN-BUPROPION XL 300MG TABLET</td>
<td>OPEN</td>
<td>a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
<td>Yes</td>
<td>500</td>
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<td>02379147</td>
<td>MYLAN-CANDESARTAN 16MG TABLET</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
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<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
<td>Yes</td>
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<td>None</td>
<td>Yes</td>
<td>500</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>0.3681</td>
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<td>02347512</td>
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<td>SPEC AUTH</td>
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<td>None</td>
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<td>02423278</td>
<td>MYLAN-CELECOXIB 100MG CAPSULE</td>
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<td>Limit of 2 per day without Special Authorization</td>
<td>Yes</td>
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<td>Limit of 2 per day without Special Authorization</td>
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<td>MYLAN-CILAZAPRIL 1 MG TABLET</td>
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<td>Yes</td>
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<td>None</td>
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<td>MYLAN-CIPROFLOXACIN 750 MG TAB</td>
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<td>Yes</td>
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<td>02246594</td>
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<td>Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.</td>
<td>Yes</td>
<td>500</td>
<td>0.1452</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>02258331</td>
<td>MYLAN-CLINDAMYCIN 150 MG CAP</td>
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<td>Yes</td>
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<td>02024187</td>
<td>MYLAN-CLOBETASOL 0.05% CREAM</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>50</td>
<td>0.2484</td>
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<td>OPEN</td>
<td>None</td>
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<td>None</td>
<td>Yes</td>
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<td>02230950</td>
<td>MYLAN-CLONAZEPAM 0.5 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>02230951</td>
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<td>02351536</td>
<td>MYLAN-CLOPIDOGREL 75MG TABLET</td>
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<td>Yes</td>
<td>500</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>02231353</td>
<td>MYLAN-CYCLOMETHYLPREX 10 MG TB</td>
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<td>02458926</td>
<td>MYLAN-DIVALPROEX 125MG TABLET</td>
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<td>Yes</td>
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<td>02381524</td>
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<td>02461412</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>02300060</td>
<td>MYLAN-ENALAPRIL 16 MG (20 MG)</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.3766</td>
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<td>02300036</td>
<td>MYLAN-ENALAPRIL 2 MG (2.5 MG)</td>
<td>OPEN</td>
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<td>100</td>
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<td>MYLAN-ENALAPRIL 4 MG (5 MG) TB</td>
<td>OPEN</td>
<td>None</td>
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<td>500</td>
<td>0.2597</td>
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<td>MYLAN-ENALAPRIL 8 MG (10 MG)</td>
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<td>02309467</td>
<td>MYLAN-ESCITALOPRAM 10MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.</td>
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<td>100</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>MYLAN-ETIDRONATE 200 MG TABLET</td>
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<td>02396742</td>
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<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>SPEC AUTH</td>
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<td>SPEC AUTH</td>
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<td>SPEC AUTH</td>
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## NLPDP Coverage Status Table

### September 2018

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<td>None</td>
<td>Yes</td>
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<td>MYLAN-PREGABALIN 25MG CAPSULE</td>
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<td>None</td>
<td>Yes</td>
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<td>None</td>
<td>Yes</td>
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<td>Yes</td>
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<td>02390299</td>
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<td>Yes</td>
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<td>02357984</td>
<td>MYLAN-RISERDONATE 35MG TABLET</td>
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<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
<td>30</td>
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<td>02282240</td>
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<td>02282283</td>
<td>MYLAN-RISPERIDONE 3 MG TABLET</td>
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<td>02413485</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>MYLAN-VERAPAMIL SR 180 MG TAB</td>
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<td>02387158</td>
<td>MYLAN-ZOLMITRIPTAN ODT 2.5MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
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<td>MYLAN-ZOPICLONE 5 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.1079</td>
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<td>02238596</td>
<td>MYLAN-ZOPICLONE 7.5 MG TABLET</td>
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<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
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<td>None</td>
<td>No</td>
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<td>None</td>
<td>No</td>
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<td>No</td>
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<td>NADOPEN-V 200 125 MG/5 ML SUS</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>0.0267</td>
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<td>None</td>
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<td>None</td>
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<td>NAPROSYN 125 MG/5 ML SUSP</td>
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<td>None</td>
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<td>NAPROSYN 500 MG TABLETS</td>
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<td>NAPROSYN SR 750 MG TABLET SA</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
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<td>100</td>
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<td>No</td>
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<td>02213834</td>
<td>NASACORT AQ 55MCG INHALER</td>
<td>OPEN</td>
<td>None</td>
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<td>None</td>
<td>Yes</td>
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<td>02417634</td>
<td>NAT-ALPRAZOLAM 0.25MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>1000</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>1000</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>NAT-DONEPEZIL 10MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>0.4999</td>
<td>0.4999</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>02440296</td>
<td>NAT-ESCITALOPRAM 10MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.</td>
<td>Yes</td>
<td>100</td>
<td>0.3389</td>
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<td>Yes</td>
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<td>02452359</td>
<td>NAT-GRANISETRON 1MG TABLET</td>
<td>OPEN</td>
<td>Limit of 2 per cycle - first fill only. Special Authorization required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>10</td>
<td>9.8100</td>
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<td>NAT-IMATINIB 100MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>30</td>
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<td>Yes</td>
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<td>None</td>
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<td>100</td>
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<td>NAT-LEVETIRACETAM 250MG TABLET</td>
<td>OPEN</td>
<td>None</td>
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<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
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<td>02417839</td>
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<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
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<td>100</td>
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<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
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<td>SPEC AUTH</td>
<td>None</td>
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<td>NAT-RIZATRIPTAN ODT 10MG TABLET</td>
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<td>NAT-TENOFOVIR 300MG TABLET</td>
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<td>SPEC AUTH</td>
<td>Beneficiary must have eligibility under the CF Plan</td>
<td>No</td>
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<td>00195057</td>
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<td>02150670</td>
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<td>OPEN</td>
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<td>OPEN</td>
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<td>None</td>
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<td>OPEN</td>
<td>None</td>
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<td>None</td>
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<td>60</td>
<td>0.4282</td>
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<td>None</td>
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# NLPDP Coverage Status Table

## September 2018

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<td>30</td>
<td>0.7786</td>
<td>0.7786</td>
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<tr>
<td>02352982</td>
<td>OLANZAPINE ODT 10MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>0.7786</td>
<td>0.7786</td>
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<tr>
<td>02343681</td>
<td>OLANZAPINE ODT 15MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>1.1675</td>
<td>1.1675</td>
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<td>02352990</td>
<td>OLANZAPINE ODT 15MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>1.1675</td>
<td>1.1675</td>
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<td>DIN</td>
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<td>Limitation</td>
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<td>NIDPF MLP</td>
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<tr>
<td>02343703</td>
<td>OLANZAPINE ODT 20MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>1.5409</td>
<td>1.5409</td>
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<tr>
<td>02343665</td>
<td>OLANZAPINE ODT 5MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>0.3896</td>
<td>0.3896</td>
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<td>02352974</td>
<td>OLANZAPINE ODT 5MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>0.3896</td>
<td>0.3896</td>
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<tr>
<td>00890960</td>
<td>OLESTYR LIGHT POWDER 4G/5G POUCHES SUGAR FREE</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>120</td>
<td>0.1438</td>
<td>0.1438</td>
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<tr>
<td>02210320</td>
<td>OLESTYR REGULAR POWDER 4G/9G POUCHES</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>120</td>
<td>0.4268</td>
<td>0.4268</td>
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<td>02318660</td>
<td>OLMETEC 20 MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
<td>1.3556</td>
<td>0.3291</td>
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<tr>
<td>02318679</td>
<td>OLMETEC 40 MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
<td>1.3556</td>
<td>0.3291</td>
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<tr>
<td>02319616</td>
<td>OLMETEC PLUS 20-12.5 MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
<td>1.3556</td>
<td>0.6581</td>
</tr>
<tr>
<td>02319624</td>
<td>OLMETEC PLUS 40-12.5 MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
<td>1.3556</td>
<td>0.6581</td>
</tr>
<tr>
<td>02319632</td>
<td>OLMETEC PLUS 40-25 MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>30</td>
<td>1.3556</td>
<td>0.6581</td>
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<tr>
<td>02348691</td>
<td>OMEPRAZOLE 20MG CAPSULE</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>500</td>
<td>0.2493</td>
<td>0.2493</td>
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<tr>
<td>02416549</td>
<td>OMEPRAZOLE MAGNESIUM DELAYED RELEASE 20MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
<td>0.2493</td>
<td>0.2493</td>
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<td>02411857</td>
<td>OMEPRAZOLE-20 20MG CAPSULE</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>500</td>
<td>0.2493</td>
<td>0.2493</td>
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<td>02325071</td>
<td>OMNITROPE 10MG/1.5ML CARTRIDGE</td>
<td>OPEN</td>
<td>Open benefit only if beneficiary is eligible under the Growth Hormone Plan and is 18 years of age or younger otherwise special authorization is required.</td>
<td>No</td>
<td>7.5</td>
<td>225.3906</td>
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<td>NIPDF MLP</td>
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<tr>
<td>02325063</td>
<td>OMNITROPE 5MG/1.5ML CARTRIDGE</td>
<td>OPEN</td>
<td>Open benefit only if beneficiary is eligible under the Growth Hormone Plan and is 18 years of age or younger otherwise special authorization is required.</td>
<td>No</td>
<td>7.5</td>
<td>112.6954</td>
<td></td>
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<tr>
<td>97799203</td>
<td>ON CALL VIVID BLOOD GLUCOSE TEST STRIPS (100'S)</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>100</td>
<td>0.5859</td>
<td></td>
</tr>
<tr>
<td>97799284</td>
<td>ON CALL VIVID BLOOD GLUCOSE TEST STRIPS (50'S)</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>50</td>
<td>0.5859</td>
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<tr>
<td>02376938</td>
<td>ONBREZ BREEZHALER 75 MCG CAP</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>30</td>
<td>1.6818</td>
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<td>97799582</td>
<td>ON-CALL PLUS TEST STRIPS 100’S</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>100</td>
<td>0.8029</td>
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<tr>
<td>DIN</td>
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<td>Status</td>
<td>Limitation</td>
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<td>97799580</td>
<td>ON-CALL PLUS TEST STRIPS 25'S</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>25</td>
<td>0.8029</td>
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<td>97799581</td>
<td>ON-CALL PLUS TEST STRIPS 50'S</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>50</td>
<td>0.8029</td>
<td></td>
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<tr>
<td>02291967</td>
<td>ONDANSETRON 4 MG/5 ML ORAL</td>
<td>OPEN</td>
<td>Limit of 30ml per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>50</td>
<td>1.7471</td>
<td>1.7471</td>
</tr>
<tr>
<td>02421402</td>
<td>ONDANSETRON 4MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>100</td>
<td>3.6510</td>
<td>3.6510</td>
</tr>
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<td>02421410</td>
<td>ONDANSETRON 8MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>100</td>
<td>5.5710</td>
<td>5.5710</td>
</tr>
<tr>
<td>02389983</td>
<td>ONDISSOLVE ODF FILM 4MG</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>10</td>
<td>3.5665</td>
<td>3.5665</td>
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<td>02389991</td>
<td>ONDISSOLVE ODF FILM 8MG</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>10</td>
<td>5.4424</td>
<td>5.4424</td>
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<tr>
<td>97799431</td>
<td>ONE TOUCH DELICA 30G LANCETS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.0727</td>
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<td>97799501</td>
<td>ONE TOUCH DELICA 33G LANCETS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.0727</td>
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<tr>
<td>00977853</td>
<td>ONE TOUCH FINEPOINT LANCETS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.0705</td>
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<tr>
<td>00977936</td>
<td>ONE TOUCH ULTRA TEST STRIPS</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>100</td>
<td>0.7533</td>
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<td>00977854</td>
<td>ONE TOUCH ULTRASOFT LANCETS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.0705</td>
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<td>97799475</td>
<td>ONE TOUCH VERIO TEST STRIPS (100s)</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>100</td>
<td>0.7533</td>
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<tr>
<td>97799476</td>
<td>ONE TOUCH VERIO TEST STRIPS (50s)</td>
<td>OPEN</td>
<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
<td>No</td>
<td>50</td>
<td>0.8626</td>
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<td>NIDPF MLP</td>
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<tr>
<td>00474517</td>
<td>ONE-ALPHA 0.25MCG CAPSULE</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.5385</td>
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<td>00474525</td>
<td>ONE-ALPHA 1MCG CAPSULE</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>1.6120</td>
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<tr>
<td>02375842</td>
<td>ONGLYZA 2.5MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>30</td>
<td>2.6323</td>
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<td>02333554</td>
<td>ONGLYZA 5 MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>30</td>
<td>3.1416</td>
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<td>00966584</td>
<td>OPTICHAMBER INHALER</td>
<td>OPEN</td>
<td>Limit of one per year without Special Authorization</td>
<td>No</td>
<td>1</td>
<td>13.8000</td>
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<tr>
<td>00966576</td>
<td>OPTICHAMBER MASK (LARGE)</td>
<td>OPEN</td>
<td>Limit of one per year without Special Authorization</td>
<td>No</td>
<td>1</td>
<td>12.9375</td>
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<td>00966614</td>
<td>OPTICHAMBER MASK (MEDIUM)</td>
<td>OPEN</td>
<td>Limit of one per year without Special Authorization</td>
<td>No</td>
<td>1</td>
<td>12.9375</td>
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<tr>
<td>00966606</td>
<td>OPTICHAMBER MASK (SMALL)</td>
<td>OPEN</td>
<td>Limit of one per year without Special Authorization</td>
<td>No</td>
<td>1</td>
<td>12.9375</td>
<td></td>
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<td>00966592</td>
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<td>OPEN</td>
<td>Limit of one per year without Special Authorization</td>
<td>No</td>
<td>1</td>
<td>5.3188</td>
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<tr>
<td>02230621</td>
<td>OPTICROM 2% EYE DROPS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>10</td>
<td>1.1154</td>
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<td>01964054</td>
<td>ORACORT 0.1% DENTAL PASTE</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>7.5</td>
<td>1.5233</td>
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<td>00313815</td>
<td>ORAP 2 MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.3371</td>
<td>0.3371</td>
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<td>00313823</td>
<td>ORAP 4 MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.4574</td>
<td>0.4574</td>
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<td>02402475</td>
<td>ORENCIA 125MG/ML DISPOSABLE SYRINGE</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>4</td>
<td>397.2185</td>
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<td>02282097</td>
<td>ORENCIA 250 MG VIAL</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>15</td>
<td>35.4470</td>
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<td>00317047</td>
<td>ORTHO 0.5/35 (21) TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>21</td>
<td>1.2519</td>
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<tr>
<td>00340731</td>
<td>ORTHO 0.5/35 (28) TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>28</td>
<td>0.9389</td>
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<tr>
<td>00372846</td>
<td>ORTHO 1/35 (21) TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>21</td>
<td>1.2519</td>
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<tr>
<td>00372838</td>
<td>ORTHO 1/35 (28) TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>28</td>
<td>0.9389</td>
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<td>Limitation</td>
<td>NIDPF</td>
<td>PACKAGE SIZE</td>
<td>NLPDP LIST PRICE</td>
<td>NIDPF MLP</td>
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<tr>
<td>00602957</td>
<td>ORTHO 7/7/7 (21) TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>21</td>
<td>1.2519</td>
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<tr>
<td>00602965</td>
<td>ORTHO 7/7/7 (28) TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>28</td>
<td>0.9389</td>
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<tr>
<td>00967289</td>
<td>ORTHO DIAPHRAGM KIT</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>1</td>
<td>42.5500</td>
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<tr>
<td>02042533</td>
<td>ORTHO-CEPT 28 TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>No</td>
<td>28</td>
<td>0.8517</td>
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<tr>
<td>01926373</td>
<td>ORUDIS SR 200MG TABLET SA</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>1.5937</td>
<td>1.5768</td>
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<td>02301911</td>
<td>OSTO-D2 50 000 UNIT CAPSULE</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.2630</td>
<td></td>
</tr>
<tr>
<td>02387085</td>
<td>OVIMA 21 150UG/30UG TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
<td>21</td>
<td>0.5532</td>
<td>0.5532</td>
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<tr>
<td>02387093</td>
<td>OVIMA 28 150UG/30UG TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
<td>28</td>
<td>0.4149</td>
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<td>02361361</td>
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<td>00789437</td>
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<td>OPEN</td>
<td>None</td>
<td>No</td>
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<td>00789429</td>
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<td>00371033</td>
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<td>02282860</td>
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<td>02388243</td>
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<td>No</td>
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<td>02233143</td>
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<td>None</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>SPEC AUTH</td>
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<td>02027887</td>
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<td>00769991</td>
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<td>Beneficiary must be less than 13 years old. Special authorization required if age greater than 13 years old.</td>
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<td>02027801</td>
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<td>00583405</td>
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NLPDP Coverage Status Table
September 2018
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NLPDP Coverage Status Table
September 2018

Effective September 2018
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## NLPDP Coverage Status Table

**September 2018**

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## NLPDP Coverage Status Table
### September 2018

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<td>02309769</td>
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<td>Yes</td>
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<td>Yes</td>
<td>100</td>
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<td>0.5232</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>None</td>
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<td>02223562</td>
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<td>None</td>
<td>Yes</td>
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<td>02242589</td>
<td>PMS-METFORMIN 850 MG TABLET</td>
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<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.0370</td>
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<td>00584991</td>
<td>PMS-METHYLPHENIDATE 10 MG TA</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>Yes</td>
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<td>02234749</td>
<td>PMS-METHYLPHENIDATE 5 MG TAB</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>0.1027</td>
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<td>PMS-METHYLPHENIDATE ER 18MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>Yes</td>
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<td>PMS-METOPROLOL-L 100 MG TAB</td>
<td>OPEN</td>
<td>None</td>
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<td>Yes</td>
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<td>PMS-METRONIDAZOLE 500 MG CP</td>
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<td>None</td>
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<td>None</td>
<td>Yes</td>
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<td>PMS-MINOCYCLINE 50 MG CAP</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>No</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>PMS-MONTELUKAST 4MG CHEWABLE TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>PMS-MONTELUKAST 5MG CHEWABLE TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>02455676</td>
<td>PMS-NITROFURANTOIN 100MG CAPSULE</td>
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<td>Yes</td>
<td>100</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>Yes</td>
<td>100</td>
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<td>00590975</td>
<td>PMS-NYLIDRIN 6 MG TABLET</td>
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<td>No</td>
<td>100</td>
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<td>00792667</td>
<td>PMS-NYSTATIN 100000U/ML SUS</td>
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<td>None</td>
<td>No</td>
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<td>SPEC AUTH</td>
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<td>100</td>
<td>0.7726</td>
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<td>SPEC AUTH</td>
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<td>100</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>02367483</td>
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<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>SPEC AUTH</td>
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<td>02320851</td>
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<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
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<td>PMS-OMEPRAZOLE DR 20 MG</td>
<td>OPEN</td>
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<td>02258188</td>
<td>PMS-ONDANSETRON 4MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
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<td>100</td>
<td>3.6510</td>
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<td>02258196</td>
<td>PMS-ONDANSETRON 8MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>100</td>
<td>5.5710</td>
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<td>02223376</td>
<td>PMS-OXYBUTININ 1 MG/ML SYRUP</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>500</td>
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<td>PMS-OXYCODONE 20 MG TABLET</td>
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<td>OPEN</td>
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<td>Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.</td>
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<td>No</td>
<td>100</td>
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<td>Limit of 2 per day without Special Authorization</td>
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<td>Limit of 1 per day without Special Authorization</td>
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<td>500</td>
<td>0.1458</td>
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<td>None</td>
<td>Yes</td>
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<td>0.5124</td>
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<td>PMS-RAMIPRIL 1.25 MG CAPSULE</td>
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<td>02354926</td>
<td>PMS-REPAGLINIDE 0.5MG TABLET</td>
<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
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<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
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<td>0.0916</td>
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<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
<td>Yes</td>
<td>100</td>
<td>0.0952</td>
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<td>02424177</td>
<td>PMS-RISEDRONATE 150MG TABLET</td>
<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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<td>PMS-RISEDRONATE 35 MG TABLET</td>
<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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NLPDP Coverage Status Table
September 2018

Effective September 2018
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## NLPDP Coverage Status Table

**September 2018**

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<th>DIN</th>
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NLPDP Coverage Status Table
September 2018

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A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin.
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### NLPDP Coverage Status Table

**September 2018**

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#### September 2018

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## NLPDP Coverage Status Table

**September 2018**

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## NLPDP Coverage Status Table
### September 2018

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Effective September 2018
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<td>Yes</td>
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<td>RIGHTEST GS100 TEST STRIPS (100s)</td>
<td>OPEN</td>
<td>A)Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
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<td>97799479</td>
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<td>A) Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B) Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
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<td>00493392</td>
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<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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## NLPDP Coverage Status Table

### September 2018

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<td>No</td>
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<td>None</td>
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<td>No</td>
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<td>02288087</td>
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<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
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<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
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<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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<td>Yes</td>
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<td>No</td>
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<td>SANDOZ AMPHETAMINE XR 10MG CAPSULE</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.</td>
<td>Yes</td>
<td>100</td>
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<td>SANDOZ AZITHROMYCIN 100 MG/5</td>
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<td>Yes</td>
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<td>02305429</td>
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<td>SANDOZ BUPROPION SR 100 MG TAB</td>
<td>OPEN</td>
<td>a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
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<td>SANDOZ BUPROPION SR 150 MG TAB</td>
<td>OPEN</td>
<td>a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
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<td>02326973</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
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<td>SANDOZ OPIUM &amp; BELLADONNA</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
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<td>02307898</td>
<td>SANDOZ OXYCODONE/ACETAMINOPHEN 5MG/325MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>500</td>
<td>0.1401</td>
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<td>02301075</td>
<td>SANDOZ PANTOPRAZOLE 20 MG</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
<td>0.1965</td>
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<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>500</td>
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<td>02431785</td>
<td>SANDOZ PAROXETINE 20MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.3543</td>
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<td>02431793</td>
<td>SANDOZ PAROXETINE 30MG TABLET</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
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<td>02470225</td>
<td>SANDOZ PERINDOPRIL ERBUMINE 2MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.1779</td>
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<td>02470233</td>
<td>SANDOZ PERINDOPRIL ERBUMINE 4MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>02470241</td>
<td>SANDOZ PERINDOPRIL ERBUMINE 8MG TABLET</td>
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<td>Yes</td>
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<td>0.3086</td>
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<td>SANDOZ PERINDOPRIL ERBUMINE/INDAPAMIDE 4MG/1.25MG TABLET</td>
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<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
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<td>02297906</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>90</td>
<td>0.6685</td>
<td>0.6685</td>
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<td>02297914</td>
<td>SANDOZ PIOGLITAZONE 30 MG</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>90</td>
<td>0.9365</td>
<td>0.9365</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>90</td>
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<td>1.4082</td>
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<td>Yes</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>Yes</td>
<td>100</td>
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<td>None</td>
<td>Yes</td>
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<td>0.3178</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>01916181</td>
<td>SANDOZ PREDNISOL 0.12% DRPS</td>
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<td>None</td>
<td>No</td>
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<td>01916203</td>
<td>SANDOZ PREDNISOLONE 1% DRPS</td>
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<td>Yes</td>
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<td>02390841</td>
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<td>None</td>
<td>Yes</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>None</td>
<td>Yes</td>
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<td>Yes</td>
<td>100</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.3278</td>
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<td>02242527</td>
<td>SANDOZ PROCTOMYXIN HC OINT</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>SANDOZ PROCTOMYXIN HC SUPP</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>500</td>
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<td>OPEN</td>
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<td>Yes</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>02314029</td>
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<td>02314177</td>
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<td>Limit of 2 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
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<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>02291398</td>
<td>SANDOZ RAMIPRIL 1.25 MG TAB</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>SANDOZ RAMIPRIL 10 MG TAB</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>SANDOZ RAMIPRIL 2.5 MG TAB</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>02243229</td>
<td>SANDOZ RANITIDINE 150 MG TAB</td>
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<td>None</td>
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<td>Yes</td>
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<td>02357453</td>
<td>SANDOZ REPAGLINIDE 0.5MG TABLET</td>
<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
<td>Yes</td>
<td>100</td>
<td>0.0881</td>
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<td>02357461</td>
<td>SANDOZ REPAGLINIDE 1MG TABLET</td>
<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
<td>Yes</td>
<td>100</td>
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<td>02357488</td>
<td>SANDOZ REPAGLINIDE 2MG TABLET</td>
<td>SPEC AUTH</td>
<td>Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.</td>
<td>Yes</td>
<td>100</td>
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<td>02327295</td>
<td>SANDOZ RISEDRONATE 35 MG TAB</td>
<td>OPEN</td>
<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
<td>Yes</td>
<td>30</td>
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<td>2.1568</td>
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<td>02303655</td>
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<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.1129</td>
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<td>02303663</td>
<td>SANDOZ RISPERIDONE 0.5 MG</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.1891</td>
<td>0.1891</td>
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<td>02279800</td>
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<td>02279819</td>
<td>SANDOZ RISPERIDONE 2 MG TAB</td>
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<td>02279827</td>
<td>SANDOZ RISPERIDONE 3 MG TAB</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>02279835</td>
<td>SANDOZ RISPERIDONE 4 MG TAB</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
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<td>SANDOZ RIVASTIGMINE 1.5 MG CAP</td>
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<td>Yes</td>
<td>100</td>
<td>0.7101</td>
<td>0.7101</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>0.7101</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
<td>6</td>
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<td>SANDOZ RIZATRIPTAN ODT 5MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
<td>6</td>
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<td>02338734</td>
<td>SANDOZ ROSUVASTATIN 10MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.1476</td>
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<td>SANDOZ ROSUVASTATIN 20MG TABLET</td>
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<td>SANDOZ ROSUVASTATIN 40MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
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<td>100</td>
<td>0.2169</td>
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<td>02338726</td>
<td>SANDOZ ROSUVASTATIN 5MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
<td>0.1400</td>
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<td>02245161</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>0.3600</td>
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<td>SANDOZ SERTRALINE 25 MG CAP</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>0.1652</td>
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<td>SANDOZ SERTRALINE 50MG CAPSULE</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>0.3305</td>
<td>0.3305</td>
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<td>02399040</td>
<td>SANDOZ SOLIFENACIN 10MG TABLET</td>
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<td>Limited to 1 per day without Special Authorization.</td>
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<td>100</td>
<td>0.3315</td>
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<td>02399032</td>
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<td>Limited to 1 per day without Special Authorization.</td>
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<td>100</td>
<td>0.3315</td>
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<td>02263033</td>
<td>SANDOZ SUMATRIPTAN 100 MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
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<td>3.3298</td>
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<td>SANDOZ SUMATRIPTAN 50 MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
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<td>02319217</td>
<td>SANDOZ TAMSULOSIN 0.4MG CAPSULE</td>
<td>OPEN</td>
<td>Limit of 2 per day without Special Authorization</td>
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<td>100</td>
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<td>02340208</td>
<td>SANDOZ TAMSULOSIN CR 0.4MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>02413167</td>
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<td>Yes</td>
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<td>02310333</td>
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<td>Yes</td>
<td>250</td>
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<td>SANDOZ VENLAFAXINE XR 37.5 MG</td>
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<td>Yes</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>02399253</td>
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<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>SANDOZ VORICONAZOLE 50MG TABLET</td>
<td>SPEC AUTH</td>
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<td>02362988</td>
<td>SANDOZ ZOLMITRIPTAN 2.5MG TABLET</td>
<td>OPEN</td>
<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
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<td>02362996</td>
<td>SANDOZ ZOLMITRIPTAN ODT 2.5MG TABLET</td>
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<td>Coverage limited to 6 doses/30 days</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>02261855</td>
<td>SANDOZ-CARBAMAZE 100 MG TBCH</td>
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<td>None</td>
<td>Yes</td>
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<td>02261936</td>
<td>SANDOZ-DICLOFEN 100MG SUPP</td>
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<td>None</td>
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<td>SANDOZ-DICLOFEN SR 100 MG B</td>
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<td>None</td>
<td>Yes</td>
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<td>02261901</td>
<td>SANDOZ-DICLOFEN SR 75 MG TAB</td>
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<td>None</td>
<td>Yes</td>
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<td>02261952</td>
<td>SANDOZ-DICLOFENAC 25 MG TAB EC</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>SANDOZ-MORPHONE SR 30 MG TAB</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
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<td>SANDOZ-MORPHONE SR 60 MG TAB</td>
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<td>Yes</td>
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<td>02374811</td>
<td>SAPHRIS 10 MG TABLET SUBLINGUAL</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>No</td>
<td>60</td>
<td>1.6204</td>
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<td>02374803</td>
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<td>SPEC AUTH</td>
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<td>No</td>
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<td>02242810</td>
<td>SCOPOLAMINE HYDROBROMIDE 0.4MG/ML</td>
<td>OPEN</td>
<td>For use in End of Life Palliative Care only.</td>
<td>No</td>
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<td>5.5335</td>
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<td>00541869</td>
<td>SCOPOLAMINE HYDROBROMIDE 0.4MG/ML AMPOULE</td>
<td>OPEN</td>
<td>For use in End of Life Palliative Care only.</td>
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<td>SCOPOLAMINE HYDROBROMIDE 0.6MG/ML</td>
<td>OPEN</td>
<td>For use in End of Life Palliative Care only.</td>
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<td>For use in End of Life Palliative Care only.</td>
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<td>02442639</td>
<td>SDZ CELECOXIB 100MG CAPSULE</td>
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<td>Limit of 2 per day without Special Authorization</td>
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<td>01926543</td>
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<td>SEEHRI BREEZHALER 50MCG CAPSULE</td>
<td>SPEC AUTH</td>
<td>None</td>
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<td>No</td>
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<td>02199297</td>
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<td>SENNATAB 8.6 MG TABLET</td>
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<td>NIDPF MLP</td>
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<td>02357712</td>
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<td>OPEN</td>
<td>Limit of 1.5 per day without Special Authorization</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
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<td>02379627</td>
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<td>OPEN</td>
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<td>SEPTA-CIPROFLOXACIN 500MG TABLETS</td>
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<td>SEPTA-CIPROFLOXACIN 750MG TABLETS</td>
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<td>None</td>
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<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.</td>
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<td>02428490</td>
<td>SEPTA-DONEPEZIL 10MG TABLET</td>
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<td>Limit of 1 per day without Special Authorization</td>
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<td>Limit of 1.5 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
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<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>100</td>
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<td>Yes</td>
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<td>None</td>
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<td>100</td>
<td>0.0617</td>
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<td>100</td>
<td>0.5195</td>
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<td>02353547</td>
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<td>00977140</td>
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<td>OPEN</td>
<td>A)Limit of 2550 714 or 102 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 51 test strips/year without SA for clients receiving no diabetic medication or insulin</td>
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<td>02435411</td>
<td>SIMBRINZA 1% - 0.2% EYE DROPS</td>
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## NLPDP Coverage Status Table

**September 2018**

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### September 2018

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<td>Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.</td>
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<td>OPEN</td>
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## NLPDP Coverage Status Table

### September 2018

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<td>02108151</td>
<td>TEVA-MINOCYCLINE 100 MG CAP</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.2316</td>
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<td>02108143</td>
<td>TEVA-MINOCYCLINE 50 MG CAP</td>
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<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.1200</td>
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<td>02259354</td>
<td>TEVA-MIRTAZAPINE 30 MG TAB</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>0.3726</td>
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<td>02279894</td>
<td>TEVA-MIRTAZAPINE OD 15 MG</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
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<td>02279908</td>
<td>TEVA-MIRTAZAPINE OD 30 MG</td>
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<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
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<td>02279916</td>
<td>TEVA-MIRTAZAPINE OD 45 MG</td>
<td>OPEN</td>
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<td>Yes</td>
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<td>02239746</td>
<td>TEVA-MOCLOBEMIDE 100 MG TAB</td>
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<td>Initial fills are limited to a maximum 30 days</td>
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<td>0.2747</td>
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<td>02420260</td>
<td>TEVA-MODAFINIL 100MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>0.3006</td>
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<td>02355515</td>
<td>TEVA-MONTELUKAST 5MG CHEWABLE TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
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<td>02302799</td>
<td>TEVA-MORPHINE SR 100 MG TAB</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>50</td>
<td>2.6814</td>
<td>2.6814</td>
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<td>TEVA-MORPHINE SR 15 MG TAB</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>50</td>
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<td>02302802</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>50</td>
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<td>4.9854</td>
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<td>TEVA-MORPHINE SR 30 MG TAB</td>
<td>OPEN</td>
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<td>Yes</td>
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<td>02302780</td>
<td>TEVA-MORPHINE SR 60 MG TAB</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.6722</td>
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<td>02375702</td>
<td>TEVA-MOXIFLOXACIN 400MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
<td>30</td>
<td>1.6601</td>
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<td>02392925</td>
<td>TEVA-NABILONE 0.25MG CAPSULE</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>50</td>
<td>1.5149</td>
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<td>02384884</td>
<td>TEVA-NABILONE 0.5MG CAPSULE</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>50</td>
<td>0.8455</td>
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<td>02384892</td>
<td>TEVA-NABILONE 1MG CAPSULE</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>50</td>
<td>1.6909</td>
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<td>02240868</td>
<td>TEVA-NABUMETONE 750 MG TAB</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>1.0019</td>
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<td>02126753</td>
<td>TEVA-NADOLOL 40 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>02126761</td>
<td>TEVA-NADOLOL 80 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.3831</td>
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<td>00565350</td>
<td>TEVA-NAPROX 250 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>0.1164</td>
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<td>TEVA-NAPROX 375 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.1589</td>
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<td>TEVA-NAPROX 500 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>00778389</td>
<td>TEVA-NAPROX SODIUM 275 MG TB</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.3730</td>
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<td>02026600</td>
<td>TEVA-NAPROX SODIUM DS TAB</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.7267</td>
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<td>02314290</td>
<td>TEVA-NARATRIPTAN 1 MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>TEVA-NARATRIPTAN 2.5 MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>Yes</td>
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<td>02352893</td>
<td>TEVA-NEVIRAPINE 200MG TABLET</td>
<td>OPEN</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>60</td>
<td>1.3457</td>
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<td>02231016</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
<td>0.8567</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>02237682</td>
<td>TEVA-NORFLOXACIN 400 MG TAB</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>100</td>
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<td>TEVA-OLANZAPINE 10 MG TAB</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
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<td>02276712</td>
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<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
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<td>NIDPF MLP</td>
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<td>02359707</td>
<td>TEVA-OLANZAPINE 20MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>1.5672</td>
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<td>02276720</td>
<td>TEVA-OLANZAPINE 5 MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.3863</td>
<td>0.3863</td>
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<td>02276739</td>
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<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.5794</td>
<td>0.5794</td>
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<td>02321351</td>
<td>TEVA-OLANZAPINE OD 10MG TABLET</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>1.4014</td>
<td>0.7786</td>
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<td>02321343</td>
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<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>30</td>
<td>0.7013</td>
<td>0.3896</td>
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<tr>
<td>02295407</td>
<td>TEVA-OMEPRAZOLE 10MG DELAYED RELEASE TABLETS</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
<td>100</td>
<td>0.8902</td>
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<td>02295415</td>
<td>TEVA-OMEPRAZOLE 20 MG CAPSULE</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>0.2493</td>
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<td>02264056</td>
<td>TEVA-ONDANSETRON 4MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>10</td>
<td>3.6510</td>
<td>3.6510</td>
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<tr>
<td>02264064</td>
<td>TEVA-ONDANSETRON 8MG TABLET</td>
<td>OPEN</td>
<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>100</td>
<td>5.5710</td>
<td>5.5710</td>
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<td>02230394</td>
<td>TEVA-OXYBUTYNIN 5 MG TABLET</td>
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<td>None</td>
<td>Yes</td>
<td>500</td>
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<td>02285479</td>
<td>TEVA-PANTOPRAZOLE 20 MG TAB</td>
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<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>0.2197</td>
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<td>TEVA-PANTOPRAZOLE MAGNESIUM 40MG TABLET</td>
<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
<td>Yes</td>
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<td>0.2044</td>
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<td>02248556</td>
<td>TEVA-PAROXETINE 10MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.</td>
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<td>100</td>
<td>0.3320</td>
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<td>02248557</td>
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<td>02248558</td>
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<td>02464985</td>
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<td>OPEN</td>
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<td>0.2226</td>
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<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
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<td>OPEN</td>
<td>Limit of 1 per day without Special Authorization</td>
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<td>TEVA-PINDOLOL 10 MG TABLET</td>
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<td>00869023</td>
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<td>100</td>
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<td>Yes</td>
<td>100</td>
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<td>SPEC AUTH</td>
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<td>SPEC AUTH</td>
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<td>00695718</td>
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<td>0.4191</td>
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<td>02269309</td>
<td>TEVA-PRAMIPEXOLE 0.25 MG TA</td>
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<td>Yes</td>
<td>90</td>
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<td>Yes</td>
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<td>OPEN</td>
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# NLPDP Coverage Status Table

**September 2018**

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<td>Yes</td>
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**September 2018**

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NLPDP Coverage Status Table
September 2018
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### September 2018

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315 Effective September 2018
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<td>02352303</td>
<td>VOTRIENT 200MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>120</td>
<td>38.5387</td>
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<td>02439603</td>
<td>VYVANSE 10MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>2.4292</td>
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<td>02347156</td>
<td>VYVANSE 20MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>3.0216</td>
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<td>02322951</td>
<td>VYVANSE 30 MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>3.6140</td>
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<td>02347164</td>
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<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>4.2065</td>
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<td>02322978</td>
<td>VYVANSE 50 MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>4.7989</td>
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<td>02347172</td>
<td>VYVANSE 60MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>5.3914</td>
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<td>80006955</td>
<td>WEBBER MULTIVITAMIN TABLET</td>
<td>SPEC AUTH</td>
<td>Beneficiary must have eligibility under the CF Plan</td>
<td>No</td>
<td>100</td>
<td>0.0629</td>
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<td>80003663</td>
<td>WEBBER NATURALS VITAMIN D 1000IU</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan</td>
<td>No</td>
<td>100</td>
<td>0.0400</td>
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<td>02237824</td>
<td>WELLBUTRIN SR 100 MG TABLET</td>
<td>OPEN</td>
<td>a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
<td>Yes</td>
<td>60</td>
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<td>0.1686</td>
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<td>02237825</td>
<td>WELLBUTRIN SR 150 MG TABLET</td>
<td>OPEN</td>
<td>a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
<td>Yes</td>
<td>60</td>
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<td>0.2505</td>
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<td>WELLBUTRIN XL 150 MG TABLET</td>
<td>OPEN</td>
<td>a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
<td>Yes</td>
<td>90</td>
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<td>02275104</td>
<td>WELLBUTRIN XL 300 MG TABLET</td>
<td>OPEN</td>
<td>a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.</td>
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<td>90</td>
<td>1.2898</td>
<td>1.2898</td>
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<td>00271373</td>
<td>WINPRED 1 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.1188</td>
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<td>02246619</td>
<td>XALACOM DROPS</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
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<td>14.6409</td>
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<td>02231493</td>
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<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>2.5</td>
<td>12.9361</td>
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<td>XALKORI 200MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>60</td>
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<td>02384264</td>
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<td>None</td>
<td>No</td>
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<td>00548359</td>
<td>XANAX 0.25 MG TABLET</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>1000</td>
<td>0.3204</td>
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<td>00548367</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.3832</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
<td>0.6964</td>
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<td>100</td>
<td>1.2378</td>
<td>0.4053</td>
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<td>02316986</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>50</td>
<td>3.0814</td>
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<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
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<td>02378612</td>
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<td>None</td>
<td>No</td>
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<td>SPEC AUTH</td>
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<td>XELODA 150 MG TABLET</td>
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<td>Yes</td>
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<td>XELODA 500 MG TABLET</td>
<td>SPEC AUTH</td>
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<td>Yes</td>
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<td>02368153</td>
<td>XGEVA 120MG/1.7ML VIAL</td>
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<td>None</td>
<td>No</td>
<td>1.7</td>
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<td>02449943</td>
<td>XIGDUO 5MG/1000MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>60</td>
<td>1.4214</td>
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<td>XOLAIR 150MG VIAL</td>
<td>SPEC AUTH</td>
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<td>No</td>
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<td>SPEC AUTH</td>
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<td>02230838</td>
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<td>Yes</td>
<td>100</td>
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<td>02242868</td>
<td>XYLAC 2.5MG TABLET</td>
<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>No</td>
<td>100</td>
<td>0.2448</td>
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<td>OPEN</td>
<td>Initial fills are limited to a maximum 30 days</td>
<td>Yes</td>
<td>100</td>
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<td>100</td>
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<td>Yes</td>
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<td>00001686</td>
<td>XYLOCAINE 2% VISCOS SOLN</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>0.1112</td>
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<td>02261723</td>
<td>YASMIN 21 TABLET</td>
<td>OPEN</td>
<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
<td>21</td>
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<td>02261731</td>
<td>YASMIN 28 TABLET</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
<td>Yes</td>
<td>28</td>
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<td>01901885</td>
<td>YOHIMBINE 5.4 MG TABLET</td>
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<td>No</td>
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<td>00885533</td>
<td>YOHIMBINE HCL 2 MG TABLET</td>
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<td>None</td>
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<td>0.5436</td>
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<td>01985604</td>
<td>YOHIMBINE-ODAN 6 MG TABLET</td>
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<td>None</td>
<td>No</td>
<td>100</td>
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<td>00577308</td>
<td>ZADITEN 1 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
<td>1.8416</td>
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<td>00600784</td>
<td>ZADITEN 1 MG/5 ML SYRUP</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>250</td>
<td>0.3945</td>
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<td>02242324</td>
<td>ZADOR 0.025% EYE DROPS</td>
<td>OPEN</td>
<td>None</td>
<td>No</td>
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<td>02410788</td>
<td>ZAMINE 21 3MG/0.030MG TABLET</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
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<td>21</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
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<td>02239170</td>
<td>ZANAFLEX 4 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>150</td>
<td>0.8828</td>
<td>0.7662</td>
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<td>02212374</td>
<td>ZANTAC 15 MG/ML SOLUTION</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>300</td>
<td>0.2273</td>
<td>0.1613</td>
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<td>02212331</td>
<td>ZANTAC 150 MG TABLET</td>
<td>OPEN</td>
<td>None</td>
<td>Yes</td>
<td>500</td>
<td>0.1962</td>
<td>0.1305</td>
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<td>02212366</td>
<td>ZANTAC 25 MG/ML VIAL</td>
<td>OPEN</td>
<td>Beneficiary must have eligibility under the CF Plan</td>
<td>No</td>
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<td>02212358</td>
<td>ZANTAC 300 MG TABLET</td>
<td>OPEN</td>
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<td>Yes</td>
<td>60</td>
<td>0.3924</td>
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<td>02385058</td>
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<td>Beneficiary gender must be female - under the age of 51</td>
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<td>00022799</td>
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<td>OPEN</td>
<td>None</td>
<td>No</td>
<td>100</td>
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<td>ZARONTIN 250 MG/5 ML SYRUP</td>
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<td>ZAROXOLYN 2.5 MG TABLET</td>
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<td>None</td>
<td>No</td>
<td>100</td>
<td>0.2279</td>
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<td>02410702</td>
<td>ZAXINE 550MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
<td>No</td>
<td>60</td>
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<td>ZELBORAF 240MG TABLET</td>
<td>SPEC AUTH</td>
<td>None</td>
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<td>SPEC AUTH</td>
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<td>ZELDOX 40 MG CAPSULE</td>
<td>SPEC AUTH</td>
<td>Initial fills are limited to a maximum 30 days</td>
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<td>SPEC AUTH</td>
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<td>SPEC AUTH</td>
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<td>02045737</td>
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<td>Yes</td>
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<td>02240358</td>
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<td>Yes</td>
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<td>None</td>
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<td>No</td>
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<td>None</td>
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<td>ZOFRAN 4 MG/5 ML ORAL SOLN</td>
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<td>None</td>
<td>Limit of 30ml per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
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<td>02213567</td>
<td>ZOFRAN 4MG TABLET</td>
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<td>Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills</td>
<td>Yes</td>
<td>10</td>
<td>15.8519</td>
<td>3.6510</td>
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<td>ZOFRAN 8MG TABLET</td>
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<td>Yes</td>
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<td>10</td>
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<td>02132702</td>
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<td>Yes</td>
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<td>Yes</td>
<td>250</td>
<td>1.9099</td>
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<td>Coverage limited to 6 doses/30 days</td>
<td>Yes</td>
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<td>SPEC AUTH</td>
<td>None</td>
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<td>Coverage limited to 6 doses/30 days</td>
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<td>Initial and maintenance fills are limited to a maximum 30 days</td>
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<td>ZOVIRAX 5% CREAM</td>
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<td>00569771</td>
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<td>ZYBAN 150MG TABLET</td>
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<td>Open benefit for Foundation Plan Access Plan and 65+ Plan for 12 weeks therapy per year. Beneficiary must be 18 years of age and older.</td>
<td>No</td>
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<td>SPEC AUTH</td>
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