

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02234510	282 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.0726	
02238645	292 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	0.1933	
02192691	3TC 10 MG/ML SOLUTION	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	240	0.3550	
02192683	3TC 150MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	5.5053	3.9533
02247825	3TC 300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	11.0104	7.9066
00095702	8 IHLES PASTE FORMULA 1934	OPEN	None	No	500	0.0169	
00991031	9 ALBALON A/SULAMYD 10% 1:1	OPEN	None	No	30	0.3910	
02414570	ABBOTT CITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1553	
02414589	ABBOTT-CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02414597	ABBOTT-CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02412942	ABBOTT-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02414805	ABBOTT-LEVETIRACETAM 250MG TABLET	OPEN	None	Yes	100	0.8720	0.4860
02414791	ABBOTT-LEVETIRACETAM 500MG TABLET	OPEN	None	Yes	100	1.0628	0.5921
02414783	ABBOTT-LEVETIRACETAM 750MG TABLET	OPEN	None	Yes	100	1.4715	0.8200
02412969	ABBOTT-PANTOPRAZOLE 40MG DELAYED RELEASE TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02412985	ABBOTT-QUETIAPINE 100MG IMMEDIATE RELEASE TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02412993	ABBOTT-QUETIAPINE 200MG IMMEDIATE RELEASE TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02412977	ABBOTT-QUETIAPINE 25MG IMMEDIATE RELEASE TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969

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02413000	ABBOTT-QUETIAPINE 300MG IMMEDIATE RELEASE TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
02422638	ABBOTT-RABEPRAZOLE 10MG DELAYED RELEASE TABLET	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02422646	ABBOTT-RABEPRAZOLE 20MG DELAYED RELEASE TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2625	0.2625
02414619	ABBOTT-TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02414627	ABBOTT-TOPIRAMATE 200MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02414600	ABBOTT-TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
01919385	ABENOL 120MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	12	0.4792	
01919393	ABENOL 325MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	12	0.5913	
02322390	ABILIFY 10MG TABLET	SPEC AUTH	None	No	30	4.3943	
02322404	ABILIFY 15MG TABLET	SPEC AUTH	None	No	30	4.4811	
02322412	ABILIFY 20MG TABLET	SPEC AUTH	None	No	30	4.5263	
02322374	ABILIFY 2MG TABLET	SPEC AUTH	None	No	30	3.4033	
02322455	ABILIFY 30MG TABLET	SPEC AUTH	None	No	30	4.5263	
02322382	ABILIFY 5MG TABLET	SPEC AUTH	None	No	30	3.8029	
02420864	ABILIFY MAINTENA ER 300MG/VIAL INJECTABLE SUSPENSION	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	1	494.9700	
02420872	ABILIFY MAINTENA ER 400MG/VIAL INJECTABLE SUSPENSION	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	1	494.9600	
96899976	AC BOYZ CHAMBER W/MOUTHPIECE	OPEN	Limit of one per year for children 5 - 12 yrs without Special Authorization	No	1	23.3709	
96899975	AC GIRLZ CHAMBER W/MOUTHPIECE	OPEN	Limit of one per year for children 5 - 12 yrs without Special Authorization	No	1	23.3709	
02390442	ACCEL-CLARITHROMYCIN 125MG/5ML GRANULES FOR SUSPENSION	OPEN	None	Yes	105	0.2231	0.2231
02390450	ACCEL-CLARITHROMYCIN 250MG/5ML GRANULES FOR SUSPENSION	OPEN	None	Yes	105	0.4358	0.4358
02236606	ACCOLATE 20MG TABLET	SPEC AUTH	None	No	60	0.8593	

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00977062	ACCU-CHEK ADVANTAGE TEST STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7579	
00977124	ACCU-CHEK AVIVA TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7579	
00977070	ACCU-CHEK COMPACT TEST STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	102	0.7579	
97799494	ACCU-CHEK FASTCLI 6 LANCET DRUM (102s)	OPEN	None	No	102	0.1000	
97799495	ACCU-CHEK FASTCLI 6 LANCET DRUM (204s)	OPEN	None	No	204	0.0900	
97799497	ACCU-CHEK MOBILE TEST STRIPS 100s	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7731	

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97799496	ACCU-CHEK MOBILE TEST STRIPS 50s	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8854	
00977125	ACCU-CHEK MULTICLIX LANETS	OPEN	None	No	204	0.0983	
01947672	ACCUPRIL 10 MG TABLET	OPEN	None	Yes	90	1.0370	0.2530
01947680	ACCUPRIL 20 MG TABLET	OPEN	None	Yes	90	1.0370	0.2530
01947699	ACCUPRIL 40 MG TABLET	OPEN	None	Yes	90	1.0370	0.2530
01947664	ACCUPRIL 5 MG TABLET	OPEN	None	Yes	90	1.0370	0.2530
02237367	ACCURETIC 10/12.5 MG TABLET	OPEN	None	Yes	28	1.0320	0.7483
02237368	ACCURETIC 20/12.5 MG TABLET	OPEN	None	Yes	28	1.0320	0.7483
02237369	ACCURETIC 20/25 MG TABLET	OPEN	None	Yes	28	0.9884	0.7098
00582344	ACCUTANE ROCHE 10 MG CAPSULE	OPEN	None	No	30	1.0196	
00582352	ACCUTANE ROCHE 40 MG CAPSULE	OPEN	None	No	30	2.0803	
00977031	ACCUTREND TEST STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.7324	
02286246	ACEBUTOLOL 100MG TABLET	OPEN	None	Yes	100	0.0941	0.0941
02286254	ACEBUTOLOL 200MG TABLET	OPEN	None	Yes	100	0.1410	0.1410
02286262	ACEBUTOLOL 400MG TABLET	OPEN	None	Yes	100	0.2807	0.2807
02230434	ACET 120 MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	12	0.4792	
02230436	ACET 325 MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	12	0.5913	
02230435	ACET-160 160 MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	12	0.6745	
01904140	ACETAMINOPHEN 80 MG/ML DROPS	OPEN	Beneficiary of CYFS	No	24	0.1486	
00545015	ACETAZOLAMIDE 250 MG TABLET	OPEN	None	No	100	0.1342	

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00834319	ACETAZONE FORTE C8 TABLET	OPEN	Beneficiary of CYFS. Initial and maintenance fills are limited to a maximum 30 days	No	20	0.4877	
00834300	ACETAZONE FORTE TABLET	OPEN	Beneficiary of CYFS	No	100	0.3688	
00977292	ACETEST	OPEN	None	No	100	0.1815	
02243098	ACETYLCYSTEINE 200 MG/ML SOL	OPEN	None	No	30	0.6347	
02426757	ACH-CAPECITABINE 150MG TABLET	SPEC AUTH	None	Yes	60	0.4987	0.4987
02426765	ACH-CAPECITABINE 500MG TABLET	SPEC AUTH	None	Yes	120	1.6623	1.6623
02425610	ACH-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02297477	ACT AMLODIPINE 2.5MG TABLET	OPEN	None	No	100	0.1497	
02439654	ACT BUPROPION XL 150MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.	Yes	500	0.3189	0.3189
02439662	ACT BUPROPION XL 300MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for an anti-depressant or Bupropion in past year.	Yes	500	0.6380	0.6380
02420155	ACT CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02420163	ACT CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02403196	ACT CLARITHROMYCIN XL 500MG TABLET	OPEN	None	Yes	60	1.3703	1.3703
02412691	ACT DUTASTERIDE 0.5MG CAPSULE	OPEN	None	Yes	100	0.4583	0.4583
02313561	ACT ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.4707	0.4707
02313588	ACT ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02414716	ACT EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02429764	ACT GLICLAZIDE MR 30MG TABLET	OPEN	None	Yes	100	0.1015	0.1015

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02436256	ACT LATANOPROST/TIMOLOL 50UG/ML / 5MG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	2.5	4.8252	4.8252
02257726	ACT METFORMIN 500 MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02257734	ACT METFORMIN 850 MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
02422247	ACT SOLIFENACIN 10MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02422239	ACT SOLIFENACIN 5MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02441160	ACT TEMOZOLOMIDE 5MG CAPSULE	SPEC AUTH	None	Yes	5	4.2510	4.2510
02424770	ACTEMRA 162MG/0.9ML SYRINGE	SPEC AUTH	None	No	4	385.1750	
02350106	ACTEMRA 200MG/10ML VIAL	SPEC AUTH	None	No	1	490.4526	
02350114	ACTEMRA 400MG/20ML VIAL	SPEC AUTH	None	No	1	980.9051	
02350092	ACTEMRA 80MG/4ML VIAL	SPEC AUTH	None	No	1	196.1789	
02239146	ACTONEL 30 MG TABLET	SPEC AUTH	None	Yes	30	13.7827	10.9327
02246896	ACTONEL 35 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	11.9818	2.8027
02242518	ACTONEL 5 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	28	2.1220	1.6876
02242572	ACTOS 15 MG TABLET	SPEC AUTH	None	Yes	90	2.7326	0.6685
02242573	ACTOS 30 MG TABLET	SPEC AUTH	None	Yes	90	3.8285	0.9365
02242574	ACTOS 45 MG TABLET	SPEC AUTH	None	Yes	90	5.7454	1.4082
01968300	ACULAR 0.5% EYE DROPS	OPEN	None	Yes	10	3.8837	2.8296
02369362	ACUVAIL 0.45% EYE DROPS	OPEN	None	No	24	0.6750	
02286564	ACYCLOVIR 400MG TABLET	OPEN	None	Yes	100	1.3843	1.3843
02155877	ADALAT 10MG CAPSULE	OPEN	None	Yes	100	0.5596	0.5423
02237618	ADALAT XL 20 MG TABLET	OPEN	None	No	98	1.3808	

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02155907	ADALAT XL 30 MG TABLET	OPEN	None	Yes	98	0.6726	0.6726
02155990	ADALAT XL 60 MG TABLET	OPEN	None	Yes	98	1.0218	1.0218
02412764	ADEMPAS 0.5MG TABLET	SPEC AUTH	None	No	42	46.3838	
02412799	ADEMPAS 1.5MG TABLET	SPEC AUTH	None	No	42	46.3838	
02412772	ADEMPAS 1MG TABLET	SPEC AUTH	None	No	42	46.3838	
02412810	ADEMPAS 2.5MG TABLET	SPEC AUTH	None	No	42	46.3838	
02412802	ADEMPAS 2MG TABLET	SPEC AUTH	None	No	42	46.3838	
00155357	ADRENALIN CL 1:1000 VIAL	OPEN	None	No	30	0.7804	
00155365	ADRENALINE CL 1:1000 SOLN	OPEN	None	No	30	0.7143	
02240835	ADVAIR 100 DISKUS DSK/DEV	SPEC AUTH	None	No	60	1.4718	
02245126	ADVAIR 125-25 MCG INHALER	SPEC AUTH	None	No	120	0.8809	
02240836	ADVAIR 250 DISKUS DSK/DEV	SPEC AUTH	None	No	60	1.7618	
02245127	ADVAIR 250-25 MCG INHALER	SPEC AUTH	None	No	120	1.2506	
02240837	ADVAIR 500 DISKUS DSK/DEV	SPEC AUTH	None	No	60	2.5011	
96899962	AEROCHAMBER AC BOYZ	OPEN	Limit of one per year for children 5 - 12 yrs without Special Authorization	No	1	25.5518	
96899963	AEROCHAMBER AC GIRLZ	OPEN	Limit of one per year for children 5 - 12 yrs without Special Authorization	No	1	25.5518	
00965383	AEROCHAMBER MAX W/ADULT MASK	OPEN	Limit of one per year without Special Authorization	No	1	43.2481	
00965405	AEROCHAMBER MAX W/CHILD MASK	OPEN	a) Limit of one per year without Special Authorization b) Child must be 6 years old or less	No	1	40.8720	
00965391	AEROCHAMBER MAX W/INFANT MASK	OPEN	a) Limit of one per year without Special Authorization b) Child must be 2 years old or less	No	1	40.8720	
00965413	AEROCHAMBER MAX W/MOUTHPIECE	OPEN	Limit of one per year without Special Authorization	No	1	25.5518	
96899969	AEROCHAMBER+FLOW VU/MASK (LRG)	OPEN	a) Limit of one per year without Special Authorization b) Child must be older than 6 years	No	1	43.2481	
96899970	AEROCHAMBER+FLOW VU/MASK (MED)	OPEN	a) Limit of one per year without Special Authorization b) Child must be between ages of 1 and 6	No	1	40.8720	

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96899971	AEROCHAMBER+FLOW VU/MASK (SM)	OPEN	a) Limit of one per year without Special Authorization b) Child must be younger than 2 years	No	1	40.8720	
96899968	AEROCHAMBER+FLOW VU/MOUTHPIECE	OPEN	a) Limit of one per year without Special Authorization b) Child must be older than 6 years	No	1	25.5518	
96899977	AEROTRACH PLUS VALVED HOLDING	OPEN	Limit of one per year without Special Authorization	No	1	26.0400	
02339528	AFINITOR 10 MG TABLET	SPEC AUTH	None	No	30	217.0922	
02369257	AFINITOR 2.5MG TABLET	SPEC AUTH	None	No	30	217.0922	
02339501	AFINITOR 5MG TABLET	SPEC AUTH	None	No	30	217.0922	
02236859	AGRYLIN 0.5 MG CAPSULE	OPEN	None	Yes	100	6.5125	2.8733
02438453	AG-ZOLMITRIPTAN ODT 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days.	Yes	100	3.8559	3.8559
02232570	AIROMIR 100MCG INHALER	OPEN	None	Yes	200	0.0545	0.0327
00001147	ALBALON 0.1% EYE DROPS	OPEN	Beneficiary of CYFS	No	15	0.6437	
00433519	ALBALON-A EYE DROPS	OPEN	Beneficiary of CYFS	No	15	0.7237	
00977064	ALCOHOL PREP - SWABS	OPEN	Beneficiary of CYFS. Beneficiary must have eligibility under the Cystic Fibrosis Program.	No	100	0.0209	
00180408	ALDACTAZIDE 25 TABLET	OPEN	None	Yes	100	0.2464	0.1345
00594377	ALDACTAZIDE 50 TABLET	OPEN	None	Yes	100	0.5222	0.2845
00285455	ALDACTONE 100 MG TABLET	OPEN	None	No	100	0.3806	
00028606	ALDACTONE 25 MG TABLET	OPEN	None	No	100	0.1616	
02239505	ALDARA 5% CREAM	SPEC AUTH	None	Yes	7.5	13.6606	12.0227
00016578	ALDOMET 250MG TABLET	OPEN	None	Yes	100	0.2008	0.1646
02381486	ALENDRONATE 10MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	28	0.5436	0.5436
02352966	ALENDRONATE 70MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	100	2.7900	2.7900
02381494	ALENDRONATE 70MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900

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02299712	ALENDRONATE-FC 70MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	100	2.7900	2.7900
02239665	ALERTEC 100 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.5151	1.0129
02103052	ALERTONIC LIQUID	OPEN	None	No	500	0.1183	
02236974	ALESSE 21 TABLETS	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.8009	0.5053
02236975	ALESSE 28 TABLETS	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.6007	0.3790
00004715	ALKERAN 2 MG TABLET	OPEN	None	No	50	1.8644	
02231462	ALLEGRA 12 HOUR 60 MG TABLET	OPEN	Beneficiary of CYFS	No	36	0.3316	
02229492	ALLERGY FORMULA 25MG TABLET	OPEN	Beneficiary of CYFS	No	36	0.1287	
00966134	ALLERGY SERUMS	OPEN	None	No	1	1.0850	
02382059	ALLERJECT 0.15MG AUTO-INJECTOR	OPEN	Limit of one per year without Special Authorization	No	1	90.4348	
02382067	ALLERJECT 0.3MG AUTO-INJECTOR	OPEN	Limit of one per year without Special Authorization	No	1	90.4348	
00893560	ALOMIDE 0.1% EYE DROPS	OPEN	None	No	10	1.2922	
02236876	ALPHAGAN 0.2% OPH SOLUTION	OPEN	None	Yes	10	3.8641	1.2590
02248151	ALPHAGAN P 0.15% DROPS	OPEN	None	Yes	10	3.8880	1.8890
02349191	ALPRAZOLAM 0.25MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0678	0.0678
02349205	ALPRAZOLAM 0.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0810	0.0810
02221829	ALTACE 1.25 MG CAPSULE	OPEN	None	Yes	30	0.8052	0.1389
02221853	ALTACE 10 MG CAPSULE	OPEN	None	Yes	100	1.1775	0.2030
02221837	ALTACE 2.5 MG CAPSULE	OPEN	None	Yes	100	0.9058	0.1602
02221845	ALTACE 5 MG CAPSULE	OPEN	None	Yes	100	0.9294	0.1602
02283166	ALTACE HCT 10-12.5 MG TABLET	OPEN	None	Yes	28	0.5470	0.2870
02283182	ALTACE HCT 10-25 MG TABLET	OPEN	None	Yes	28	0.5470	0.2870
02283131	ALTACE HCT 2.5-12.5 MG TABLET	OPEN	None	Yes	28	0.3258	0.2281
02283158	ALTACE HCT 5-12.5 MG TABLET	OPEN	None	Yes	28	0.4174	0.2255
02283174	ALTACE HCT 5-25 MG TABLET	OPEN	None	Yes	28	0.4174	0.2255

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00249920	ALUPENT 10MG/5ML SYRUP	OPEN	None	Yes	250	0.0657	0.0626
02285606	ALVESCO 100 MCG AEROSOL INH	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	120	0.4118	
02285614	ALVESCO 200 MCG AEROSOL INH	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	120	0.6806	
02387875	ALYSENA 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.5053	0.5053
02387883	ALYSENA 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3790	0.3790
02245272	AMARYL 1 MG TABLET	OPEN	None	Yes	30	1.0246	0.4204
02245273	AMARYL 2 MG TABLET	OPEN	None	Yes	30	1.1151	0.4204
02245274	AMARYL 4 MG TABLET	OPEN	None	Yes	30	1.1936	0.4204
02237820	AMERGE 1 MG TABLET	SPEC AUTH	None	Yes	2	15.4453	11.3483
02237821	AMERGE 2.5 MG TABLET	SPEC AUTH	None	Yes	6	16.2810	6.6967
02242971	AMIKACIN SULF 500 MG/2 ML VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	No	20	36.4093	
02364336	AMIODARONE 200MG TABLET	OPEN	None	Yes	100	0.5610	0.5610
02385465	AMIODARONE 200MG TABLET	OPEN	None	Yes	100	0.5610	0.5610
02331942	AMLODIPINE 10 MG TABLET	OPEN	None	Yes	100	0.3910	0.3910
02331292	AMLODIPINE 10MG TABLET	OPEN	None	Yes	250	0.3910	0.3910
02385805	AMLODIPINE 10MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02429225	AMLODIPINE 10MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02331284	AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02331934	AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.2635	0.2635
02385791	AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02429217	AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02378779	AMLODIPINE-ODAN 10MG TABLET	OPEN	None	Yes	500	0.3910	0.3910

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02378760	AMLODIPINE-ODAN 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02401495	AMOXICILLIN 250MG CAPSULE	OPEN	None	Yes	100	0.1908	0.1908
02401541	AMOXICILLIN 250MG/5ML GRANULES FOR ORAL SUSPENSION	OPEN	None	Yes	150	0.0589	0.0589
02401509	AMOXICILLIN 500MG CAPSULE	OPEN	None	Yes	500	0.3725	0.3725
02041316	AMOXIL-125 PWS 125MG/5ML	OPEN	None	Yes	100	0.0393	0.0385
02042592	AMOXIL-250 PWS 250MG/5ML	OPEN	None	Yes	100	0.0627	0.0589
00265047	AMPICILLIN CAPS 250MG	OPEN	None	No	1000	0.0881	
00348848	AMPICILLIN CAPS 500MG	OPEN	None	No	500	0.1754	
00330566	ANAFRANIL 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3180	0.3180
00324019	ANAFRANIL 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4334	0.4334
00402591	ANAFRANIL 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7979	0.7979
02221861	ANANDRON 50 MG TABLET	OPEN	None	No	90	2.5143	
02162725	ANAPROX 275 MG TABLET	OPEN	None	Yes	100	0.7596	0.3730
02162717	ANAPROX DS 550 MG TABLET	OPEN	None	Yes	100	1.4626	0.7267
02351218	ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02442736	ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
00782327	ANDRIOL 40 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	1.0246	0.5123
00704431	ANDROCUR 50 MG TABLET	OPEN	None	Yes	60	1.5353	1.5260
00704423	ANDROCUR-DEPOT 100 MG/ML AMP	OPEN	None	No	9	32.7479	
02239653	ANDRODERM 2.5 MG/24 H PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	2.4188	
02245972	ANDRODERM 5 MG/24 HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	30	4.8377	
02245345	ANDROGEL 1 % (25 MG) GEL	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	75	0.9678	
02245346	ANDROGEL 1 % (50 MG) GEL	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	150	0.8557	
02128446	ANODAN-HC OINTMENT	OPEN	None	Yes	30	0.4502	0.4502

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02236399	ANODAN-HC SUPPOSITORY	OPEN	None	Yes	24	0.6622	0.6358
02418401	ANORO ELLIPTA 62.5-25 MCG INHALER	SPEC AUTH	None	No	30	2.9295	
00600792	ANSAID 100 MG TABLET	OPEN	None	Yes	100	0.7334	0.3313
00647942	ANSAID 50 MG TABLET	OPEN	None	Yes	100	0.5602	0.2795
02241532	ANTI-NAUSEANT 50MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0135	
02377179	ANTI-NAUSEANT 50MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0244	
00505781	ANUGESIC-HC OINTMENT	OPEN	None	Yes	30	0.9919	0.7976
00476242	ANUGESIC-HC SUPPOSITORY	OPEN	None	Yes	12	1.4879	1.1854
00505773	ANUSOL-HC OINTMENT	OPEN	None	Yes	30	0.8331	0.4502
00476285	ANUSOL-HC SUPPOSITORY	OPEN	None	Yes	24	1.0909	0.6358
02279460	APIDRA 10ML VIAL	OPEN	None	No	10	2.7863	
02279479	APIDRA 3ML CARTRIDGE	OPEN	None	No	15	3.6962	
02294346	APIDRA SOLOSTAR 3ML DISPOSABLE PREFILLED PEN	OPEN	None	No	15	3.7396	
02396769	APO-ABACAVIR 300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	5.6943	5.6943
02399539	APO-ABACAVIR-LAMIVUDINE 600MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	6.5264	6.5264
02416255	APO-ABACAVIR-LAMIVUDINE-ZIDOVUDINE 300MG 150MG 300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	14.8703	14.8703
02147602	APO-ACEBUTOLOL 100 MG TABLET	OPEN	None	Yes	500	0.0941	0.0941
02147610	APO-ACEBUTOLOL 200 MG TABLET	OPEN	None	Yes	500	0.1410	0.1410
02147629	APO-ACEBUTOLOL 400 MG TABLET	OPEN	None	Yes	500	0.2807	0.2807
02207621	APO-ACYCLOVIR 200 MG TABLET	OPEN	None	Yes	100	0.6973	0.6973
02207648	APO-ACYCLOVIR 400 MG TABLET	OPEN	None	Yes	100	1.3843	1.3843
02207656	APO-ACYCLOVIR 800 MG TABLET	OPEN	None	Yes	100	1.3814	1.3814
02420333	APO-ADEFOVIR 10MG TABLET	SPEC AUTH	None	Yes	30	22.2796	22.2796
02248728	APO-ALENDRONATE 10 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	100	0.5436	0.5436
02248730	APO-ALENDRONATE 70 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	100	2.7900	2.7900

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02454475	APO-ALENDRONATE/VITAMIN D3 70MG/5600 IU TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	1.3270	1.3270
02402769	APO-ALLOPURINOL 100mg	OPEN	None	Yes	1000	0.0850	0.0850
02402769	APO-ALLOPURINOL 100MG TABLET	OPEN	None	Yes	1000	0.0850	0.0850
02402777	APO-ALLOPURINOL 200mg	OPEN	None	Yes	500	0.1417	0.1417
02402777	APO-ALLOPURINOL 200MG TABLET	OPEN	None	Yes	500	0.1417	0.1417
02402785	APO-ALLOPURINOL 300mg	OPEN	None	Yes	500	0.2316	0.2316
02402785	APO-ALLOPURINOL 300MG TABLET	OPEN	None	Yes	500	0.2316	0.2316
02405806	APO-ALMOTRIPTAN 12.5MG TABLET	SPEC AUTH	None	Yes	6	7.6773	7.6773
02405792	APO-ALMOTRIPTAN 6.25MG TABLET	SPEC AUTH	None	Yes	6	7.6773	7.6773
00865397	APO-ALPRAZ 0.25 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0678	0.0678
00865400	APO-ALPRAZ 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0810	0.0810
02243611	APO-ALPRAZ 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2280	0.2280
02243612	APO-ALPRAZ TS 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.4053	0.4053
00784400	APO-AMILZIDE TABLET	OPEN	None	Yes	1000	0.1409	0.1409
02246194	APO-AMIODARONE 200 MG TABLET	OPEN	None	Yes	100	0.5610	0.5610
02403137	APO-AMITRIPTYLINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0474	0.0474
02403145	APO-AMITRIPTYLINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0904	0.0904
02403153	APO-AMITRIPTYLINE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.1679	0.1679
00754129	APO-AMITRIPTYLINE 75 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.3943	
02273381	APO-AMLODIPINE 10 MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02273373	APO-AMLODIPINE 5 MG TABLET	OPEN	Limit 1.5 per day without Special Authorization.	Yes	500	0.2635	0.2635
02411318	APO-AMLODIPINE-ATORVASTATIN 10MG/10MG TABLET	SPEC AUTH	None	Yes	100	0.6676	0.6676

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02411326	APO-AMLODIPINE-ATORVASTATIN 10MG/20MG TABLET	SPEC AUTH	None	Yes	100	0.8323	0.8323
02411334	APO-AMLODIPINE-ATORVASTATIN 10MG/40MG TABLET	SPEC AUTH	None	Yes	100	0.8720	0.8720
02411342	APO-AMLODIPINE-ATORVASTATIN 10MG/80MG TABLET	SPEC AUTH	None	Yes	100	0.8720	0.8720
02411253	APO-AMLODIPINE-ATORVASTATIN 5MG/10MG TABLET	SPEC AUTH	None	Yes	100	0.6324	0.6324
02411261	APO-AMLODIPINE-ATORVASTATIN 5MG/20MG TABLET	SPEC AUTH	None	Yes	100	0.7458	0.7458
02411288	APO-AMLODIPINE-ATORVASTATIN 5MG/40MG TABLET	SPEC AUTH	None	Yes	100	0.7883	0.7883
02411296	APO-AMLODIPINE-ATORVASTATIN 5MG/80MG TABLET	SPEC AUTH	None	Yes	100	0.7883	0.7883
00628131	APO-AMOXI 125 MG/5 ML SUSP	OPEN	None	Yes	150	0.0385	0.0385
00628115	APO-AMOXI 250 MG CAPSULE	OPEN	None	Yes	1000	0.1908	0.1908
00628158	APO-AMOXI 250 MG/5 ML SUSP	OPEN	None	Yes	150	0.0589	0.0589
00628123	APO-AMOXI 500 MG CAPSULE	OPEN	None	Yes	500	0.3725	0.3725
02243350	APO-AMOXI CLAV 250 TABLET	OPEN	None	Yes	100	1.0219	1.0219
02243351	APO-AMOXI CLAV 500 TABLET	OPEN	None	Yes	100	0.7274	0.7274
02245623	APO-AMOXI CLAV 875-125 TAB	OPEN	None	Yes	100	0.6051	0.6051
02243986	APO-AMOXI CLAV SUSPENSION	OPEN	None	Yes	100	0.0564	0.0564
00603295	APO-AMPI 500 MG CAPSULE	OPEN	None	Yes	500	0.1731	0.1731
02374420	APO-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	100	1.3875	1.3875
02248764	APO-ATENIDONE 100-25 MG TAB	OPEN	None	Yes	100	0.5707	0.5707
02248763	APO-ATENIDONE 50-25 MG TAB	OPEN	None	Yes	100	0.3483	0.3483
00773697	APO-ATENOL 100 MG TABLET	OPEN	None	Yes	500	0.2703	0.2703
00773689	APO-ATENOL 50 MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02295261	APO-ATORVASTATIN 10 MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02295288	APO-ATORVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02295296	APO-ATORVASTATIN 40 MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02295318	APO-ATORVASTATIN 80 MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02242907	APO-AZATHIOPRINE 50 MG TAB	OPEN	None	Yes	100	0.2698	0.2698
02247423	APO-AZITHROMYCIN 250MG TAB	OPEN	None	Yes	100	1.3703	1.3703

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02415542	APO-AZITHROMYCIN Z 250MG TABLET	OPEN	None	Yes	100	1.3703	1.3703
02139332	APO-BACLOFEN 10 MG TABLET	OPEN	None	Yes	500	0.1964	0.1964
02139391	APO-BACLOFEN 20 MG TABLET	OPEN	None	Yes	100	0.3823	0.3823
02238796	APO-BECLOMETHASON 50MCG SPR	OPEN	None	Yes	200	0.0668	0.0668
02290340	APO-BENAZEPRIL 10 MG TABLET	OPEN	None	Yes	100	1.0291	1.0291
02273918	APO-BENAZEPRIL 20 MG TABLET	OPEN	None	Yes	100	0.9789	0.9789
02290332	APO-BENAZEPRIL 5 MG TABLET	OPEN	None	Yes	100	0.7215	0.7215
02239044	APO-BENZYDAMINE 0.15% RINSE	OPEN	None	No	250	0.0315	
02296063	APO-BICALUAMIDE 50 MG TAB	OPEN	None	Yes	30	1.8448	1.8448
00754595	APO-BISACODYL 10 MG SUPP	OPEN	Beneficiary of CYFS	No	100	0.7628	
00545023	APO-BISACODYL 5 MG TABLET	OPEN	Beneficiary of CYFS	No	1000	0.0488	
02256177	APO-BISOPROLOL 10 MG TABLET	OPEN	None	Yes	100	0.1581	0.1581
02256134	APO-BISOPROLOL 5 MG TABLET	OPEN	None	Yes	100	0.1083	0.1083
02260077	APO-BRIMONIDINE 0.2% DROPS	OPEN	None	Yes	10	1.2590	1.2590
02177153	APO-BROMAZEPAM 1.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1121	0.1121
02177161	APO-BROMAZEPAM 3 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0416	0.0416
02177188	APO-BROMAZEPAM 6 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0608	0.0608
02211076	APO-BUSPIRONE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3834	0.3834
00682047	APO-CAL 250 MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0222	
00682039	APO-CAL 500 TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS. Special Authorization for beneficiaries undergoing dialysis.	No	500	0.0699	
02365367	APO-CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3265	0.3265
02399105	APO-CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02365359	APO-CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3265	0.3265

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02367866	APO-CANDESARTAN/HCTZ 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3265	0.3265
02395126	APO-CANDESARTAN/HCTZ 32MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.9794	0.9794
02395134	APO-CANDESARTAN/HCTZ 32MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.9794	0.3279
00893625	APO-CAPTO 100 MG TABLET	OPEN	None	Yes	100	0.5666	0.5666
00893595	APO-CAPTO 12.5 MG TABLET	OPEN	None	Yes	100	0.1155	0.1155
00893609	APO-CAPTO 25 MG TABLET	OPEN	None	Yes	100	0.1635	0.1635
00893617	APO-CAPTO 50 MG TABLET	OPEN	None	Yes	100	0.3047	0.3047
01999559	APO-CAPTO 6.25 MG TABLET	OPEN	None	No	100	0.1342	
02247935	APO-CARVEDILOL 12.5 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02247936	APO-CARVEDILOL 25 MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02247933	APO-CARVEDILOL 3.125 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02247934	APO-CARVEDILOL 6.25 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02293943	APO-CEFPROZIL 125 MG/5 ML	OPEN	None	Yes	100	0.0645	0.0645
02292998	APO-CEFPROZIL 250 MG TABLET	OPEN	None	Yes	100	0.4949	0.4949
02293951	APO-CEFPROZIL 250 MG/5 ML	OPEN	None	Yes	100	0.1292	0.1292
02293005	APO-CEFPROZIL 500 MG TABLET	OPEN	None	Yes	100	0.9702	0.9702
02244393	APO-CEFUROXIME 250 MG TABLET	OPEN	None	Yes	100	0.7888	0.7888
02244394	APO-CEFUROXIME 500 MG TABLET	OPEN	None	Yes	100	1.5627	1.5627
02418932	APO-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02418940	APO-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
00768723	APO-CEPHALEX 250 MG TABLET	OPEN	None	Yes	1000	0.2453	0.2453
00768715	APO-CEPHALEX 500 MG TABLET	OPEN	None	Yes	500	0.4905	0.4905
02231603	APO-CETIRIZINE 10 MG TABLET	OPEN	Beneficiary of CYFS	Yes	100	0.4450	0.4142
02453363	APO-CETIRIZINE 20MG TABLET	OPEN	Beneficiary of CYFS	Yes	100	0.7964	0.7964
00618454	APO-CHLORAX CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2540	0.2540
02242329	APO-CHLORHEX 0.12% MOUTHWAS	SPEC AUTH	None	No	475	0.0125	
00399302	APO-CHLORPROPAMIDE 100 MG TB	OPEN	None	Yes	100	0.0812	0.0812
00312711	APO-CHLORPROPAMIDE 250 MG TB	OPEN	None	Yes	100	0.0828	0.0828

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02291134	APO-CILAZAPRIL 1 MG TABLET	OPEN	None	Yes	100	0.1697	0.1697
02291142	APO-CILAZAPRIL 2.5 MG TAB	OPEN	None	Yes	100	0.1996	0.1996
02291150	APO-CILAZAPRIL 5 MG TABLET	OPEN	None	Yes	100	0.2318	0.2318
02284987	APO-CILAZAPRIL/HCTZ TABLET	OPEN	None	Yes	100	0.4545	0.4545
00487872	APO-CIMETIDINE 300 MG TABLET	OPEN	None	Yes	1000	0.1952	0.1952
02243085	APO-CIMETIDINE 300 MG/5 ML LQ	OPEN	None	No	250	0.2031	
00600059	APO-CIMETIDINE 400 MG TABLET	OPEN	None	Yes	500	0.3194	0.3194
00600067	APO-CIMETIDINE 600 MG TABLET	OPEN	None	Yes	500	0.3711	0.3711
00749494	APO-CIMETIDINE 800 MG TABLET	OPEN	None	Yes	100	0.2758	0.2758
02263130	APO-CIPROFLOX 0.3% EYE DROP	OPEN	None	Yes	5	1.9184	1.9184
02229521	APO-CIPROFLOX 250 MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02229522	APO-CIPROFLOX 500 MG TABLET	OPEN	None	Yes	500	0.7607	0.7607
02229523	APO-CIPROFLOX 750 MG TABLET	OPEN	None	Yes	100	1.3930	1.3930
02246056	APO-CITALOPRAM 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02246057	APO-CITALOPRAM 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02274744	APO-CLARITHROMYCIN 250 MG	OPEN	None	Yes	100	0.4587	0.4587
02274752	APO-CLARITHROMYCIN 500 MG	OPEN	None	Yes	100	1.7759	1.7759
02413345	APO-CLARITHROMYCIN XL 500MG TABLET	OPEN	None	Yes	100	1.3703	1.3703
02245232	APO-CLINDAMYCIN 150 MG CAPS	OPEN	None	Yes	100	0.2565	0.2565
02245233	APO-CLINDAMYCIN 300 MG CAPS	OPEN	None	Yes	100	0.5130	0.5130
02244638	APO-CLOBAZAM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	0.2395	0.1196
02040786	APO-CLOMIPRAMINE 10 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1406	0.1406
02040778	APO-CLOMIPRAMINE 25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1916	0.1916
02040751	APO-CLOMIPRAMINE 50 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3528	0.3528
02177889	APO-CLONAZEPAM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02177897	APO-CLONAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0931	0.0931
02252767	APO-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
00618284	APO-CLOXI 500 MG CAPSULE	OPEN	None	Yes	100	0.4006	0.4006
02248035	APO-CLOZAPINE 100 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	2.8694	
02248034	APO-CLOZAPINE 25 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	0.7154	
02177145	APO-CYCLOBENZAPRINE 10 MG TB	OPEN	None	Yes	500	0.4062	0.4062
02244324	APO-CYCLOSPORINE 100 MG/ML L	OPEN	None	Yes	50	4.1102	4.1102
02284030	APO-DESMOPRESSIN 0.1 MG TAB	OPEN	None	Yes	100	0.3601	0.3601
02284049	APO-DESMOPRESSIN 0.2 MG TAB	OPEN	None	Yes	100	0.7203	0.7203
02261081	APO-DEXAMETHASONE 0.5MG TABLET	OPEN	None	No	100	0.2137	
02250055	APO-DEXAMETHASONE 4 MG TAB	OPEN	None	No	100	0.8325	
02443236	APO-DEXTROAMPHETAMINE 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.5513	0.5513
00405337	APO-DIAZEPAM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0945	0.0945
00405329	APO-DIAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0554	0.0554
00362158	APO-DIAZEPAM 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0709	0.0709
00839175	APO-DICLO 25 MG TABLET EC	OPEN	None	Yes	100	0.0851	0.0851
00839183	APO-DICLO 50 MG TABLET EC	OPEN	None	Yes	500	0.2542	0.2542
02091194	APO-DICLO SR 100 MG TAB SA	OPEN	None	Yes	100	0.4732	0.4732
02162814	APO-DICLO STR 75 MG TABLET	OPEN	None	Yes	100	0.3319	0.3319
02441020	APO-DICLOFENAC 0.1% OPHTHALMIC SOLUTION	OPEN	None	Yes	10	1.9304	1.9304
00771376	APO-DILTIAZ 30 MG TABLET	OPEN	None	Yes	500	0.2034	0.2034
00771384	APO-DILTIAZ 60 MG TABLET	OPEN	None	Yes	100	0.3568	0.3568
02230997	APO-DILTIAZ CD 120 MG CAP	OPEN	None	Yes	500	0.3847	0.3847
02230998	APO-DILTIAZ CD 180 MG CAP	OPEN	None	Yes	500	0.5106	0.5106
02230999	APO-DILTIAZ CD 240 MG CAP	OPEN	None	Yes	500	0.6772	0.6772
02229526	APO-DILTIAZ CD 300 MG CAP	OPEN	None	Yes	500	0.8465	0.8465

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00363766	APO-DIMENHYDRINATE 50 MG TAB	OPEN	Beneficiary of CYFS	No	1000	0.0244	
00895644	APO-DIPYRIDAMOLE FC 25 MG TB	OPEN	None	Yes	100	0.2870	0.2870
00895652	APO-DIPYRIDAMOLE FC 50 MG TB	OPEN	None	Yes	100	0.4017	0.4017
00895660	APO-DIPYRIDAMOLE FC 75 MG TB	OPEN	None	Yes	100	0.5410	0.5410
00571245	APO-DIPYRIDAMOLE SC 50 MG TB	OPEN	None	No	500	0.1646	
02239698	APO-DIVALPROEX 125 MG TAB EC	OPEN	None	Yes	100	0.0826	0.0826
02239699	APO-DIVALPROEX 250 MG TAB EC	OPEN	None	Yes	500	0.1486	0.1486
02239700	APO-DIVALPROEX 500 MG TAB EC	OPEN	None	Yes	100	0.2974	0.2974
02103613	APO-DOMPERIDONE 10 MG TABLET	OPEN	None	Yes	500	0.0647	0.0647
02362279	APO-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	500	0.8998	0.8998
02362260	APO-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	500	0.8998	0.8998
02299615	APO-DORZO-TIMOP 20MG / 5MG/ML OPTHALMIC SOLUTION	OPEN	None	Yes	10	2.1677	2.1677
02240588	APO-DOXAZOSIN 1 MG TABLET	OPEN	None	Yes	100	0.1576	0.1576
02240589	APO-DOXAZOSIN 2 MG TABLET	OPEN	None	Yes	100	0.1890	0.1890
02240590	APO-DOXAZOSIN 4 MG TABLET	OPEN	None	Yes	100	0.2459	0.2459
02049996	APO-DOXEPIN 10 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2601	
02050005	APO-DOXEPIN 25 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3205	0.3205
02050013	APO-DOXEPIN 50 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.5919	
02050021	APO-DOXEPIN 75 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.8752	
00740713	APO-DOXY 100 MG CAPSULE	OPEN	None	Yes	250	0.6387	0.6387
00874256	APO-DOXY-TABS 100 MG TABLET	OPEN	None	Yes	250	0.6387	0.6387
02440423	APO-DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	500	0.5247	0.5247
02440431	APO-DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	500	1.0648	1.0648
02404206	APO-DUTASTERIDE 0.5MG CAPSULE	OPEN	None	Yes	100	0.4583	0.4583
02019892	APO-ENALAPRIL 10 MG TABLET	OPEN	None	Yes	500	0.3121	0.3121
02020025	APO-ENALAPRIL 2.5 MG TABLET	OPEN	None	Yes	100	0.2195	0.2195
02019906	APO-ENALAPRIL 20 MG TABLET	OPEN	None	Yes	500	0.3766	0.3766
02019884	APO-ENALAPRIL 5 MG TABLET	OPEN	None	Yes	500	0.2597	0.2597

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02352931	APO-ENALAPRIL MALEATE/HCTZ 10MG/25MG TABLET	OPEN	None	Yes	100	0.8406	0.8406
02352923	APO-ENALAPRIL MALEATE/HCTZ 5MG/12.5MG TABLET	OPEN	None	Yes	100	0.5386	0.5386
02396955	APO-ENTECAVIR 0.5MG TABLET	SPEC AUTH	None	Yes	30	5.9950	5.9950
00637416	APO-ERYTHRO ES 600 MG TAB	OPEN	None	No	100	0.3649	
00682020	APO-ERYTHRO-BASE 250 MG TAB	OPEN	None	No	1000	0.1983	
00545678	APO-ERYTHRO-S 250 MG TABLET	OPEN	None	Yes	100	0.2354	0.2354
00688568	APO-ERYTHRO-S 500 MG TABLET	OPEN	None	Yes	100	0.6032	0.6032
02295016	APO-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.4707	0.4707
02295024	APO-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5011	0.5011
02419726	APO-EXEMESTANE 25MG TABLET	SPEC AUTH	None	Yes	30	1.4457	1.4457
02427826	APO-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02292025	APO-FAMCICLOVIR 125 MG TAB	OPEN	None	Yes	30	1.5195	1.5195
02292041	APO-FAMCICLOVIR 250 MG TAB	OPEN	None	Yes	30	2.0419	2.0419
02292068	APO-FAMCICLOVIR 500 MG TAB	OPEN	None	Yes	30	1.8982	1.8982
02452383	APO-FELODIPINE 10MG TABLET	OPEN	None	Yes	100	0.5832	0.5832
02452367	APO-FELODIPINE 2.5MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02452375	APO-FELODIPINE 5MG TABLET	OPEN	None	Yes	100	0.3886	0.3886
02243180	APO-FENO MICRO 67 MG CAPSULE	OPEN	None	Yes	100	0.5972	0.5972
02225980	APO-FENOFIBRATE 100 MG CAP	OPEN	None	Yes	100	0.6654	0.6654
02239864	APO-FENO-MICRO 200 MG CAP	OPEN	None	Yes	100	0.2968	0.2968
02246859	APO-FENO-SUPER 100 MG TAB	OPEN	None	Yes	100	0.5894	0.5894
02246860	APO-FENO-SUPER 160 MG TAB	OPEN	None	Yes	100	0.3495	0.3495
02314665	APO-FENTANYL MATRIX 100MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	13.1358	13.1358
02314630	APO-FENTANYL MATRIX 25MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	3.9872	3.9872
02314649	APO-FENTANYL MATRIX 50MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	7.5033	7.5033
02314657	APO-FENTANYL MATRIX 75MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	10.5531	10.5531

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00545031	APO-FERROUS GLUC 300 MG TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	500	0.0438	
01912518	APO-FERROUS SULF 300 MG TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	1000	0.0373	
02365383	APO-FINASTERIDE 5MG TABLET	OPEN	None	Yes	30	0.5227	0.5227
02275538	APO-FLECAINIDE 50 MG TABLET	OPEN	None	Yes	100	0.5148	0.5148
02244680	APO-FLOCTAFENINE 200 MG TAB	OPEN	None	Yes	100	0.4642	0.4642
02244681	APO-FLOCTAFENINE 400 MG TAB	OPEN	None	Yes	100	0.9031	0.9031
02237371	APO-FLUCONAZOLE 100 MG TAB	OPEN	None	Yes	50	2.4951	2.4951
02241895	APO-FLUCONAZOLE 150 MG CAP	OPEN	Beneficiary of CYFS	Yes	10	4.2946	4.2946
02237370	APO-FLUCONAZOLE 50 MG TABLET	OPEN	None	Yes	50	1.4065	1.4065
02246082	APO-FLUNARIZINE 5 MG CAPSULE	OPEN	None	Yes	100	0.8009	0.8009
02216353	APO-FLUOXETINE 10 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02216361	APO-FLUOXETINE 20 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012
02231328	APO-FLUOXETINE 20 MG/5 ML SOL	OPEN	Initial fills are limited to a maximum 30 days	Yes	120	0.6386	0.6386
00405345	APO-FLUPHENAZINE 1 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1887	
00410632	APO-FLUPHENAZINE 2 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2443	
00405361	APO-FLUPHENAZINE 5 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1866	
01912038	APO-FLURBIPROFEN 100 MG TAB	OPEN	None	Yes	100	0.3313	0.3313
01912046	APO-FLURBIPROFEN 50 MG TAB	OPEN	None	Yes	100	0.2795	0.2795
02238560	APO-FLUTAMIDE 250 MG TABLET	OPEN	None	Yes	100	1.9898	1.9898
02294745	APO-FLUTICASONE 50 MCG SPRY	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	120	0.1987	
02231330	APO-FLUVOXAMINE 100 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4287	0.4287
02231329	APO-FLUVOXAMINE 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.2385	0.2385

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00426849	APO-FOLIC ACID 5 MG TABLET	OPEN	None	No	1000	0.0438	
02266008	APO-FOSINOPRIL 10 MG TABLET	OPEN	None	Yes	100	0.2531	0.2531
02266016	APO-FOSINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.3045	0.3045
00396788	APO-FUROSEMIDE 20 MG TABLET	OPEN	None	Yes	1000	0.0407	0.0407
00707570	APO-FUROSEMIDE 80 MG TABLET	OPEN	None	Yes	500	0.1330	0.1330
02244304	APO-GABAPENTIN 100 MG CAP	SPEC AUTH	None	Yes	500	0.0816	0.0816
02244305	APO-GABAPENTIN 300 MG CAP	SPEC AUTH	None	Yes	500	0.1985	0.1985
02244306	APO-GABAPENTIN 400 MG CAP	SPEC AUTH	None	Yes	500	0.2366	0.2366
02293358	APO-GABAPENTIN 600 MG TAB	SPEC AUTH	None	Yes	100	0.3549	0.3549
02293366	APO-GABAPENTIN 800 MG TAB	SPEC AUTH	None	Yes	100	0.4732	0.4732
01979574	APO-GEMFIBROZIL 300 MG CAP	OPEN	None	Yes	500	0.1404	0.1404
01979582	APO-GEMFIBROZIL 600 MG TAB	OPEN	None	Yes	100	0.5621	0.5621
02245247	APO-GLICLAZIDE 80 MG TABLET	OPEN	None	Yes	500	0.1015	0.1015
02297795	APO-GLICLAZIDE MR 30 MG TAB	OPEN	None	Yes	100	0.1015	0.1015
02407124	APO-GLICLAZIDE MR 60MG TABLET	OPEN	None	Yes	100	0.2344	0.2344
02295377	APO-GLIMEPIRIDE 1 MG TABLET	OPEN	None	Yes	100	0.4204	0.4204
02295385	APO-GLIMEPIRIDE 2 MG TABLET	OPEN	None	Yes	100	0.4204	0.4204
02295393	APO-GLIMEPIRIDE 4 MG TABLET	OPEN	None	Yes	100	0.4204	0.4204
01913654	APO-GLYBURIDE 2.5 MG TABLET	OPEN	None	Yes	500	0.0364	0.0364
01913662	APO-GLYBURIDE 5 MG TABLET	OPEN	None	Yes	500	0.0652	0.0652
02308894	APO-GRANISETRON 1MG TABLET	OPEN	Limit of 2 per cycle - first fill only. Special Authorization required for higher quantities and/or subsequent fills	Yes	10	9.8100	9.8100
00587702	APO-HALOPERIDOL 2 MG/ML CONC	OPEN	Initial fills are limited to a maximum 30 days	No	500	0.1073	
00644552	APO-HYDRO 100 MG TABLET	OPEN	None	No	100	0.1337	
02327856	APO-HYDRO 12.5 MG TABLET	OPEN	None	No	500	0.0349	
00326844	APO-HYDRO 25 MG TABLET	OPEN	None	Yes	1000	0.0199	0.0199
00312800	APO-HYDRO 50 MG TABLET	OPEN	None	Yes	1000	0.0278	0.0278
02364123	APO-HYDROMORPHONE 2MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1545	0.1545
02364131	APO-HYDROMORPHONE 4MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2442	0.2442
02246691	APO-HYDROXYQUINE 200 MG TAB	OPEN	None	Yes	500	0.1718	0.1718

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00646059	APO-HYDROXYZINE 10 MG CAP	OPEN	None	Yes	100	0.1216	0.1216
00646024	APO-HYDROXYZINE 25 MG CAP	OPEN	None	Yes	100	0.1553	0.1553
00646016	APO-HYDROXYZINE 50 MG CAP	OPEN	None	Yes	100	0.2254	0.2254
00441643	APO-IBUPROFEN 200 MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	Yes	1000	0.0556	0.0556
00585114	APO-IBUPROFEN 600 MG TABLET	OPEN	None	Yes	500	0.1431	0.1431
02355337	APO-IMATINIB 100MG TABLET	SPEC AUTH	None	Yes	30	7.5973	7.5973
02355345	APO-IMATINIB 400MG TABLET	SPEC AUTH	None	Yes	30	30.3890	30.3890
02407825	APO-IMIQUIMOD 5% CREAM	SPEC AUTH	None	Yes	24	12.0227	12.0227
02245246	APO-INDAPAMIDE 1.25 MG TAB	OPEN	None	Yes	100	0.0812	0.0812
02223678	APO-INDAPAMIDE 2.5 MG TAB	OPEN	None	Yes	100	0.1328	0.1288
00611158	APO-INDOMETHACIN 25 MG CAP	OPEN	None	Yes	100	0.0949	0.0949
00611166	APO-INDOMETHACIN 50 MG CAP	OPEN	None	Yes	500	0.1647	0.1647
02126222	APO-IPRAVENT 0.25 MG/ML SOLN	SPEC AUTH	None	Yes	20	0.3439	0.3439
02386976	APO-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3453	0.3453
02386984	APO-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02386968	APO-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02387646	APO-IRBESARTAN/HCTZ 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02387654	APO-IRBESARTAN/HCTZ 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02387662	APO-IRBESARTAN/HCTZ 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3307	0.3307
02272830	APO-ISMN 60 MG TABLET SA	OPEN	None	Yes	100	0.3840	0.3840
00602884	APO-K 600 MG TABLET	OPEN	None	No	1000	0.0813	
02237235	APO-KETOCONAZOLE 200 MG TAB	OPEN	None	Yes	100	1.0238	1.0238
02229080	APO-KETOROLAC 10 MG TABLET	OPEN	None	Yes	500	0.5659	0.5659
02242814	APO-LACTULOSE 667 MG/ML SOLN	SPEC AUTH	None	No	1000	0.0157	
02369052	APO-LAMIVUDINE 150MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	3.9533	3.9533

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02369060	APO-LAMIVUDINE 300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	7.9066	7.9066
02375540	APO-LAMIVUDINE/ZIDOVUDINE 150MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	8.5357	2.8452
02245209	APO-LAMOTRIGINE 100 MG TAB	OPEN	None	Yes	100	0.4157	0.4157
02245210	APO-LAMOTRIGINE 150 MG TAB	OPEN	None	Yes	100	0.6126	0.6126
02245208	APO-LAMOTRIGINE 25 MG TABLET	OPEN	None	Yes	100	0.1041	0.1041
02293811	APO-LANSOPRAZOLE 15 MG CAP DR	SPEC AUTH	None	Yes	100	0.5450	0.5450
02293838	APO-LANSOPRAZOLE 30 MG CAP DR	SPEC AUTH	None	Yes	500	0.5450	0.5450
02296527	APO-LATANOPROST 50MCG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	2.5	3.9589	3.9589
02414155	APO-LATANOPROST-TIMOP 50UG/ML / 5MG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	2.5	4.8252	4.8252
02256495	APO-LEFLUNOMIDE 10 MG TABLET	OPEN	None	Yes	30	2.9714	2.9714
02256509	APO-LEFLUNOMIDE 20 MG TABLET	OPEN	None	Yes	30	2.9728	2.9728
02358514	APO-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02285924	APO-LEVETIRACETAM 250 MG TB	OPEN	None	Yes	100	0.4860	0.4860
02285932	APO-LEVETIRACETAM 500 MG TB	OPEN	None	Yes	100	0.5921	0.5921
02285940	APO-LEVETIRACETAM 750 MG TB	OPEN	None	Yes	100	0.8200	0.8200
02195933	APO-LEVOCARB 10-100 MG TAB	OPEN	None	Yes	100	0.2046	0.2046
02195941	APO-LEVOCARB 25-100 MG TAB	OPEN	None	Yes	500	0.3055	0.3055
02195968	APO-LEVOCARB 25-250 MG TAB	OPEN	None	Yes	500	0.3411	0.3411
02272873	APO-LEVOCARB CR 100MG/25MG TABLET	OPEN	None	Yes	100	0.5587	0.5587
02245211	APO-LEVOCARB CR 200MG/50MG TABLET	OPEN	None	Yes	100	1.0900	1.0900
02284707	APO-LEVOFLOXACIN 250 MG TABLET	SPEC AUTH	None	Yes	100	1.4895	1.4895
02284715	APO-LEVOFLOXACIN 500 MG TABLET	SPEC AUTH	None	Yes	100	1.6973	1.6973
02426552	APO-LINEZOLID 600MG TABLET	SPEC AUTH	None	Yes	30	42.0829	42.0829
02217503	APO-LISINOPRIL 10 MG TABLET	OPEN	None	Yes	500	0.1853	0.1853
02217511	APO-LISINOPRIL 20 MG TABLET	OPEN	None	Yes	500	0.2226	0.2226
02217481	APO-LISINOPRIL 5 MG TABLET	OPEN	None	Yes	500	0.1542	0.1542
02261979	APO-LISINOPRIL/HCTZ 10-12.5	OPEN	None	Yes	100	0.2385	0.2385
02261995	APO-LISINOPRIL/HCTZ 20/25	OPEN	None	Yes	100	0.3822	0.3822

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02242837	APO-LITHIUM CARB 150 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0460	0.0460
02242838	APO-LITHIUM CARBONATE CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0483	0.0483
02243880	APO-LORATADINE 10 MG TABLET	OPEN	None	Yes	100	0.6831	0.5681
00655740	APO-LORAZEPAM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0391	0.0391
00655759	APO-LORAZEPAM 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0487	0.0487
00655767	APO-LORAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0762	0.0762
02410745	APO-LORAZEPAM SUBLINGUAL 0.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0954	0.0954
02410753	APO-LORAZEPAM SUBLINGUAL 1MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1199	0.1199
02410761	APO-LORAZEPAM SUBLINGUAL 2MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1865	0.1865
02353512	APO-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3430	0.3430
02379058	APO-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02353504	APO-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3430	0.3430
02371243	APO-LOSARTAN/HCTZ 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02371251	APO-LOSARTAN/HCTZ 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02371235	APO-LOSARTAN/HCTZ 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02220172	APO-LOVASTAIN 20 MG TABLET	OPEN	None	Yes	500	0.5911	0.5911
02220180	APO-LOVASTATIN 40 MG TABLET	OPEN	None	Yes	100	1.0798	1.0798
02277298	APO-MEDROXY 10 MG TABLET	OPEN	None	Yes	100	0.3454	0.3454
02267640	APO-MEDROXY 100 MG TABLET	OPEN	None	Yes	100	1.3142	1.3142
02244726	APO-MEDROXY 2.5 MG TABLET	OPEN	None	Yes	500	0.0865	0.0700

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02244727	APO-MEDROXY 5 MG TABLET	OPEN	None	Yes	100	0.1710	0.1710
02229452	APO-MEFENAMIC 250 MG CAPSULE	OPEN	None	Yes	100	0.5437	0.4349
02248974	APO-MELOXICAM 15 MG TABLET	OPEN	None	Yes	100	0.2519	0.2519
02248973	APO-MELOXICAM 7.5 MG TABLET	OPEN	None	Yes	500	0.2183	0.2183
02167786	APO-METFORMIN 500 MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02229785	APO-METFORMIN 850 MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
00441708	APO-METHAZIDE 15 TABLET	OPEN	None	No	100	0.1823	
02182963	APO-METHOTREXATE 2.5 MG TAB	OPEN	None	No	100	0.6863	
02266687	APO-METHYLPHEN SR 20 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3074	0.3074
02249324	APO-METHYLPHENIDATE 10 MG TB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1040	0.1040
02249332	APO-METHYLPHENIDATE 20 MG TB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2535	0.2535
02273950	APO-METHYLPHENIDATE 5 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1027	
02452731	APO-METHYLPHENIDATE ER 18MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days.	Yes	100	0.5718	0.5718
02452758	APO-METHYLPHENIDATE ER 27MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days.	Yes	100	0.6600	0.6600
02452766	APO-METHYLPHENIDATE ER 36MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days.	Yes	100	0.7481	0.7481
02330377	APO-METHYLPHENIDATE ER 54MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	2.5148	2.5148
00751170	APO-METOPROLOL 100 MG CAPLET	OPEN	None	Yes	1000	0.1676	0.1676
00618640	APO-METOPROLOL 100 MG TABLET	OPEN	None	Yes	1000	0.1676	0.1676
02246010	APO-METOPROLOL 25 MG TABLET	OPEN	None	No	1000	0.0698	
00749354	APO-METOPROLOL 50 MG CAPLET	OPEN	None	Yes	1000	0.0768	0.0768
00618632	APO-METOPROLOL 50 MG TABLET	OPEN	None	Yes	1000	0.0768	0.0768
02285169	APO-METOPROLOL SR 100 MG TB	OPEN	None	Yes	100	0.1942	0.1360
02285177	APO-METOPROLOL SR 200 MG	OPEN	None	Yes	100	0.3525	0.2724
02084104	APO-MINOCYCLINE 100 MG CAP	OPEN	None	Yes	100	0.6444	0.6444
02084090	APO-MINOCYCLINE 50 MG CAP	OPEN	None	Yes	100	0.3340	0.3340

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02286629	APO-MIRTAZAPINE 30 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3726	0.3726
02244022	APO-MISOPROSTOL 100MCG TAB	OPEN	None	Yes	100	0.2873	0.2873
02232148	APO-MOCLOBEMIDE 100 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2747	0.2747
02232150	APO-MOCLOBEMIDE 150 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3401	0.3401
02240456	APO-MOCLOBEMIDE 300 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6677	0.6677
02285398	APO-MODAFINIL 100 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0129	1.0129
02403587	APO-MOMETASONE 50MCG NASAL SPRAY	OPEN	None	Yes	140	0.1172	0.1172
02374609	APO-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	100	0.8933	0.8933
02377608	APO-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061
02377616	APO-MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4665	0.4665
02404923	APO-MOXIFLOXACIN 400MG TABLET	SPEC AUTH	None	Yes	30	1.6601	1.6601
02238639	APO-NABUMETONE 500 MG TABLET	OPEN	None	Yes	100	0.3951	0.3951
00782475	APO-NADOL 160 MG TABLET	OPEN	None	Yes	100	1.3130	1.3130
00782505	APO-NADOL 40 MG TABLET	OPEN	None	Yes	100	0.4918	0.4918
00782467	APO-NADOL 80 MG TABLET	OPEN	None	Yes	100	0.4044	0.4044
00784354	APO-NAPRO-NA 275 MG TABLET	OPEN	None	Yes	500	0.3730	0.3730
01940309	APO-NAPRO-NA DS 550 MG TAB	OPEN	None	Yes	500	0.7267	0.7267
00522678	APO-NAPROXEN 125 MG TABLET	OPEN	None	No	100	0.0847	
00522651	APO-NAPROXEN 250 MG TABLET	OPEN	None	Yes	1000	0.1164	0.1164
00600806	APO-NAPROXEN 375 MG TABLET	OPEN	None	Yes	500	0.1589	0.1589
00592277	APO-NAPROXEN 500 MG TABLET	OPEN	None	Yes	500	0.2300	0.2300
02427931	APO-NEVIRAPINE XR 400MG TABLET	OPEN	None	Yes	30	2.0186	2.0186
02245231	APO-NITRAZEPAM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0812	
02245230	APO-NITRAZEPAM 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0664	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02393433	APO-NITROGLYCERIN SUBLINGUAL METERED-DOSE PUMP 0.4MG/ACT	OPEN	None	Yes	200	0.0461	0.0461
02229524	APO-NORFLOX 400 MG TABLET	OPEN	None	Yes	100	0.6177	0.6177
02223511	APO-NORTRIPTYLINE 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0632	0.0632
02223538	APO-NORTRIPTYLINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1271	0.1271
02248398	APO-OFLOXACIN 0.3% DROPS	OPEN	None	Yes	5	1.6001	1.6001
02281821	APO-OLANZAPINE 10 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	500	1.3906	1.3906
02281848	APO-OLANZAPINE 15 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02281791	APO-OLANZAPINE 2.5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	500	0.3476	0.3476
02333015	APO-OLANZAPINE 20 MG	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.8209	2.8209
02281805	APO-OLANZAPINE 5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	500	0.6953	0.6953
02281813	APO-OLANZAPINE 7.5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02360624	APO-OLANZAPINE ODT 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02360632	APO-OLANZAPINE ODT 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02360640	APO-OLANZAPINE ODT 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02360616	APO-OLANZAPINE ODT 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02245058	APO-OMEPRAZOLE 20 MG CAPSULE	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02288184	APO-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	30	3.6510	3.6510

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02288192	APO-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	30	5.5710	5.5710
02236783	APO-ORCIPRENALINE 10 MG/5 ML	OPEN	None	Yes	250	0.0626	0.0626
00402680	APO-OXAZEPAM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0382	0.0382
00402745	APO-OXAZEPAM 15 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0600	0.0600
00402737	APO-OXAZEPAM 30 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0818	0.0818
02284294	APO-OXCARBAZEPINE 150 MG TA	SPEC AUTH	None	Yes	100	0.6768	0.6768
02284308	APO-OXCARBAZEPINE 300 MG TA	SPEC AUTH	None	Yes	100	0.9921	0.9921
02284316	APO-OXCARBAZEPINE 600 MG TA	SPEC AUTH	None	Yes	100	1.9842	1.9842
00441724	APO-OXTRIPHYLLINE 100 MG TAB	OPEN	None	No	100	0.0515	
00511692	APO-OXTRIPHYLLINE 300 MG TAB	OPEN	None	No	100	0.1031	
02163543	APO-OXYBUTININ 5 MG TABLET	OPEN	None	Yes	500	0.1075	0.1075
02324628	APO-OXYCODONE/ACET 5-325 MG TB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1401	0.1401
02292912	APO-PANTOPRAZOLE 20 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3538	0.3538
02292920	APO-PANTOPRAZOLE 40 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02240907	APO-PAROXETINE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02240908	APO-PAROXETINE 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02240909	APO-PAROXETINE 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
00642223	APO-PEN-VK 125 MG/5 ML SUSP	OPEN	None	Yes	100	0.0583	0.0583
00642215	APO-PEN-VK 300 MG TABLET	OPEN	None	Yes	1000	0.2042	0.2042
00642231	APO-PEN-VK 300 MG/5 ML SUSP	OPEN	None	Yes	100	0.0674	0.0674
02245432	APO-PIMOZIDE 2 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3371	0.3371

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02245433	APO-PIMOZIDE 4 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4508	0.4508
00755885	APO-PINDOL 10 MG TABLET	OPEN	None	Yes	100	0.2861	0.2861
00755893	APO-PINDOL 15 MG TABLET	OPEN	None	Yes	100	0.4152	0.4152
00755877	APO-PINDOL 5 MG TABLET	OPEN	None	Yes	100	0.1676	0.1676
02302942	APO-PIOGLITAZONE 15 MG TAB	SPEC AUTH	None	Yes	100	0.6685	0.6685
02302950	APO-PIOGLITAZONE 30 MG TAB	SPEC AUTH	None	Yes	100	0.9365	0.9365
02302977	APO-PIOGLITAZONE 45 MG TAB	SPEC AUTH	None	Yes	100	1.4082	1.4082
00642886	APO-PIROXICAM 10 MG CAPSULE	OPEN	None	Yes	100	0.2499	0.2499
00642894	APO-PIROXICAM 20 MG CAPSULE	OPEN	None	Yes	100	0.4191	0.4191
02292378	APO-PRAMIPEXOLE 0.25 MG TAB	OPEN	None	Yes	100	0.2865	0.2865
02292394	APO-PRAMIPEXOLE 1 MG TABLET	OPEN	None	Yes	100	0.5730	0.5730
02292408	APO-PRAMIPEXOLE 1.5 MG TAB	OPEN	None	Yes	100	0.5730	0.5730
02243506	APO-PRAVASTATIN 10 MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02243507	APO-PRAVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.5207	0.5207
02243508	APO-PRAVASTATIN 40 MG TABLET	OPEN	None	Yes	100	0.6273	0.6273
00882801	APO-PRAZO 1 MG TABLET	OPEN	None	Yes	100	0.1947	0.1947
00882828	APO-PRAZO 2 MG TABLET	OPEN	None	Yes	100	0.3893	0.3893
00882836	APO-PRAZO 5 MG TABLET	OPEN	None	Yes	100	0.5353	0.5353
00598194	APO-PREDNISONE 1 MG TABLET	OPEN	None	No	100	0.1163	
00312770	APO-PREDNISONE 5 MG TABLET	OPEN	None	Yes	1000	0.0437	0.0437
00550957	APO-PREDNISONE 50 MG TABLET	OPEN	None	No	100	0.1882	
02394278	APO-PREGABALIN 150MG CAPSULES	SPEC AUTH	None	Yes	500	0.6275	0.6275
02394286	APO-PREGABALIN 225MG CAPSULES	SPEC AUTH	None	Yes	100	0.6275	0.6275
02394235	APO-PREGABALIN 25MG CAPSULES	SPEC AUTH	None	Yes	500	0.2243	0.2243
02394294	APO-PREGABALIN 300MG CAPSULES	SPEC AUTH	None	Yes	100	0.6275	0.6275
02394243	APO-PREGABALIN 50MG CAPSULES	SPEC AUTH	None	Yes	500	0.3519	0.3519
02394251	APO-PREGABALIN 75MG CAPSULES	SPEC AUTH	None	Yes	500	0.4552	0.4552
00713325	APO-PROCAINAMIDE 250 MG CAP	OPEN	None	No	500	0.1763	
00713333	APO-PROCAINAMIDE 375 MG CAP	OPEN	None	No	100	0.2301	
00713341	APO-PROCAINAMIDE 500 MG CAP	OPEN	None	No	100	0.3060	
00886432	APO-PROCHLORAZINE 10 MG TAB	OPEN	None	No	100	0.2197	
00886440	APO-PROCHLORAZINE 5 MG TAB	OPEN	None	No	100	0.1800	
02243324	APO-PROPAFENONE 150 MG TAB	OPEN	None	Yes	100	0.3387	0.3387
02243325	APO-PROPAFENONE 300 MG TAB	OPEN	None	Yes	100	0.5969	0.5969

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00504335	APO-PROPRANOLOL 120 MG TAB	OPEN	None	Yes	100	0.3369	0.3369
00663719	APO-PROPRANOLOL 20 MG TABLET	OPEN	None	Yes	1000	0.0302	0.0302
02313928	APO-QUETIAPINE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02313936	APO-QUETIAPINE 200 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5193	0.5193
02313901	APO-QUETIAPINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02313944	APO-QUETIAPINE 300 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.7579	0.7579
02248500	APO-QUINAPRIL 10MG TABLET	OPEN	None	Yes	100	0.2530	0.2530
02248501	APO-QUINAPRIL 20MG TABLET	OPEN	None	Yes	100	0.2530	0.2530
02248502	APO-QUINAPRIL 40MG TABLET	OPEN	None	Yes	100	0.2530	0.2530
02248499	APO-QUINAPRIL 5MG TABLET	OPEN	None	Yes	100	0.2530	0.2530
02408767	APO-QUINAPRIL/HCTZ 10MG/12.5MG TABLET	OPEN	None	Yes	100	0.7483	0.7483
02408775	APO-QUINAPRIL/HCTZ 20MG/12.5MG TABLET	OPEN	None	Yes	100	0.7483	0.7483
02408783	APO-QUINAPRIL/HCTZ 20MG/25MG TABLET	OPEN	None	Yes	100	0.7098	0.7098
02254514	APO-QUININE 200 MG CAPSULE	OPEN	None	No	100	0.2593	
02254522	APO-QUININE 300 MG CAPSULE	OPEN	None	No	100	0.4069	
02345579	APO-RABEPRAZOLE 10 MG TAB EC	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02345587	APO-RABEPRAZOLE 20 MG TAB EC	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2625	0.2625
02279215	APO-RALOXIFENE 60 MG TABLET	SPEC AUTH	None	Yes	100	0.5124	0.5124
02251515	APO-RAMIPRIL 1.25 MG CAP	OPEN	None	Yes	100	0.1389	0.1389
02251582	APO-RAMIPRIL 10 MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02251531	APO-RAMIPRIL 2.5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02251574	APO-RAMIPRIL 5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
00733059	APO-RANITIDINE 150 MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
00733067	APO-RANITIDINE 300 MG TABLET	OPEN	None	Yes	500	0.3924	0.3924

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02355663	APO-REPAGLINIDE 0.5MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0881	0.0881
02355671	APO-REPAGLINIDE 1MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0916	0.0916
02355698	APO-REPAGLINIDE 2MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0952	0.0952
02352583	APO-RILUZOLE 50MG TABLET	SPEC AUTH	None	Yes	60	3.7453	3.7453
02353687	APO-RISEDRONATE 35 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	100	2.8027	2.8027
02282119	APO-RISPERIDONE 0.25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1478	0.1478
02282127	APO-RISPERIDONE 0.5 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2476	0.2476
02282135	APO-RISPERIDONE 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3420	0.3420
02280396	APO-RISPERIDONE 1 MG/ML SOL	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.7717	0.5082
02282143	APO-RISPERIDONE 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.6843	0.6843
02282151	APO-RISPERIDONE 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	1.0245	1.0245
02282178	APO-RISPERIDONE 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
02336715	APO-RIVASTIGMINE 1.5MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
02336723	APO-RIVASTIGMINE 3MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
02336731	APO-RIVASTIGMINE 4.5MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
02336758	APO-RIVASTIGMINE 6MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02393476	APO-RIZATRIPTAN 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days.	Yes	6	5.3337	4.1475
02393468	APO-RIZATRIPTAN 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days.	Yes	6	5.3337	4.0385
02393492	APO-RIZATRIPTAN RPD 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days.	Yes	6	4.1284	4.1284
02393484	APO-RIZATRIPTAN RPD 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days.	Yes	6	4.1284	4.1284
02337746	APO-ROPINIROLE 0.25 MG TABLET	OPEN	None	Yes	100	0.0773	0.0773
02337762	APO-ROPINIROLE 1MG TABLET	OPEN	None	Yes	100	0.3093	0.3093
02337770	APO-ROPINIROLE 2 MG TABLET	OPEN	None	Yes	100	0.3403	0.3403
02337800	APO-ROPINIROLE 5 MG TABLET	OPEN	None	Yes	100	0.9370	0.9370
02337983	APO-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02337991	APO-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02338009	APO-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.3904	0.3904
02337975	APO-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
02245669	APO-SALVENT 100MCG/ACT AERO	OPEN	None	Yes	200	0.0327	0.0327
02146843	APO-SALVENT 2 MG TABLET	OPEN	None	Yes	100	0.1389	0.1389
02146851	APO-SALVENT 4 MG TABLET	OPEN	None	Yes	100	0.2326	0.2326
02230641	APO-SELEGILINE 5 MG TABLET	OPEN	None	Yes	100	0.5473	0.5473
02238282	APO-SERTRALINE 100 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4810	0.4810
02238280	APO-SERTRALINE 25 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02238281	APO-SERTRALINE 50 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02418118	APO-SILDENAFIL R 20MG TABLET	SPEC AUTH	None	Yes	100	6.8147	6.8147
02247012	APO-SIMVASTATIN 10 MG TABLET	OPEN	None	Yes	500	0.3970	0.3970
02247013	APO-SIMVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02247014	APO-SIMVASTATIN 40 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02247011	APO-SIMVASTATIN 5 MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02247015	APO-SIMVASTATIN 80 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02167794	APO-SOTALOL 160 MG TABLET	OPEN	None	Yes	500	0.1769	0.1769
02210428	APO-SOTALOL 80 MG TABLET	OPEN	None	Yes	500	0.3233	0.3233
02125250	APO-SUCRALFATE 1GM TABLET	OPEN	None	Yes	500	0.1557	0.1557
00445282	APO-SULFATRIM DS 800MG/160MG TABLET	OPEN	None	Yes	500	0.1331	0.1331

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00445266	APO-SULFATRIM PEDI TABLET	OPEN	None	No	100	0.0988	
00445274	APO-SULFATRIM TABLET	OPEN	None	Yes	1000	0.0525	0.0525
00441767	APO-SULFINPYRAZONE 200 MG TB	OPEN	None	Yes	100	0.3332	0.3332
02268396	APO-SUMATRIPTAN 100 MG TAB	SPEC AUTH	None	Yes	6	8.5670	8.5670
02268388	APO-SUMATRIPTAN 50 MG TABLET	SPEC AUTH	None	Yes	6	7.7772	7.7772
00812404	APO-TAMOX 10 MG TABLET	OPEN	None	Yes	100	0.1908	0.1908
00812390	APO-TAMOX 20 MG TABLET	OPEN	None	Yes	250	0.3815	0.3815
02362406	APO-TAMSULOSIN CR 0.4MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.1635	0.1635
02420082	APO-TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02420090	APO-TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02420023	APO-TELMISARTAN/HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02420031	APO-TELMISARTAN/HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02225964	APO-TEMAZEPAM 15 MG CAP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1431	0.1431
02225972	APO-TEMAZEPAM 30 MG CAP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1721	0.1721
02234502	APO-TERAZOSIN 1 MG TABLET	OPEN	None	Yes	500	0.2095	0.2095
02234505	APO-TERAZOSIN 10 MG TABLET	OPEN	None	Yes	100	0.5295	0.5295
02234503	APO-TERAZOSIN 2 MG TABLET	OPEN	None	Yes	500	0.2664	0.2664
02234504	APO-TERAZOSIN 5 MG TABLET	OPEN	None	Yes	500	0.3618	0.3618
02239893	APO-TERBINAFINE 250 MG TAB	SPEC AUTH	None	Yes	100	2.0192	2.0192
00692689	APO-THEO LA 100 MG TABLET SA	OPEN	None	Yes	100	0.1417	0.1417
00692697	APO-THEO LA 200 MG TABLET SA	OPEN	None	Yes	100	0.0989	0.0989
00692700	APO-THEO LA 300 MG TABLET SA	OPEN	None	Yes	100	0.1981	0.1981
02237701	APO-TICLOPIDINE 250 MG TAB	OPEN	None	Yes	100	1.1640	1.1640
00755850	APO-TIMOL 10 MG TABLET	OPEN	None	Yes	100	0.3531	0.3531
00755869	APO-TIMOL 20 MG TABLET	OPEN	None	Yes	100	0.6871	0.5455
00755842	APO-TIMOL 5 MG TABLET	OPEN	None	Yes	100	0.2264	0.1797
00755826	APO-TIMOP 0.25% EYE DROPS	OPEN	None	Yes	5	1.0549	1.0549

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00755834	APO-TIMOP 0.5% EYE DROPS	OPEN	None	Yes	10	1.3233	1.3233
02290812	APO-TIMOP 0.5% EYE SOLUTION	OPEN	None	Yes	5	2.9757	2.9757
02259893	APO-TIZANIDINE 4 MG TABLET	OPEN	None	Yes	100	0.7504	0.4018
02369680	APO-TOLTERODINE 1MG TABLET	OPEN	a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.2676	0.2676
02369699	APO-TOLTERODINE 2MG TABLET	OPEN	a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	500	0.2676	0.2676
02279630	APO-TOPIRAMATE 100 MG TAB	OPEN	None	Yes	100	0.6604	0.6604
02279649	APO-TOPIRAMATE 200 MG TAB	OPEN	None	Yes	100	0.9861	0.9861
02279614	APO-TOPIRAMATE 25 MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02415739	APO-TRAVOPROST Z 0.004% OPHTHALMIC SOLUTION	OPEN	None	Yes	5	4.3888	4.3888
02147645	APO-TRAZODONE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1078	0.1078
02147637	APO-TRAZODONE 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.0604	0.0604
02147653	APO-TRAZODONE D 150 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1584	0.1584
02437635	APO-TRIAMCINOLONE AQ 55MCG/DOSE NASAL SPRAY	OPEN	None	Yes	120	0.1853	0.1853
00441775	APO-TRIAZIDE TABLET	OPEN	None	Yes	1000	0.0663	0.0663
00345539	APO-TRIFLUOPERAZINE 1 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1490	0.1490
00595942	APO-TRIFLUOPERAZINE 20 MG TB	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.6054	
02245663	APO-TRIMEBUTINE 100 MG TAB	OPEN	None	Yes	100	0.2991	0.2991
00740829	APO-TRIMIP 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0309	1.0309

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00740799	APO-TRIMIP 12.5 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2397	0.2397
02070987	APO-TRIMIP 75 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.8131	0.8131
02248539	APO-TRYPTOPHAN 1G TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7767	0.7767
02248540	APO-TRYPTOPHAN 500 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3884	0.3884
02248538	APO-TRYPTOPHAN 500 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3884	0.3884
02295822	APO-VALACYCLOVIR 500 MG TAB	OPEN	None	Yes	100	0.9384	0.9384
02393824	APO-VALGANCICLOVIR 450MG TABLET	SPEC AUTH	None	Yes	60	6.3823	6.3823
02238048	APO-VALPROIC 250 MG CAPSULE	OPEN	None	Yes	100	0.3166	0.3166
02238370	APO-VALPROIC 250 MG/5 ML SYR	OPEN	None	Yes	450	0.0659	0.0413
02371537	APO-VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3268	0.3268
02371545	APO-VALSARTAN 320MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3176	0.3176
02371510	APO-VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	30	0.3185	0.3185
02371529	APO-VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3269	0.3269
02382555	APO-VALSARTAN/HCTZ 160MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3262	0.3262
02382563	APO-VALSARTAN/HCTZ 160MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3273	0.3273
02382571	APO-VALSARTAN/HCTZ 320MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3254	0.3254
02382598	APO-VALSARTAN/HCTZ 320MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3254	0.3254
02382547	APO-VALSARTAN/HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3254	0.3254
02331683	APO-VENFLAFAXINE XR 37.5 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1791	0.1791

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02331705	APO-VENLAFAXINE XR 150 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781
02331691	APO-VENLAFAXINE XR 75 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
00782491	APO-VERAP 120 MG TABLET	OPEN	None	Yes	100	0.4633	0.4633
00782483	APO-VERAP 80 MG TABLET	OPEN	None	Yes	500	0.2981	0.2981
02246893	APO-VERAP SR 120 MG TAB SA	OPEN	None	Yes	100	0.5535	0.5535
02246894	APO-VERAP SR 180 MG TAB SA	OPEN	None	Yes	100	0.5672	0.5672
02246895	APO-VERAP SR 240 MG SA TAB	OPEN	None	Yes	100	0.5794	0.5794
02409682	APO-VORICONAZOLE 200MG TABLET	SPEC AUTH	None	Yes	30	14.0105	14.0105
02409674	APO-VORICONAZOLE 50MG TABLET	SPEC AUTH	None	Yes	30	3.5040	3.5040
02242924	APO-WARFARIN 1 MG TABLET	OPEN	None	Yes	500	0.0925	0.0925
02242929	APO-WARFARIN 10 MG TABLET	OPEN	None	Yes	100	0.1407	0.1407
02242925	APO-WARFARIN 2 MG TABLET	OPEN	None	Yes	500	0.0979	0.0979
02242926	APO-WARFARIN 2.5 MG TABLET	OPEN	None	Yes	500	0.0783	0.0783
02245618	APO-WARFARIN 3 MG TABLET	OPEN	None	Yes	100	0.1213	0.1213
02242927	APO-WARFARIN 4 MG TABLET	OPEN	None	Yes	500	0.1213	0.1213
02242928	APO-WARFARIN 5 MG TABLET	OPEN	None	Yes	500	0.0784	0.0784
01946323	APO-ZIDOVUDINE 100 MG CAP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.5165	
02380951	APO-ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days.	Yes	6	3.8559	3.8559
02381575	APO-ZOLMITRIPTAN RAPID 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02245077	APO-ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02218313	APO-ZOPICLONE 7.5 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
00723754	APRESOLINE 20 MG AMPOULE	OPEN	None	No	10	12.6403	
00005541	APRESOLINE 50MG TABLET	OPEN	None	Yes	100	0.4169	0.4040
02317192	APRI 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.4033	0.4033
02317206	APRI 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3025	0.3025
02426862	APTOM 200MG TABLET	SPEC AUTH	None	No	30	10.3726	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02426870	APTOM 400MG TABLET	SPEC AUTH	None	No	30	10.3726	
02426889	APTOM 600MG TABLET	SPEC AUTH	None	No	60	10.3726	
02426897	APTOM 800MG TABLET	SPEC AUTH	None	No	30	10.3726	
02273322	APTIVUS 250 MG CAPSULE	SPEC AUTH	None	No	120	8.9513	
02391775	ARANESP 100MCG/0.5ML PFS	SPEC AUTH	None	No	2	581.5600	
02246357	ARANESP 100MCG/ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	2	290.7800	
02246354	ARANESP 10MCG/0.4ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.6	72.6950	
02392313	ARANESP 10MCG/0.4ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.6	72.6950	
02391783	ARANESP 130MCG/0.65ML PFS	SPEC AUTH	None	No	2.6	581.5600	
02391791	ARANESP 150MCG/0.3ML PFS	SPEC AUTH	None	No	1.2	1453.9000	
02391805	ARANESP 200MCG/0.4ML PFS	SPEC AUTH	None	No	0.4	1655.6286	
02246358	ARANESP 200MCG/ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.2	581.5600	
02246355	ARANESP 20MCG/0.5ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	2	116.3120	
02392321	ARANESP 20MCG/0.5ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	2	116.3120	
02391821	ARANESP 300MCG/0.6ML SYRINGE	SPEC AUTH	None	No	0.6	1705.0414	
02392348	ARANESP 30MCG/0.3ML PFS	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.2	290.7800	
02391740	ARANESP 40UG/0.4ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.6	290.7800	
02246360	ARANESP 500 MCG/ML SYRING	SPEC AUTH	None	No	0.4	1608.7197	
02392364	ARANESP 500MCG/1ML PFS	SPEC AUTH	None	No	1	1705.0667	
02391759	ARANESP 50MCG/0.5ML PFS	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	2	290.7800	
02392356	ARANESP 60MCG/0.3ML PFS	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.2	581.5600	
02391767	ARANESP 80MCG/ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.6	581.5600	
02241888	ARAVA 10 MG TABLET	OPEN	None	Yes	30	12.0638	2.9714

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02241889	ARAVA 20 MG TABLET	OPEN	None	Yes	30	12.0641	2.9728
02232044	ARICEPT 10 MG TABLET	SPEC AUTH	None	Yes	30	5.4562	0.8998
02232043	ARICEPT 5 MG TABLET	SPEC AUTH	None	Yes	30	5.4562	0.8998
02224135	ARIMIDEX 1 MG TABLET	SPEC AUTH	None	Yes	30	5.7661	1.3875
02194066	ARISTOCORT C 0.5% CREAM	OPEN	None	No	50	1.2862	
02194058	ARISTOCORT R 0.1% CREAM	OPEN	None	No	500	0.0600	
02194031	ARISTOCORT R 0.1% OINTMENT	OPEN	None	No	30	0.1461	
02194155	ARISTOSPAN 20 MG/ML VIAL	OPEN	None	No	1	6.6945	
01926713	ARLIDIN 6 MG TABLET	OPEN	None	No	100	0.6596	
02242705	AROMASIN 25 MG TABLET	SPEC AUTH	None	Yes	30	5.8693	1.4457
01917056	ARTHROTEC 50 TABLET	OPEN	None	Yes	250	0.7035	0.3432
02229837	ARTHROTEC 75 TABLET	OPEN	None	Yes	250	0.9576	0.4672
01997580	ASACOL 400 MG TABLET EC	OPEN	None	No	180	0.6073	
02267217	ASACOL 800 MG TABLET EC	OPEN	None	No	180	1.1868	
02243595	ASMANEX TWISTHALER 200 MCG	OPEN	None	No	60	0.6545	
02243596	ASMANEX TWISTHALER 400 MCG	OPEN	None	No	60	1.3088	
02239092	ATACAND 16 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	30	1.3116	0.3265
02311658	ATACAND 32 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.3116	0.3265
02239091	ATACAND 8 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	30	1.3116	0.3265
02244021	ATACAND PLUS 16-12.5 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.3549	0.3265
02332957	ATACAND PLUS 32 MG-25 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.3549	0.3279
02332922	ATACAND PLUS 32-12.5 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.3549	1.3549
00024694	ATARAX 10 MG/5 ML SYRUP	OPEN	None	No	473	0.0620	
00293504	ATASOL-15 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	800	0.0992	0.0880
00293512	ATASOL-30 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	800	0.0665	0.0665
02238318	ATENOLOL 100MG TABLET	OPEN	None	Yes	100	0.2703	0.2703

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02238316	ATENOLOL 50MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02041413	ATIVAN 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0415	0.0391
02041456	ATIVAN 0.5 MG TABLET SL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1265	0.0954
02041421	ATIVAN 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0518	0.0487
02041464	ATIVAN 1 MG TABLET SL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1591	0.1199
02041448	ATIVAN 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0810	0.0762
02041472	ATIVAN 2 MG TABLET SL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2473	0.1865
02348705	ATORVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02348713	ATORVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02348721	ATORVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02348748	ATORVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4595	0.4595
02411350	ATORVASTATIN-10 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02411369	ATORVASTATIN-20 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02411377	ATORVASTATIN-40 40MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02411385	ATORVASTATIN-80 80MG TABLET	OPEN	None	Yes	100	0.4595	0.4595
02300699	ATRIPLA TABLET	SPEC AUTH	None	No	30	48.3505	
02094703	ATROPINE 0.6 MG/ML AMPUL	OPEN	None	No	10	2.7125	
00392693	ATROPINE SULF 0.6 MG/ML AMP	OPEN	None	No	10	2.6995	
02026759	ATROVENT 0.125 MG/ML SOLN	SPEC AUTH	None	Yes	40	0.7377	0.3592
00731439	ATROVENT 0.25 MG/ML SOLUTION	SPEC AUTH	None	Yes	20	0.9832	0.3439
01950681	ATROVENT 0.25 MG/ML SOLUTION	SPEC AUTH	None	Yes	1	1.4753	0.7183
02163705	ATROVENT 21MCG NASAL SPRAY	OPEN	None	Yes	30	1.1147	0.8622
02247686	ATROVENT HFA 20MCG/ACT AERS	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	200	0.1058	
02416328	AUBAGIO 14MG TABLET	SPEC AUTH	None	No	28	60.2550	
02454513	AURO-ABACAVIR/LAMIVUDINE 600MG/300MG TABLET	OPEN	None	Yes	30	6.5264	6.5264

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02388545	AURO-ALENDRONATE 10MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	100	0.5436	0.5436
02388553	AURO-ALENDRONATE 70MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900
02397080	AURO-AMLODIPINE 10MG TABLET	OPEN	None	Yes	250	0.3910	0.3910
02397072	AURO-AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	250	0.2635	0.2635
02388073	AURO-AMOXICILLIN 250MG CAPSULES	OPEN	None	Yes	500	0.1908	0.1908
02388081	AURO-AMOXICILLIN 500MG CAPSULES	OPEN	None	Yes	500	0.3725	0.3725
02404990	AURO-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02407256	AURO-ATORVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02407264	AURO-ATORVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02407272	AURO-ATORVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02407280	AURO-ATORVASTATIN 80MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02449153	AURO-BETAHISTINE 16MG TABLET	OPEN	None	Yes	100	0.1272	0.1272
02449161	AURO-BETAHISTINE 24MG TABLET	OPEN	None	Yes	100	0.1908	0.1908
02421038	AURO-CANDESARTAN HCT 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02421046	AURO-CANDESARTAN HCT 32MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3279	0.3279
02421054	AURO-CANDESARTAN HCT 32MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3279	0.3279
02418517	AURO-CARVEDILOL 12.5MG CAPSULE	SPEC AUTH	None	Yes	100	0.3681	0.3681
02418525	AURO-CARVEDILOL 25MG CAPSULE	SPEC AUTH	None	Yes	100	0.3681	0.3681
02418495	AURO-CARVEDILOL 3.125MG CAPSULE	SPEC AUTH	None	Yes	100	0.3681	0.3681
02418509	AURO-CARVEDILOL 6.25MG CAPSULE	SPEC AUTH	None	Yes	100	0.3681	0.3681
02432773	AURO-CEFIXIME 400MG TABLET	OPEN	None	Yes	10	3.3568	3.3568
02347245	AURO-CEFPROZIL 250MG TABLET	OPEN	None	Yes	100	0.4949	0.4949
02347253	AURO-CEFPROZIL 500MG TABLET	OPEN	None	Yes	100	0.9702	0.9702
02344823	AURO-CEFUROXIME 250MG TABLET	OPEN	None	Yes	60	0.7888	0.7888
02344831	AURO-CEFUROXIME 500MG TABLET	OPEN	None	Yes	60	1.5627	1.5627

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02445670	AURO-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1917	0.1917
02445689	AURO-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.3835	0.3835
02381907	AURO-CIPROFLOXACIN 250MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02381923	AURO-CIPROFLOXACIN 500MG TABLET	OPEN	None	Yes	500	0.7607	0.7607
02381931	AURO-CIPROFLOXACIN 750MG TABLET	OPEN	None	Yes	100	1.3930	1.3930
02275562	AURO-CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02275570	AURO-CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02416387	AURO-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02348853	AURO-CYCLOBENZAPRINE 10MG TABLET	OPEN	None	Yes	500	0.4062	0.4062
02400588	AURO-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02400561	AURO-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02436647	AURO-DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02436655	AURO-DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	100	1.0648	1.0648
02418428	AURO-EFAVIRENZ 600MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	4.1453	4.1453
02448777	AURO-ENTECAVIR 0.5MG TABLET	SPEC AUTH	None	Yes	30	5.9950	5.9950
02405814	AURO-FINASTERIDE 5MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02385627	AURO-FLUOXETINE 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02385635	AURO-FLUOXETINE 20MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012
02321203	AURO-GABAPENTIN 100MG CAPSULE	SPEC AUTH	None	Yes	500	0.0816	0.0816
02321211	AURO-GABAPENTIN 300MG CAPSULE	SPEC AUTH	None	Yes	500	0.1985	0.1985
02321238	AURO-GABAPENTIN 400MG CAPSULE	SPEC AUTH	None	Yes	500	0.2366	0.2366
02425165	AURO-GALANTAMINE ER 16MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02425173	AURO-GALANTAMINE ER 24MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02425157	AURO-GALANTAMINE ER 8MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02406101	AURO-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02406128	AURO-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02406098	AURO-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02414414	AURO-LAMIVUDINE/ZIDOVUDINE 150MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	2.8452	2.8452
02381362	AURO-LAMOTRIGINE 100MG TABLET	OPEN	None	Yes	100	0.4157	0.4157
02381370	AURO-LAMOTRIGINE 150MG TABLET	OPEN	None	Yes	100	0.6126	0.6126
02381354	AURO-LAMOTRIGINE 25MG TABLET	OPEN	None	Yes	100	0.1041	0.1041
02404400	AURO-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02375249	AURO-LEVETIRACETAM 250MG TABLET	OPEN	None	Yes	100	0.4860	0.4860
02375257	AURO-LEVETIRACETAM 500MG TABLET	OPEN	None	Yes	100	0.5921	0.5921
02375265	AURO-LEVETIRACETAM 750MG TABLET	OPEN	None	Yes	100	0.8200	0.8200
02394480	AURO-LISINOPRIL 10MG TABLET	OPEN	None	Yes	500	0.1853	0.1853
02394499	AURO-LISINOPRIL 20MG TABLET	OPEN	None	Yes	500	0.2226	0.2226
02394472	AURO-LISINOPRIL 5MG TABLET	OPEN	None	Yes	500	0.1542	0.1542
02403358	AURO-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02403323	AURO-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
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	0.0484	0.0484
02438283	AURO-METFORMIN 850MG TABLET	OPEN	None	Yes	500	0.0665	0.0665

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
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
02401274	AURO-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	90	0.8933	0.8933
02422867	AURO-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	90	0.4061	0.4061
02422875	AURO-MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	90	0.4665	0.4665
02432242	AURO-MOXIFLOXACIN 400MG TABLET	SPEC AUTH	None	Yes	100	1.6601	1.6601
02318601	AURO-NEVIRAPINE 200MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	1.3457	1.3457
02448734	AURO-OLANZAPINE ODT 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02448742	AURO-OLANZAPINE ODT 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02448750	AURO-OLANZAPINE ODT 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02448726	AURO-OLANZAPINE ODT 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02415208	AURO-PANTOPRAZOLE 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02383276	AURO-PAROXETINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limite of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02383284	AURO-PAROXETINE 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02383292	AURO-PAROXETINE 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02384906	AURO-PIOGLITAZONE 15MG TABLET	SPEC AUTH	None	Yes	100	0.6685	0.6685

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02384914	AURO-PIOGLITAZONE 30MG TABLET	SPEC AUTH	None	Yes	100	0.9365	0.9365
02384922	AURO-PIOGLITAZONE 45MG TABLET	SPEC AUTH	None	Yes	100	1.4082	1.4082
02433907	AURO-PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02433869	AURO-PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	100	0.2243	0.2243
02433877	AURO-PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	100	0.3519	0.3519
02433885	AURO-PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	100	0.4552	0.4552
02390213	AURO-QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02390248	AURO-QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5193	0.5193
02390205	AURO-QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02390256	AURO-QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.7579	0.7579
02387387	AURO-RAMIPRIL 1.25MG CAPSULE	OPEN	None	Yes	100	0.1389	0.1389
02387417	AURO-RAMIPRIL 10MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02387395	AURO-RAMIPRIL 2.5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02387409	AURO-RAMIPRIL 5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02424258	AURO-REPAGLINIDE 0.5MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0881	0.0881
02424266	AURO-REPAGLINIDE 1MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0916	0.0916
02424274	AURO-REPAGLINIDE 2MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0952	0.0952
02406306	AURO-RISEDRONATE 35MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.8027	2.8027

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02390922	AURO-SERTRALINE 100MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02390906	AURO-SERTRALINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02390914	AURO-SERTRALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4590	0.4590
02405156	AURO-SIMVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3970	0.3970
02405164	AURO-SIMVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02405172	AURO-SIMVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02405148	AURO-SIMVASTATIN 5MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02405180	AURO-SIMVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02446383	AURO-SOLIFENACIN 10MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02446375	AURO-SOLIFENACIN 5MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02453568	AURO-TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization.	Yes	100	0.3078	0.3078
02453576	AURO-TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization.	Yes	100	0.3078	0.3078
02456389	AURO-TELMISARTAN HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization.	Yes	100	0.3078	0.3078
02456397	AURO-TELMISARTAN HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization.	Yes	100	0.3078	0.3078
02320134	AURO-TERBINAFINE 250MG TABLET	SPEC AUTH	None	Yes	100	2.0192	2.0192
02345838	AURO-TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02345846	AURO-TOPIRAMATE 200MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02345803	AURO-TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02405040	AURO-VALACYCLOVIR 500MG TABLET	OPEN	None	Yes	100	0.9384	0.9384

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02435179	AURO-VALGANCICLOVIR 450MG TABLET	SPEC AUTH	None	Yes	60	6.3823	6.3823
02414236	AURO-VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3268	0.3268
02414201	AURO-VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3185	0.3185
02414228	AURO-VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3269	0.3269
02408120	AURO-VALSARTAN HCT 160MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3262	0.3262
02408139	AURO-VALSARTAN HCT 160MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3273	0.3273
02408147	AURO-VALSARTAN HCT 320MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02408155	AURO-VALSARTAN HCT 320MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02408112	AURO-VALSARTAN HCT 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02452855	AURO-VENLAFAXINE XR 150MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781
02452839	AURO-VENLAFAXINE XR 37.5MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1791	0.1791
02452847	AURO-VENLAFAXINE XR 75MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
02241818	AVALIDE 150 MG/12.5 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	90	1.3811	0.3453
02241819	AVALIDE 300 MG/12.5 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	90	1.3811	0.3453
02280213	AVALIDE 300-25 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	90	1.3227	0.3307
02237924	AVAPRO 150 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	90	1.3811	0.3453
02237925	AVAPRO 300 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	90	1.3811	0.3453

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02237923	AVAPRO 75 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	90	1.3811	0.3453
02242965	AVELOX 400 MG TABLET	SPEC AUTH	None	Yes	30	6.6403	1.6601
00015229	AVENTYL 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2757	0.2757
00015237	AVENTYL 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5569	0.5569
02298538	AVIANE 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.5053	0.5053
02298546	AVIANE 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3790	0.3790
02041510	AVLOSULFON 100 MG TABLET	OPEN	None	No	100	1.4529	
02247813	AVODART 0.5 MG CAPSULE	OPEN	None	Yes	30	1.8334	0.4583
02269201	AVONEX PEN	SPEC AUTH	None	No	4	459.3809	
02269201	AVONEX PS 30MCG/0.5ML KIT	SPEC AUTH	None	No	4	459.3809	
02248129	AXERT 12.5 MG TABLET	SPEC AUTH	None	Yes	6	14.2172	7.6773
02248128	AXERT 6.25 MG TABLET	SPEC AUTH	None	Yes	6	14.2172	7.6773
02331624	AZARGA EYE DROPS	OPEN	None	No	5	5.0670	
02343002	AZATHIOPRINE 50MG TABLET	OPEN	None	Yes	100	0.2698	0.2698
02330881	AZITHROMYCIN 250MG TABLET	OPEN	Limit of 6 per day without Special Authorization	Yes	6	1.3703	1.3703
02442434	AZITHROMYCIN 250MG TABLET	OPEN	None	Yes	100	1.3703	1.3703
02238873	AZOPT 1% EYE DROPS	OPEN	None	No	5	3.8583	
00598577	B COMPLEX 50	OPEN	Beneficiary of CYFS	No	90	0.1046	
80017987	BACID CAPSULE	OPEN	None	No	50	1.0199	
00584908	BACITIN 500 UNIT/GM OINTMENT	OPEN	None	No	15	0.2329	
02287021	BACLOFEN 10MG TABLET	OPEN	None	Yes	500	0.1964	0.1964
02287048	BACLOFEN 20MG TABLET	OPEN	None	Yes	100	0.3823	0.3823
02094657	BACTERIOSTATIC NACL VIAL	SPEC AUTH	None	No	100	0.0632	
02239757	BACTROBAN 2% CREAM	OPEN	None	No	15	0.5968	
01916947	BACTROBAN 2% OINTMENT	OPEN	Beneficiary of CYFS	Yes	30	0.5995	0.4496
02369613	BANZEL 100MG TABLET	SPEC AUTH	None	No	30	0.7794	
02369621	BANZEL 200MG TABLET	SPEC AUTH	None	No	120	1.5585	
02369648	BANZEL 400MG TABLET	SPEC AUTH	None	No	120	3.3958	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02282224	BARACLUDE 0.5 MG TABLET	SPEC AUTH	None	Yes	30	23.9800	5.9950
00977195	BD ALCOHOL SWABS	OPEN	Beneficiary of CYFS. Beneficiary must have eligibility under the Cystic Fibrosis Program.	No	102	0.0183	
02240759	B-D ALCOHOL SWABS	OPEN	Beneficiary of CYFS	No	100	0.0183	
00977108	BD LATITUDE LANCETS	OPEN	None	No	100	0.0858	
00977107	BD LATITUDE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7910	
00977020	BD MICROFINE NEEDLE 28G	OPEN	None	No	100	0.2551	
00977985	BD ULTRAFINE .5CC & .3CC 29G	OPEN	None	No	100	0.3522	
00977950	BD ULTRAFINE 1CC 29G SYRINGE	OPEN	None	No	100	0.3522	
00977101	BD ULTRAFINE 29G PEN NEEDLE	OPEN	None	No	100	0.3509	
97799886	BD ULTRAFINE 30G SYRINGE 0.3CC	OPEN	None	No	100	0.3194	
00977490	BD ULTRAFINE 30G SYRINGE 1/2	OPEN	None	No	100	0.3522	
00977118	BD ULTRAFINE 30G SYRINGE 1CC	OPEN	None	No	100	0.3522	
00977491	BD ULTRAFINE 31G 5MM PEN NEEDL	OPEN	None	No	100	0.3157	
00977492	BD ULTRAFINE 31G 8MM PEN NEEDL	OPEN	None	No	100	0.3157	
97799527	BD ULTRA-FINE 32g x4mm NANO PEN NEEDLES	OPEN	None	No	100	0.3247	
00977659	BD ULTRAFINE LANCET	OPEN	None	No	200	0.0547	
02213702	BECONASE AQ 50MCG SPRAY	OPEN	None	Yes	200	0.0992	0.0668
00176141	BELLERGAL SPACETABS	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.6997	
02019736	BENADRYL 12.5 MG/5 ML ELIXIR	OPEN	Beneficiary of CYFS	No	100	0.0586	
02017849	BENADRYL 25 MG CAPLET	OPEN	Beneficiary of CYFS	No	100	0.1945	
02019671	BENADRYL 50 MG CAPSULE	OPEN	Beneficiary of CYFS	No	100	0.2728	
02019698	BENADRYL CHILDREN'S LIQUID	OPEN	Beneficiary of CYFS	No	250	0.0564	
02103087	BENTYLOL 10 MG TABLET	OPEN	None	No	100	0.1414	
02102978	BENTYLOL 10 MG/5 ML SYRUP	OPEN	None	No	250	0.0756	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02103095	BENTYLOL 20 MG TABLET	OPEN	None	No	100	0.2669	
00294926	BENURYL 500 MG TABLET	OPEN	None	No	100	0.2044	
01912437	BENZAC AC 10% GEL	OPEN	None	No	60	0.3616	
01925199	BENZAC W WASH 10% LIQUID	OPEN	None	No	225	0.3636	
02248472	BENZACLIN GEL	OPEN	None	No	50	1.0559	
02162113	BENZAGEL 5% GEL	OPEN	Beneficiary of CYFS	No	60	0.1575	
02166607	BENZAGEL 5% LOTION	OPEN	Beneficiary of CYFS	No	25	0.2282	
02162121	BENZAGEL WASH 5% LIQUID	OPEN	Beneficiary of CYFS	No	85	0.0634	
02225271	BENZAMYCIN GEL	OPEN	None	No	46.6	1.2252	
00426857	BENZTROPINE 2 MG TABLET	OPEN	None	No	1000	0.0597	
02238903	BENZTROPINE OMEGA 1 MG/ML LQ	OPEN	None	No	20	8.3003	
00716618	BETADERM 0.05% CREAM	OPEN	None	Yes	454	0.0650	0.0650
00716642	BETADERM 0.05% OINTMENT	OPEN	None	Yes	454	0.0661	0.0661
00716626	BETADERM 0.1% CREAM	OPEN	None	Yes	454	0.0969	0.0969
00716650	BETADERM 0.1% OINTMENT	OPEN	None	Yes	454	0.0984	0.0984
00716634	BETADERM 0.1% SCALP LOTION	OPEN	None	Yes	75	0.0930	0.0930
00751286	BETAGAN 0.25% OPTH DROPS	OPEN	None	Yes	10	2.3185	2.3185
00637661	BETAGAN 0.5% OPTH DROPS	OPEN	None	Yes	10	3.7681	1.2546
00719846	BETALOC 1 MG/ML VIAL	OPEN	None	No	25	1.0600	
00402540	BETALOC 100 MG TABLET	OPEN	None	Yes	100	0.4322	0.1676
00402605	BETALOC 50 MG TABLET	OPEN	None	Yes	100	0.2523	0.0768
02169649	BETASERON 0.3 MG VIAL	SPEC AUTH	None	No	15	128.8980	
02060884	BETNESOL RETENTION ENEMA	OPEN	None	No	700	0.1164	
01908448	BETOPTIC S 0.25% EYE DROPS	OPEN	None	No	5	2.7299	
02083523	BEZALIP SR 400 MG TABLET SA	OPEN	None	Yes	30	2.5375	1.9031
97799466	BG STAR LANCETS 100s	OPEN	None	No	100	0.0705	
97799465	BG STAR TEST STRIPS 100s	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7324	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799464	BG STAR TEST STRIPS 50s	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8400	
02146908	BIAXIN 125 MG/5 ML SUSPENSION	OPEN	None	Yes	105	0.3234	0.2231
01984853	BIAXIN 250 MG TABLET	OPEN	None	Yes	100	1.8348	0.4587
02244641	BIAXIN 250 MG/5 ML SUSPENSION	OPEN	None	Yes	105	0.6346	0.4358
02126710	BIAXIN 500 MG TABLET	OPEN	None	Yes	100	3.6265	1.7759
02244756	BIAXIN XL 500 MG TABLET ER	OPEN	None	Yes	60	2.7406	2.7406
02325985	BICALUTAMIDE 50MG TABLET	OPEN	None	Yes	100	1.8448	1.8448
02382423	BICALUTAMIDE 50MG TABLET	OPEN	None	Yes	30	1.8448	1.8448
02277166	BIPHENTIN 10 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.7779	
02277131	BIPHENTIN 15 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.1132	
02277158	BIPHENTIN 20 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.4376	
02277174	BIPHENTIN 30 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.9736	
02277182	BIPHENTIN 40 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	2.5139	
02277190	BIPHENTIN 50 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	50	3.0489	
02277204	BIPHENTIN 60 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	50	3.5480	
02277212	BIPHENTIN 80 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	50	4.6818	
00619485	BISACODYL 5MG SUPP	OPEN	Beneficiary of CYFS	No	100	0.1895	
02361450	BISACODYL SUPPOSITORY 10MG	OPEN	Beneficiary of CYFS	No	100	0.7628	
02273411	BISCODYL-ODAN 5MG TABLET EC	OPEN	Beneficiary of CYFS	No	1000	0.0488	
02383063	BISOPROLOL 10MG TABLET	OPEN	None	Yes	100	0.1581	0.1581

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02391597	BISOPROLOL 10MG TABLET	OPEN	None	Yes	100	0.1581	0.1581
02383055	BISOPROLOL 5MG TABLET	OPEN	None	Yes	100	0.1083	0.1083
02391589	BISOPROLOL 5MG TABLET	OPEN	None	Yes	100	0.1083	0.1083
00807788	BLEPHAMIDE LIQUIFILM DROPS	OPEN	None	No	10	3.0358	
00307246	BLEPHAMIDE S.O.P. 0.2% OINT	OPEN	None	No	3.5	3.8750	
02419149	BOSULIF 100MG TABLET	SPEC AUTH	None	No	28	40.8514	
02419157	BOSULIF 500MG TABLET	SPEC AUTH	None	No	28	163.3835	
97799394	BRAVO TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.4232	
97799748	BREEZE2 BLOOD GLUCOSE TEST STR	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8801	
97799749	BREEZE2 BLOOD GLUCOSE TEST STR	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7583	
02408872	BREO ELLIPTA 100MCG/25MCG BLISTER WITH INHALATION DEVICE	SPEC AUTH	None	No	30	2.9729	
02444186	BREO ELLIPTA 200-25MCG INHALER	SPEC AUTH	None	No	30	4.6561	
02187094	BREVICON 0.5/35 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.5356	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02187086	BREVICON 0.5/35 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	0.7140	
02189054	BREVICON 1/35 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	0.7140	
02189062	BREVICON 1/35 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.5356	
00786616	BRICANYL 0.5 MG TURBUHALER	OPEN	None	No	100	0.0855	
02368544	BRILINTA 90MG TABLET	SPEC AUTH	None	No	60	1.6266	
02301334	BRIMONIDINE P 0.15% OPHTHALMIC SOLUTION	OPEN	None	Yes	10	1.8890	1.8890
02087324	BROMOCRIPTINE 2.5MG TABLET	OPEN	None	Yes	100	1.0876	1.0876
02230454	BROMOCRIPTINE 5MG CAPSULE	OPEN	None	Yes	100	1.6281	1.6281
02391562	BUPROPION SR 100MG TABLET	OPEN	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.	Yes	60	0.1686	0.1686
02391570	BUPROPION SR 150MG TABLET	OPEN	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.	Yes	60	0.2550	0.2505
00363812	BUSCOPAN 10 MG TABLET	OPEN	None	No	100	0.3854	
00363839	BUSCOPAN 20 MG/ML AMPOULE	OPEN	None	No	10	5.2460	
00603821	BUSPAR 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.1827	0.3834
00977187	BUTTERFLY SWABS #6893	OPEN	Beneficiary of CYFS. Beneficiary must have eligibility under the Cystic Fibrosis Program.	No	102	0.0193	
00265470	C.E.S. 0.625 MG TABLET	OPEN	None	No	1000	0.1008	
02273284	CADUET 10 MG/10 MG TABLET	SPEC AUTH	None	Yes	90	2.7507	0.6676
02273292	CADUET 10 MG/20 MG TABLET	SPEC AUTH	None	Yes	90	3.4292	0.8323
02273306	CADUET 10 MG/40 MG TABLET	SPEC AUTH	None	Yes	90	3.5926	0.8720
02273314	CADUET 10 MG/80 MG TABLET	SPEC AUTH	None	Yes	90	3.5926	0.8720

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02273233	CADUET 5 MG/10 MG TABLET	SPEC AUTH	None	Yes	90	2.6053	0.6324
02273241	CADUET 5 MG/20 MG TABLET	SPEC AUTH	None	Yes	90	3.0724	0.7458
02273268	CADUET 5 MG/40 MG TABLET	SPEC AUTH	None	Yes	90	3.2474	0.7883
02273276	CADUET 5 MG/80 MG TABLET	SPEC AUTH	None	Yes	90	3.2474	0.7883
01926691	CALCIMAR 200 UNIT/ML VIAL	OPEN	None	No	2	31.7417	
02431637	CALCITRIOL-ODAN 0.25MCG CAPSULE	OPEN	None	Yes	100	0.7586	0.7586
02431645	CALCITRIOL-ODAN 0.5MCG CAPSULE	OPEN	None	Yes	100	1.2065	1.2065
02040891	CALCIUM 650 MG/VIT D CAPLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0692	
00730599	CALCIUM CARB & VIT D3 TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0286	
80001408	CALCIUM CARBONATE 1250MG	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS. Special Authorization for beneficiaries undergoing dialysis.	No	100	0.0315	
02232482	CALCIUM SANDOZ FORTE	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	20	0.4579	
80033741	CALTRATE 600 PLUS D	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	120	0.1546	
80003751	CALTRATE 600 TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	60	0.1841	
02231948	CALTRATE 600 WITH D TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	120	0.1546	
02293269	CAMPRAL 333 MG TABLET EC	SPEC AUTH	None	No	84	0.8680	
02388715	CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02388936	CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02435845	CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02388707	CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02388928	CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02379287	CANDESARTAN CILEXETIL 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02379295	CANDESARTAN CILEXETIL 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02379279	CANDESARTAN CILEXETIL 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02394812	CANDESARTAN HCT 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02394804	CANDESARTAN/HCTZ 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02150883	CANESTEN 1 10% VAGINAL CRM	OPEN	Beneficiary of CYFS	No	5	2.6452	
02150867	CANESTEN 1% TOPICAL CREAM	OPEN	Beneficiary of CYFS	No	30	0.3230	
02150891	CANESTEN 1% VAGINAL CREAM	OPEN	Beneficiary of CYFS	No	50	0.2645	
02150905	CANESTEN 3 2% VAGINAL CREAM	OPEN	Beneficiary of CYFS	No	25	0.5290	
00546305	CAPOTEN 100 MG TABLET	OPEN	None	Yes	100	1.1331	0.5666
00695661	CAPOTEN 12.5 MG TABLET	OPEN	None	Yes	100	0.2311	0.1155
00546283	CAPOTEN 25 MG TABLET	OPEN	None	Yes	100	0.3270	0.1635
00546291	CAPOTEN 50 MG TABLET	OPEN	None	Yes	100	0.6093	0.3047
02060043	CARBACHOL 2 MG TABLET	OPEN	None	No	100	0.6254	
00461733	CARBOLITH 150 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1352	0.0460
00236683	CARBOLITH 300 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.1050	0.0483
02011239	CARBOLITH 600 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2005	
02097370	CARDIZEM 30 MG TABLET	OPEN	None	Yes	100	0.4049	0.2034
02097389	CARDIZEM 60 MG TABLET	OPEN	None	Yes	100	0.7102	0.3568
02097249	CARDIZEM CD 120 MG CAPSULE	OPEN	None	Yes	100	1.7248	0.3847
02097257	CARDIZEM CD 180 MG CAPSULE	OPEN	None	Yes	100	2.2897	0.5106
02097265	CARDIZEM CD 240 MG CAPSULE	OPEN	None	Yes	100	3.0371	0.6772
01958100	CARDURA-1 1 MG TABLET	OPEN	None	Yes	100	0.7180	0.1576
01958097	CARDURA-2 2 MG TABLET	OPEN	None	Yes	100	0.8612	0.1890
01958119	CARDURA-4 4 MG TABLET	OPEN	None	Yes	100	1.1199	0.2459

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799294	CARESENS N BLOOD GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.6944	
02397447	CARIPUL 0.5MG POWDER FOR SOLUTION	SPEC AUTH	None	No	1	18.6360	
02397455	CARIPUL 1.5MG POWDER FOR SOLUTION	SPEC AUTH	None	No	1	37.3750	
02144336	CARNITOR 100 MG/ML SOLUTION	SPEC AUTH	None	No	118	0.4298	
02144328	CARNITOR 330 MG TABLET	SPEC AUTH	None	No	90	1.4190	
02248754	CARVEDILOL 12.5MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02364948	CARVEDILOL 12.5MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02248755	CARVEDILOL 25MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02364956	CARVEDILOL 25MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02248752	CARVEDILOL 3.125MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02364913	CARVEDILOL 3.125MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02248753	CARVEDILOL 6.25MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02364921	CARVEDILOL 6.25MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02184478	CASODEX 50 MG TABLET	OPEN	None	Yes	30	7.6009	1.8448
00259527	CATAPRES 0.1 MG TABLET	OPEN	None	Yes	100	0.2020	0.1924
00291889	CATAPRES 0.2 MG TABLET	OPEN	None	Yes	100	0.3604	0.3432
02329840	CAYSTON 75MG/VIAL INHALATION SOLUTION	SPEC AUTH	None	No	84	52.2497	
00465208	CECLOR 125 MG/5 ML SUSPENSION	OPEN	None	No	100	0.1284	
00465216	CECLOR 250 MG/5 ML SUSPENSION	OPEN	None	No	100	0.2350	
00465186	CECLOR PULVULE 250 MG CAP	OPEN	None	No	100	1.1684	
00465194	CECLOR PULVULE 500 MG CAP	OPEN	None	No	100	2.2940	
00360430	CEENU 10 MG CAPSULE	OPEN	None	No	20	8.1538	
00360414	CEENU 100 MG CAPSULE	OPEN	None	No	20	23.2027	
00360422	CEENU 40 MG CAPSULE	OPEN	None	No	20	14.0562	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02434091	CEFOTAXIME SODIUM 1G/VIAL FOR INJECTION BP	OPEN	None	Yes	10	9.0797	9.0797
02434105	CEFOTAXIME SODIUM 2G/VIAL FOR INJECTION BP	OPEN	None	Yes	20	9.0937	9.0937
02332035	CEFPROZIL 250 MG Tablet	OPEN	None	Yes	100	0.4949	0.4949
02332043	CEFPROZIL 500 MG TABLET	OPEN	None	Yes	100	0.9702	0.9702
00886971	CEFTAZIDIME 1GM VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	No	10	34.6875	
00886963	CEFTAZIDIME 6 G VIAL BULK	OPEN	Beneficiary must have eligibility under the CF Plan	No	36	34.5374	
02212307	CEFTIN 125 MG/5 ML SUSPENSION	OPEN	None	No	100	0.1868	
02212277	CEFTIN 250 MG TABLET	OPEN	None	Yes	60	1.8285	0.7888
02212285	CEFTIN 500 MG TABLET	OPEN	None	Yes	60	3.6223	1.5627
02163675	CEFZIL 125 MG/5 ML SUSPENSION	OPEN	None	Yes	100	0.2175	0.0645
02163659	CEFZIL 250 MG TABLET	OPEN	None	Yes	100	2.2280	0.4949
02163683	CEFZIL 250 MG/5 ML SUSPENSION	OPEN	None	Yes	100	0.4349	0.3076
02163667	CEFZIL 500 MG TABLET	OPEN	None	Yes	100	4.3682	0.9702
02239941	CELEBREX 100 MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.7667	0.1917
02239942	CELEBREX 200 MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	1.5337	0.3835
02436299	CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02436302	CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02357844	CELESTODERM V TOPICAL CREAM 0.1%	OPEN	None	No	450	0.0988	
02357852	CELESTODERM V TOPICAL OINTMENT 0.1%	OPEN	None	No	450	0.0988	
02357860	CELESTODERM V/2 TOPICAL CREAM 0.05%	OPEN	None	No	450	0.0663	
02357879	CELESTODERM V/2 TOPICAL OINTMENT 0.05%	OPEN	None	No	450	0.0663	
00028096	CELESTONE SOLUSPAN 6 MG/ML	OPEN	None	No	10	15.2616	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02239607	CELEXA 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	250	1.5161	0.2613
02239608	CELEXA 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	1.5162	0.2613
02299844	CELSENTRI 150 MG TABLET	SPEC AUTH	None	No	60	18.4249	
02299852	CELSENTRI 300 MG TABLET	SPEC AUTH	None	No	60	18.4249	
02246361	CENTRUM FORTE 0.6MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan.	No	100	0.1305	
80005174	CENTRUM FORTE 0.6MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan.	No	100	0.1305	
01926683	CERUBIDINE 20 MG VIAL	OPEN	None	No	1	99.8200	
02256193	CESAMET 0.5 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	3.6199	0.8455
00548375	CESAMET 1 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	7.2396	1.6909
02291177	CHAMPIX 0.5 MG TABLET	OPEN	Open benefit for Foundation Plan Access Plan and 65+ Plan for 12 weeks therapy per year.	No	56	2.0050	
02291185	CHAMPIX CONTINUATION PACK	OPEN	Open benefit for Foundation Plan Access Plan and 65+ Plan for 12 weeks therapy per year.	No	56	2.0043	
02298309	CHAMPIX STARTER PACK	OPEN	Open benefit for Foundation Plan Access Plan and 65+ Plan for 12 weeks therapy per year.	No	53	2.0054	
00977918	CHEMSTRIP 9	OPEN	None	No	100	0.4476	
00977438	CHEMSTRIP UG 5000	OPEN	None	No	50	0.1389	
01904116	CHILDS MOTION SICK 15 MG/5 ML	OPEN	Beneficiary of CYFS	No	75	0.0406	
02242365	CHILD'S MOTRIN 100 MG/5 ML	OPEN	Beneficiary must have eligibility under the CF Plan	No	240	0.0439	
00522988	CHLORDIAZEPOXIDE 10MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1189	0.1189
00522996	CHLORDIAZEPOXIDE 25MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1844	0.1844

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00522724	CHLORDIAZEPOXIDE 5MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0755	0.0755
00312363	CHLOROMYCETIN 1GM VIAL	OPEN	None	No	10	28.7525	
00360279	CHLORTHALIDONE 50 MG TAB	OPEN	None	Yes	100	0.1381	0.1381
00738964	CHLOR-TRIPOLON 12 MG REPETAB	OPEN	Beneficiary of CYFS	No	24	0.3486	
00738972	CHLOR-TRIPOLON 4 MG TABLET	OPEN	Beneficiary of CYFS	No	24	0.2297	
00476366	CHOLEDYL 100 MG/5 ML ELIXIR	OPEN	None	No	500	0.0420	
00476374	CHOLEDYL EXPECTORANT ELIXIR	OPEN	None	No	500	0.1085	
02350963	CILAZAPRIL 1MG TABLET	OPEN	None	Yes	100	0.1697	0.1697
02350971	CILAZAPRIL 2.5MG TABLET	OPEN	None	Yes	100	0.1996	0.1996
01945270	CILOXAN 0.3% EYE DROPS	OPEN	None	Yes	5	2.4416	1.9184
02331675	CIMZIA 200 MG/ML SYRINGE KIT	SPEC AUTH	None	No	1	1441.9868	
02263238	CIPRALEX 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	1.9511	0.4707
02263254	CIPRALEX 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days.	Yes	30	2.0830	0.5011
02237514	CIPRO 100 MG/ML SUSPENSION	OPEN	None	No	100	0.6245	
02155958	CIPRO 250 MG TABLET	OPEN	None	Yes	100	2.7238	0.6743
02155966	CIPRO 500 MG TABLET	OPEN	None	Yes	100	3.0731	0.7607
02155974	CIPRO 750 MG TABLET	OPEN	None	Yes	100	5.6277	1.3930
02251787	CIPRO XL 1000 MG TABLET	OPEN	None	No	50	3.3765	
02252716	CIPRODEX DROPS SUSP	SPEC AUTH	None	No	7.5	4.1722	
02332132	CIPROFLOXACIN 250 MG	OPEN	None	Yes	100	0.6743	0.6743
02353318	CIPROFLOXACIN 250MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02332140	CIPROFLOXACIN 500 MG	OPEN	None	Yes	100	0.7607	0.7607
02353326	CIPROFLOXACIN 500MG TABLET	OPEN	None	Yes	100	0.7607	0.7607
02386127	CIPROFLOXACIN 500MG TABLET	OPEN	None	Yes	100	0.7607	0.7607
02332159	CIPROFLOXACIN 750 MG	OPEN	None	Yes	100	1.3930	1.3930
02353334	CIPROFLOXACIN 750MG TABLET	OPEN	None	Yes	50	1.3930	1.3930
02386119	CIPROFLOXACIN 250MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02331950	CITALOPRAM 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.2613	0.2613
02353660	CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02387956	CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.2613	0.2613
02430541	CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02331977	CITALOPRAM 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02353679	CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02387964	CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02430568	CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02306247	CITALOPRAM-ODAN 40 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02225093	CLAFORAN 1G VIAL	OPEN	None	Yes	10	10.6820	9.0797
02225107	CLAFORAN 2G VIAL	OPEN	None	Yes	20	10.6984	9.0937
02408988	CLARITHROMYCIN 125MG/5ML ORAL SUSPENSION	OPEN	None	Yes	105	0.2231	0.2231
02408996	CLARITHROMYCIN 250MG/5ML ORAL SUSPENSION	OPEN	None	Yes	105	0.4358	0.4358
00782696	CLARITIN 10 MG TABLET	OPEN	Beneficiary of CYFS	Yes	50	0.5681	0.5681
02241523	CLARITIN KIDS 5 MG/5 ML SYRUP	OPEN	Beneficiary of CYFS	No	120	0.0561	
02257955	CLARUS 10 MG CAPSULE	OPEN	None	No	30	1.0105	
02257963	CLARUS 40 MG CAPSULE	OPEN	None	No	30	2.0618	
01916882	CLAVULIN 125 MG/5 ML SUSP	OPEN	None	Yes	100	0.1036	0.1036
02238831	CLAVULIN 200 SUSPENSION	OPEN	None	No	70	0.1609	
01916874	CLAVULIN 250 MG/5 ML SUSP	OPEN	None	Yes	100	0.2192	0.2192
01916866	CLAVULIN 250 TABLET	OPEN	None	Yes	100	1.0495	1.0219
02238830	CLAVULIN 400 SUSPENSION	OPEN	None	No	70	0.2987	
01916858	CLAVULIN 500 F TABLET	OPEN	None	Yes	20	1.6132	0.7274
02238829	CLAVULIN 875 TABLET	OPEN	Beneficiary must have eligibility under the CF Plan	Yes	20	2.4203	0.6051
02231510	CLIMARA 100 0.1 MG/DAY PATCH	OPEN	None	No	4	6.8138	
02247499	CLIMARA 25 0.025 MG/24 H PTCH	OPEN	None	No	4	5.6583	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02231509	CLIMARA 50 0.05 MG/DAY PATCH	OPEN	None	No	24	6.0439	
02247500	CLIMARA 75 0.075 MG/24 H PTCH	OPEN	None	No	4	6.4449	
02382822	CLINDOXYL ADV 1%-3% GEL	OPEN	None	No	45	0.9311	
02243158	CLINDOXYL GEL	OPEN	None	Yes	45	0.9965	0.7474
00977314	CLINITEST	OPEN	None	No	100	0.1048	
02091879	CLOMID 50 MG TABLET	OPEN	None	No	50	6.1789	
02442035	CLONAZEPAM 0.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540
02442051	CLONAZEPAM 2MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0931	0.0931
02385813	CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	100	0.5161	0.5161
02400553	CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02230402	CLOPIXOL 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.4481	
02230403	CLOPIXOL 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	1.1203	
02230406	CLOPIXOL DEPOT 200 MG/ML AMP	OPEN	Initial fills are limited to a maximum 30 days	No	10	17.4251	
00860697	CLORAZEPATE 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.4287	0.4287
00860689	CLORAZEPATE 3.75 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1642	0.1642
00860700	CLORAZEPATE 7.5 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2142	0.2142
00812382	CLOTTRIMADERM 1% CREAM	OPEN	Beneficiary of CYFS	No	500	0.2423	
00812366	CLOTTRIMADERM 1% VAG CREAM	OPEN	Beneficiary of CYFS	No	50	0.2096	
00812374	CLOTTRIMADERM 2% VAG CREAM	OPEN	Beneficiary of CYFS	No	25	0.4188	
00894745	CLOZARIL 100 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	4.0991	
00894737	CLOZARIL 25 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	1.0221	
02258102	CO ALENDRONATE 40 MG TABLET	SPEC AUTH	None	Yes	30	3.3607	3.3607

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02258110	CO ALENDRONATE 70 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900
02297493	CO AMLODIPINE 10 MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02297485	CO AMLODIPINE 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02394898	CO ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02255553	CO ATENOLOL 100 MG TABLET	OPEN	None	Yes	100	0.2703	0.2703
02255545	CO ATENOLOL 50 MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02310899	CO ATORVASTATIN 10 MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02310902	CO ATORVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02310910	CO ATORVASTATIN 40 MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02310929	CO ATORVASTATIN 80 MG TABLET	OPEN	None	Yes	90	0.4595	0.4595
02255340	CO AZITHROMYCIN 250 MG TAB	OPEN	None	Yes	100	1.3703	1.3703
02256088	CO AZITHROMYCIN 600 MG TAB	SPEC AUTH	None	Yes	6	6.5400	6.5400
02374757	CO BETAHISTINE 16MG TABLET	OPEN	None	Yes	100	0.1272	0.1272
02374765	CO BETAHISTINE 24MG TABLET	OPEN	None	Yes	100	0.1908	0.1908
02274337	CO BICALUTAMIDE 50 MG TABLET	OPEN	None	Yes	30	1.8448	1.8448
02386208	CO BOSENTAN 125MG TABLET	SPEC AUTH	None	Yes	60	24.4841	24.4841
02386194	CO BOSENTAN 62.5MG TABLET	SPEC AUTH	None	Yes	60	24.4841	24.4841
02301407	CO CABERGOLINE 0.5 MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Dostinex Norprolac or Bromocriptine in past year.	Yes	8	11.5738	17.9823
02376547	CO CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02376555	CO CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02376539	CO CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02388650	CO CANDESARTAN/HCT 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02420155	CO CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02420163	CO CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02285215	CO CILAZAPRIL 2.5 MG TABLET	OPEN	None	Yes	100	0.1996	0.1996
02285223	CO CILAZAPRIL 5 MG TABLET	OPEN	None	Yes	100	0.2318	0.2318
02247339	CO CIPROFLOXACIN 250 MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02247340	CO CIPROFLOXACIN 500 MG TABLET	OPEN	None	Yes	100	0.7607	0.7607
02247341	CO CIPROFLOXACIN 750 MG TABLET	OPEN	None	Yes	50	1.3930	1.3930
02248050	CO CITALOPRAM 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	250	0.2613	0.2613
02248051	CO CITALOPRAM 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02244816	CO CLOMIPRAMINE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1406	0.1406
02244817	CO CLOMIPRAMINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1916	0.1916
02244818	CO CLOMIPRAMINE 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3528	0.3528
02270641	CO CLONAZEPAM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540
02270668	CO CLONAZEPAM 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1621	0.1621
02270676	CO CLONAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0931	0.0931
02303027	CO CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02397145	CO DICLO-MISO 50MG/200UG TABLET	OPEN	None	Yes	100	0.3432	0.3432
02397153	CO DICLO-MISO 75MG/200UG TABLET	OPEN	None	Yes	100	0.4672	0.4672
02370611	CO DILTIAZEM CD 120MG CAPSULE	OPEN	None	Yes	500	0.3847	0.3847
02370638	CO DILTIAZEM CD 180MG CAPSULE	OPEN	None	Yes	500	0.5106	0.5106
02370646	CO DILTIAZEM CD 240MG CAPSULE	OPEN	None	Yes	500	0.6772	0.6772
02370654	CO DILTIAZEM CD 300MG CAPSULE	OPEN	None	Yes	100	0.8465	0.8465
02370441	CO DILTIAZEM T ER 120MG CAPSULE	OPEN	None	Yes	100	0.2325	0.2325
02370492	CO DILTIAZEM T ER 180MG CAPSULE	OPEN	None	Yes	100	0.3149	0.3149
02370506	CO DILTIAZEM T ER 240MG CAPSULE	OPEN	None	Yes	100	0.4177	0.4177
02370514	CO DILTIAZEM T ER 300MG CAPSULE	OPEN	None	Yes	100	0.5144	0.5144

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02370522	CO DILTIAZEM T ER 360MG CAPSULE	OPEN	None	Yes	100	0.6298	0.6298
02397609	CO DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02397595	CO DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02404389	CO DORZOTIMOLOL 20MG / 5MG/ML OPTHALMIC SOLUTION	OPEN	None	Yes	10	2.1677	2.1677
02291908	CO ENALAPRIL 16 MG (20 MG) TAB	OPEN	None	Yes	100	0.3766	0.3766
02291878	CO ENALAPRIL 2 MG (2.5 MG) TAB	OPEN	None	Yes	100	0.2195	0.2195
02291886	CO ENALAPRIL 4 MG (5 MG) TAB	OPEN	None	Yes	100	0.2597	0.2597
02291894	CO ENALAPRIL 8 MG (10 MG) TAB	OPEN	None	Yes	100	0.3121	0.3121
02263866	CO ETIDROCAL COMBO PACK	OPEN	None	Yes	90	0.2421	0.2421
02248686	CO ETIDRONATE 200 MG TABLET	OPEN	None	Yes	100	0.3890	0.3890
02390183	CO EXEMESTANE 25MG TABLET	SPEC AUTH	None	Yes	30	1.4457	1.4457
02305682	CO FAMCICLOVIR 125 MG TABLET	OPEN	None	Yes	10	1.5195	1.5195
02305690	CO FAMCICLOVIR 250 MG TABLET	OPEN	None	Yes	30	2.0419	2.0419
02305704	CO FAMCICLOVIR 500 MG TABLET	OPEN	None	Yes	100	1.8982	1.8982
02386895	CO FENTANYL 100MCG/H PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	13.1358	13.1358
02386844	CO FENTANYL 12MCG/H PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	2.4307	2.4307
02386852	CO FENTANYL 25MCG/H PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	3.9872	3.9872
02386879	CO FENTANYL 50MCG/H PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	7.5033	7.5033
02386887	CO FENTANYL 75MCG/H PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	10.5531	10.5531
02354462	CO FINASTERIDE 5MG TABLET	OPEN	None	Yes	30	0.5227	0.5227
02281279	CO FLUCONAZOLE 100 MG TABLET	OPEN	None	Yes	50	2.4951	2.4951
02281260	CO FLUCONAZOLE 50 MG TABLET	OPEN	None	Yes	50	1.4065	1.4065
02242177	CO FLUOXETINE 10 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02242178	CO FLUOXETINE 20 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012
02255537	CO FLUVOXAMINE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4287	0.4287

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02255529	CO FLUVOXAMINE 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2385	0.2385
02256142	CO GABAPENTIN 100 MG CAPSULE	SPEC AUTH	None	Yes	100	0.0816	0.0816
02256150	CO GABAPENTIN 300 MG CAPSULE	SPEC AUTH	None	Yes	500	0.1985	0.1985
02256169	CO GABAPENTIN 400 MG CAPSULE	SPEC AUTH	None	Yes	100	0.2366	0.2366
02397285	CO IMATINIB 100MG TABLET	SPEC AUTH	None	Yes	30	7.5973	7.5973
02397293	CO IMATINIB 400MG TABLET	SPEC AUTH	None	Yes	30	30.3890	30.3890
02328089	CO IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02328100	CO IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02328070	CO IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02357399	CO IRBESARTAN/HCT 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02357402	CO IRBESARTAN/HCT 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02357410	CO IRBESARTAN/HCT 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3307	0.3307
02254786	CO LATANOPROST 50MCG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	2.5	3.9589	3.9589
02274183	CO LEVETIRACETAM 250 MG TAB	OPEN	None	Yes	100	0.4860	0.4860
02274191	CO LEVETIRACETAM 500 MG TAB	OPEN	None	Yes	100	0.5921	0.5921
02274205	CO LEVETIRACETAM 750 MG TAB	OPEN	None	Yes	100	0.8200	0.8200
02315424	CO LEVOFLOXACIN 250 MG TABLET	SPEC AUTH	None	Yes	50	1.4895	1.4895
02315432	CO LEVOFLOXACIN 500 MG TABLET	SPEC AUTH	None	Yes	100	1.6973	1.6973
02271451	CO LISINOPRIL 10 MG TABLET	OPEN	None	Yes	100	0.1853	0.1853
02271478	CO LISINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.2226	0.2226
02271443	CO LISINOPRIL 5 MG TABLET	OPEN	None	Yes	100	0.1542	0.1542
02354845	CO LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02354829	CO LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02354837	CO LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02388278	CO LOSARTAN/HCT 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02388286	CO LOSARTAN/HCT 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02388251	CO LOSARTAN/HCT 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02248572	CO LOVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.5911	0.5911
02248573	CO LOVASTATIN 40 MG TABLET	OPEN	None	Yes	100	1.0798	1.0798
02250020	CO MELOXICAM 15 MG TABLET	OPEN	None	Yes	100	0.2519	0.2519
02250012	CO MELOXICAM 7.5 MG TABLET	OPEN	None	Yes	100	0.2183	0.2183
02393581	CO NABILONE 0.5MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.8455	0.8455
02393603	CO NABILONE 1MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	1.6909	1.6909
02269627	CO NORFLOXACIN 400 MG TAB	OPEN	None	Yes	100	0.6177	0.6177
02325683	CO OLANZAPINE 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906
02325691	CO OLANZAPINE 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02325659	CO OLANZAPINE 2.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02325713	CO OLANZAPINE 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.8209	2.8209
02325667	CO OLANZAPINE 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953
02325675	CO OLANZAPINE 7.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02327570	CO OLANZAPINE ODT 10 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02327589	CO OLANZAPINE ODT 15 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02327597	CO OLANZAPINE ODT 20 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02327562	CO OLANZAPINE ODT 5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02296349	CO ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	3.6510	3.6510
02296357	CO ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	5.5710	5.5710
02262746	CO PAROXETINE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02262754	CO PAROXETINE 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02262762	CO PAROXETINE 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02302861	CO PIOGLITAZONE 15 MG TABLET	SPEC AUTH	None	Yes	100	0.6685	0.6685
02302888	CO PIOGLITAZONE 30 MG TABLET	SPEC AUTH	None	Yes	100	0.9365	0.9365
02302896	CO PIOGLITAZONE 45 MG TABLET	SPEC AUTH	None	Yes	100	1.4082	1.4082
02297302	CO PRAMIPEXOLE 0.25 MG TAB	OPEN	None	Yes	100	0.2865	0.2865
02297329	CO PRAMIPEXOLE 1 MG TABLET	OPEN	None	Yes	100	0.5730	0.5730
02297337	CO PRAMIPEXOLE 1.5 MG TAB	OPEN	None	Yes	100	0.5730	0.5730
02248182	CO PRAVASTATIN 10 MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02248183	CO PRAVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.5207	0.5207
02248184	CO PRAVASTATIN 40 MG TABLET	OPEN	None	Yes	100	0.6273	0.6273
02402955	CO PREGABALIN 150MG CAPSULES	SPEC AUTH	None	Yes	500	0.6275	0.6275
02402971	CO PREGABALIN 225MG CAPSULES	SPEC AUTH	None	Yes	100	0.6275	0.6275
02402912	CO PREGABALIN 25MG CAPSULES	SPEC AUTH	None	Yes	500	0.2243	0.2243
02402998	CO PREGABALIN 300MG CAPSULES	SPEC AUTH	None	Yes	100	0.6275	0.6275
02402920	CO PREGABALIN 50MG CAPSULES	SPEC AUTH	None	Yes	500	0.3519	0.3519
02402939	CO PREGABALIN 75MG CAPSULES	SPEC AUTH	None	Yes	500	0.4552	0.4552
02316099	CO QUETIAPINE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02316110	CO QUETIAPINE 200 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5193	0.5193
02316080	CO QUETIAPINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02316129	CO QUETIAPINE 300 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.7579	0.7579
02358840	CO RALOXIFENE 60MG TABLET	SPEC AUTH	None	Yes	100	0.5124	0.5124
02295482	CO RAMIPRIL 1.25 MG CAPSULE	OPEN	None	Yes	100	0.1389	0.1389
02295512	CO RAMIPRIL 10 MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02295490	CO RAMIPRIL 2.5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02295504	CO RAMIPRIL 5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02248570	CO RANITIDINE 150 MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
02248571	CO RANITIDINE 300 MG TABLET	OPEN	None	Yes	100	0.3924	0.3924
02321475	CO REPAGLINIDE 0.5MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0881	0.0881
02321483	CO REPAGLINIDE 1MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0916	0.0916
02321491	CO REPAGLINIDE 2MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0952	0.0952
02282585	CO RISPERIDONE 0.25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02282593	CO RISPERIDONE 0.5 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02282607	CO RISPERIDONE 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3420	0.3420
02282615	CO RISPERIDONE 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	0.6843	0.6843

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02282623	CO RISPERIDONE 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	1.0245	1.0245
02282631	CO RISPERIDONE 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.3661	1.3661
02381702	CO RIZATRIPTAN 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	12	4.1475	4.1475
02374749	CO RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	12	4.1284	4.1284
02374730	CO RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	12	4.1284	4.1284
02316846	CO ROPINIROLE 0.25 MG TABLET	OPEN	None	Yes	100	0.0773	0.0773
02316854	CO ROPINIROLE 1 MG TABLET	OPEN	None	Yes	100	0.3093	0.3093
02316862	CO ROPINIROLE 2 MG TABLET	OPEN	None	Yes	100	0.3403	0.3403
02316870	CO ROPINIROLE 5 MG TABLET	OPEN	None	Yes	100	0.9370	0.9370
02339773	CO ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02339781	CO ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02339803	CO ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.3904	0.3904
02339765	CO ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
02287412	CO SERTRALINE 100 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4810	0.4810
02287390	CO SERTRALINE 25 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02287404	CO SERTRALINE 50 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02248104	CO SIMVASTATIN 10 MG TAB	OPEN	None	Yes	100	0.3970	0.3970
02248105	CO SIMVASTATIN 20 MG TAB	OPEN	None	Yes	500	0.4906	0.4906
02248106	CO SIMVASTATIN 40 MG TAB	OPEN	None	Yes	500	0.4906	0.4906
02248103	CO SIMVASTATIN 5 MG TAB	OPEN	None	Yes	100	0.2007	0.2007
02248107	CO SIMVASTATIN 80 MG TAB	OPEN	None	Yes	100	0.4906	0.4906
02257904	CO SUMATRIPTAN 100 MG TAB	SPEC AUTH	None	Yes	6	8.5670	8.5670
02257882	CO SUMATRIPTAN 25 MG TABLET	SPEC AUTH	None	Yes	6	7.5011	7.5011
02257890	CO SUMATRIPTAN 50 MG TABLET	SPEC AUTH	None	Yes	6	7.7772	7.7772
02393247	CO TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02393255	CO TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02393263	CO TELMISARTAN/HCT 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02393271	CO TELMISARTAN/HCT 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02244814	CO TEMAZEPAM 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0477	0.1431
02244815	CO TEMAZEPAM 30 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0573	0.0573
02395282	CO TEMOZOLOMIDE 100MG CAPSULE	SPEC AUTH	None	Yes	20	85.0233	85.0233
02395290	CO TEMOZOLOMIDE 140MG CAPSULE	SPEC AUTH	None	Yes	5	119.0335	119.0335
02395274	CO TEMOZOLOMIDE 20MG CAPSULE	SPEC AUTH	None	Yes	20	17.0040	17.0040
02395312	CO TEMOZOLOMIDE 250MG CAPSULE	SPEC AUTH	None	Yes	5	212.5522	212.5522
02254727	CO TERBINAFINE 250 MG TABLET	SPEC AUTH	None	Yes	100	2.0192	2.0192
02287773	CO TOPIRAMATE 100 MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02287781	CO TOPIRAMATE 200 MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02287765	CO TOPIRAMATE 25 MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02331748	CO VALACYCLOVIR 500 MG TABLET	OPEN	None	Yes	100	0.9245	0.9245
02337509	CO VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3268	0.3268
02337517	CO VALSARTAN 320MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3176	0.3176
02337487	CO VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3185	0.3185
02337495	CO VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3269	0.3269
02304333	CO VENLAFAXINE XR 150 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781
02304317	CO VENLAFAXINE XR 37.5 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1791	0.1791
02304325	CO VENLAFAXINE XR 75 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
02271931	CO ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02271958	CO ZOPICLONE 7.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
02163748	CODEINE CONTIN 100 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.7356	
02163780	CODEINE CONTIN 150 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	1.1034	
02163799	CODEINE CONTIN 200 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	1.4713	
02230302	CODEINE CONTIN 50 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.3678	
00050024	CODEINE PHOS 25 MG/5 ML SIROP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.0617	
00544884	CODEINE PHOS 30 MG/ML AMP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	3.5795	
00003220	CODEINE PHOS TAB 15MG	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0762	
00604623	CODEINE PHOS TAB 15MG	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0890	
00003239	CODEINE PHOS TAB 30MG	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1167	
00779458	CODEINE PHOSPHATE 15 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.0759	
00287873	COLCHICINE 0.6 MG TABLET	OPEN	None	No	100	0.2783	
00572349	COLCHICINE 0.6 MG TABLET	OPEN	None	No	1000	0.2783	
02132680	COLESTID 1GM TABLET	OPEN	None	No	120	0.3003	
00642975	COLESTID GRANULES	OPEN	None	No	150	0.2395	
02132699	COLESTID ORANGE 7.5 GRANULE	OPEN	None	No	225	0.1597	
00677442	COLYTE SOLUTION	OPEN	Beneficiary must have eligibility under the CF Plan.	No	4	5.1538	
01944363	COMBANTRIN 125 MG TABLET	OPEN	Beneficiary of CYFS	No	12	1.2025	
02248347	COMBIGAN DROPS	OPEN	None	No	10	4.6807	
02419106	COMBIVENT RESPIMAT INHALER	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	120	0.2595	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02231675	COMBIVENT UDV SOLUTION	SPEC AUTH	None	Yes	50	0.6769	0.4931
02239213	COMBIVIR 150MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	11.8865	2.8452
00977307	COMPANION 2 LANCET	OPEN	None	No	200	0.0464	
00977828	COMPANION STRIPS STP 40%	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	1.0176	
02374129	COMPLERA 200MG-25MG-300MG TABLET	SPEC AUTH	None	No	30	47.8640	
02243763	COMTAN 200 MG TABLET	OPEN	None	Yes	100	1.7975	0.4491
02247732	CONCERTA 18 MG TABLET SA	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	2.3857	0.5718
02250241	CONCERTA 27 MG TAB SA	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	2.7532	0.6600
02247733	CONCERTA 36 MG TABLET SA	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	3.1208	0.7481
02247734	CONCERTA 54 MG TABLET SA	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	3.8557	2.5148
01945149	CONDYLINE 0.5% TOPICAL SOLN	OPEN	None	No	3.5	12.8123	
00587281	CONJ ESTROGENS 0.625 MG TAB	OPEN	None	No	1000	0.0775	
00587303	CONJ ESTROGENS 1.25 MG TAB	OPEN	None	No	500	0.1275	
00977119	CONTOUR BLOOD GLUCOSE	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7583	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799460	CONTOUR NEXT BLOOD GLUCOSE TEST STRIPS (50's)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8854	
97799459	CONTOUR NEXT BLOOD GLUCOSE TEST STRIPS 100s	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7583	
02300486	CO-PANTOPRAZOLE 40 MG TB EC	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3955	0.3955
02245619	COPAXONE 20 MG INJECT KIT R	SPEC AUTH	None	No	30	49.0507	
02036282	CORDARONE 200 MG TABLET	OPEN	None	Yes	60	2.2442	0.5610
02229652	COREG 12.5 MG TABLET	SPEC AUTH	None	Yes	100	1.4724	0.3681
02229653	COREG 25 MG TABLET	SPEC AUTH	None	Yes	100	1.4724	0.3681
02229650	COREG 3.125 MG TABLET	SPEC AUTH	None	Yes	100	1.4724	0.3681
02229651	COREG 6.25 MG TABLET	SPEC AUTH	None	Yes	100	1.4724	0.3681
00523372	CORGARD 160MG TABLET	OPEN	None	Yes	100	0.7187	0.7187
00607126	CORGARD 40MG TABLET	OPEN	None	Yes	100	0.2687	0.2687
00463256	CORGARD 80 MG TABLET	OPEN	None	Yes	1000	0.3831	0.3831
01980661	CORTAMED 2.5% OINTMENT	OPEN	Beneficiary of CYFS	No	3.5	6.7270	
00502200	CORTATE 1% CREAM	OPEN	None	No	450	0.0182	
00502197	CORTATE 1% OINTMENT	OPEN	None	No	450	0.0195	
00030910	CORTEF 10 MG TABLET	OPEN	None	No	100	0.2144	
00030929	CORTEF 20 MG TABLET	OPEN	None	No	100	0.3869	
02112736	CORTENEMA 100 MG/60 ML ENEMA	OPEN	None	No	420	0.1315	
00579335	CORTIFOAM 10% RECTAL FOAM	OPEN	None	No	15	7.5090	
00280437	CORTISONE ACETATE 25 MG TAB	OPEN	None	No	100	0.3691	
00666246	CORTISPORIN OINTMENT	OPEN	None	No	15	0.8550	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00716685	CORTODERM 0.5% OINTMENT	OPEN	None	No	15	0.1519	
00716693	CORTODERM 1% OINTMENT	OPEN	None	No	454	0.0480	
02438070	COSENTYX 150MG/ML SYRINGE	SPEC AUTH	None	No	2	892.4125	
00213071	COSMEGEN 0.5 MG VIAL	OPEN	None	No	1	9.8952	
02240113	COSOPT OPTHALMIC DROPS	OPEN	None	Yes	10	7.4796	2.1677
00263818	COTAZYM CAPSULE	SPEC AUTH	None	No	1000	0.2323	
00821373	COTAZYM ECS 20 CAPSULE	SPEC AUTH	None	No	100	1.0993	
00502790	COTAZYM ECS 8 CAPSULE	SPEC AUTH	None	No	500	0.4192	
01918311	COUMADIN 1 MG TABLET	OPEN	None	Yes	250	0.4164	0.0925
01918362	COUMADIN 10 MG TABLET	OPEN	None	Yes	100	0.6338	0.1407
01918338	COUMADIN 2 MG TABLET	OPEN	None	Yes	250	0.4404	0.0979
01918346	COUMADIN 2.5 MG TABLET	OPEN	None	Yes	250	0.3521	0.0783
02240205	COUMADIN 3 MG TABLET	OPEN	None	Yes	250	0.5461	0.1213
02007959	COUMADIN 4 MG TABLET	OPEN	None	Yes	100	0.5461	0.1213
01918354	COUMADIN 5 MG TABLET	OPEN	None	Yes	250	0.3527	0.0784
02240206	COUMADIN 6 MG TABLET	OPEN	None	Yes	100	0.5461	0.1911
02123274	COVERSYL 2 MG TABLET	SPEC AUTH	None	No	100	0.7682	
02123282	COVERSYL 4 MG TABLET	OPEN	None	No	100	0.9620	
02246624	COVERSYL 8 MG TABLET	OPEN	None	No	100	1.2998	
02321653	COVERSYL PLUS HD TABLET	OPEN	Limit of 1 per day without Special Authorization	No	30	1.3139	
02246569	COVERSYL PLUS TABLET	OPEN	None	No	100	1.1746	
02182882	COZAAR 100 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.6677	0.3430
02182815	COZAAR 25 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	1.6678	0.3430
02182874	COZAAR 50 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	30	1.6677	0.3430
02200104	CREON 10 CAPSULE EC	SPEC AUTH	None	No	100	0.2954	
01985205	CREON 25 CAPSULE EC	SPEC AUTH	None	No	100	0.9230	
80025653	CREON 6 CAPSULES EC	SPEC AUTH	None	No	100	0.1848	
02247162	CRESTOR 10 MG TABLET	OPEN	None	Yes	90	1.5296	0.2656
02247163	CRESTOR 20 MG TABLET	OPEN	None	Yes	90	1.9039	0.3320
02247164	CRESTOR 40 MG TABLET	OPEN	None	Yes	30	2.2345	0.3904

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02229196	CRIXIVAN 400 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	180	2.9222	
02009277	CROMOLYN 2% DROPS	OPEN	None	No	10	1.1447	
02296152	CTP 30 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	30	0.9494	
00016055	CUPRIMINE 250 MG CAPSULE	OPEN	None	No	100	3.9049	
01987003	CYANOCOBALAMIN 1000 MCG/ML	OPEN	Beneficiary of CYFS	No	10	0.3320	
02052717	CYANOCOBALAMIN 1000MCG/ML	OPEN	Beneficiary of CYFS	No	30	0.3565	
01968440	CYCLEN 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	1.1924	
01992872	CYCLEN 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.8944	
02287064	CYCLOBENZAPRINE 10MG TABLET	OPEN	None	Yes	100	0.4062	0.4062
02192284	CYCLOCORT 0.1% CREAM	OPEN	None	Yes	60	0.4627	0.2124
02192276	CYCLOCORT 0.1% LOTION	OPEN	None	Yes	60	0.3844	0.3844
02192268	CYCLOCORT 0.1% OINTMENT	OPEN	None	Yes	60	0.4627	0.4627
00252506	CYCLOGYL 1% OPTH DROPS	OPEN	None	No	15	1.0018	
02018152	CYCLOMEN 100 MG CAPSULE	OPEN	None	No	100	1.5428	
02018160	CYCLOMEN 200 MG CAPSULE	OPEN	None	No	100	2.4653	
02018144	CYCLOMEN 50 MG CAPSULE	OPEN	None	No	100	1.0395	
02290308	CYESTRA-35 TABLET	SPEC AUTH	None	No	21	1.2059	
02064405	CYKLOKAPRON 500 MG TABLET	OPEN	None	Yes	100	1.4313	0.6468
02301482	CYMBALTA 30 MG CAPSULE	SPEC AUTH	None	Yes	28	2.0987	0.5247
02301490	CYMBALTA 60 MG CAPSULE	SPEC AUTH	None	Yes	28	4.2592	1.0648
02245898	CYPROTERONE 50 MG TABLET	OPEN	None	Yes	100	1.5353	1.5260
00966169	CYSTAGON 150MG CAPSULE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1	574.0410	
01919466	CYTOMEL 25MCG TABLET	OPEN	None	No	100	1.5211	
01919458	CYTOMEL 5MCG TABLET	OPEN	None	No	100	1.3992	
00386715	CYTOSAR 100 MG VIAL	OPEN	None	No	5	11.6355	
00646296	CYTOSAR 1GM VIAL	OPEN	None	No	1	73.2375	
00646318	CYTOSAR 2GM VIAL	OPEN	None	No	2	73.2375	
00813966	CYTOTEC 100MCG TABLET	OPEN	None	Yes	100	0.3084	0.2873
00632600	CYTOTEC 200MCG TABLET	OPEN	None	Yes	120	0.5132	0.4784

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02162695	CYTOVENE 500 MG VIAL	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	5	47.6684	
00762881	D VI SOL INFANTS 400U/ML DP	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	50	0.2166	
00030570	DALACIN 150 MG CAPSULE	OPEN	None	Yes	100	1.4870	0.2565
02182866	DALACIN 300 MG CAPSULE	OPEN	None	Yes	100	2.9737	0.5130
00225851	DALACIN C 75 MG/5 ML SUSP	OPEN	None	No	100	0.1955	
00582301	DALACIN T 1% SOLUTION	OPEN	None	No	60	0.5190	
00012696	DALMANE 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1335	0.1271
01997653	DANTRIUM 100 MG CAPSULE	OPEN	None	No	100	0.8337	
01997602	DANTRIUM 25 MG CAPSULE	OPEN	None	No	100	0.4340	
00824305	DDAVP 0.1 MG TABLET	OPEN	None	Yes	30	1.4407	0.3601
00402516	DDAVP 0.1 MG/ML DROP	OPEN	None	No	2.5	21.5090	
00836362	DDAVP 0.1 MG/ML NASAL SPRAY	OPEN	None	Yes	50	2.1198	1.5743
00824143	DDAVP 0.2 MG TABLET	OPEN	None	Yes	100	2.8811	0.7203
00873993	DDAVP 4MCG/ML AMPOULE	OPEN	None	No	10	11.4609	
02285002	DDAVP MELT 120 MCG TAB SL	OPEN	None	No	30	2.1508	
02284995	DDAVP MELT 60 MCG TABLET SL	OPEN	None	No	30	1.0752	
00029246	DELATESTRYL 200 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	5	10.8760	
00210188	DELTASONE 5MG	OPEN	None	Yes	1000	0.0461	0.0437
02242005	DEMEROL 100 MG/ML AMPOULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	1	30.3800	
02138018	DEMEROL 50 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1725	
02242003	DEMEROL 50 MG/ML AMPOULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	1	0.8246	
02242004	DEMEROL 75 MG/ML AMPOULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	25	0.8463	
00469327	DEMULEN 30 (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	0.7791	
00471526	DEMULEN 30 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.6251	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00443840	DEPAKENE 250 MG CAPSULE	OPEN	None	Yes	100	0.6332	0.3166
00443832	DEPAKENE 250 MG/5 ML SYRUP	OPEN	None	Yes	240	0.1319	0.0413
00507989	DEPAKENE 500 MG CAPSULE	OPEN	None	Yes	100	1.0390	0.6284
01934325	DEPO-MEDROL 20 MG/ML VIAL	OPEN	None	No	5	2.8514	
00030759	DEPO-MEDROL 40 MG/ML VIAL	OPEN	None	No	10	6.3928	
01934333	DEPO-MEDROL 40 MG/ML VIAL	OPEN	None	No	25	4.3756	
00030767	DEPO-MEDROL 80 MG/ML VIAL	OPEN	None	No	5	12.3560	
01934341	DEPO-MEDROL 80 MG/ML VIAL	OPEN	None	No	5	9.4504	
00260428	DEPO-MEDROL/LIDOCAINE VIAL	OPEN	None	No	2	6.3256	
00585092	DEPO-PROVERA 150 MG/ML VIAL	OPEN	None	No	5	31.8491	
00030848	DEPO-PROVERA 50 MG/ML VIAL	OPEN	None	No	5	7.3476	
00030783	DEPO-TESTOSTERONE 100 MG/ML	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	4.6145	
00873292	DERMA-SMOOTH/FS 0.01% OIL	OPEN	None	No	118.28	0.3041	
02010917	DERMAZIN 1% CREAM	OPEN	None	No	250	0.0840	
02213265	DERMOVATE 0.05% CREAM	OPEN	None	Yes	50	0.8168	0.2484
02213273	DERMOVATE 0.05% OINTMENT	OPEN	None	Yes	50	0.8168	0.2484
02213281	DERMOVATE 0.05% SCALP LOT	OPEN	None	Yes	20	0.6197	0.2169
01981250	DESFERAL 2GM VIAL	OPEN	None	No	1	66.1742	
01981242	DESFERAL 500 MG VIAL	OPEN	None	No	10	17.8190	
02216248	DESIPRAMINE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4229	0.4229
02216280	DESIPRAMINE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.9911	0.9911
02216256	DESIPRAMINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4229	0.4229
02216264	DESIPRAMINE 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7453	0.7453
02216272	DESIPRAMINE 75 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.9911	0.9911
02242465	DESMOPRESSIN 10MCG SPRAY	OPEN	None	Yes	50	1.5743	1.5743
00579378	DESYREL 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4312	0.1078

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00579351	DESYREL 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2413	0.0604
00702277	DESYREL DIVIDOSE 150 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6335	0.1584
02239064	DETROL 1 MG TABLET	OPEN	a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	60	1.1147	0.2676
02239065	DETROL 2 MG TABLET	OPEN	a) Limited to 2 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	500	1.1146	0.2676
02244612	DETROL LA 2 MG SR CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	90	2.2294	0.5353
02244613	DETROL LA 4 MG SR CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	90	2.2294	0.5353
00664227	DEXAMETHASONE SP 4 MG/ML VL	OPEN	None	No	50	1.8337	
01977547	DEXAMETHASONE SP 4 MG/ML VL	OPEN	None	No	5	1.8337	
00489158	DEXASONE 4 MG TABLET	OPEN	None	No	100	0.8832	
01924559	DEXEDRINE 10 MG SPANSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.1323	
01924567	DEXEDRINE 15 MG SPANSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.3844	
01924516	DEXEDRINE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.7893	0.7893
02205963	DEXIRON 50 MG/ML AMPUL	SPEC AUTH	None	No	20	14.9188	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02237450	D-FORTE 50000U CAPSULE	OPEN	None	No	100	0.2155	
02224550	DIABETA 2.5 MG TABLET	OPEN	None	Yes	30	0.1537	0.0364
02224569	DIABETA 5 MG TABLET	OPEN	None	Yes	30	0.2758	0.0652
02398958	DIACOMIT 250MG CAPSULES	SPEC AUTH	None	No	60	6.3998	
02398974	DIACOMIT 250MG POWDER	SPEC AUTH	None	No	60	6.3998	
02398966	DIACOMIT 500MG CAPSULES	SPEC AUTH	None	No	60	12.7795	
02398982	DIACOMIT 500MG POWDER	SPEC AUTH	None	No	60	12.7795	
00765996	DIAMICRON 80 MG TABLET	OPEN	None	Yes	60	0.4060	0.1015
02242987	DIAMICRON MR 30 MG TAB SA	OPEN	None	Yes	60	0.1531	0.1015
02356422	DIAMICRON MR 60MG TABLET	OPEN	None	Yes	60	0.2756	0.2344
02233542	DIANE-35 2 MG/35 MCG TABLET	SPEC AUTH	None	No	21	1.8662	
02238162	DIASTAT 5 MG/ML KIT (2 PACK)	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	2	85.8127	
00977160	DIASTIX	OPEN	None	No	50	0.1187	
00396230	DIAZEPAM 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	1000	0.0077	
00434388	DIAZEPAM 10 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0941	
00313580	DIAZEPAM 5 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0705	
00399728	DIAZEPAM 5 MG/ML AMPOULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	20	1.5491	
02230684	DICETEL 100 MG TABLET	OPEN	None	No	100	0.6684	
01950592	DICETEL 50 MG TABLET	OPEN	None	No	100	0.3833	
00609129	DICLECTIN TABLET	OPEN	None	No	300	1.3891	
02352397	DICLOFENAC SODIUM EC 50MG TABLET	OPEN	None	Yes	100	0.2542	0.2542
02352400	DICLOFENAC SODIUM SR 75MG TABLET	OPEN	None	Yes	100	0.3319	0.3319
00392820	DICYCLOMINE HCL 10 MG CAP	OPEN	None	No	500	0.0822	
00392812	DICYCLOMINE HCL 10 MG/ML AMP	OPEN	None	No	20	4.6742	
02176017	DIDROCAL PACK	OPEN	None	Yes	1	0.5387	0.2421
01997629	DIDRONEL 200 MG TABLET	OPEN	None	Yes	60	1.5560	0.3890
02231592	DIFFERIN 0.1% CREAM	SPEC AUTH	None	No	60	2.0219	
02148749	DIFFERIN 0.1% GEL	SPEC AUTH	None	No	60	2.0219	
02387174	DIFICID 200MG TABLET	SPEC AUTH	None	No	20	102.6410	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00891819	DIFLUCAN 100 MG TABLET	OPEN	None	Yes	50	9.3748	2.4951
02141442	DIFLUCAN 150 MG CAPSULE	OPEN	Beneficiary of CYFS	Yes	1	14.8458	4.2946
00891800	DIFLUCAN 50 MG TABLET	OPEN	None	Yes	50	5.2845	1.4065
02024152	DIFLUCAN 50 MG/5 ML VIAL	OPEN	None	No	35	1.2242	
02039486	DIFLUNISAL 250MG TABLET	OPEN	None	Yes	100	0.6154	0.6154
02039494	DIFLUNISAL 500MG TABLET	OPEN	None	Yes	100	0.7794	0.7794
02241163	DIHYDROERGOTAMIN MES 1 MG/ML	OPEN	None	No	3	4.8825	
00022780	DILANTIN 100 MG CAPSULE	OPEN	None	No	1000	0.0878	
00023450	DILANTIN 125 MG/5 ML SUSP	OPEN	None	Yes	250	0.0593	0.0404
00022772	DILANTIN 30 MG CAPSULE	OPEN	None	No	100	0.1417	
00023442	DILANTIN 30 MG/5 ML SUSPENSION	OPEN	None	No	250	0.0500	
00023698	DILANTIN 50 MG INFATABS	OPEN	None	No	100	0.0908	
00705438	DILAUDID 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0988	
00786535	DILAUDID 1 MG/ML LIQUID	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	450	0.0984	
00125083	DILAUDID 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2187	0.1545
00627100	DILAUDID 2 MG/ML AMPUL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	25	1.4648	
00125121	DILAUDID 4 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3396	0.2442
00786543	DILAUDID 8 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.3637	
00622133	DILAUDID HP 10 MG/ML AMPUL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	3.5046	
02400421	DILTIAZEM CD 120MG CAPSULE	OPEN	None	Yes	100	0.3847	0.3847
02400448	DILTIAZEM CD 180MG CAPSULE	OPEN	None	Yes	100	0.5106	0.5106
02400456	DILTIAZEM CD 240MG CAPSULE	OPEN	None	Yes	100	0.6772	0.6772
02400464	DILTIAZEM CD 300MG CAPSULE	OPEN	None	Yes	100	0.8465	0.8465
00392537	DIMENHYDRINATE 50 MG/ML VIAL	OPEN	None	No	50	1.4973	
02023857	DIOCHLORAM 0.5% EYE DROPS	OPEN	None	No	10	0.2645	
02023822	DIOGENT 3 MG/ML EYE DROPS	OPEN	None	No	5	0.4715	
02023768	DIOPRED 1% EYE DROPS	OPEN	None	No	10	2.1049	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02244782	DIOVAN 160 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	28	1.3462	0.3268
02289504	DIOVAN 320 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.3084	0.3176
02270528	DIOVAN 40 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	28	1.3123	0.3185
02244781	DIOVAN 80 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	28	1.3466	0.3269
02241901	DIOVAN-HCT 160-12.5 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.3439	0.3262
02246955	DIOVAN-HCT 160-25 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.3481	0.3273
02308908	DIOVAN-HCT 320-12.5 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.3403	0.3254
02308916	DIOVAN-HCT 320-25 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.3403	0.3254
02241900	DIOVAN-HCT 80-12.5 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.3403	0.3254
01966529	DIOVOL SUSPENSION	OPEN	Beneficiary of CYFS	No	350	0.0153	
02063808	DIPENTUM 250 MG CAPSULE	OPEN	None	No	100	0.6060	
00596612	DIPHENHYDRAMINE 50 MG/ML VL	OPEN	None	No	10	4.3834	
00417262	DIPROGEN CREAM	OPEN	None	No	30	0.8557	
00417254	DIPROGEN OINTMENT	OPEN	None	No	30	0.8557	
00688622	DIPROLENE GLYCOL 0.05% CRM	OPEN	None	No	50	0.5627	
00862975	DIPROLENE GLYCOL 0.05% LOT	OPEN	None	No	60	0.2926	
00629367	DIPROLENE GLYCOL 0.05% OINT	OPEN	None	No	50	0.5627	
00578428	DIPROSALIC LOTION	OPEN	None	Yes	60	0.6341	0.4783
00578436	DIPROSALIC OINTMENT	OPEN	None	No	50	1.2695	
00323071	DIPROSONE 0.05% CREAM	OPEN	None	No	50	0.2222	
00417246	DIPROSONE 0.05% LOTION	OPEN	None	No	75	0.2148	
00344923	DIPROSONE 0.05% OINTMENT	OPEN	None	No	50	0.2335	
01924761	DITROPAN 5 MG TABLET	OPEN	None	Yes	100	0.4300	0.1075

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02243961	DITROPAN XL 10 MG TABLET SA	OPEN	a) Limited to 3 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	100	2.5272	
02243960	DITROPAN XL 5 MG TABLET SA	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	100	2.5272	
02400499	DIVALPROEX ENTERIC-COATED 125MG TABLET	OPEN	None	Yes	100	0.0826	0.0826
02400502	DIVALPROEX ENTERIC-COATED 250MG TABLET	OPEN	None	Yes	100	0.1486	0.1486
02400510	DIVALPROEX ENTERIC-COATED 500MG TABLET	OPEN	None	Yes	100	0.2974	0.2974
02424924	DIVIGEL 0.25MG (0.1%) GEL IN PACKET	OPEN	Limit of 1 per day without Special Authorization	No	7.5	3.3201	
02424835	DIVIGEL 0.5MG (0.1%) GEL IN PACKET	OPEN	Limit of 1 per day without Special Authorization	No	15	1.6601	
02424843	DIVIGEL 1MG (0.1%) GEL IN PACKET	OPEN	Limit of 1 per day without Special Authorization	No	30	0.8300	
00519251	DIXARIT 0.025 MG TABLET	OPEN	None	Yes	100	0.2965	0.2817
02239537	DOM-BENZYDAMINE 1.5 MG/ML LQ	OPEN	None	No	100	0.0334	
02248750	DOM-CARVEDILOL 12.5 MG TAB	SPEC AUTH	None	No	100	1.0224	
02248751	DOM-CARVEDILOL 25 MG TABLET	SPEC AUTH	None	No	100	1.0224	
02248748	DOM-CARVEDILOL 3.125 MG TAB	SPEC AUTH	None	No	100	0.9201	
02248749	DOM-CARVEDILOL 6.25 MG TAB	SPEC AUTH	None	No	100	1.0224	
02243743	DOM-GABAPENTIN 100 MG CAP	SPEC AUTH	None	No	100	0.0813	
02243744	DOM-GABAPENTIN 300 MG CAP	SPEC AUTH	None	No	100	0.1976	
02243745	DOM-GABAPENTIN 400 MG CAP	SPEC AUTH	None	No	100	0.2356	
02238341	DOMPERIDONE 10MG TABLET	OPEN	None	Yes	500	0.0647	0.0647
02350440	DOMPERIDONE 10MG TABLET	OPEN	None	Yes	500	0.0647	0.0647

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02402653	DONEPEZIL HYDROCHLORIDE 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02402645	DONEPEZIL HYDROCHLORIDE 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02242471	DOSTINEX 0.5 MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Dostinex Norprolac or Bromocriptine in past year.	Yes	8	17.9823	17.9823
02319012	DOVOBET GEL	SPEC AUTH	None	No	120	1.6683	
02194341	DOVONEX 0.005% SCALP SOLN	SPEC AUTH	None	No	60	0.8807	
02150956	DOVONEX 50MCG/GM CREAM	OPEN	None	No	60	0.8924	
01976133	DOVONEX 50MCG/GM OINTMENT	OPEN	None	No	30	0.8748	
00817120	DOXYCIN 100 MG CAPSULE	OPEN	None	No	100	0.6358	
00860751	DOXYCIN 100 MG TABLET	OPEN	None	No	300	0.6868	
02351234	DOXYCYCLINE 100MG CAPSULE	OPEN	None	Yes	100	0.6387	0.6387
02351242	DOXYCYCLINE 100MG TABLET	OPEN	None	Yes	100	0.6387	0.6387
02439530	DUAKLIR GENUAIR 400-12MCG INHALER	SPEC AUTH	None	No	60	1.0850	
00003875	DULCOLAX 10 MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	6	1.0977	
00254142	DULCOLAX 5 MG TABLET EC	OPEN	Beneficiary of CYFS	No	100	0.1444	
02453630	DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02453649	DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	100	1.0648	1.0648
02437082	DULOXETINE DR 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02437090	DULOXETINE DR 60MG CAPSULE	SPEC AUTH	None	Yes	100	1.0648	1.0648
02278251	DUOTRAV EYE DROPS	OPEN	None	No	5	14.7690	
02148633	DUOVENT UDV INH SOLUTION	SPEC AUTH	None	No	80	0.8966	
01937413	DURAGESIC 100MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	37.5309	13.1358
02280345	DURAGESIC 12 MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	4.8636	2.4307
01937383	DURAGESIC 25 MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	11.3927	3.9872
01937391	DURAGESIC 50MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	21.4381	7.5033

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
01937405	DURAGESIC 75MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	30.1516	10.5531
02275856	DURAGESIC MAT 100MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	55.7535	13.1358
02334186	DURAGESIC MAT 12 MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	6.5640	2.4307
02275813	DURAGESIC MAT 25 MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	16.9233	3.9872
02275821	DURAGESIC MAT 50 MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	31.8520	7.5033
02275848	DURAGESIC MAT 75 MCG/HR PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	44.7925	10.5531
00590665	DURALITH 300 MG TABLET SA	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2268	0.2268
02443058	DUTASTERIDE 0.5MG CAPSULE	OPEN	None	Yes	100	0.4583	0.4583
01947958	DUVOID 10 MG TABLET	OPEN	None	No	100	0.3404	
01947931	DUVOID 25 MG TABLET	OPEN	None	No	100	0.5513	
01947923	DUVOID 50 MG TABLET	OPEN	None	No	100	0.7262	
01919547	DYAZIDE TAB	OPEN	None	Yes	1000	0.0549	0.0549
00977954	EASY TEST STRIPS STP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.1219	
02258528	EDECRIN 25 MG TABLET	OPEN	None	No	100	0.9770	
02370603	EDURANT 25MG TABLET	SPEC AUTH	None	No	30	16.2916	
00000299	EES-200 200 MG/5 ML SUSP	OPEN	None	No	150	0.0795	
00453617	EES-400 400 MG/5 ML SUSP	OPEN	None	No	150	0.1207	
00583782	EES-600 600 MG TABLET	OPEN	None	No	250	0.3524	
02237282	EFFEXOR XR 150 MG SR CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	90	2.2552	0.3781

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02237279	EFFEXOR XR 37.5 MG SR CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	90	1.0681	0.1791
02237280	EFFEXOR XR 75 MG SR CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	90	2.1363	0.3581
00330582	EFUDEX 5% CREAM	OPEN	None	No	40	0.9353	
00335053	ELAVIL 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0724	0.0474
00335061	ELAVIL 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.1320	0.0904
00016349	ELAVIL 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2797	0.1679
00335088	ELAVIL 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.2558	0.1679
02123312	ELDEPRYL 5MG TABLET	OPEN	None	Yes	60	2.1893	0.5473
02248240	ELIGARD 22.5 MG(28.2) SYRINGE	OPEN	None	No	1	966.7350	
02248999	ELIGARD 30 MG DISP SYRINGE	OPEN	None	No	1	1394.4420	
02268892	ELIGARD 45 MG DISP SYRINGE	OPEN	None	No	1	1573.2500	
02248239	ELIGARD 7.5 MG(10.2) SYRINGE	OPEN	None	No	1	337.1312	
02377233	ELIQUIS 2.5 MG TABLET	SPEC AUTH	None	No	60	1.7360	
02397714	ELIQUIS 5MG TABLET	SPEC AUTH	None	No	180	1.7360	
02029448	ELMIRON 100 MG CAPSULE	OPEN	None	No	100	2.9621	
00851744	ELOCOM 0.1% CREAM	OPEN	None	Yes	50	0.7746	0.6167
00871095	ELOCOM 0.1% LOTION	OPEN	None	Yes	75	0.5505	0.4009
00851736	ELOCOM 0.1% OINTMENT	OPEN	None	Yes	50	0.7693	0.6554
02213230	ELTROXIN 0.3 MG TABLET	OPEN	None	No	500	0.0737	
02213206	ELTROXIN 100 MCG TABLET	OPEN	None	No	500	0.0410	
02213214	ELTROXIN 150 MCG TABLET	OPEN	None	No	500	0.0455	
02213222	ELTROXIN 200 MCG TABLET	OPEN	None	No	500	0.0482	
02213192	ELTROXIN 50 MCG TABLET	OPEN	None	No	500	0.0334	
02063794	EMCYT 140 MG CAPSULE	OPEN	None	No	100	5.5399	
02298805	EMEND 125 MG CAPSULE	SPEC AUTH	None	No	6	35.1576	
02298791	EMEND 80 MG CAPSULE	SPEC AUTH	None	No	2	35.1594	
02298813	EMEND TRI-PACK	SPEC AUTH	None	No	3	35.1576	
00886858	EMLA CREAM	OPEN	Beneficiary of CYFS	No	30	1.5100	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00192597	EMO-CORT 1% CREAM	OPEN	None	No	45	0.1864	
00192600	EMO-CORT 1% LOTION	OPEN	None	No	60	0.1722	
00595799	EMO-CORT 2.5% CREAM	OPEN	None	No	225	0.2185	
00595802	EMO-CORT 2.5% LOTION	OPEN	None	No	60	0.2279	
02273225	ENABLEX 15 MG TABLET SA	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	28	1.6926	
02273217	ENABLEX 7.5 MG TABLET SA	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	28	1.6926	
02400677	ENALAPRIL 10MG TABLET	OPEN	None	Yes	100	0.3121	0.3121
02442981	ENALAPRIL 16MG TABLET	OPEN	None	Yes	100	0.3766	0.3766
02400650	ENALAPRIL 2.5MG TABLET	OPEN	None	Yes	100	0.2195	0.2195
02400685	ENALAPRIL 20MG TABLET	OPEN	None	Yes	100	0.3766	0.3766
02442957	ENALAPRIL 2MG TABLET	OPEN	None	Yes	100	0.2195	0.2195
02442965	ENALAPRIL 4MG TABLET	OPEN	None	Yes	100	0.2597	0.2597
02400669	ENALAPRIL 5MG TABLET	OPEN	None	Yes	100	0.2597	0.2597
02442973	ENALAPRIL 8MG TABLET	OPEN	None	Yes	100	0.3121	0.3121
02242903	ENBREL 25 MG KIT	SPEC AUTH	None	No	4	220.1791	
02274728	ENBREL 50 MG/ML SYRINGE	SPEC AUTH	None	No	4	440.4937	
02052431	ENTOCORT 0.02 MG/ML ENEMA	SPEC AUTH	None	No	805	0.0839	
02229293	ENTOCORT 3 MG SR CAPSULE	SPEC AUTH	None	No	100	1.8522	
00010340	ENTROPHEN 10 650 MG TAB EC	OPEN	Beneficiary of CYFS	Yes	100	0.0349	0.0349
00419508	ENTROPHEN 15 975 MG TAB EC	OPEN	Beneficiary of CYFS	No	500	0.1060	
00509558	EPIPEN 0.3 MG AUTO-INJECTOR	OPEN	Limit of one per year without Special Authorization	No	1	96.0876	
00578657	EPIPEN JR 0.15 MG AUTO-INJCT	OPEN	Limit of one per year without Special Authorization	No	1	96.0876	
00596418	EPIVAL 125 MG TABLET EC	OPEN	None	Yes	100	0.3355	0.0826
00596426	EPIVAL 250 MG TABLET EC	OPEN	None	Yes	100	0.6033	0.1486

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00596434	EPIVAL 500 MG TABLET EC	OPEN	None	Yes	500	1.2071	0.2974
02231583	EPREX 1000 U/0.5 ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	3	30.9225	
02231587	EPREX 10000 U/ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	6	154.6125	
02243239	EPREX 20 000 UNIT/0.5 ML SYRG	SPEC AUTH	None	No	0.5	653.7342	
02231584	EPREX 2000 U/0.5 ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	3	61.8450	
02231585	EPREX 3000 U/0.3 ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	1.8	154.6125	
02288680	EPREX 30000 U/0.75 ML SYRNG	SPEC AUTH	None	No	1	387.5512	
02231586	EPREX 4000 U/0.4 ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	2.4	154.6125	
02240722	EPREX 40000 U/ML SYRINGE	SPEC AUTH	None	No	1	490.3007	
02243400	EPREX 5000 U/0.5 ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	3	154.6125	
02243401	EPREX 6000 U/0.6 ML SYRINGE	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	3.6	154.6125	
02243403	EPREX 8000 U/ 0.8 ML SYRNG	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	4.8	154.6125	
02396971	EPURIS 10MG CAPSULE	OPEN	None	No	30	1.1620	
02396998	EPURIS 20MG CAPSULE	OPEN	None	No	30	1.5649	
02397005	EPURIS 30MG CAPSULE	OPEN	None	No	30	1.9682	
02397013	EPURIS 40MG CAPSULE	OPEN	None	No	30	2.3711	
02409267	ERIVEDGE 150MG CAPSULE	SPEC AUTH	None	No	28	328.5477	
00893862	ERYBID 500 MG TABLET	OPEN	None	No	100	0.9162	
00607142	ERYC 250 MG CAPSULE EC	OPEN	None	No	100	0.2999	
00873454	ERYC 333 MG CAPSULE EC	OPEN	None	No	100	0.7696	
02326663	ERYTHROMYCIN OPHTHALMIC OINTMENT 5MG/G	OPEN	None	No	3.5	1.3175	
02393751	ESBRIET 267MG CAPSULES	SPEC AUTH	None	No	270	14.4205	
02429039	ESCITALOPRAM 10MG TABLET	OPEN	Initial maintenance fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02430118	ESCITALOPRAM 10MG TABLET	OPEN	Initial maintenance fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707
02429047	ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.5011	0.5011
02430126	ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02388138	ESME 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.5053	0.5053
02388146	ESME 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3790	0.3790
02241835	ESTALIS 140/50 PATCH	OPEN	None	No	8	3.6320	
02241837	ESTALIS 250/50 PATCH	OPEN	None	No	8	3.6320	
02225190	ESTRACE 0.5 MG TABLET	OPEN	None	Yes	100	0.1834	0.1307
02148587	ESTRACE 1 MG TABLET	OPEN	None	Yes	100	0.3539	0.2521
02148595	ESTRACE 2 MG TABLET	OPEN	None	Yes	100	0.6249	0.4450
02244002	ESTRADOT 100MCG/24HR PATCH	OPEN	None	Yes	8	3.6447	2.9839
02245676	ESTRADOT 25MCG/DAY PATCH	OPEN	None	No	8	2.9852	
02243999	ESTRADOT 37.5MCG/24HR PATCH	OPEN	None	No	8	3.0041	
02244000	ESTRADOT 50MCG/24HR PATCH	OPEN	None	Yes	8	3.2169	2.6296
02244001	ESTRADOT 75MCG/24HR PATCH	OPEN	None	Yes	8	3.4499	2.8204
02168898	ESTRING 2 MG VAGINAL RING	OPEN	None	No	1	80.0188	
02238704	ESTROGEL 0.06% GEL	OPEN	None	No	80	0.5055	
00247960	ETIBI 100 MG TABLET	OPEN	None	No	100	0.2233	
00247979	ETIBI 400 MG TABLET	OPEN	None	No	100	0.6700	
00637726	EUFLEX 250 MG TABLET	OPEN	None	Yes	100	1.5486	1.5486
00720941	EUGLUCON 5 MG TABLET	OPEN	None	No	500	0.0741	
02214415	EUMOVATE 0.05% CREAM	OPEN	None	No	30	0.4141	
00623377	EURAX 10% CREAM	OPEN	Beneficiary of CYFS	No	50	0.3889	
02242651	EURO D 400U CAPSULE	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0326	
02285673	EURO FOLIC 5MG TABLET	OPEN	None	No	1000	0.0215	
02247383	EURO-LAC 3.3G/5ML SOLUTION	SPEC AUTH	None	No	1	15.7325	
02239028	EVISTA 60 MG TABLET	SPEC AUTH	None	Yes	28	2.0496	0.5124

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02242115	EXELON 1.5 MG CAPSULE	SPEC AUTH	None	Yes	56	2.9517	0.7101
02245240	EXELON 2 MG/ML SOLUTION	SPEC AUTH	None	No	120	1.5446	
02242116	EXELON 3 MG CAPSULE	SPEC AUTH	None	Yes	56	2.9517	0.7101
02242117	EXELON 4.5 MG CAPSULE	SPEC AUTH	None	Yes	56	2.9517	0.7101
02242118	EXELON 6 MG CAPSULE	SPEC AUTH	None	Yes	56	2.9517	0.7101
02287420	EXJADE 125 MG TABLET	SPEC AUTH	None	No	28	11.7727	
02287439	EXJADE 250 MG TABLET	SPEC AUTH	None	No	28	23.5449	
02287447	EXJADE 500 MG TABLET	SPEC AUTH	None	No	28	47.0902	
02337819	EXTAVIA 0.3MG Vial	SPEC AUTH	None	No	15	111.0389	
02315955	EXTRA STRENGTH ALLERGY RELIEF 10MG TABLET	OPEN	Beneficiary of CYFS	Yes	120	0.4142	0.4142
00889806	EYELUBE 0.5% OPHTHALMIC DRP	OPEN	Beneficiary of CYFS	No	15	0.3356	
00874965	EYELUBE 1% OPHTHALMIC DROPS	OPEN	Beneficiary of CYFS	No	15	0.4166	
02415992	EYLEA 2MG/0.05ML VIAL	SPEC AUTH	None	No	1	1538.5300	
97799564	EZ HEALTH GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7533	
97799565	EZ HEALTH GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.7533	
97799540	EZ HEALTH LANCETS (100)	OPEN	None	No	100	0.0746	
02429659	EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02431300	EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02247521	EZETROL 10 MG TABLET	SPEC AUTH	None	Yes	30	2.0593	0.3553
02229110	FAMVIR 125 MG TABLET	OPEN	None	Yes	10	3.3692	1.5195
02229129	FAMVIR 250 MG TABLET	OPEN	None	Yes	30	4.5663	2.0419

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02177102	FAMVIR 500 MG TABLET	OPEN	None	Yes	21	8.1366	1.8982
00525596	FELDENE CAP 10MG	OPEN	None	Yes	100	0.9997	0.2499
00525618	FELDENE CAP 20MG	OPEN	None	Yes	100	1.6763	0.4191
02231384	FEMARA 2.5 MG TABLET	SPEC AUTH	None	Yes	30	7.7445	1.6553
02356570	FENOFIBRATE-S 100MG TABLET	OPEN	None	Yes	30	0.5894	0.5894
02356589	FENOFIBRATE-S 160MG TABLET	OPEN	None	Yes	100	0.3495	0.3495
00762954	FER-IN-SOL 15 MG/ML DROPS	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	50	0.2775	
00017884	FER-IN-SOL 150 MG/5 ML SYRUP	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	250	0.0563	
00378739	FERMENTOL 100 MG/30 ML LIQUID	OPEN	Beneficiary of CYFS	No	500	0.0135	
00758469	FERODAN 150MG/5ML SYRUP	OPEN	Beneficiary of CYFS	No	500	0.0331	
02237385	FERODAN DROPS	OPEN	Beneficiary of CYFS	No	50	0.2012	
00031089	FERROUS FUMARATE 300 MG TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	500	0.1272	
00031097	FERROUS GLUCONATE 300 MG TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0624	
00031100	FERROUS SULFATE 300 MG TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0410	
00782114	FERROUS SULFATE 300MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0273	
02408163	FIBRISTAL 5MG TABLET	SPEC AUTH	Duration of treatment will not exceed three months per patient per lifetime.	No	30	12.4341	
02270811	FINACEA ACID 15% Gel	OPEN	None	No	50	0.6510	
02355043	FINASTERIDE 5MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02445077	FINASTERIDE 5MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02447541	FINASTERIDE 5MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
00977852	FINGERSTIX STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	200	0.1081	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00176206	FIORINAL C 1/2 CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	2.6354	1.9841
00176192	FIORINAL C 1/4 CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	2.2080	1.6203
00226327	FIORINAL CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	2.0590	1.5111
97799253	FIRST CANADIAN HEALTH LANCET 28G 0.37MM	OPEN	None	No	100	0.0977	
97799254	FIRST CANADIAN HEALTH LANCET 30G 0.32MM	OPEN	None	No	100	0.0977	
97799255	FIRST CANADIAN HEALTH LANCET 33G 0.19MM	OPEN	None	No	100	0.0977	
01926861	FLAGYL 10% CREAM	OPEN	None	No	60	0.2664	
01926853	FLAGYL 500 MG CAPSULE	OPEN	None	Yes	100	1.1943	0.7661
01926845	FLAGYSTATIN VAGINAL CREAM	OPEN	None	No	55	0.6522	
01926829	FLAGYSTATIN VAGINAL OVULE	OPEN	None	No	10	3.5870	
00323098	FLAMAZINE 1% CREAM	OPEN	None	No	500	0.1461	
00756784	FLAREX 0.1% OPH SUSP	OPEN	None	No	5	2.1613	
02275546	FLECAINIDE 100 MG TABLET	OPEN	None	Yes	100	1.0298	1.0298
00009911	FLEET ENEMA	OPEN	Beneficiary of CYFS	No	130	0.0323	
00108065	FLEET ENEMA PEDIATRIC	OPEN	Beneficiary of CYFS	No	65	0.0651	
00107875	FLEET MINERAL OIL ENEMA	OPEN	Beneficiary of CYFS	No	130	0.0467	
00782742	FLEXERIL 10MG TABLET	OPEN	None	Yes	100	0.6187	0.4062
80021934	FLINTSTONES COMPLETE	OPEN	Beneficiary must have eligibility under the CF Plan	No	60	0.1470	
02230845	FLOLAN 0.5 MG VIAL	SPEC AUTH	None	No	1	20.2244	
02230848	FLOLAN 1.5 MG VIAL	SPEC AUTH	None	No	1	40.4380	
02238123	FLOMAX 0.4 MG SA CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	100	1.0636	0.2659
02270102	FLOMAX CR 0.4MG TABLET SR	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.6750	0.1635
02213672	FLONASE 50MCG/MD NAS SPRAY	OPEN	None	No	120	0.2222	
02086026	FLORINEF 0.1 MG TABLET	OPEN	None	No	100	0.3012	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02237245	FLOVENT DISKUS 100MCG/BLS	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	60	0.4327	
02237246	FLOVENT DISKUS 250MCG/BLS	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	60	0.7465	
02237247	FLOVENT DISKUS 500MCG/BLS	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	60	1.1610	
02244292	FLOVENT HFA 125 MCG INHALER	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	120	0.3732	
02244293	FLOVENT HFA 250 MCG INHALER	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	120	0.7463	
02244291	FLOVENT HFA 50 MCG INHALER	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	120	0.2163	
01968416	FLOXIN 300 MG TABLET	OPEN	None	Yes	50	2.8949	2.8949
01968408	FLOXIN 400 MG TABLET	OPEN	None	No	50	2.8949	
02362384	FLUAD 45 MCG/0.5 ML SYRINGE	OPEN	None	No	5	27.0165	
02156008	FLUANXOL 0.5 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2900	
02156016	FLUANXOL 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.6265	
02156040	FLUANXOL DEPOT 100 MG/ML VL	OPEN	Initial fills are limited to a maximum 30 days	No	10	41.9808	
02156032	FLUANXOL DEPOT 20 MG/ML VIAL	OPEN	Initial fills are limited to a maximum 30 days	No	10	8.3957	
02246226	FLUDARA 10MG TABLET	SPEC AUTH	None	No	20	43.4825	
02420783	FLULAVAL (QUAD)	OPEN	None	No	5	27.6458	
02426544	FLUMIST	OPEN	None	No	10	19.5300	
00716782	FLUODERM 0.01% CREAM	OPEN	None	No	500	0.0745	
00716790	FLUODERM 0.025% CREAM	OPEN	None	No	500	0.0928	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00716812	FLUODERM 0.025% OINTMENT	OPEN	None	No	454	0.1022	
00012882	FLUOROURACIL 50 MG/ML VIAL	OPEN	None	No	100	1.7458	
02286068	FLUOXETINE 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02374447	FLUOXETINE 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02393441	FLUOXETINE 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02286076	FLUOXETINE 20MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012
02374455	FLUOXETINE 20MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5012	0.5012
02383241	FLUOXETINE 20MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5012	0.5012
00521698	FLURAZEPAM 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1271	0.1271
00578479	FLURAZEPAM 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0732	
00521701	FLURAZEPAM 30 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1487	0.1487
02432730	FLUZONE (QUAD) MULTI-DOSE VIALS	OPEN	None	No	10	12.9658	
00707511	FML FORTE 0.25% EYE DROPS	OPEN	None	No	10	2.9924	
00247855	FML LIQUIFILM 0.1% EYE DROP	OPEN	None	No	10	3.4850	
00498777	FOLIC ACID 5 MG TABLET	OPEN	None	No	1000	0.0078	
97799312	FORA TD-THIN STERILE LANCETS	OPEN	None	No	100	0.0543	
97799313	FORA TEST N' GO TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7595	
02230898	FORADIL 12MCG INH CAPSULE	SPEC AUTH	None	No	60	0.9138	
02212218	FORTAZ 1GM VIAL	OPEN	None	No	10	24.8758	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02212226	FORTAZ 2GM VIAL	OPEN	None	No	20	24.4543	
02201011	FOSAMAX 10 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	28	2.1741	0.5436
02201038	FOSAMAX 40 MG TABLET	SPEC AUTH	None	Yes	28	4.4410	3.3607
02245329	FOSAMAX 70 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	12.3552	2.7900
02314940	FOSAVANCE 70 MG-5600 UNIT TAB	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	5.3083	1.3270
02332566	FOSINIPRIL 10 MG TABLET	OPEN	None	Yes	100	0.2531	0.2531
02332574	FOSINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.3045	0.3045
02352656	FRAGMIN 10 000 IU/0.4ML	SPEC AUTH	None	No	2	57.7925	
02132664	FRAGMIN 10 000 UNIT/ML AMP	SPEC AUTH	None	No	10	18.2519	
02352664	FRAGMIN 12 500 IU/0.5ML	SPEC AUTH	None	No	2.5	57.7914	
02352672	FRAGMIN 15 000 IU/0.6ML	SPEC AUTH	None	No	3	57.7944	
02352680	FRAGMIN 18 000 IU/0.72ML	SPEC AUTH	None	No	3.6	57.7913	
02231171	FRAGMIN 25000U/ML VIAL	SPEC AUTH	None	No	3.8	45.6271	
02132621	FRAGMIN 2500U/0.2ML SYRINGE	SPEC AUTH	None	No	2	28.8936	
02430789	FRAGMIN 3500 UNIT/0.28ML SYRINGE	SPEC AUTH	None	No	2.8	28.8997	
02132648	FRAGMIN 5 000 IU/0.2ml PRE-FILLED SYRINGE	SPEC AUTH	None	No	2	57.7925	
02352648	FRAGMIN 7 500 IU/0.3ML	SPEC AUTH	None	No	1.5	57.7944	
00977839	FREESTYLE LANCETS	OPEN	None	No	100	0.0608	
97799596	FREESTYLE LITE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.7400	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799597	FREESTYLE LITE TEST STRIPS 100	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.6900	
99100928	FREESTYLE PRECISION BLOOD GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8626	
00977838	FREESTYLE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7487	
02221799	FRISIUM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	0.4788	0.1196
00586668	FUCIDIN 2% CREAM	OPEN	None	No	30	0.7660	
00586676	FUCIDIN 2% OINTMENT	OPEN	None	No	30	0.7660	
02238578	FUCIDIN H CREAM	OPEN	None	No	30	1.3494	
00029149	FUNGIZONE 50 MG VIAL	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	50	1.8337	
00527033	FUROSEMIDE 10 MG/ML AMPOULE	OPEN	None	No	20	0.9385	
02351420	FUROSEMIDE 20MG TABLET	OPEN	None	Yes	1000	0.0407	0.0407
02351439	FUROSEMIDE 40MG TABLET	OPEN	None	Yes	1000	0.0813	0.0813
02351447	FUROSEMIDE 80MG TABLET	OPEN	None	Yes	100	0.1330	0.1330
02404559	FYCOMPA 10MG TABLET	SPEC AUTH	None	No	28	10.2533	
02404567	FYCOMPA 12MG TABLET	SPEC AUTH	None	No	28	10.2533	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02404516	FYCOMPA 2MG TABLET	SPEC AUTH	None	No	7	10.2533	
02404524	FYCOMPA 4MG TABLET	SPEC AUTH	None	No	28	10.2533	
02404532	FYCOMPA 6MG TABLET	SPEC AUTH	None	No	28	10.2533	
02404540	FYCOMPA 8MG TABLET	SPEC AUTH	None	No	28	10.2533	
02246314	GABAPENTIN 100MG CAPSULE	SPEC AUTH	None	Yes	500	0.0816	0.0816
02353245	GABAPENTIN 100MG CAPSULE	SPEC AUTH	None	Yes	500	0.0816	0.0816
02246315	GABAPENTIN 300MG CAPSULE	SPEC AUTH	None	Yes	100	0.1985	0.1985
02353253	GABAPENTIN 300MG CAPSULE	SPEC AUTH	None	Yes	500	0.1985	0.1985
02246316	GABAPENTIN 400MG CAPSULE	SPEC AUTH	None	Yes	500	0.2366	0.2366
02353261	GABAPENTIN 400MG CAPSULE	SPEC AUTH	None	Yes	500	0.2366	0.2366
02388200	GABAPENTIN 600MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549
02392526	GABAPENTIN 600MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549
02410990	GABAPENTIN 600MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549
02431289	GABAPENTIN 600MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549
02388219	GABAPENTIN 800MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02392534	GABAPENTIN 800MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02411008	GABAPENTIN 800MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02431297	GABAPENTIN 800MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02416840	GABAPENTIN CAPSULE USP 100MG	SPEC AUTH	None	Yes	100	0.0816	0.0816
02416859	GABAPENTIN CAPSULE USP 300MG	SPEC AUTH	None	Yes	100	0.1985	0.1985
02416867	GABAPENTIN CAPSULE USP 400MG	SPEC AUTH	None	Yes	100	0.2366	0.2366
02443023	GALANTAMINE ER 16MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02443031	GALANTAMINE ER 24MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02443015	GALANTAMINE ER 8MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02416441	GALEXOS 150MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	28	471.4868	
02280140	GD-AMLODIPINE 10MG TABLET	OPEN	None	Yes	250	0.3910	0.3910
02280132	GD-AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	250	0.2635	0.2635
02362791	GD-AMLODIPINE/ATORVASTATIN 10/10MG TABLET	SPEC AUTH	None	Yes	90	1.0021	0.6676
02362805	GD-AMLODIPINE/ATORVASTATIN 10/20MG TABLET	SPEC AUTH	None	Yes	90	1.1155	0.8323

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02362813	GD-AMLODIPINE/ATORVASTATIN 10/40MG TABLET	SPEC AUTH	None	Yes	90	1.1580	0.8720
02362821	GD-AMLODIPINE/ATORVASTATIN 10/80MG TABLET	SPEC AUTH	None	Yes	90	1.1580	0.8720
02362759	GD-AMLODIPINE/ATORVASTATIN 5/10MG TABLET	SPEC AUTH	None	Yes	90	0.8231	0.6324
02362767	GD-AMLODIPINE/ATORVASTATIN 5/20MG TABLET	SPEC AUTH	None	Yes	90	0.9364	0.7458
02362775	GD-AMLODIPINE/ATORVASTATIN 5/40MG TABLET	SPEC AUTH	None	Yes	90	0.9789	0.7883
02362783	GD-AMLODIPINE/ATORVASTATIN 5/80MG TABLET	SPEC AUTH	None	Yes	90	0.9789	0.7883
02288346	GD-ATORVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02288354	GD-ATORVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02288362	GD-ATORVASTATIN 40MG TABLET	OPEN	None	Yes	90	0.4595	0.4595
02288370	GD-ATORVASTATIN 80MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02274531	GD-AZITHROMYCIN 250MG TABLET	OPEN	Limit of 6 per day without Special Authorization	Yes	30	1.3703	1.3703
02274566	GD-AZITHROMYCIN POWDER FOR ORAL SUSPENSION 100MG/5ML	OPEN	None	Yes	15	0.4062	0.4062
02274574	GD-AZITHROMYCIN POWDER FOR ORAL SUSPENSION 200MG/5ML	OPEN	None	Yes	22.5	0.5755	0.5755
02291975	GD-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02291983	GD-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02341689	GD-DICLOFENAC/MISOPROSTOL 50 50MG/200MCG TABLET	OPEN	None	Yes	250	0.3432	0.3432
02341697	GD-DICLOFENAC/MISOPROSTOL 75 75MG/200MCG TABLET	OPEN	None	Yes	250	0.4672	0.4672
02285819	GD-GABAPENTIN 100MG CAPSULE	SPEC AUTH	None	Yes	100	0.0816	0.0816
02285827	GD-GABAPENTIN 300MG CAPSULE	SPEC AUTH	None	Yes	100	0.1985	0.1985
02285835	GD-GABAPENTIN 400MG CAPSULE	SPEC AUTH	None	Yes	100	0.2366	0.2366
02285843	GD-GABAPENTIN 600MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02285851	GD-GABAPENTIN 800MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02373041	GD-LATANOPROST 50MCG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	2.5	3.9589	3.9589
02373068	GD-LATANOPROST/TIMOLOL 50UG/ML / 5MG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	2.5	4.8252	4.8252
02352826	GD-MIRTAZAPINE OD 15MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.1127	0.1127
02352834	GD-MIRTAZAPINE OD 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.3065	0.2255
02352842	GD-MIRTAZAPINE OD 45MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.3382	0.3382
02360179	GD-PREGABALIN 150MG CAPSULES	SPEC AUTH	None	Yes	60	0.6275	0.6275
02360195	GD-PREGABALIN 225MG CAPSULES	SPEC AUTH	None	Yes	60	0.6275	0.6275
02360136	GD-PREGABALIN 25MG CAPSULES	SPEC AUTH	None	Yes	60	0.2243	0.2243
02360209	GD-PREGABALIN 300MG CAPSULES	SPEC AUTH	None	Yes	60	0.6275	0.6275
02360144	GD-PREGABALIN 50MG CAPSULES	SPEC AUTH	None	Yes	60	0.3519	0.3519
02360152	GD-PREGABALIN 75MG CAPSULES	SPEC AUTH	None	Yes	60	0.4552	0.4552
02290995	GD-QUINAPRIL 10MG TABLET	OPEN	None	Yes	90	0.2530	0.2530
02291002	GD-QUINAPRIL 20MG TABLET	OPEN	None	Yes	90	0.2530	0.2530
02291010	GD-QUINAPRIL 40MG TABLET	OPEN	None	Yes	90	0.2530	0.2530
02290987	GD-QUINAPRIL 5MG TABLET	OPEN	None	Yes	90	0.2530	0.2530
02273705	GD-SERTRALINE 100MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02273683	GD-SERTRALINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02273691	GD-SERTRALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02352877	GD-TOPIRAMATE 100MG TABLET	OPEN	None	Yes	60	0.6604	0.6604
02352885	GD-TOPIRAMATE 200MG TABLET	OPEN	None	Yes	60	0.9861	0.9861
02352850	GD-TOPIRAMATE 25MG TABLET	OPEN	None	Yes	60	0.3485	0.3485
02409097	GD-TRANEXAMIC 500MG TABLET	OPEN	None	Yes	100	0.6468	0.6468
02360047	GD-VENLAFAXINE XR 150MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	90	0.3781	0.3781

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02360020	GD-VENLAFAXINE XR 37.5MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	90	0.1791	0.1791
02360039	GD-VENLAFAXINE XR 75MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	90	0.3581	0.3581
02247244	GEN-CLOZAPINE 100 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	2.8694	
02305011	GEN-CLOZAPINE 200 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	5.7388	
02305003	GEN-CLOZAPINE 50 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	1.4309	
00050857	GENTAIN VIOLET 1% SOLUTION	OPEN	Beneficiary of CYFS	No	25	0.1946	
02242652	GENTAMICIN 40 MG/ML VIAL	OPEN	None	No	20	8.4391	
02242977	GENTEAL 0.3% GEL	OPEN	Beneficiary of CYFS	No	10	0.8799	
02365480	GILENYA 0.5MG CAPSULE	SPEC AUTH	None	No	28	92.4040	
02415666	GIOTRIF 20MG TABLET	SPEC AUTH	None	No	28	79.5305	
02415674	GIOTRIF 30MG TABLET	SPEC AUTH	None	No	28	79.5305	
02415682	GIOTRIF 40MG TABLET	SPEC AUTH	None	No	28	79.5305	
02253275	GLEEVEC 100 MG TABLET	SPEC AUTH	None	Yes	120	31.5364	7.5973
02253283	GLEEVEC 400 MG TABLET	SPEC AUTH	None	Yes	30	126.1457	30.3890
02287072	GLICLAZIDE 80MG TABLET	OPEN	None	Yes	100	0.1015	0.1015
97799430	GLOBAL EASE INJECT PEN NEEDLES 29G 12MM	OPEN	None	No	100	0.2658	
97799428	GLOBAL EASE INJECT PEN NEEDLES 31G 5MM	OPEN	None	No	100	0.2658	
97799429	GLOBAL EASE INJECT PEN NEEDLES 31G 8MM	OPEN	None	No	100	0.2658	
97799322	GLOBAL EASE INJECT PEN NEEDLES 32G 4MM	OPEN	None	No	100	0.2658	
02333627	GLUCAGEN 1MG Hypo Kit	OPEN	None	No	1	90.3046	
02243297	GLUCAGON 1 MG VIAL	OPEN	Beneficiary must have eligibility under the CF Plan.	No	1	93.6898	
02190893	GLUCOBAY 100 MG TABLET	SPEC AUTH	None	No	120	0.4050	
02190885	GLUCOBAY 50 MG TABLET	SPEC AUTH	None	No	120	0.2924	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00977033	GLUCOMETER ENCORE TEST STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.7324	
02239924	GLUCONORM 0.5 MG TABLET	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.3582	0.0881
02239925	GLUCONORM 1 MG TABLET	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.3725	0.0916
02239926	GLUCONORM 2 MG TABLET	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.3870	0.0952
02099233	GLUCOPHAGE 500 MG TABLET	OPEN	None	Yes	500	0.2960	0.0484
02162849	GLUCOPHAGE 850 MG TABLET	OPEN	None	Yes	100	0.4004	0.0665
00977535	GLUCOSCAN GM TEST STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.6636	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00977489	GLUCOSTIX TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7011	
02350459	GLYBURIDE 2.5MG TABLET	OPEN	None	Yes	500	0.0364	0.0364
02350467	GLYBURIDE 5MG TABLET	OPEN	None	Yes	500	0.0652	0.0652
01926039	GLYCERIN ADULT SUPPOSITORY	OPEN	Beneficiary of CYFS	No	12	0.1646	
01926047	GLYCERIN INFANT/CHILD SUPP	OPEN	Beneficiary of CYFS	No	12	0.1546	
02229516	GLYCON 500 MG TABLET	OPEN	None	Yes	100	0.0484	0.0484
02039508	GLYCOPYRROLATE 0.2MG/ML	OPEN	For use in End of Life Palliative Care only.	No	10	4.3161	
02382857	GLYCOPYRROLATE 0.2MG/ML PF	OPEN	For use in End of Life Palliative Care only.	No	20	4.3129	
00977048	GM 23G LANCET	OPEN	None	No	200	0.0605	
00977052	GM KIDS 25G LANCET	OPEN	None	No	200	0.0605	
00652512	GOLYTELY SOLUTION	OPEN	Limit of one fill per year without Special Authorization.	No	4	3.6592	
02232483	GRAMCAL	OPEN	Beneficiary of CYFS	No	20	0.7644	
00013609	GRAVOL 100 MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	10	0.6109	
00230197	GRAVOL 15 MG/5 ML LIQUID	OPEN	Beneficiary of CYFS	No	75	0.0768	
00783595	GRAVOL 25 MG SUPPOSITORY	OPEN	Beneficiary of CYFS	No	10	0.5382	
00013803	GRAVOL 50 MG TABLET	OPEN	Beneficiary of CYFS	No	30	0.1505	
00013579	GRAVOL IM 50 MG/ML VIAL	OPEN	None	No	10	1.2488	
01943065	HABITROL 14MG/24 HOUR PATCH	SPEC AUTH	Contraindication to Zyban and Champix	No	7	2.9063	
01943073	HABITROL 21MG/24 HOUR PATCH	SPEC AUTH	Contraindication to Zyban and Champix	No	7	2.9063	
01943057	HABITROL 7MG/24 HOUR PATCH	SPEC AUTH	Contraindication to Zyban and Champix	No	7	2.9063	
00443158	HALCION 0.25 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	70	0.2871	0.2781
00749427	HALOPERIDOL 1.0MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	1000	0.0731	
00749443	HALOPERIDOL 5.0MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	1000	0.1894	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00808652	HALOPERIDOL 5 MG/ML AMPOULE	OPEN	Initial fills are limited to a maximum 30 days	No	1	5.2406	
02130300	HALOPERIDOL LA 100 MG/ML VL	OPEN	Initial fills are limited to a maximum 30 days	No	5	18.3604	
02130297	HALOPERIDOL LA 50 MG/ML VIAL	OPEN	Initial fills are limited to a maximum 30 days	No	5	8.7842	
02432226	HARVONI 90-400MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	28	865.4165	
00977403	HEMASTIX	OPEN	None	No	50	0.5972	
00304050	HEPARIN 10000U/ML INJECTION	OPEN	None	No	5	1.0682	
00579718	HEPARIN LEO 10000U/ML VIAL	OPEN	None	No	50	1.2293	
02247823	HEPSERA 10 MG TABLET	SPEC AUTH	None	Yes	30	26.5259	22.2796
02436027	HOLKIRA PAK	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	28	721.5250	
02238525	HP-PAC KIT	OPEN	Limit of one pack every 90 days without Special Authorization	No	7	13.8338	
00966061	HUMALOG 1.5ML (SPECIAL PRICE)	SPEC AUTH	None	No	7.5	2.3190	
02229705	HUMALOG 100 UNIT/ML CARTRIDGE	SPEC AUTH	None	No	15	4.0782	
02229704	HUMALOG 100 UNIT/ML VIAL	SPEC AUTH	None	No	10	3.0402	
00966053	HUMALOG 10ML (SPECIAL PRICE)	SPEC AUTH	None	No	10	2.4944	
00966088	HUMALOG 3ML (SPECIAL PRICE)	SPEC AUTH	None	No	15	3.2637	
02403412	HUMALOG KWIKPEN	SPEC AUTH	None	No	15	3.9979	
97799535	HUMALOG KWIKPEN	SPEC AUTH	None	No	5	11.6638	
02243078	HUMATROPE 12 MG CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	607.6434	
02243079	HUMATROPE 24 MG CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	1215.2868	
00745626	HUMATROPE 5 MG VIAL	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	253.1848	
02243077	HUMATROPE 6 MG CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	303.8217	
02258595	HUMIRA 40 MG/0.8 ML KIT	SPEC AUTH	None	No	1	1654.7769	
01959212	HUMULIN 30/70 100 U/ML CART	OPEN	None	No	15	3.2637	
00795879	HUMULIN 30/70 100 U/ML VIAL	OPEN	None	No	10	2.4944	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00587737	HUMULIN N 100 UNIT/ML VIAL	OPEN	None	No	10	2.4944	
01959239	HUMULIN N 100U/ML CARTRIDGE	OPEN	None	No	15	3.2637	
02403447	HUMULIN N KWIKPEN	OPEN	None	No	15	3.2637	
01959220	HUMULIN R 100 UNIT/ML CARTRDG	OPEN	None	No	15	3.2637	
00586714	HUMULIN R 100 UNIT/ML VIAL	OPEN	None	No	10	2.4944	
02415089	HUMULIN R KWIKPEN	OPEN	None	No	15	3.2000	
00176176	HYDERGINE 1 MG TABLET	OPEN	None	No	100	1.6523	
00716820	HYDERM 0.5% CREAM	OPEN	Beneficiary of CYFS	No	15	0.1809	
00716839	HYDERM 1% CREAM	OPEN	None	No	500	0.1399	
00441619	HYDRALAZINE 10 MG TABLET	OPEN	None	Yes	100	0.1498	0.1498
00441627	HYDRALAZINE 25 MG TABLET	OPEN	None	Yes	100	0.2572	0.2572
00441635	HYDRALAZINE 50 MG TABLET	OPEN	None	Yes	100	0.4040	0.4040
00465283	HYDREA 500 MG CAPSULE	OPEN	None	Yes	100	1.1121	1.1121
00016500	HYDRODIURIL 25MG TABLET	OPEN	None	Yes	100	0.0798	0.0199
02125390	HYDROMORPH CONT 30 MG CR CAP	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	4.5462	
02125366	HYDROMORPH CONTIN 12 MG CAP	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	2.0550	
02243562	HYDROMORPH CONTIN 18 MG CAP	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	2.9653	
02125382	HYDROMORPH CONTIN 24 MG CAP	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	3.7953	
02125323	HYDROMORPH CONTIN 3 MG CAP	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.7910	
02359502	HYDROMORPH CONTIN 4.5MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.9548	
02125331	HYDROMORPH CONTIN 6 MG CAP	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	1.1859	
02359510	HYDROMORPH CONTIN 9MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	60	1.5657	
02145928	HYDROMORPHONE 10 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	4.7152	
02145901	HYDROMORPHONE HCL 2 MG/ML	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.1280	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02242984	HYDROVAL 0.2 % CREAM	OPEN	None	No	500	0.1809	
02242985	HYDROVAL 0.2% OINTMENT	OPEN	None	No	60	0.1809	
02343096	HYDROXYUREA 500MG CAPSULE	OPEN	None	Yes	100	1.1121	1.1121
02229868	HYOSCINE BUTYLBROMIDE 20MG/ML	OPEN	For use in End of Life Palliative Care only.	No	10	4.9042	
80029414	HYPER-SAL 7% SOLUTION FOR INHALATION	SPEC AUTH	Beneficiary must have eligibilty under the CF Plan	No	240	0.2667	
00818658	HYTRIN 1 MG TABLET	OPEN	None	Yes	100	0.8584	0.2095
00818674	HYTRIN 10 MG TABLET	OPEN	None	Yes	100	2.1690	0.5295
00818682	HYTRIN 2 MG TABLET	OPEN	None	Yes	100	1.0911	0.2664
00818666	HYTRIN 5 MG TABLET	OPEN	None	Yes	100	1.4817	0.3618
02297841	HYZAAR 100-12.5 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.6328	0.3359
02230047	HYZAAR 50-12.5 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.6677	0.3430
02241007	HYZAAR DS 100-25 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	1.6677	0.3430
02439212	IBAVYR 200MG TABLET	SPEC AUTH	None	No	100	7.8663	
02425890	IBAVYR 400MG TABLET	SPEC AUTH	None	No	100	15.7325	
02425904	IBAVYR 600MG TABLET	SPEC AUTH	None	No	100	23.5988	
02017628	IDARAC 200mg TABLET	OPEN	None	Yes	100	0.3957	0.3957
02017636	IDARAC 400MG TABLET	OPEN	None	Yes	100	0.6890	0.6890
02434407	IMBRUVICA 140MG CAPSULE	SPEC AUTH	None	No	90	98.3553	
02126559	IMDUR 60 MG TABLET SA	OPEN	None	Yes	100	0.8012	0.3840
00360201	IMIPRAMINE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1523	0.1523
00377902	IMIPRAMINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	1000	0.0074	
00644579	IMIPRAMINE 75 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.6844	
00312797	IMIPRAMINE FCT 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2747	0.2747
00326852	IMIPRAMINE FCT 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.5361	0.5361
02230420	IMITREX 20 MG NASAL SPRAY	SPEC AUTH	None	No	2	16.7904	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02230418	IMITREX 5 MG NASAL SPRAY	SPEC AUTH	None	No	2	16.3130	
02212188	IMITREX 6 MG/0.5 ML VIAL	SPEC AUTH	None	Yes	2.5	49.4969	36.1608
02212161	IMITREX DF 100 MG TABLET	SPEC AUTH	None	Yes	6	18.1994	8.5670
02239738	IMITREX DF 25 MG TABLET	SPEC AUTH	None	Yes	6	15.0018	7.5011
02212153	IMITREX DF 50 MG TABLET	SPEC AUTH	None	Yes	6	16.5208	7.7772
02216167	IMOVANE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	1.1542	0.1942
01926799	IMOVANE 7.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	1.4573	0.2453
00004596	IMURAN 50 MG TABLET	OPEN	None	Yes	100	1.1528	0.2698
02423596	INCRUSE ELLIPTA 62.5MCG INHAL	SPEC AUTH	None	No	30	1.8084	
02445824	INDAPAMIDE 1.25MG TABLET	OPEN	None	Yes	100	0.0812	0.0812
02445832	INDAPAMIDE 2.5MG TABLET	OPEN	None	Yes	100	0.1288	0.1288
02042177	INDERAL 10MG TABLET	OPEN	None	Yes	100	0.0751	0.0538
02042193	INDERAL-20 TAB 20MG	OPEN	None	Yes	1000	0.1208	0.0302
02042207	INDERAL-40 TAB 40MG	OPEN	None	Yes	100	0.1581	0.0379
02042266	INDERAL-LA 120 MG CAPSULE	OPEN	None	No	100	1.1932	
02042274	INDERAL-LA 160 MG CAPSULE	OPEN	None	No	100	1.4110	
02042231	INDERAL-LA 60 MG CAPSULE	OPEN	None	No	100	0.6872	
02042258	INDERAL-LA 80 MG CAPSULE	OPEN	None	No	100	0.7749	
00875988	INFANT TEMPRA 80 MG/ML DROPS	OPEN	Beneficiary of CYFS	No	24	0.2369	
02419475	INFLECTRA PWD/SOL IV 100MG VIAL	SPEC AUTH	None	No	1	569.6250	
02221780	INFUFER 50 MG/ML VIAL	SPEC AUTH	None	No	25	14.9188	
01911465	INHIBACE 1 MG TABLET	OPEN	None	Yes	100	0.6790	0.1697
01911473	INHIBACE 2.5 MG TABLET	OPEN	None	Yes	100	0.9362	0.1996
01911481	INHIBACE 5 MG TABLET	OPEN	None	Yes	100	1.0876	0.2318
02181479	INHIBACE PLUS TABLET	OPEN	None	Yes	28	1.0873	0.4545
02389630	INLYTA 1MG TABLET	SPEC AUTH	None	No	60	21.0774	
02389649	INLYTA 5MG TABLET	SPEC AUTH	None	No	60	105.3871	
02231478	INNOHEP 10 000 unit/0.5ml SYRINGE	SPEC AUTH	None	No	10	21.7467	
02167840	INNOHEP 10 000U/ML VIAL	SPEC AUTH	None	No	20	21.1320	
02429470	INNOHEP 12 000 UNIT/0.6ML SYRINGE	SPEC AUTH	None	No	6	43.5338	
02358174	INNOHEP 14 000 unit/0.7ml SYRINGE	SPEC AUTH	None	No	10	30.4733	
02429489	INNOHEP 16 000 UNIT/0.8ML SYRINGE	SPEC AUTH	None	No	8	43.5343	
02358182	INNOHEP 18 000 unit/0.9ml SYRINGE	SPEC AUTH	None	No	10	39.1761	

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02229755	INNOHEP 2 500 unit/0.25ml SYRINGE	SPEC AUTH	None	No	10	5.3317	
02229515	INNOHEP 20000U/ML VIAL	SPEC AUTH	None	No	2	42.9280	
02358158	INNOHEP 3 500 unit/0.35ml SYRINGE	SPEC AUTH	None	No	10	7.4561	
02358166	INNOHEP 4 500 unit/0.45ml SYRINGE	SPEC AUTH	None	No	10	9.5892	
02429462	INNOHEP 8 000 UNIT/0.4ML SYRINGE	SPEC AUTH	None	No	4	43.5329	
02441888	INSPIOLTO RESPIMAT 2.5-2.5MCG INHALER	SPEC AUTH	None	No	30	2.2026	
02323052	INSPIRA 25 MG TABLET	SPEC AUTH	None	No	30	2.9650	
02323060	INSPIRA 50 MG TABLET	SPEC AUTH	None	No	30	2.9650	
97799367	INSULIN PEN NEEDLE 4MM 32G	OPEN	None	No	100	0.2984	
97799364	INSULIN PEN NEEDLE 6MM 31G	OPEN	None	No	100	0.3037	
97799363	INSULIN PEN NEEDLE 6MM 32G	OPEN	None	No	100	0.3037	
97799366	INSULIN PEN NEEDLE 8MM 31G	OPEN	None	No	100	0.3037	
97799365	INSULIN PEN NEEDLE 8MM 32G	OPEN	None	No	100	0.3254	
97799369	INSULIN SYRINGES 0.3CC 31G	OPEN	None	No	100	0.3353	
97799370	INSULIN SYRINGES 0.5CC 31G	OPEN	None	No	100	0.3353	
97799371	INSULIN SYRINGES 1CC 31G	OPEN	None	No	100	0.3374	
02306778	INTELENCE 100 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	120	6.4373	
02375931	INTELENCE 200 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	12.6135	
02240693	INTRON A 18 MU/1.2 ML PEN	SPEC AUTH	None	No	1.2	197.7955	
02240694	INTRON A 30 MU/1.2 ML PEN	SPEC AUTH	None	No	1.2	329.6591	
02240695	INTRON A 60 MU/1.2 ML PEN	SPEC AUTH	None	No	1.2	659.3093	
02354233	INVEGA SUSTENNA 100MG/1.0ML	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	1	517.4040	
02354241	INVEGA SUSTENNA 150MG/1.5ML	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	1	689.8756	
02354217	INVEGA SUSTENNA 50MG/0.5ML Vial	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	1	344.9324	
02354225	INVEGA SUSTENNA 75MG/0.75ML Vial	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	1	517.4040	
02216965	INVIRASE 200 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	270	2.1050	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02279320	INVIRASE 500 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	120	4.8579	
02425483	INVOKANA 100MG TABLET	SPEC AUTH	None	No	30	2.9252	
02425491	INVOKANA 300MG TABLET	SPEC AUTH	None	No	30	2.9252	
02076306	IOPIDINE 0.5% SOLUTION	OPEN	None	No	5	5.2861	
00888354	IOPIDINE 1% EYE DROPS	OPEN	None	No	2	6.7650	
02372371	IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02385295	IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02372398	IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02385309	IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02372347	IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02385287	IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02385317	IRBESARTAN HCT 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02385325	IRBESARTAN HCT 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02385333	IRBESARTAN HCT 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3307	0.3307
02372886	IRBESARTAN/HCTZ 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02372894	IRBESARTAN/HCTZ 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02372908	IRBESARTAN/HCTZ 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3327	0.3307
00670944	ISDN 5 MG TABLET	OPEN	None	No	100	0.0674	
02301881	ISENTRESS 400 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	12.8518	
00554324	ISOPTIN 120 MG TABLET	OPEN	None	Yes	250	0.4748	0.4633

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00554316	ISOPTIN 80 MG TABLET	OPEN	None	Yes	250	0.3055	0.2981
01907123	ISOPTIN SR 120 MG TABLET SA	OPEN	None	Yes	100	1.6545	0.5535
01934317	ISOPTIN SR 180 MG TABLET SA	OPEN	None	Yes	100	1.8682	0.5672
00742554	ISOPTIN SR 240 MG TABLET SA	OPEN	None	Yes	100	2.4914	0.5794
00035017	ISOPTO ATROPINE 1% EYE DROP	OPEN	None	No	5	0.7465	
00000841	ISOPTO CARPINE 1% DROPS	OPEN	None	No	15	0.2539	
00000868	ISOPTO CARPINE 2% DROPS	OPEN	None	No	15	0.2922	
00000884	ISOPTO CARPINE 4% DROPS	OPEN	None	No	15	0.3320	
00000779	ISOPTO HOMATROPINE 2% DROPS	OPEN	None	No	15	0.7392	
00000787	ISOPTO HOMATROPINE 5% DROPS	OPEN	None	No	15	0.8810	
00000809	ISOPTO TEARS 0.5% DROPS	OPEN	Beneficiary of CYFS	No	15	0.5584	
00000817	ISOPTO TEARS 1% DROPS	OPEN	Beneficiary of CYFS	No	15	0.5584	
02042622	ISORDIL 10 TITRADOSE TABLETS 1	OPEN	None	Yes	100	0.0567	0.0405
02042614	ISORDIL 30 TITRADOSE TABLETS 3	OPEN	None	Yes	2500	0.1330	0.0953
00441686	ISOSORBIDE DINITRATE 10MG TABLET	OPEN	None	Yes	1000	0.0405	0.0405
00441694	ISOSORBIDE DINITRATE 30MG TABLET	OPEN	None	Yes	100	0.0953	0.0953
00272655	ISOTAMINE 300 MG TABLET	OPEN	None	No	1000	0.0872	
00265500	ISOTAMINE 50 MG/5 ML SYRUP	OPEN	None	No	500	0.1004	
00261289	ISOTAMINE POWDER	OPEN	None	No	500	0.0991	
97799770	ITEST BLOOD GLUCOSE TEST STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.7053	
02434814	JAKAVI 10MG TABLET	SPEC AUTH	None	No	56	91.2202	
02388014	JAKAVI 15MG TABLET	SPEC AUTH	None	No	56	91.2202	
02388022	JAKAVI 20MG TABLET	SPEC AUTH	None	No	56	91.2202	
02388006	JAKAVI 5MG TABLET	SPEC AUTH	None	No	56	91.2202	
02366061	JAMP FOLIC ACID 5MG TABLET	OPEN	None	No	1000	0.0394	
02447061	JAMP MOXIFLOXACIN 400MG TABLET	SPEC AUTH	None	Yes	100	1.6601	1.6601
02417286	JAMP OLANZAPINE FC 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02417294	JAMP OLANZAPINE FC 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02417243	JAMP OLANZAPINE FC 2.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02417308	JAMP OLANZAPINE FC 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.8209	2.8209
02417251	JAMP OLANZAPINE FC 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953
02417278	JAMP OLANZAPINE FC 7.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02406632	JAMP OLANZAPINE ODT 10MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02406640	JAMP OLANZAPINE ODT 15MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02406659	JAMP OLANZAPINE ODT 20MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02406624	JAMP OLANZAPINE ODT 5MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02385031	JAMP-ALENDRONATE 70MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900
02400111	JAMP-ALPRAZOLAM 0.25MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0678	0.0678
02400138	JAMP-ALPRAZOLAM 0.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0810	0.0810
02400146	JAMP-ALPRAZOLAM 1MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2280	0.2280
02357208	JAMP-AMLODIPINE 10MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02357186	JAMP-AMLODIPINE 2.5MG TABLET	OPEN	None	No	100	0.1497	
02357194	JAMP-AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02339080	JAMP-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	100	1.3875	1.3875
02367572	JAMP-ATENOLOL 100MG TABLET	OPEN	None	Yes	500	0.2703	0.2703
02367556	JAMP-ATENOLOL 25MG TABLET	OPEN	None	No	100	0.0818	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02367564	JAMP-ATENOLOL 50MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02391058	JAMP-ATORVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02391066	JAMP-ATORVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02391074	JAMP-ATORVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02391082	JAMP-ATORVASTATIN 80MG TABLET	OPEN	None	Yes	90	0.4595	0.4595
02452308	JAMP-AZITHROMYCIN 250MG TABLET	OPEN	None	Yes	100	1.3703	1.3703
02453312	JAMP-BEZAFIBRATE SR 400MG TABLET	OPEN	None	Yes	30	1.9031	1.9031
02357216	JAMP-BICALUTAMIDE 50MG TABLET	OPEN	None	Yes	30	1.8448	1.8448
02386526	JAMP-CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02386534	JAMP-CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02386518	JAMP-CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02368919	JAMP-CARVEDILOL 12.5MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02368927	JAMP-CARVEDILOL 25MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02368897	JAMP-CARVEDILOL 3.125MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02368900	JAMP-CARVEDILOL 6.25MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02424533	JAMP-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02424541	JAMP-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02380358	JAMP-CIPROFLOXACIN 250MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02380366	JAMP-CIPROFLOXACIN 500MG TABLET	OPEN	None	Yes	500	0.7607	0.7607
02380374	JAMP-CIPROFLOXACIN 750MG TABLET	OPEN	None	Yes	50	1.3930	1.3930
02313405	JAMP-CITALOPRAM 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.2613	0.2613
02313413	JAMP-CITALOPRAM 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02415550	JAMP-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02373823	JAMP-COLCHICINE 0.6MG TABLET	OPEN	None	No	100	0.2783	
02357127	JAMP-CYCLOBENZAPRINE HCL 10MG TABLET	OPEN	None	Yes	500	0.4062	0.4062
02366088	JAMP-DICYCLOMINE 20MG TABLET	OPEN	None	No	100	0.2395	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02245416	JAMP-DIMENHYDRINATE 50MG TABLETS	OPEN	Beneficiary of CYFS	No	250	0.0135	
02369206	JAMP-DOMPERIDONE MALEATE 10MG TABLET	OPEN	None	Yes	500	0.0647	0.0647
02404427	JAMP-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	500	0.8998	0.8998
02416956	JAMP-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	250	0.8998	0.8998
02404419	JAMP-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02416948	JAMP-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02451913	JAMP-DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02451921	JAMP-DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	100	1.0648	1.0648
02429780	JAMP-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707
02429799	JAMP-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02423235	JAMP-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	500	0.3553	0.3553
02357224	JAMP-FINASTERIDE 5MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02432471	JAMP-FLUCONAZOLE 150MG CAPSULE	OPEN	Beneficiary of CYFS	Yes	1	4.2946	4.2946
02401894	JAMP-FLUOXETINE 10MG CAPSULES	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02386402	JAMP-FLUOXETINE 20MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5012	0.5012
02331004	JAMP-FOSINIPRIL 10 MG	OPEN	None	Yes	100	0.2531	0.2531
02331012	JAMP-FOSINOPRIL 20 MG	OPEN	None	Yes	100	0.3045	0.3045
02361469	JAMP-GABAPENTIN 100MG CAPSULE	SPEC AUTH	None	Yes	100	0.0816	0.0816
02361485	JAMP-GABAPENTIN 300MG CAPSULE	SPEC AUTH	None	Yes	500	0.1985	0.1985
02361493	JAMP-GABAPENTIN 400MG CAPSULE	SPEC AUTH	None	Yes	500	0.2366	0.2366
02402289	JAMP-GABAPENTIN 600MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549
02402297	JAMP-GABAPENTIN 800MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02373904	JAMP-INDAPAMIDE 1.25MG TABLET	OPEN	None	Yes	100	0.0812	0.0812
02373912	JAMP-INDAPAMIDE 2.5MG TABLET	OPEN	None	Yes	100	0.1288	0.1288
02418207	JAMP-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02418215	JAMP-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02418193	JAMP-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02418223	JAMP-IRBESARTAN AND HYDROCHLOROTHIAZIDE 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02418231	JAMP-IRBESARTAN AND HYDROCHLOROTHIAZIDE 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02418258	JAMP-IRBESARTAN AND HYDROCHLOROTHIAZIDE 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3307	0.3307
02295881	JAMP-LACTULOSE 667MG/ML SOLUTION	SPEC AUTH	None	No	1000	0.0157	
02373009	JAMP-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	100	1.6553	1.6553
02403005	JAMP-LEVETIRACETAM 250MG TABLET	OPEN	None	Yes	120	0.4860	0.4860
02403021	JAMP-LEVETIRACETAM 500MG TABLET	OPEN	None	Yes	120	0.5921	0.5921
02403048	JAMP-LEVETIRACETAM 750MG TABLET	OPEN	None	Yes	120	0.8200	0.8200
02361558	JAMP-LISINOPRIL 10MG TABLET	OPEN	None	Yes	500	0.1870	0.1853
02361566	JAMP-LISINOPRIL 20MG TABLET	OPEN	None	Yes	500	0.2249	0.2226
02361531	JAMP-LISINOPRIL 5MG TABLET	OPEN	None	Yes	100	0.1558	0.1542
02398850	JAMP-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02398834	JAMP-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02398842	JAMP-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02408252	JAMP-LOSARTAN HCTZ 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02408244	JAMP-LOSARTAN HCTZ 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02380196	JAMP-METFORMIN 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02380218	JAMP-METFORMIN 850MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
02380722	JAMP-METFORMIN BLACKBERRY 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02380730	JAMP-METFORMIN BLACKBERRY 850MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
02356821	JAMP-METOPROLOL-L 50MG TABLET	OPEN	None	Yes	500	0.0768	0.0768
02356848	JAMP-METOPROLOL-L100MG TABLET	OPEN	None	Yes	500	0.1676	0.1676
02391422	JAMP-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	100	0.8933	0.8933
02443929	JAMP-MOXIFLOXACIN 400MG TABLET	SPEC AUTH	None	Yes	30	1.6601	1.6601
02420198	JAMP-OMEPRAZOLE DR 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02313685	JAMP-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	3.6510	3.6510
02313693	JAMP-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	30	5.5710	5.5710
02408414	JAMP-PANTOPRAZOLE 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3538	0.3538
02357054	JAMP-PANTOPRAZOLE 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02368862	JAMP-PAROXETINE HCL 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02368870	JAMP-PAROXETINE HCL 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02368889	JAMP-PAROXETINE HCL 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02397307	JAMP-PIOGLITAZONE 15MG TABLET	SPEC AUTH	None	Yes	90	0.6685	0.6685
02365529	JAMP-PIOGLITAZONE 30MG TABLET	SPEC AUTH	None	Yes	90	0.9365	0.9365
02365537	JAMP-PIOGLITAZONE 45MG TABLET	SPEC AUTH	None	Yes	90	1.4082	1.4082
02330954	JAMP-PRAVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02330962	JAMP-PRAVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.5207	0.5207
02330970	JAMP-PRAVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.6273	0.6273
02436000	JAMP-PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02435977	JAMP-PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	100	0.2243	0.2243
02435985	JAMP-PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	100	0.3519	0.3519

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02435993	JAMP-PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	100	0.4552	0.4552
02330423	JAMP-QUETIAPINE 100 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02330458	JAMP-QUETIAPINE 200 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02330415	JAMP-QUETIAPINE 25MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02330466	JAMP-QUETIAPINE 300 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
02331101	JAMP-RAMIPRIL 1.25 MG CAP	OPEN	None	Yes	30	0.1389	0.1389
02331144	JAMP-RAMIPRIL 10 MG CAPSULES	OPEN	None	Yes	500	0.2030	0.2030
02331128	JAMP-RAMIPRIL 2.5 MG CAP	OPEN	None	Yes	500	0.1602	0.1602
02331136	JAMP-RAMIPRIL 5 MG CAP	OPEN	None	Yes	500	0.1602	0.1602
02368552	JAMP-RISEDRONATE 35MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.8027	2.8027
02359529	JAMP-RISPERIDONE 0.25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1478	0.1478
02359537	JAMP-RISPERIDONE 0.5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2476	0.2476
02359545	JAMP-RISPERIDONE 1MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3420	0.3420
02359553	JAMP-RISPERIDONE 2MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.6843	0.6843
02359561	JAMP-RISPERIDONE 3MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.0245	1.0245
02359588	JAMP-RISPERIDONE 4MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.3661	1.3661
02380463	JAMP-RIZATRIPTAN 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	30	4.1475	4.1475
02380455	JAMP-RIZATRIPTAN 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.0385	4.0385
02429241	JAMP-RIZATRIPTAN IR 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	12	4.1475	4.1475
02429233	JAMP-RIZATRIPTAN IR 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.0385	4.0385
02352338	JAMP-ROPINIROLE 0.25MG TABLET	OPEN	None	Yes	100	0.0773	0.0773
02352346	JAMP-ROPINIROLE 1MG TABLET	OPEN	None	Yes	100	0.3093	0.3093

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02352354	JAMP-ROPINIROLE 2MG TABLET	OPEN	None	Yes	100	0.3403	0.3403
02352362	JAMP-ROPINIROLE 5MG TABLET	OPEN	None	Yes	100	0.9370	0.9370
02391260	JAMP-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02391279	JAMP-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02391287	JAMP-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.3904	0.3904
02391252	JAMP-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
02357178	JAMP-SERTRALINE 100MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4810	0.4810
02357143	JAMP-SERTRALINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02357151	JAMP-SERTRALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02331039	JAMP-SIMVASTATIN 10 MG	OPEN	None	Yes	30	0.5789	0.3970
02375605	JAMP-SIMVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.3970	0.3970
02331047	JAMP-SIMVASTATIN 20 MG	OPEN	None	Yes	30	0.7155	0.4906
02375613	JAMP-SIMVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02331055	JAMP-SIMVASTATIN 40 MG	OPEN	None	Yes	30	0.7155	0.4906
02375621	JAMP-SIMVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02331020	JAMP-SIMVASTATIN 5 MG	OPEN	None	Yes	100	0.2943	0.2007
02375591	JAMP-SIMVASTATIN 5MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02331063	JAMP-SIMVASTATIN 80 MG	OPEN	None	Yes	100	0.7155	0.4906
02375648	JAMP-SIMVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02424347	JAMP-SOLIFENACIN 10MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02424339	JAMP-SOLIFENACIN 5MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02368625	JAMP-SOTALOL HYDROCHLORIDE 160MG TABLET	OPEN	None	Yes	100	0.1769	0.1769
02368617	JAMP-SOTALOL HYDROCHLORIDE 80MG TABLET	OPEN	None	Yes	500	0.3233	0.3233
02435616	JAMP-TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02435624	JAMP-TOPIRAMATE 200MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02435608	JAMP-TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02441454	JAMP-VALACYCLOVIR 500MG TABLET	OPEN	None	Yes	100	0.9384	0.9384
02407744	JAMP-VANCOMYCIN 125MG CAPSULE	OPEN	None	Yes	20	6.1367	6.1367
02407752	JAMP-VANCOMYCIN 250MG CAPSULE	OPEN	None	Yes	20	12.2625	12.2625
02421623	JAMP-ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02428237	JAMP-ZOLMITRIPTAN ODT 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02406969	JAMP-ZOPICLONE 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02356805	JAMP-ZOPICLONE 7.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
02406977	JAMP-ZOPICLONE 7.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
02333872	JANUMET 50-1000MG Tablet	SPEC AUTH	None	No	60	1.7531	
02333856	JANUMET 50-500MG Tablet	SPEC AUTH	None	No	60	1.7531	
02333864	JANUMET 50-850MG Tablet	SPEC AUTH	None	No	60	1.7531	
02416794	JANUMET XR 50-1000MG TABLET	SPEC AUTH	None	No	60	1.7531	
02303922	JANUVIA 100 MG Tablet	SPEC AUTH	None	No	100	3.2322	
02388839	JANUVIA 25MG TABLET	SPEC AUTH	None	No	30	3.2322	
02388847	JANUVIA 50MG TABLET	SPEC AUTH	None	No	30	3.2322	
02443937	JARDIANCE 10MG TABLET	SPEC AUTH	None	No	90	2.8402	
02443945	JARDIANCE 25MG TABLET	SPEC AUTH	None	No	90	2.8402	
02408295	JAYDESS 14MCG/24HR IUD	OPEN	None	No	1	299.5577	
02441306	JENCYCLA 0.35MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.4278	0.4278
02403277	JENTADUETO 2.5MG/1000MG TABLET	SPEC AUTH	None	No	60	1.2843	
02403250	JENTADUETO 2.5MG/500MG TABLET	SPEC AUTH	None	No	60	1.2843	
02403269	JENTADUETO 2.5MG/850MG TABLET	SPEC AUTH	None	No	60	1.2843	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02410818	JETREA INTRAVIT 2.5MG/ML INJECTION	SPEC AUTH	None	No	1	4392.8938	
01918303	K-10 10% SOLUTION	OPEN	None	No	500	0.0173	
02242163	KADIAN 10 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.4292	
02184451	KADIAN 100 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	2.9636	
02184435	KADIAN 20 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.9238	
02184443	KADIAN 50 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.6887	
02312301	KALETRA 100-25MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	3.0843	
02243644	KALETRA SOLUTION	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	160	2.4679	
02285533	KALETRA TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	120	6.1686	
02397412	KALYDECO 150MG TABLET	SPEC AUTH	Beneficiary must have eligibilty under the CF Plan. Initial and maintenance fills are limited to a maximum 30 days	No	60	455.7000	
02229951	KAOPECTATE 600 MG/15 ML SUSP	OPEN	Beneficiary of CYFS	No	350	0.0184	
02229952	KAOPECTATE 750 MG/15 ML SUSP	OPEN	Beneficiary of CYFS	No	350	0.0220	
02026961	KAYEXALATE POWDER	OPEN	None	No	454	0.2008	
00713376	K-DUR 20 MEQ TABLET SA	OPEN	None	No	100	0.2273	
01999850	KENACOMB CREAM	OPEN	None	Yes	60	0.7729	0.2571
01999826	KENACOMB OINTMENT	OPEN	None	Yes	30	0.8502	0.6791
01999761	KENALOG-10 10 MG/ML VIAL	OPEN	None	No	5	4.1013	
01999869	KENALOG-40 40 MG/ML VIAL	OPEN	None	No	5	6.6619	
02247027	KEPPRA 250 MG TABLET	OPEN	None	Yes	120	1.9402	0.4860
02247028	KEPPRA 500 MG TABLET	OPEN	None	Yes	120	2.3653	0.5921
02247029	KEPPRA 750 MG TABLET	OPEN	None	Yes	120	3.2809	0.8200
02245662	KETODERM 2% CREAM	OPEN	None	Yes	30	0.3921	0.3921
00977330	KETO-DIASTIX	OPEN	None	No	100	0.1422	
00790427	KETOPROFEN 50MG CAPSULE	OPEN	None	Yes	100	0.3750	0.3750
02172577	KETOPROFEN SR 200MG TABLET	OPEN	None	Yes	100	1.5442	1.5442

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00842664	KETOPROFEN-E 100MG TABLET EC	OPEN	None	Yes	100	0.7585	0.7585
00790435	KETOPROFEN-E 50MG TABLET EC	OPEN	None	Yes	100	0.3750	0.3750
02245821	KETOROLAC 0.5% OPHTHALMIC SOLUTION	OPEN	None	Yes	10	2.8296	2.8296
02239944	KETOROLAC TROM 30 MG/ML VL	OPEN	None	No	10	4.7849	
00977322	KETOSTIX	OPEN	None	No	50	0.1322	
01926438	KIDROLASE 10000U VIAL	OPEN	None	No	1	146.2472	
02269341	KIVEXA TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	26.8881	6.5264
02085992	K-LYTE 25MEQ TABLET EFFERV	OPEN	None	No	30	0.6022	
02389185	KOMBOGLYZE 2.5MG-1000MG TABLET	SPEC AUTH	None	No	60	1.3780	
02389169	KOMBOGLYZE 2.5MG-500MG TABLET	SPEC AUTH	None	No	60	1.3780	
02389177	KOMBOGLYZE 2.5MG-850MG TABLET	SPEC AUTH	None	No	60	1.3780	
00026204	KWELLADA CREAM	OPEN	None	No	57	0.0866	
02231480	KWELLADA-P 1% CREAM RINSE	OPEN	None	No	200	0.1898	
02231348	KWELLADA-P 5% LOTION	OPEN	None	No	100	0.5483	
02185881	KYTRIL 1MG TABLET	OPEN	Limit of 2 per cycle - first fill only. Special Authorization required for higher quantities and/or subsequent fills	Yes	10	19.6200	9.8100
00977357	LABSTIX	OPEN	None	No	100	0.5634	
02412268	LACTULOSE 10GM/15ML SOLUTION	SPEC AUTH	None	No	500	0.0157	
02142104	LAMICTAL 100 MG TABLET	OPEN	None	Yes	100	1.6876	0.4157
02142112	LAMICTAL 150 MG TABLET	OPEN	None	Yes	60	2.4872	0.6126
02243803	LAMICTAL 2 MG TABLET	OPEN	None	No	30	0.1845	
02142082	LAMICTAL 25 MG TABLET	OPEN	None	Yes	100	0.4227	0.1041
02240115	LAMICTAL 5 MG TAB CHEW/DISP	OPEN	None	No	28	0.1795	
02031094	LAMISIL 1% CREAM	OPEN	None	No	30	0.5732	
02031116	LAMISIL 250 MG TABLET	SPEC AUTH	None	Yes	14	4.5936	2.0192
02343029	LAMOTRIGINE 100MG TABLET	OPEN	None	Yes	100	0.4157	0.4157
02343037	LAMOTRIGINE 150MG TABLET	OPEN	None	Yes	100	0.6126	0.6126
02343010	LAMOTRIGINE 25MG TABLET	OPEN	None	Yes	100	0.1041	0.1041
02242321	LANOXIN 0.0625 MG TABLET	OPEN	None	Yes	250	0.2611	0.2611
02242322	LANOXIN 0.125 MG TABLET	OPEN	None	Yes	250	0.2611	0.2611
02242323	LANOXIN 0.25 MG TABLET	OPEN	None	Yes	250	0.2611	0.2611
02242320	LANOXIN PED 0.05 MG/ML SOLN	OPEN	None	No	115	1.3392	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02357682	LANSOPRAZOLE 15MG DELAYED RELEASE CAPSULE	SPEC AUTH	None	Yes	100	0.5450	0.5450
02433001	LANSOPRAZOLE 15MG DELAYED RELEASE CAPSULE	SPEC AUTH	None	Yes	100	0.5450	0.5450
02433028	LANSOPRAZOLE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5450	0.5450
02357690	LANSOPRAZOLE 30MG DELAYED RELEASE CAPSULE	SPEC AUTH	None	Yes	500	0.5450	0.5450
02410389	LANSOPRAZOLE-30 30MG CAPSULE	SPEC AUTH	None	Yes	500	0.5450	0.5450
02251930	LANTUS 100 UNIT/ML CARTRIDGE	SPEC AUTH	None	No	15	6.7162	
02245689	LANTUS 100 UNIT/ML VIAL	SPEC AUTH	None	No	10	6.6934	
02294338	LANTUS SOLOSTAR 100 UNIT/ML PEN	SPEC AUTH	None	No	15	6.7162	
00282081	LANVIS 40 MG TABLET	OPEN	None	No	25	5.0222	
01929933	LARGACTIL 100MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0221	0.0221
01929917	LARGACTIL 25MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0092	0.0092
01929925	LARGACTIL 50MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0092	0.0092
02224720	LASIX 10 MG/ML ORAL SOLN	OPEN	None	No	120	0.3165	
02224690	LASIX 20 MG TABLET	OPEN	None	Yes	30	0.0952	0.0407
02224704	LASIX 40 MG TABLET	OPEN	None	Yes	30	0.1147	0.0813
02224755	LASIX SPECIAL 500 MG TABLET	OPEN	None	No	20	3.4644	
02387786	LATUDA 120MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	30	4.4268	
02422050	LATUDA 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	30	4.4268	
02387751	LATUDA 40MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	30	4.4268	
02413361	LATUDA 60MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	30	4.4268	
02387778	LATUDA 80MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	30	4.4268	
02317680	LAX-A-DAY POWDER 17/GRAM DOSE	OPEN	None	No	510	0.0425	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799594	LB BLOOD GLUCOSE TEST 100CT.	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.6499	
00682314	LECTOPAM 1.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1179	0.1121
00518123	LECTOPAM 3 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1954	0.0416
00518131	LECTOPAM 6 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2856	0.0608
02170493	LEDERLE LEUCOVORIN 5 MG TAB	OPEN	None	No	100	7.3947	
02351668	LEFLUNOMIDE 10MG TABLET	OPEN	None	Yes	30	2.9714	2.9714
02351676	LEFLUNOMIDE 20MG TABLET	OPEN	None	Yes	30	2.9728	2.9728
02061562	LESCOL 20 MG CAPSULE	OPEN	None	Yes	100	1.0002	0.4971
02061570	LESCOL 40 MG CAPSULE	OPEN	None	Yes	100	1.4056	0.6961
02250527	LESCOL XL 80 MG TAB.SR 24 H	OPEN	None	No	28	1.7267	
02338459	LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02348969	LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
00004626	LEUKERAN 2 MG TABLET	OPEN	None	No	25	1.6247	
02236841	LEVAQUIN 250 MG TABLET	SPEC AUTH	None	Yes	50	5.9579	1.4895
02236842	LEVAQUIN 500 MG TABLET	SPEC AUTH	None	Yes	50	6.7894	1.6973
00405612	LEVATE 75 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2013	
02271842	LEVEMIR 100 U/ML PENFILL	SPEC AUTH	None	No	15	7.6290	
02412829	LEVEMIR FLETOUCH 100UNIT/ML	SPEC AUTH	None	No	15	7.7990	
02353342	LEVETIRACETAM 250MG TABLET	OPEN	None	Yes	100	0.4860	0.4860
02454653	LEVETIRACETAM 250MG TABLET	OPEN	None	Yes	120	0.4860	0.4860
02353350	LEVETIRACETAM 500MG TABLET	OPEN	None	Yes	100	0.5921	0.5921
02454661	LEVETIRACETAM 500MG TABLET	OPEN	None	Yes	120	0.5921	0.5921
02353369	LEVETIRACETAM 750MG TABLET	OPEN	None	Yes	100	0.8200	0.8200
02454688	LEVETIRACETAM 750MG TABLET	OPEN	None	Yes	120	0.8200	0.8200

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02272873	LEVOCARB CR 100/25MG TABLET	OPEN	None	Yes	100	0.5587	0.5587
02245211	LEVOCARB CR 200/50MG TABLET	OPEN	None	Yes	100	1.0900	1.0900
00115630	LIBRAX CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3492	0.2540
02163152	LIDEMOL 0.05% EMOLLIENT CRM	OPEN	None	No	30	0.2206	
02161923	LIDEX 0.05% CREAM	OPEN	None	No	60	0.2580	
02161966	LIDEX 0.05% OINTMENT	OPEN	None	No	60	0.3293	
02237390	LIFE BRAND ACET SUSP 80MG CHRY 24ML	OPEN	Beneficiary of CYFS	No	24	0.1486	
00977153	LIFE BRAND ALCOHOL SWABS	OPEN	Beneficiary of CYFS. Beneficiary must have eligibility under the Cystic Fibrosis Program.	No	1	0.0098	
97799593	LIFE BRAND BLOOD GLUCOSE TEST	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.7398	
02238155	LIFE BRAND CODULAX	OPEN	Beneficiary of CYFS	No	30	0.0229	
97799442	LIFE BRAND PEN NEEDLES 31G 6MM	OPEN	None	No	100	0.3201	
97799441	LIFE BRAND PEN NEEDLES 31G 8MM	OPEN	None	No	100	0.3201	
00977151	LIFE BRAND ULTRA THIN LANCETS	OPEN	None	No	100	0.0477	
00977543	LIFESCAN LANCET	OPEN	None	No	200	0.0485	
02272903	LINESSA 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	0.8060	
02257238	LINESSA 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.6045	
00455881	LIORESAL 10 MG TABLET	OPEN	None	Yes	100	0.9018	0.1964
00636576	LIORESAL D.S. 20 MG TABLET	OPEN	None	Yes	100	1.7554	0.3823
02146959	LIPIDIL MICRO 200 MG CAPSULE	OPEN	None	Yes	30	1.1870	0.2968
02241601	LIPIDIL SUPRA 100 MG TABLET	OPEN	None	Yes	30	1.2132	0.5894
02241602	LIPIDIL SUPRA 160 MG TABLET	OPEN	None	Yes	30	1.3977	0.3495
02230711	LIPITOR 10 MG TABLET	OPEN	None	Yes	90	1.9863	0.3420

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02230713	LIPITOR 20 MG TABLET	OPEN	None	Yes	90	2.4829	0.4275
02230714	LIPITOR 40 MG TABLET	OPEN	None	Yes	90	2.6686	0.4595
02243097	LIPITOR 80 MG TABLET	OPEN	None	Yes	30	2.6686	0.4595
02332175	LISINOPRIL 10 MG TABLET	OPEN	None	Yes	100	0.1853	0.1853
02386240	LISINOPRIL 10MG TABLET	OPEN	None	Yes	100	0.1853	0.1853
02332183	LISINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.2226	0.2226
02386259	LISINOPRIL 20MG TABLET	OPEN	None	Yes	500	0.2226	0.2226
02332167	LISINOPRIL 5 MG TABLET	OPEN	None	Yes	100	0.1542	0.1542
02386232	LISINOPRIL 5MG TABLET	OPEN	None	Yes	100	0.1542	0.1542
02362945	LISINOPRIL/HCTZ TYPE Z 10MG/12.5MG TABLET	OPEN	None	Yes	100	0.2385	0.2385
02362953	LISINOPRIL/HCTZ TYPE Z 20MG/12.5MG TABLET	OPEN	None	Yes	100	0.2866	0.2866
02362961	LISINOPRIL/HCTZ TYPE Z 20MG/25MG TABLET	OPEN	None	Yes	100	0.3822	0.3822
02013231	LITHANE 150 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1682	
00406775	LITHANE 300 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	1000	0.1682	
02266695	LITHMAX 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2774	0.2774
02020017	LIVOSTIN 0.05% NASAL SPRAY	OPEN	None	No	15	2.1339	
00074462	LOCACORTEN VIOFORM CREAM	OPEN	None	No	30	1.0419	
00074454	LOCACORTEN VIOFORM EARDROPS	OPEN	None	No	11	1.8021	
02432463	LODALIS 3.75GRAM PACKET	OPEN	None	No	30	7.2611	
02373955	LODALIS 625 MG TABLET	OPEN	None	No	180	1.2102	
00297143	LOESTRIN 1.5/30 (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	105	0.7176	
00353027	LOESTRIN 1.5/30 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	140	0.5383	
00036323	LOMOTIL TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	250	0.5249	
00514500	LONITEN 10 MG TABLET	OPEN	None	No	100	1.0622	
00514497	LONITEN 2.5 MG TABLET	OPEN	None	No	100	0.4818	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00599026	LOPID 300 MG CAPSULE	OPEN	None	Yes	250	0.5445	0.1404
00659606	LOPID 600 MG TABLET	OPEN	None	Yes	250	1.1275	0.5621
00397431	LOPRESOR 100 MG TABLET	OPEN	None	Yes	500	0.7695	0.1676
00397423	LOPRESOR 50 MG TABLET	OPEN	None	Yes	100	0.3751	0.0768
00658855	LOPRESOR SR 100 MG TABLET SA	OPEN	None	Yes	250	0.4201	0.1360
00534560	LOPRESOR SR 200 MG TABLET SA	OPEN	None	Yes	250	0.7623	0.2724
02221802	LOPROX 1% CREAM	OPEN	None	No	60	0.3273	
02221810	LOPROX 1% LOTION	OPEN	None	No	60	0.3279	
02351072	LORAZEPAM 0.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0391	0.0391
02351080	LORAZEPAM 1MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0487	0.0487
02351099	LORAZEPAM 2MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0762	0.0762
02243278	LORAZEPAM INJ 4 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	23.0020	
02388812	LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02388898	LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02388790	LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02388863	LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02388804	LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02388871	LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02388979	LOSARTAN HCT 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02388987	LOSARTAN HCT 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02388960	LOSARTAN HCT 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02427656	LOSARTAN/HCTZ 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02427664	LOSARTAN/HCTZ 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02427648	LOSARTAN/HCTZ 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02230737	LOSEC 10 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	2.0645	0.8902
02190915	LOSEC 20 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	2.5964	0.4488
00885843	LOTENSIN 10 MG TABLET	OPEN	None	Yes	28	1.0834	1.0291
00885851	LOTENSIN 20 MG TABLET	OPEN	None	Yes	28	1.4264	0.9789
00885835	LOTENSIN 5 MG TABLET	OPEN	None	Yes	28	1.0511	0.7215
00611174	LOTRIDERM CREAM	OPEN	None	No	50	1.1330	
02353229	LOVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.5911	0.5911
02353237	LOVASTATIN 40MG TABLET	OPEN	None	Yes	100	1.0798	1.0798
02378442	LOVENOX 100MG/1.0ML SYRINGE	SPEC AUTH	None	No	10	23.9308	
02012472	LOVENOX 30 MG/0.3 ML SYRINGE	SPEC AUTH	None	No	3	23.9315	
02236564	LOVENOX 300 MG/3 ML VIAL	SPEC AUTH	None	No	3	23.9315	
02236883	LOVENOX 40 MG/0.4ML SYRINGE	SPEC AUTH	None	No	4	23.9297	
02378426	LOVENOX 60MG/0.6ML SYRINGE	SPEC AUTH	None	No	6	23.9297	
02378434	LOVENOX 80 MG/0.8ML SYRINGE	SPEC AUTH	None	No	8	23.9311	
02242692	LOVENOX HP 120 MG/0.8ML SYRG	SPEC AUTH	None	No	8	35.8959	
02378469	LOVENOX HP 150 MG/1 ML SYRG	SPEC AUTH	None	No	10	35.8972	
02170027	LOXAPAC - TAB 10MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3889	0.3174
02170019	LOXAPAC - TAB 5MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2336	0.1906
02169991	LOXAPAC 50 MG/ML AMPOULE	OPEN	Initial fills are limited to a maximum 30 days	No	10	18.1830	
02170132	LOXAPAC TABLETS - 25 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.6029	0.4920
02179709	LOZIDE 1.25 MG TABLET	OPEN	None	Yes	30	0.3248	0.3248
00564966	LOZIDE 2.5 MG TABLET	OPEN	None	Yes	30	0.5312	0.1288

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02296810	LUCENTIS 2.3 MG/0.23 ML VIAL	SPEC AUTH	None	No	1	1708.8750	
00360511	LUDIOMIL TAB 75MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7764	0.7764
02245860	LUMIGAN 0.03% OPHTHALMIC DROPS	OPEN	None	No	2.5	11.7354	
02324997	LUMIGAN RC 0.01% OPHTHALMIC DROPS	OPEN	None	No	7.5	12.6034	
02449048	LUPIN-ESTRADIOL 0.5MG TABLET	OPEN	None	Yes	100	0.1307	0.1307
02449056	LUPIN-ESTRADIOL 1MG TABLET	OPEN	None	Yes	100	0.2521	0.2521
02449064	LUPIN-ESTRADIOL 2MG TABLET	OPEN	None	Yes	100	0.4450	0.4450
00727695	LUPRON 1 MG/0.2 ML KIT	OPEN	None	No	1	205.5099	
02239834	LUPRON DEPOT 11.25 MG VIAL	OPEN	None	No	1	1156.0024	
02230248	LUPRON DEPOT 22.5 MG VIAL	OPEN	None	No	1	1162.0350	
00884502	LUPRON DEPOT 3.75 MG KIT	OPEN	None	No	1	387.9960	
02239833	LUPRON DEPOT 30 MG VIAL	OPEN	None	No	1	1549.3800	
00836273	LUPRON DEPOT 7.5 MG KIT	OPEN	None	No	1	420.9475	
02401185	LUTERA 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.5053	0.5053
02401207	LUTERA 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3790	0.3790
01919369	LUVOX 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	1.8432	0.4287
01919342	LUVOX 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	1.0249	0.2385
00716863	LYDERM 0.05% CREAM	OPEN	None	No	60	0.2651	
02236997	LYDERM 0.05% GEL	OPEN	None	No	60	0.3931	
02236996	LYDERM 0.05% OINTMENT	OPEN	None	No	60	0.3656	
00690198	M.O.S. 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1845	
00776203	M.O.S. SR 60 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	0.9199	
02009765	M.O.S. SULPHATE 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1956	
02009773	M.O.S. SULPHATE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1265	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00776181	M.O.S.-SR 30 MG TABLET SA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	0.5219	
02063662	MACROBID 100 MG CAPSULE	OPEN	None	No	100	0.8146	
01997645	MACRODANTIN 100 MG CAPSULE	OPEN	None	Yes	100	0.6240	0.6240
01997637	MACRODANTIN 50 MG CAPSULE	OPEN	None	Yes	100	0.3545	0.3545
00966827	MAGIC BULLET SUPPOSITORIES 10M	OPEN	Beneficiary of CYFS	No	100	0.7628	
01927639	MAJEPTIL 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.7518	
00499013	MANDELAMINE 500 MG TABLET	OPEN	None	No	100	0.4990	
00899356	MANERIX 150 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	0.7207	0.3401
02166747	MANERIX 300 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.4154	0.6677
02396327	MAR-ALLOPURINOL 100MG TABLET	OPEN	None	Yes	1000	0.0850	0.0850
02396335	MAR-ALLOPURINOL 200MG TABLET	OPEN	None	Yes	500	0.1417	0.1417
02396343	MAR-ALLOPURINOL 300MG TABLET	OPEN	None	Yes	500	0.2316	0.2316
02429861	MAR-AMITRIPTYLINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0474	0.0474
02429888	MAR-AMITRIPTYLINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0904	0.0904
02429896	MAR-AMITRIPTYLINE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.1679	0.1679
02371723	MAR-AMLODIPINE 10MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02371715	MAR-AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02379562	MAR-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	100	1.3875	1.3875
02371995	MAR-ATENOLOL 100MG TABLET	OPEN	None	Yes	500	0.2703	0.2703
02371979	MAR-ATENOLOL 25MG TABLET	OPEN	None	No	100	0.0818	
02371987	MAR-ATENOLOL 50MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02452324	MAR-AZITHROMYCIN 250MG TABLET	OPEN	None	Yes	100	1.3703	1.3703
02420058	MAR-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02420066	MAR-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02379686	MAR-CIPROFLOXACIN 250MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02379694	MAR-CIPROFLOXACIN 500MG TABLET	OPEN	None	Yes	100	0.7607	0.7607
02379708	MAR-CIPROFLOXACIN 750MG TABLET	OPEN	None	Yes	50	1.3930	1.3930
02371898	MAR-CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02371901	MAR-CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02422255	MAR-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02403870	MAR-DOMPERIDONE 10MG TABLET	OPEN	None	Yes	500	0.0647	0.0647
02402106	MAR-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	500	0.8998	0.8998
02402092	MAR-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	500	0.8998	0.8998
02446081	MAR-DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02446103	MAR-DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	500	1.0648	1.0648
02423480	MAR-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.4707	0.4707
02423502	MAR-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5011	0.5011
02422662	MAR-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	500	0.3553	0.3553
02392909	MAR-FLUOXETINE 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02392917	MAR-FLUOXETINE 20MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012
02391473	MAR-GABAPENTIN 100MG CAPSULE	SPEC AUTH	None	Yes	500	0.0816	0.0816
02391481	MAR-GABAPENTIN 300MG CAPSULE	SPEC AUTH	None	Yes	500	0.1985	0.1985
02391503	MAR-GABAPENTIN 400MG CAPSULE	SPEC AUTH	None	Yes	500	0.2366	0.2366
02420848	MAR-GALANTAMINE ER 16MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02420856	MAR-GALANTAMINE ER 24MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02420821	MAR-GALANTAMINE ER 8MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02373424	MAR-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02378620	MAR-METFORMIN 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02378639	MAR-METFORMIN 850MG TABLET	OPEN	None	Yes	100	0.0665	0.0665
02399997	MAR-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	30	0.8933	0.8933
02399865	MAR-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02399873	MAR-MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4665	0.4665
02447053	MAR-MOXIFLOXACIN 400MG TABLET	SPEC AUTH	None	Yes	100	1.6601	1.6601
02421267	MAR-OLANZAPINE 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906
02421275	MAR-OLANZAPINE 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02421232	MAR-OLANZAPINE 2.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02421240	MAR-OLANZAPINE 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953
02421259	MAR-OLANZAPINE 7.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02389096	MAR-OLANZAPINE ODT 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02389118	MAR-OLANZAPINE ODT 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02389088	MAR-OLANZAPINE ODT 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02371731	MAR-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	3.6510	3.6510
02371758	MAR-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	5.5710	5.5710
02416565	MAR-PANTOPRAZOLE 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02411946	MAR-PAROXETINE 10MG TABLET	OPEN	Limit of 1 per day without Special Authorization. Initial fills are limited to a maximum of 30 days.	Yes	100	0.6117	0.6117
02411954	MAR-PAROXETINE 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02411962	MAR-PAROXETINE 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02417561	MAR-PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	500	0.6275	0.6275
02417529	MAR-PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	500	0.2243	0.2243
02417537	MAR-PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	500	0.3519	0.3519
02417545	MAR-PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	500	0.4552	0.4552
02399830	MAR-QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02399849	MAR-QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5193	0.5193
02399822	MAR-QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02399857	MAR-QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.7579	0.7579
02420457	MAR-RAMIPRIL 1.25MG CAPSULE	OPEN	None	Yes	30	0.1389	0.1389
02420481	MAR-RAMIPRIL 10MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02420465	MAR-RAMIPRIL 2.5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02420473	MAR-RAMIPRIL 5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02371766	MAR-RISPERIDONE 0.25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02371774	MAR-RISPERIDONE 0.5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02371782	MAR-RISPERIDONE 1MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3420	0.3420
02371790	MAR-RISPERIDONE 2MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6843	0.6843
02371804	MAR-RISPERIDONE 3MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0245	1.0245
02371812	MAR-RISPERIDONE 4MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
02379678	MAR-RIZATRIPTAN 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	12	4.1475	4.1475
02379651	MAR-RIZATRIPTAN 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.0385	4.0385
02413078	MAR-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02413086	MAR-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02413108	MAR-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.3904	0.3904

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02413051	MAR-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
02399423	MAR-SERTALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02399431	MAR-SERTRALINE 100MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4810	0.4810
02399415	MAR-SERTRALINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02375044	MAR-SIMVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3970	0.3970
02375052	MAR-SIMVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02375060	MAR-SIMVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02375036	MAR-SIMVASTATIN 5MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02375079	MAR-SIMVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02441586	MAR-VALACYCLOVIR 500MG TABLET	OPEN	None	Yes	100	0.9384	0.9384
02042487	MARVELON 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.9795	0.4033
02042479	MARVELON 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.7346	0.3025
02399458	MAR-ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02386771	MAR-ZOPICLONE 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02386798	MAR-ZOPICLONE 7.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
02231880	MATERNA TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	100	0.1561	
80001842	MATERNA TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	100	0.1474	
00012750	MATULANE 50 MG CAPSULE	OPEN	None	No	100	65.0900	
02231457	MAVIK 0.5 MG CAPSULE	OPEN	None	No	100	0.2965	
02231459	MAVIK 1 MG CAPSULE	OPEN	None	No	100	0.7488	
02231460	MAVIK 2 MG CAPSULE	OPEN	None	No	100	0.8605	
02239267	MAVIK 4 MG CAPSULE	OPEN	None	No	100	1.0617	
02240521	MAXALT 10 MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	12	19.4747	4.1475
02240520	MAXALT 5 MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	16.1538	4.0385

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02240519	MAXALT RPD 10 MG WAFER	OPEN	Coverage limited to 6 doses/30 days	Yes	12	19.4747	4.1284
02240518	MAXALT RPD 5 MG WAFER	OPEN	Coverage limited to 6 doses/30 days	Yes	12	19.4747	4.1284
00042560	MAXIDEX 0.1% EYE DROPS	OPEN	None	No	5	1.9118	
00042579	MAXIDEX 0.1% OINTMENT	OPEN	None	No	3.5	2.9636	
00042676	MAXITROL EYE DROPS	OPEN	None	No	5	2.3631	
00358177	MAXITROL OINTMENT	OPEN	None	No	3.5	3.2984	
00504742	MAZEPINE 200 MG TABLET	OPEN	None	No	500	0.1327	
02379104	MED-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02390760	MED-CYRPOTERONE 50MG TABLET	OPEN	None	Yes	100	1.5260	1.5260
02437686	MED-DORZOLAMIDE-TIMOLOL 20MG/ML 5MG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	10	2.1677	2.1677
02416298	MED-DUTASTERIDE 0.5MG CAPSULE	OPEN	None	Yes	30	0.4583	0.4583
97799403	MEDI+SURE BLOOD GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.6990	
00977117	MEDISENSE THIN LANCETS	OPEN	None	No	200	0.0541	
02322315	MED-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02401614	MED-RIVASTIGMINE 1.5MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
02401622	MED-RIVASTIGMINE 3MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
02401630	MED-RIVASTIGMINE 4.5MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
02401649	MED-RIVASTIGMINE 6MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
00030988	MEDROL 4 MG TABLET	OPEN	None	No	100	0.4850	
00731323	MEGACE 160 MG TABLET	OPEN	None	Yes	30	6.6327	5.4244
02195925	MEGESTROL 160MG TABLET	OPEN	None	Yes	100	5.4244	5.4244
02195917	MEGESTROL 40MG TABLET	OPEN	None	Yes	100	1.2443	1.2443
02409623	MEKINIST 0.5MG TABLET	SPEC AUTH	None	No	30	81.0224	
02409658	MEKINIST 2MG TABLET	SPEC AUTH	None	No	30	324.0895	
02353156	MELOXICAM 15MG TABLET	OPEN	None	Yes	100	0.2519	0.2519
02353148	MELOXICAM 7.5MG TABLET	OPEN	None	Yes	100	0.2183	0.2183

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00725749	MEPERIDINE HCL 100 MG/ML	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	1.2770	
00725765	MEPERIDINE HCL 50 MG/ML AMPL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.2235	
00725757	MEPERIDINE HCL 75 MG/ML AMPL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	1.2054	
00060043	MEPHYTON 5MG TABLETS	OPEN	Beneficiary must have eligibility under the CF Plan	No	100	3.4837	
02415275	MERCAPTOPURINE 50MG TABLET USP	OPEN	None	Yes	25	3.1185	3.1185
02436507	MEROPENEM FOR INJECTION USP 1G/VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	Yes	10	48.8266	48.8266
02218496	MERREM IV 1GM VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	Yes	10	57.4441	48.8266
01914030	MESASAL 500 MG TABLET EC	OPEN	None	No	100	0.7117	
02019930	M-ESLON 10 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	0.3396	
02019965	M-ESLON 100 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	2.2373	
02177749	M-ESLON 15 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	0.3917	
02177757	M-ESLON 200 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	4.4756	
02019949	M-ESLON 30 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	0.5848	
02019957	M-ESLON 60 MG CAPSULE SR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	1.0383	
00869961	MESTINON 60 MG TABLET	OPEN	None	No	100	0.5172	
00869953	MESTINON SR 180 MG TABLET SA	OPEN	None	No	30	1.1309	
02247698	METADOL 1 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1953	
02247694	METADOL 1 MG/ML SOLUTION	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	250	0.1237	
02247700	METADOL 10 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.0672	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02241377	METADOL 10 MG/ML LIQUID	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.4468	
02247701	METADOL 25 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.8771	
02247699	METADOL 5 MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.6671	
02244290	METADOL-D 10MG/ML CONCENTRATE	SPEC AUTH	Must be prescribed by authorized physician	No	1000	0.1628	
02174790	METAMUCIL FIBRE THERAPY ORN	OPEN	Beneficiary of CYFS	No	575	0.0151	
02174812	METAMUCIL FIBRE THERAPY PWD	OPEN	Beneficiary of CYFS	No	798	0.0202	
02174804	METAMUCIL FIBRE THERAPY S/F	OPEN	Beneficiary of CYFS	No	283	0.0307	
02174782	METAMUCIL POWDER SUGAR FREE	OPEN	Beneficiary of CYFS	No	1043	0.0231	
02353377	METFORMIN 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02378841	METFORMIN 500MG TABLET	OPEN	None	Yes	100	0.0484	0.0484
02353385	METFORMIN 850MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
02378868	METFORMIN 850MG TABLET	OPEN	None	Yes	100	0.0665	0.0665
02385341	METFORMIN FC 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02385368	METFORMIN FC 850MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
02394618	METHADOSE 10MG/ML ORAL CONCENTRATE	SPEC AUTH	Must be prescribed by authorized physician	No	1	162.7500	
02245882	METHAZOLAMIDE 50 MG TAB	OPEN	None	No	100	0.5226	
02238405	METHOPRAZINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2833	0.2833
02238403	METHOPRAZINE 2MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0762	0.0762
02238406	METHOPRAZINE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4288	0.4288
02238404	METHOPRAZINE 5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1102	0.1102
02182750	METHOTREXATE 10 MG TABLET	OPEN	None	No	100	2.9368	
02170698	METHOTREXATE 2.5 MG TABLET	OPEN	None	No	100	0.6863	
02099705	METHOTREXATE 25 MG/ML VIAL	OPEN	None	No	20	6.7813	
02182777	METHOTREXATE 25 MG/ML VIAL	OPEN	None	No	20	8.4901	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02417626	METHOTREXATE 25MG/ML INJECTION USP	OPEN	None	Yes	2	7.3902	7.3902
02182955	METHOTREXATE 50 MG/2 ML VL	OPEN	None	Yes	10	9.6574	7.3902
01966375	METHOXISAL C 1/2 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	1.0335	
01966367	METHOXISAL C 1/4 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	24	0.8906	
00360252	METHYLDOPA 125MG TABLET	OPEN	None	Yes	100	0.1100	0.1100
00360260	METHYLDOPA 250MG TABLET	OPEN	None	Yes	100	0.1646	0.1646
00426830	METHYLDOPA 500MG TABLET	OPEN	None	Yes	100	0.2821	0.2821
02185431	METOCLOPRAMIDE 5 MG/ML VIAL	OPEN	None	No	30	3.6809	
02230432	METONIA 10MG TABLET	OPEN	None	Yes	500	0.0694	0.0694
02230433	METONIA 1MG/ML ORAL SOLUTION	OPEN	None	Yes	500	0.0541	0.0541
02230431	METONIA 5MG TABLET	OPEN	None	Yes	100	0.0663	0.0663
02350408	METOPROLOL FILM-COATED 100MG TABLET	OPEN	None	Yes	100	0.1676	0.1676
02350394	METOPROLOL FILM-COATED 50MG TABLET	OPEN	None	Yes	100	0.0768	0.0768
02442132	METOPROLOL-L 100MG TABLET	OPEN	None	Yes	1000	0.1676	0.1676
02442124	METOPROLOL-L 50MG TABLET	OPEN	None	Yes	1000	0.0768	0.0768
02226839	METROCREAM 0.75% CREAM	OPEN	None	No	60	0.7161	
02092832	METROGEL 0.75% GEL	OPEN	None	No	60	1.4466	
02297809	METROGEL 1 % GEL	OPEN	None	No	55	0.6821	
02248206	METROLOTION 0.75% LOTION	OPEN	None	No	120	0.7161	
00545066	METRONIDAZOLE 250MG TABLET	OPEN	None	Yes	500	0.0662	0.0662
02248562	METRONIDAZOLE 500MG CAPSULE	OPEN	None	Yes	100	0.7661	0.7661
00795860	MEVACOR 20 MG TABLET	OPEN	None	Yes	30	2.3644	0.5911
00795852	MEVACOR 40 MG TABLET	OPEN	None	Yes	30	4.3189	1.0798
02297558	MEZAVANT 1.2 G TABLET EC	OPEN	None	No	120	1.7987	
02240769	MICARDIS 40 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	28	1.2706	0.3078
02240770	MICARDIS 80 MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.2706	0.3078

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02244344	MICARDIS PLUS 80/12.5 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.2706	0.3078
02318709	MICARDIS PLUS 80MG/25MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	28	1.2706	0.3078
02085852	MICATIN 2% CREAM	OPEN	None	No	30	0.3226	
02042304	MICRO-K 8MEQ EXTENCAPS	OPEN	None	No	100	0.1042	
02063905	MICROLAX MICRO-ENEMA	OPEN	Beneficiary of CYFS	No	60	0.2369	
00977493	MICROLET LANCET	OPEN	None	No	200	0.0583	
00037605	MICRONOR 0.35 MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.8985	0.4278
00487805	MIDAMOR 5 MG TABLET	OPEN	None	Yes	100	0.3117	0.3020
02249510	MIDAMOR 5MG TABLET	OPEN	None	Yes	100	0.3020	0.3020
02240285	MIDAZOLAM 1MG/ML VIAL	OPEN	For use in End of Life Palliative Care only.	No	100	0.6293	
02240286	MIDAZOLAM 5MG/ML VIAL	OPEN	For use in End of Life Palliative Care only.	No	100	2.7451	
02278677	MIDODRINE 2.5MG TABLET	OPEN	None	Yes	100	0.4272	0.4272
02278685	MIDODRINE 5MG TABLET	OPEN	None	Yes	100	0.7119	0.7119
00315966	MINESTRIN 1/20 (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	105	0.7176	
00343838	MINESTRIN 1/20 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	140	0.5383	
00560952	MINIPRESS 1 MG TABLET	OPEN	None	Yes	100	0.3093	0.1947
00560960	MINIPRESS 2 MG TABLET	OPEN	None	Yes	100	0.4201	0.3893
00560979	MINIPRESS 5 MG TABLET	OPEN	None	Yes	100	0.5775	0.5353
02162806	MINITRAN 0.2 MG/HR PATCH	OPEN	None	No	30	0.6792	
02163527	MINITRAN 0.4 MG/HR PATCH	OPEN	None	No	30	0.7674	
02163535	MINITRAN 0.6 MG/HR PATCH	OPEN	None	No	30	0.7679	
02173506	MINOCIN 100 MG CAPSULE	OPEN	None	Yes	500	1.2888	0.6444
02173514	MINOCIN 50 MG CAPSULE	OPEN	None	Yes	100	0.6680	0.3340
02042320	MIN-OVRAL 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.8554	0.5532
02042339	MIN-OVRAL 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.6416	0.4149

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02394863	MINT-ALENDRONATE 10MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	28	0.5436	0.5436
02394871	MINT-ALENDRONATE 70MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900
02362678	MINT-AMLODIPINE 10MG TABLET	OPEN	None	Yes	250	0.3910	0.3910
02362651	MINT-AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	250	0.2635	0.2635
02393573	MINT-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02368048	MINT-ATENOL 100mg TABLET	OPEN	None	Yes	100	0.2703	0.2703
02368013	MINT-ATENOL 25MG TABLET	OPEN	None	No	100	0.0818	
02368021	MINT-ATENOL 50MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02412497	MINT-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1917	0.1917
02412500	MINT-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.3835	0.3835
02423553	MINT-CIPROFLOX 250MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02423561	MINT-CIPROFLOX 500MG TABLET	OPEN	None	Yes	100	0.7607	0.7607
02423588	MINT-CIPROFLOX 750MG TABLET	OPEN	None	Yes	50	1.3930	1.3930
02317427	MINT-CIPROFLOXACIN 250 MG TAB	OPEN	None	Yes	100	0.6743	0.6743
02317435	MINT-CIPROFLOXACIN 500 MG TAB	OPEN	None	Yes	100	0.7607	0.7607
02317443	MINT-CIPROFLOXACIN 750 MG TAB	OPEN	None	Yes	100	1.3930	1.3930
02370077	MINT-CITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1553	
02304686	MINT-CITALOPRAM 20 MG TAB	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02429705	MINT-CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02304694	MINT-CITALOPRAM 40 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02429713	MINT-CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02408910	MINT-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	100	0.5161	0.5161

DIN	Label Name	Benefit Status		Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02443090	MINT-DORZOLAMIDE/TIMOLOL 20MG/ML / 5MG/ML OPHTHALMIC SOLUTION	OPEN	None		Yes	10	2.1677	2.1677
02438984	MINT-DULOXETINE 30MG CAPSULE	SPEC AUTH	None		Yes	100	0.5247	0.5247
02438992	MINT-DULOXETINE 60MG CAPSULE	SPEC AUTH	None		Yes	100	1.0648	1.0648
02428873	MINT-DUTASTERIDE 0.5MG CAPSULE	OPEN	None		Yes	30	0.4583	0.4583
02407418	MINT-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.		Yes	100	0.4707	0.4707
02407434	MINT-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days		Yes	100	0.5011	0.5011
02423243	MINT-EZETIMIBE 10MG TABLET	SPEC AUTH	None		Yes	100	0.3553	0.3553
02389878	MINT-FINASTERIDE 5MG TABLET	OPEN	None		Yes	100	0.5227	0.5227
02380560	MINT-FLUOXETINE 10MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days		Yes	100	0.5009	0.5009
02380579	MINT-FLUOXETINE 20MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days		Yes	500	0.5012	0.5012
02423286	MINT-GLICLAZIDE MR 30MG TABLET	OPEN	None		Yes	100	0.1015	0.1015
02424991	MINT-HYDROXYCHLOROQUINE 200MG TABLET	OPEN	None		Yes	100	0.1718	0.1718
02422999	MINT-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization		Yes	100	0.3453	0.3453
02423006	MINT-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization		Yes	100	0.3453	0.3453
02392992	MINT-IRBESARTAN/HCTZ 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization		Yes	100	0.3453	0.3453
02393018	MINT-IRBESARTAN/HCTZ 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization		Yes	100	0.3453	0.3453
02393026	MINT-IRBESARTAN/HCTZ 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization		Yes	100	0.3307	0.3307
02405768	MINT-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization		Yes	100	0.3430	0.3430
02405733	MINT-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization		Yes	100	0.3430	0.3430

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02405741	MINT-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02389665	MINT-LOSARTAN/HCTZ 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02389657	MINT-LOSARTAN/HCTZ 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02389673	MINT-LOSARTAN/HCTZ DS 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02388766	MINT-METFORMIN 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02388774	MINT-METFORMIN 850MG TABLET	OPEN	None	Yes	100	0.0665	0.0665
02408643	MINT-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	100	0.8933	0.8933
02408627	MINT-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061
02408635	MINT-MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4665	0.4665
02305259	MINT-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	30	3.6510	3.6510
02305267	MINT-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	30	5.5710	5.5710
02417448	MINT-PANTOPRAZOLE 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02421380	MINT-PAROXETINE 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4920	0.4920
02421399	MINT-PAROXETINE 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02326477	MINT-PIOGLITAZONE 15 MG TABLET	SPEC AUTH	None	Yes	100	0.6685	0.6685
02326485	MINT-PIOGLITAZONE 30 MG TABLET	SPEC AUTH	None	Yes	100	0.9365	0.9365
02326493	MINT-PIOGLITAZONE 45 MG TABLET	SPEC AUTH	None	Yes	100	1.4082	1.4082
02317451	MINT-PRAVASTATIN 10 MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02317478	MINT-PRAVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.5207	0.5207
02317486	MINT-PRAVASTATIN 40 MG TABLET	OPEN	None	Yes	100	0.6273	0.6273
02424207	MINT-PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02423804	MINT-PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	100	0.2243	0.2243
02423812	MINT-PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	100	0.3519	0.3519
02424185	MINT-PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	100	0.4552	0.4552
02438011	MINT-QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2585	0.2585
02438046	MINT-QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02438003	MINT-QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0969	0.0969
02438054	MINT-QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
02421321	MINT-RAMIPRIL 10MG CAPSULE	OPEN	None	Yes	100	0.2030	0.2030
02421305	MINT-RAMIPRIL 2.5MG CAPSULE	OPEN	None	Yes	100	0.1602	0.1602
02421313	MINT-RAMIPRIL 5MG CAPSULE	OPEN	None	Yes	100	0.1602	0.1602
02359790	MINT-RISPERIDON 0.25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02359804	MINT-RISPERIDON 0.5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02359812	MINT-RISPERIDON 1MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3420	0.3420
02359820	MINT-RISPERIDON 2MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6843	0.6843
02359839	MINT-RISPERIDON 3MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0245	1.0245
02359847	MINT-RISPERIDON 4MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
02406985	MINT-RIVASTIGMINE 1.5MG CAPSULE	SPEC AUTH	None	Yes	56	0.7101	0.7101
02406993	MINT-RIVASTIGMINE 3MG CAPSULE	SPEC AUTH	None	Yes	56	0.7101	0.7101
02407000	MINT-RIVASTIGMINE 4.5MG CAPSULE	SPEC AUTH	None	Yes	56	0.7101	0.7101
02407019	MINT-RIVASTIGMINE 6MG CAPSULE	SPEC AUTH	None	Yes	56	0.7101	0.7101
02439581	MINT-RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02439573	MINT-RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02397803	MINT-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.2656	0.2656
02397811	MINT-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.3320	0.3320

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02397838	MINT-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.3904	0.3904
02397781	MINT-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2519	0.2519
02402408	MINT-SERTRALINE 100MG CAPSULES	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02402378	MINT-SERTRALINE 25MG CAPSULES	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02402394	MINT-SERTRALINE 50MG CAPSULES	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4590	0.4590
02372940	MINT-SIMVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.3970	0.3970
02372959	MINT-SIMVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02372967	MINT-SIMVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02372932	MINT-SIMVASTATIN 5MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02372975	MINT-SIMVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02443198	MINT-SOLIFENACIN 10MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	90	0.4603	0.4603
02443171	MINT-SOLIFENACIN 5MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	90	0.4603	0.4603
02423308	MINT-TOLTERODINE 1MG TABLET	OPEN	Limited to 2 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.2676	0.2676
02423316	MINT-TOLTERODINE 2MG TABLET	OPEN	Limited to 2 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.2676	0.2676

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02315653	MINT-TOPIRAMATE 100 MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02315661	MINT-TOPIRAMATE 200 MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02315645	MINT-TOPIRAMATE 25 MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02419521	MINT-ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02391716	MINT-ZOPICLONE 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02391724	MINT-ZOPICLONE 7.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2453	0.2453
02237145	MIRAPEX 0.25 MG TABLET	OPEN	None	Yes	90	1.1811	0.2865
02237146	MIRAPEX 1 MG TABLET	OPEN	None	Yes	90	2.3622	0.5730
02237147	MIRAPEX 1.5 MG TABLET	OPEN	None	Yes	90	2.3622	0.5730
02243005	MIRENA INTRAUTERINE SYTEM	OPEN	One dispensing every 5 years.	No	1	373.9561	
02370689	MIRTAZAPINE 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3726	0.3726
02410249	MIRVALA 21 0.15MG/0.03MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.5487	0.4033
02410257	MIRVALA 28 0.15MG/0.03MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.4115	0.3025
02244023	MISOPROSTOL 200MCG TABLET	OPEN	None	Yes	100	0.4784	0.4784
02242786	MOBICOX 15 MG TABLET	OPEN	None	Yes	100	1.0075	0.2519
02242785	MOBICOX 7.5 MG TABLET	OPEN	None	Yes	100	0.8732	0.2183
00755575	MODECATE CONC 100 MG/ML AMP	OPEN	Initial fills are limited to a maximum 30 days	No	5	32.3113	
00803499	MODULON 200 MG TABLET	OPEN	None	Yes	100	0.8046	0.5821
00587869	MODULON TAB 100MG	OPEN	None	Yes	250	0.3540	0.2991
00487813	MODURET TABLET	OPEN	None	Yes	100	0.3834	0.1409
00511536	MOGADON 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.2491	
00511528	MOGADON 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1664	
02126605	MONISTAT 3 400 MG VAG OVULE	OPEN	Beneficiary of CYFS	No	3	4.3473	
02126249	MONISTAT 3 DUAL PAK	OPEN	Beneficiary of CYFS	No	1	14.9296	
02084309	MONISTAT 7 2% VAGINAL CREAM	OPEN	Beneficiary of CYFS	No	35	0.3726	
02126257	MONISTAT 7 DUAL PAK	OPEN	Beneficiary of CYFS	No	1	14.9296	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02126567	MONISTAT DERM 2% CREAM	OPEN	Beneficiary of CYFS	No	30	0.3838	
02036290	MONITAN 100MG TABLET	OPEN	None	Yes	100	0.1692	0.0941
02036436	MONITAN 200 MG TABLET	OPEN	None	Yes	100	0.2539	0.1410
02036444	MONITAN 400 MG TABLET	OPEN	None	Yes	100	0.5052	0.2807
02241149	MONOCOR 10MG TABLET	OPEN	None	Yes	100	0.6322	0.1581
02241148	MONOCOR 5 MG TABLET	OPEN	None	Yes	100	0.4332	0.1083
00977494	MONOJECT ALCOHOL WIPES	OPEN	Beneficiary of CYFS. Beneficiary must have eligibility under the Cystic Fibrosis Program.	No	200	0.0176	
00977128	MONOJECT SYR 1/2CC 1CC & 3/10	OPEN	None	No	100	0.2442	
00977268	MONOJET LANCET	OPEN	None	No	200	0.0605	
01907107	MONOPRIL 10 MG TABLET	OPEN	None	Yes	100	1.0125	0.2531
01907115	MONOPRIL 20 MG TABLET	OPEN	None	Yes	100	1.2184	0.3045
02379333	MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	30	0.8933	0.8933
02382474	MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	30	0.8933	0.8933
02382458	MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061
02382466	MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4665	0.4665
02379317	MONTELUKAST CHEWABLE 4MG TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061
02379325	MONTELUKAST CHEWABLE 5MG TABLET	SPEC AUTH	None	Yes	30	0.4665	0.4665
02379236	MONTELUKAST SODIUM 10MG TABLET	SPEC AUTH	None	Yes	30	0.8933	0.8933
02240335	MONUROL 3G PACKET	SPEC AUTH	None	No	1	25.2480	
00676411	MORPHINE HP 25 25 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	20	3.1357	
00617288	MORPHINE HP 50 50 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	7.3992	
02350815	MORPHINE SR 15MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	0.2526	0.2526
02350890	MORPHINE SR 30MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3815	0.3815

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02350912	MORPHINE SR 60MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.6722	0.6722
00392588	MORPHINE SULF 10 MG/ML AMP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.4646	
00850322	MORPHINE SULF 10 MG/ML AMP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	1.0633	
00850330	MORPHINE SULF 15 MG/ML AMP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	1	0.6618	
00392561	MORPHINE SULF 15 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.6128	
02242484	MORPHINE SULFATE 2 MG/ML VL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.3261	
00855820	MOTILIUM 10MG TABLET	OPEN	None	Yes	100	0.2589	0.0647
02186934	MOTRIN IB 200 MG CAPLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	Yes	150	0.0792	0.0556
02242658	MOTRIN IB SUPER STRENGTH 400MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	Yes	45	0.1899	0.0405
02410303	MOVISSE 0.35MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.4278	0.4278
97799810	MPD THIN LANCET	OPEN	None	No	100	0.0434	
97799807	MPD ULTRA THIN LANCET	OPEN	None	No	100	0.0434	
02014319	MS CONTIN 100 MG TABLET SA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	3.1719	2.6814
02015439	MS CONTIN 15 MG TABLET SA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	0.7804	0.2526
02014327	MS CONTIN 200 MG CAPLET SA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	5.8980	4.9854
02014297	MS CONTIN 30 MG TABLET SA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	1.1805	0.3815
02014300	MS CONTIN 60 MG TABLET SA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	2.0797	0.6722
02014211	MS-IR 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.2094	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02014238	MS-IR 20 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.3732	
02014254	MS-IR 30 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.4785	
02014203	MS-IR 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	0.1345	
02125013	MUCAINE SUSPENSION	OPEN	Beneficiary of CYFS	No	350	0.0264	
02091526	MUCOMYST 20% VIAL	OPEN	None	No	30	0.6383	
00977586	MULTISTIX	OPEN	None	No	100	0.8075	
00903472	MULTIVITAMIN MINERAL PLUS	OPEN	Beneficiary must have eligibility under the CF Plan	No	120	0.0443	
00750816	MURO-128 5% OINTMENT	OPEN	Beneficiary of CYFS	No	3.5	3.0473	
00750824	MURO-128 5% OPHTHALMIC DROP	OPEN	Beneficiary of CYFS	No	15	0.7110	
95999960	MVW COMPLETE FORMULATION CHEWABLES	SPEC AUTH	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	60	0.4511	
95999961	MVW COMPLETE FORMULATION D3000 SOFTGELS	OPEN	Beneficiary must have eligibility under the CF Plan	No	60	0.4331	
95999959	MVW COMPLETE FORMULATION PEDIATRIC DROPS	OPEN	Beneficiary must have eligibility under the CF Plan	No	30	0.7577	
02063786	MYCOBUTIN 150 MG CAPSULE	SPEC AUTH	None	No	100	5.6751	
00465763	MYDFRIN 2.5% EYE DROPS	OPEN	None	No	5	1.2065	
00000981	MYDRIACYL 0.5% EYE DROPS	OPEN	None	No	15	1.0387	
00001007	MYDRIACYL 1% EYE DROPS	OPEN	None	No	15	1.3375	
97799458	MYGLUCOHEALTH TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.6891	
02450682	MYLAN-ABACAVIR/LAMIVUDINE 600MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	6.5264	6.5264
02237885	MYLAN-ACEBUTOLOL (TYPE S) 100	OPEN	None	Yes	500	0.0941	0.0941
02237886	MYLAN-ACEBUTOLOL (TYPE S) 200	OPEN	None	Yes	500	0.1410	0.1410

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02237887	MYLAN-ACEBUTOLOL (TYPE S) 400	OPEN	None	Yes	100	0.2807	0.2807
02237721	MYLAN-ACEBUTOLOL 100 MG TABLET	OPEN	None	Yes	500	0.0941	0.0941
02237722	MYLAN-ACEBUTOLOL 200 MG TABLET	OPEN	None	Yes	500	0.1410	0.1410
02237723	MYLAN-ACEBUTOLOL 400 MG TABLET	OPEN	None	Yes	100	0.2807	0.2807
02242784	MYLAN-ACYCLOVIR 200 MG TABLET	OPEN	None	Yes	100	0.6973	0.6973
02242463	MYLAN-ACYCLOVIR 400 MG TABLET	OPEN	None	Yes	100	1.3843	1.3843
02242464	MYLAN-ACYCLOVIR 800 MG TABLET	OPEN	None	Yes	100	1.3814	1.3814
02286335	MYLAN-ALENDRONATE 70 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900
02398443	MYLAN-ALMOTRIPTAN 12.5MG TABLET	SPEC AUTH	None	Yes	6	7.6773	7.6773
02398435	MYLAN-ALMOTRIPTAN 6.25MG TABLET	SPEC AUTH	None	Yes	6	7.6773	7.6773
02137534	MYLAN-ALPRAZOLAM 0.25 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0678	0.0678
02137542	MYLAN-ALPRAZOLAM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0810	0.0810
02229813	MYLAN-ALPRAZOLAM 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2280	0.2280
02229814	MYLAN-ALPRAZOLAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.4053	0.4053
02139200	MYLAN-AMANTADINE 100 MG CAP	OPEN	None	Yes	100	0.5645	0.5645
02240604	MYLAN-AMIODARONE 200 MG TABLET	OPEN	None	Yes	100	0.5610	0.5610
02272121	MYLAN-AMLODIPINE 10 MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02272113	MYLAN-AMLODIPINE 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02238171	MYLAN-AMOXICILLIN 250 MG CAP	OPEN	None	Yes	1000	0.1908	0.1908
02238172	MYLAN-AMOXICILLIN 500 MG CAP	OPEN	None	Yes	500	0.3725	0.3725
02253054	MYLAN-ANAGRELIDE 0.5 MG CAP	OPEN	None	Yes	100	2.8733	2.8733
02361418	MYLAN-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02147432	MYLAN-ATENOLOL 100 MG TABLET	OPEN	None	Yes	500	0.2703	0.2703
02303647	MYLAN-ATENOLOL 25 MG TABLET	OPEN	None	No	100	0.0818	
02146894	MYLAN-ATENOLOL 50 MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02392933	MYLAN-ATORVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02392941	MYLAN-ATORVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02392968	MYLAN-ATORVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02392976	MYLAN-ATORVASTATIN 80MG TABLET	OPEN	None	Yes	90	0.4595	0.4595
02231491	MYLAN-AZATHIOPRINE 50 MG TAB	OPEN	None	Yes	100	0.2698	0.2698
02278359	MYLAN-AZITHROMYCIN 250 MG TAB	OPEN	None	Yes	30	1.3703	1.3703
02088398	MYLAN-BACLOFEN 10 MG TABLET	OPEN	None	Yes	500	0.1964	0.1964
02088401	MYLAN-BACLOFEN 20 MG TABLET	OPEN	None	Yes	100	0.3823	0.3823
02172712	MYLAN-BECLO AQ 50 MCG SPRAY	OPEN	None	Yes	200	0.0668	0.0668
02384426	MYLAN-BISOPROLOL 10MG TABLET	OPEN	None	Yes	100	0.1581	0.1581
02384418	MYLAN-BISOPROLOL 5MG TABLET	OPEN	None	Yes	100	0.1083	0.1083
02383500	MYLAN-BOSENTAN 125MG TABLET	SPEC AUTH	None	Yes	56	24.4841	24.4841
02383497	MYLAN-BOSENTAN 62.5MG TABLET	SPEC AUTH	None	Yes	56	24.4841	24.4841
02230648	MYLAN-BUDESONIDE AQ 100 MCG	OPEN	None	Yes	165	0.1044	0.1044
02241003	MYLAN-BUDESONIDE AQ 64 MCG SPY	OPEN	None	Yes	120	0.0919	0.0919
02408090	MYLAN-BUPRENORPHINE/NALOXONE 2MG/0.5MG TABLET	OPEN	For use in Methadone Maintenance Therapy only.	Yes	100	1.4552	1.4552
02408104	MYLAN-BUPRENORPHINE/NALOXONE 8MG/2MG TABLET	OPEN	For use in Methadone Maintenance Therapy only.	Yes	100	2.5779	2.5779
02382075	MYLAN-BUPROPION XL 150MG TABLET	OPEN	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.	Yes	500	0.3189	0.3189
02382083	MYLAN-BUPROPION XL 300MG TABLET	OPEN	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.	Yes	500	0.6380	0.6380
02379147	MYLAN-CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02379155	MYLAN-CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02379139	MYLAN-CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02374897	MYLAN-CANDESARTAN HCTZ 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02241882	MYLAN-CARBAMAZE CR 200 MG TAB	OPEN	None	Yes	500	0.1146	0.1146
02241883	MYLAN-CARBAMAZE CR 400 MG TAB	OPEN	None	Yes	100	0.2290	0.2290
02347555	MYLAN-CARVEDILOL 12.5 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02347571	MYLAN-CARVEDILOL 25 MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02347512	MYLAN-CARVEDILOL 3.125 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02347520	MYLAN-CARVEDILOL 6.25 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02423278	MYLAN-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02399881	MYLAN-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02283778	MYLAN-CILAZAPRIL 1 MG TABLET	OPEN	None	Yes	100	0.1697	0.1697
02283786	MYLAN-CILAZAPRIL 2.5 MG TABLET	OPEN	None	Yes	100	0.1996	0.1996
02283794	MYLAN-CILAZAPRIL 5 MG TABLET	OPEN	None	Yes	100	0.2318	0.2318
02227452	MYLAN-CIMETIDINE 400 MG TABLET	OPEN	None	Yes	500	0.3194	0.3194
02227460	MYLAN-CIMETIDINE 600 MG TABLET	OPEN	None	Yes	500	0.3711	0.3711
02245647	MYLAN-CIPROFLOXACIN 250 MG TAB	OPEN	None	Yes	100	0.6743	0.6743
02245648	MYLAN-CIPROFLOXACIN 500 MG TAB	OPEN	None	Yes	500	0.7607	0.7607
02245649	MYLAN-CIPROFLOXACIN 750 MG TAB	OPEN	None	Yes	100	1.3930	1.3930
02246594	MYLAN-CITALOPRAM 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02246595	MYLAN-CITALOPRAM 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02248856	MYLAN-CLARITHROMYCIN 250 MG TB	OPEN	None	Yes	100	0.4587	0.4587
02248857	MYLAN-CLARITHROMYCIN 500 MG TB	OPEN	None	Yes	100	1.7759	1.7759
02258331	MYLAN-CLINDAMYCIN 150 MG CAP	OPEN	None	Yes	100	0.2565	0.2565
02258358	MYLAN-CLINDAMYCIN 300 MG CAP	OPEN	None	Yes	100	0.5130	0.5130
02024187	MYLAN-CLOBETASOL 0.05% CREAM	OPEN	None	Yes	50	0.2484	0.2484
02026767	MYLAN-CLOBETASOL 0.05% OINT	OPEN	None	Yes	50	0.2484	0.2484
02216213	MYLAN-CLOBETASOL 0.05% SOLN	OPEN	None	Yes	60	0.2169	0.2169
02230950	MYLAN-CLONAZEPAM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02230951	MYLAN-CLONAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0931	0.0931
02351536	MYLAN-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02247243	MYLAN-CLOZAPINE 25 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	100	0.7154	
02231353	MYLAN-CYCLOBENZAPRINE 10 MG TB	OPEN	None	Yes	500	0.4062	0.4062
02359480	MYLAN-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02359472	MYLAN-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02381524	MYLAN-EFAVIRENZ 600MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	4.1453	4.1453
02300060	MYLAN-ENALAPRIL 16 MG (20 MG)	OPEN	None	Yes	500	0.3766	0.3766
02300036	MYLAN-ENALAPRIL 2 MG (2.5 MG)	OPEN	None	Yes	100	0.2195	0.2195
02300044	MYLAN-ENALAPRIL 4 MG (5 MG) TB	OPEN	None	Yes	500	0.2597	0.2597
02300052	MYLAN-ENALAPRIL 8 MG (10 MG)	OPEN	None	Yes	500	0.3121	0.3121
02390337	MYLAN-ENTACAPONE 200MG TABLET	OPEN	None	Yes	100	0.4491	0.4491
02309467	MYLAN-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707
02309475	MYLAN-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02245330	MYLAN-ETIDRONATE 200 MG TABLET	OPEN	None	Yes	60	0.3890	0.3890
02378035	MYLAN-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02240210	MYLAN-FENOFIBRATE MICRO 200 MG	OPEN	None	Yes	100	0.2968	0.2968
02396742	MYLAN-FENTANYL MATRIX 100MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	13.1358	13.1358
02396696	MYLAN-FENTANYL MATRIX 12MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	2.4307	2.4307
02396718	MYLAN-FENTANYL MATRIX 25MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	3.9872	3.9872
02396726	MYLAN-FENTANYL MATRIX 50MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	7.5033	7.5033
02396734	MYLAN-FENTANYL MATRIX 75MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	10.5531	10.5531
02356058	MYLAN-FINASTERIDE 5 MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02245293	MYLAN-FLUCONAZOLE 100 MG TAB	OPEN	None	Yes	50	2.4951	2.4951

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02245292	MYLAN-FLUCONAZOLE 50 MG TABLET	OPEN	None	Yes	50	1.4065	1.4065
02237813	MYLAN-FLUOXETINE 10 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02237814	MYLAN-FLUOXETINE 20 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012
02262401	MYLAN-FOSINOPRIL 10 MG TABLET	OPEN	None	Yes	100	0.2531	0.2531
02262428	MYLAN-FOSINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.3045	0.3045
02248259	MYLAN-GABAPENTIN 100 MG CAP	SPEC AUTH	None	Yes	500	0.0816	0.0816
02248260	MYLAN-GABAPENTIN 300 MG CAP	SPEC AUTH	None	Yes	500	0.1985	0.1985
02248261	MYLAN-GABAPENTIN 400 MG CAP	SPEC AUTH	None	Yes	500	0.2366	0.2366
02397471	MYLAN-GABAPENTIN 600MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549
02397498	MYLAN-GABAPENTIN 800MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02339447	MYLAN-GALANTAMINE ER 16MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02339455	MYLAN-GALANTAMINE ER 24MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02339439	MYLAN-GALANTAMINE ER 8MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02185407	MYLAN-GEMFIBROZIL 300 MG CAP	OPEN	None	Yes	100	0.1404	0.1404
02230476	MYLAN-GEMFIBROZIL 600 MG TAB	OPEN	None	Yes	100	0.5621	0.5621
02229519	MYLAN-GLICLAZIDE 80 MG TABLET	OPEN	None	Yes	100	0.1015	0.1015
02438658	MYLAN-GLICLAZIDE MR 30MG TABLET	OPEN	None	Yes	100	0.1015	0.1015
02252600	MYLAN-HYDROXYCHLOROQ 200 MG TB	OPEN	None	Yes	100	0.2856	0.1718
02242920	MYLAN-HYDROXYUREA 500 MG CAP	OPEN	None	Yes	100	1.1121	1.1121
02240067	MYLAN-INDAPAMIDE 1.25 MG TAB	OPEN	None	Yes	100	0.0812	0.0812
02153483	MYLAN-INDAPAMIDE 2.5 MG TABLET	OPEN	None	Yes	100	0.1288	0.1288
02239131	MYLAN-IPRATROPIUM 0.25 MG/ML	SPEC AUTH	None	Yes	20	0.3439	0.3439
02347318	MYLAN-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	90	0.3453	0.3453
02347326	MYLAN-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	90	0.3453	0.3453
02347296	MYLAN-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	90	0.3453	0.3453
02265508	MYLAN-LAMOTRIGINE 100 MG TAB	OPEN	None	Yes	500	0.4157	0.4157

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02265516	MYLAN-LAMOTRIGINE 150 MG TAB	OPEN	None	Yes	100	0.6126	0.6126
02265494	MYLAN-LAMOTRIGINE 25 MG TABLET	OPEN	None	Yes	100	0.1041	0.1041
02353830	MYLAN-LANSOPRAZOLE 15 MG CAP	SPEC AUTH	None	Yes	100	0.5450	0.5450
02353849	MYLAN-LANSOPRAZOLE 30 MG CAP	SPEC AUTH	None	Yes	100	0.5450	0.5450
02319225	MYLAN-LEFLUNOMIDE 10 MG TABLET	OPEN	None	Yes	30	2.9714	2.9714
02319233	MYLAN-LEFLUNOMIDE 20 MG TABLET	OPEN	None	Yes	30	2.9728	2.9728
02313979	MYLAN-LEVOFLOXACIN 250 MG TAB	SPEC AUTH	None	Yes	100	1.4895	1.4895
02313987	MYLAN-LEVOFLOXACIN 500 MG TAB	SPEC AUTH	None	Yes	100	1.6973	1.6973
02274841	MYLAN-LISINOPRIL 10 MG TABLET	OPEN	None	Yes	100	0.1853	0.1853
02274868	MYLAN-LISINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.2226	0.2226
02274833	MYLAN-LISINOPRIL 5 MG TABLET	OPEN	None	Yes	100	0.1542	0.1542
02297736	MYLAN-LISINOPRIL HCTZ 10-12.5	OPEN	None	Yes	100	0.2385	0.2385
02297744	MYLAN-LISINOPRIL HCTZ 20/12.5	OPEN	None	Yes	100	0.2866	0.2866
02297752	MYLAN-LISINOPRIL HCTZ 20/25	OPEN	None	Yes	100	0.3822	0.3822
02368293	MYLAN-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02368277	MYLAN-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02368285	MYLAN-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02378086	MYLAN-LOSARTAN HCTZ 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02378094	MYLAN-LOSARTAN HCTZ 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02378078	MYLAN-LOSARTAN HCTZ 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02243127	MYLAN-LOVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.5911	0.5911
02243129	MYLAN-LOVASTATIN 40 MG TABLET	OPEN	None	Yes	100	1.0798	1.0798
02255995	MYLAN-MELOXICAM 15MG TABLET	OPEN	None	Yes	100	0.2519	0.2519
02255987	MYLAN-MELOXICAM 7.5MG TABLET	OPEN	None	Yes	100	0.2183	0.2183
02148765	MYLAN-METFORMIN 500 MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02229656	MYLAN-METFORMIN 850 MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
02174553	MYLAN-METOPROLOL(TYPE L) 100MG	OPEN	None	Yes	1000	0.1676	0.1676
02302055	MYLAN-METOPROLOL(TYPE L) 25 MG	OPEN	None	No	100	0.0698	

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02174545	MYLAN-METOPROLOL(TYPE L) 50MG	OPEN	None	Yes	1000	0.0768	0.0768
02230736	MYLAN-MINOCYCLINE 100 MG CAP	OPEN	None	Yes	250	0.6444	0.6444
02230735	MYLAN-MINOCYCLINE 50 MG CAP	OPEN	None	Yes	250	0.3340	0.3340
02256096	MYLAN-MIRTAZAPINE 15 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.4069	
02256118	MYLAN-MIRTAZAPINE 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3726	0.3726
02368226	MYLAN-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	100	0.8933	0.8933
02380749	MYLAN-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061
02244563	MYLAN-NABUMETONE 500 MG TABLET	OPEN	None	Yes	100	0.3951	0.3951
02387727	MYLAN-NEVIRAPINE 200MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	1.3457	1.3457
02349167	MYLAN-NIFEDIPINE EXT REL 30 MG	OPEN	None	Yes	100	0.6726	0.6726
02321149	MYLAN-NIFEDIPINE X-REL 60 MG	OPEN	None	Yes	100	1.0218	1.0218
02407442	MYLAN-NITRO 0.2MG/HOUR PATCH	OPEN	None	Yes	30	0.5108	0.5108
02243588	MYLAN-NITRO 0.4 MG/DOSE SPRAY	OPEN	None	No	200	0.0459	
02407450	MYLAN-NITRO 0.4MG/HOUR PATCH	OPEN	None	Yes	30	0.5768	0.5768
02407469	MYLAN-NITRO 0.6MG/HOUR PATCH	OPEN	None	Yes	30	0.5768	0.5768
02407477	MYLAN-NITRO 0.8MG/HOUR PATCH	OPEN	None	Yes	30	1.0004	1.0004
02337908	MYLAN-OLANZAPINE 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906
02337916	MYLAN-OLANZAPINE 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02337878	MYLAN-OLANZAPINE 2.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02337886	MYLAN-OLANZAPINE 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953
02337894	MYLAN-OLANZAPINE 7.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02382717	MYLAN-OLANZAPINE ODT 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02382725	MYLAN-OLANZAPINE ODT 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02382733	MYLAN-OLANZAPINE ODT 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02382709	MYLAN-OLANZAPINE ODT 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02329425	MYLAN-OMEPRAZOLE 10 MG CAP DR	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.8902	0.8902
02329433	MYLAN-OMEPRAZOLE 20 MG CAP DR	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02297868	MYLAN-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	3.6510	3.6510
02297876	MYLAN-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	5.5710	5.5710
02230800	MYLAN-OXYBUTININ 5 MG TABLET	OPEN	None	Yes	500	0.1075	0.1075
02299585	MYLAN-PANTOPRAZOLE 40 MG TB EC	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02408570	MYLAN-PANTOPRAZOLE T 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2044	0.2044
02248012	MYLAN-PAROXETINE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02248013	MYLAN-PAROXETINE 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02248014	MYLAN-PAROXETINE 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02298279	MYLAN-PIOGLITAZONE 15 MG TAB	SPEC AUTH	None	Yes	90	0.6685	0.6685
02298287	MYLAN-PIOGLITAZONE 30 MG TAB	SPEC AUTH	None	Yes	90	0.9365	0.9365
02298295	MYLAN-PIOGLITAZONE 45 MG TAB	SPEC AUTH	None	Yes	90	1.4082	1.4082
02376350	MYLAN-PRAMIPEXOLE 0.25MG TABLET	OPEN	None	Yes	90	0.2865	0.2865
02376385	MYLAN-PRAMIPEXOLE 1.5MG TABLET	OPEN	None	Yes	90	0.5730	0.5730
02376377	MYLAN-PRAMIPEXOLE 1MG TABLET	OPEN	None	Yes	90	0.5730	0.5730
02257092	MYLAN-PRAVASTIN 10 MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02257106	MYLAN-PRAVASTIN 20 MG TABLET	OPEN	None	Yes	100	0.5207	0.5207

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02257114	MYLAN-PRAVASTIN 40 MG TABLET	OPEN	None	Yes	100	0.6273	0.6273
02245372	MYLAN-PROPAFENONE 150 MG TAB	OPEN	None	Yes	100	0.3387	0.3387
02245373	MYLAN-PROPAFENONE 300 MG TAB	OPEN	None	Yes	100	0.5969	0.5969
02307812	MYLAN-QUETIAPINE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2585	0.2585
02307839	MYLAN-QUETIAPINE 200 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02307804	MYLAN-QUETIAPINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0969	0.0969
02307847	MYLAN-QUETIAPINE 300 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
02408392	MYLAN-RABEPRAZOLE 10MG TABLET	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02408406	MYLAN-RABEPRAZOLE 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2625	0.2625
02301148	MYLAN-RAMIPRIL 1.25 MG CAPSULE	OPEN	None	Yes	100	0.1389	0.1389
02301172	MYLAN-RAMIPRIL 10 MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02301156	MYLAN-RAMIPRIL 2.5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02301164	MYLAN-RAMIPRIL 5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02207761	MYLAN-RANITIDINE 150 MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
02207788	MYLAN-RANITIDINE 300 MG TABLET	OPEN	None	Yes	500	0.3924	0.3924
02390299	MYLAN-RILUZOLE 50MG TABLET	SPEC AUTH	None	Yes	60	3.7453	3.7453
02357984	MYLAN-RISEDRONATE 35MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	2.8027	2.8027
02282240	MYLAN-RISPERIDONE 0.25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02282259	MYLAN-RISPERIDONE 0.5 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02282267	MYLAN-RISPERIDONE 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3420	0.3420
02282275	MYLAN-RISPERIDONE 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6843	0.6843

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02282283	MYLAN-RISPERIDONE 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0245	1.0245
02282291	MYLAN-RISPERIDONE 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
02413485	MYLAN-RISPERIDONE ODT 0.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6091	0.6091
02413493	MYLAN-RISPERIDONE ODT 1MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.8422	0.8422
02413507	MYLAN-RISPERIDONE ODT 2MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.6655	1.6655
02413515	MYLAN-RISPERIDONE ODT 3MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.3885	2.3885
02413523	MYLAN-RISPERIDONE ODT 4MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	3.3394	3.3394
02379201	MYLAN-RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02379198	MYLAN-RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02381273	MYLAN-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02381281	MYLAN-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02381303	MYLAN-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.3904	0.3904
02381265	MYLAN-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
02231036	MYLAN-SELEGILINE 5 MG TABLET	OPEN	None	Yes	60	0.5473	0.5473
02242521	MYLAN-SERTRALINE 100 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02242519	MYLAN-SERTRALINE 25 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02242520	MYLAN-SERTRALINE 50 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4590	0.4590
02246583	MYLAN-SIMVASTATIN 10 MG TABLET	OPEN	None	Yes	100	0.3970	0.3970
02246737	MYLAN-SIMVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02246584	MYLAN-SIMVASTATIN 40 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02246582	MYLAN-SIMVASTATIN 5 MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02246585	MYLAN-SIMVASTATIN 80 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02268922	MYLAN-SUMATRIPTAN 100 MG TAB	SPEC AUTH	None	Yes	6	8.5670	8.5670
02268906	MYLAN-SUMATRIPTAN 25 MG TABLET	SPEC AUTH	None	Yes	6	7.5011	7.5011
02268914	MYLAN-SUMATRIPTAN 50 MG TABLET	SPEC AUTH	None	Yes	6	7.7772	7.7772
02088428	MYLAN-TAMOXIFEN 10 MG TABLET	OPEN	None	Yes	60	0.1908	0.1908
02089858	MYLAN-TAMOXIFEN 20 MG TABLET	OPEN	None	Yes	250	0.3815	0.3815
02298570	MYLAN-TAMSULOSIN 0.4 MG CAP SA	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.2659	0.2659
02376717	MYLAN-TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02376725	MYLAN-TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02373564	MYLAN-TELMISARTAN HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02373572	MYLAN-TELMISARTAN HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02239744	MYLAN-TICLOPIDINE 250 MG TAB	OPEN	None	Yes	100	0.3424	0.3424
02272059	MYLAN-TIZANIDINE 4 MG TABLET	OPEN	None	Yes	150	0.4018	0.4018
02404184	MYLAN-TOLTERODINE ER 2MG CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.5353	0.5353
02404192	MYLAN-TOLTERODINE ER 4MG CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.5353	0.5353
02263378	MYLAN-TOPIRAMATE 100 MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02263386	MYLAN-TOPIRAMATE 200 MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02263351	MYLAN-TOPIRAMATE 25 MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02351579	MYLAN-VALACYCLOVIR 500 MG TAB	OPEN	None	Yes	100	0.9245	0.9245
02383543	MYLAN-VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3268	0.3268

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02383551	MYLAN-VALSARTAN 320MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3176	0.3176
02383527	MYLAN-VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3185	0.3185
02383535	MYLAN-VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3269	0.3269
02373742	MYLAN-VALSARTAN-HCTZ 160MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3262	0.3262
02373750	MYLAN-VALSARTAN-HCTZ 160MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3273	0.3273
02373769	MYLAN-VALSARTAN-HCTZ 320MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02373777	MYLAN-VALSARTAN-HCTZ 320MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02373734	MYLAN-VALSARTAN-HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02310295	MYLAN-VENLAFAXINE XR 150 MG CP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3781	0.3781
02310279	MYLAN-VENLAFAXINE XR 37.5 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1791	0.1791
02310287	MYLAN-VENLAFAXINE XR 75 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3581	0.3581
02237922	MYLAN-VERAPAMIL 120 MG TABLET	OPEN	None	Yes	100	0.4633	0.4633
02237921	MYLAN-VERAPAMIL 80 MG TABLET	OPEN	None	Yes	100	0.2981	0.2981
02210347	MYLAN-VERAPAMIL SR 120 MG TAB	OPEN	None	Yes	100	0.5535	0.5535
02210355	MYLAN-VERAPAMIL SR 180 MG TAB	OPEN	None	Yes	100	0.5672	0.5672
02450488	MYLAN-VERAPAMIL SR 180MG TABLET	OPEN	None	Yes	100	0.5672	0.5672
02210363	MYLAN-VERAPAMIL SR 240 MG TAB	OPEN	None	Yes	500	0.5794	0.5794
02450496	MYLAN-VERAPAMIL SR 240MG TABLET	OPEN	None	Yes	500	0.5794	0.5794
02244462	MYLAN-WARFARIN 1 MG TABLET	OPEN	None	Yes	1000	0.0925	0.0925
02244467	MYLAN-WARFARIN 10 MG TABLET	OPEN	None	Yes	100	0.1407	0.1407
02244463	MYLAN-WARFARIN 2 MG TABLET	OPEN	None	Yes	1000	0.0979	0.0979
02244464	MYLAN-WARFARIN 2.5 MG TABLET	OPEN	None	Yes	1000	0.0783	0.0783
02287498	MYLAN-WARFARIN 3 MG TABLET	OPEN	None	Yes	100	0.1213	0.1213

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02244465	MYLAN-WARFARIN 4 MG TABLET	OPEN	None	Yes	100	0.1213	0.1213
02244466	MYLAN-WARFARIN 5 MG TABLET	OPEN	None	Yes	1000	0.0784	0.0784
02287501	MYLAN-WARFARIN 6 MG TABLET	OPEN	None	Yes	100	0.1911	0.1911
02387158	MYLAN-ZOLMITRIPTAN ODT 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02296616	MYLAN-ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02238596	MYLAN-ZOPICLONE 7.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
00004618	MYLERAN 2 MG TABLET	OPEN	None	No	25	1.7238	
02372169	MYL-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
01927620	MYOCHRSINE 10 MG/ML AMPOULE	OPEN	None	No	5	13.6493	
01927612	MYOCHRSINE 25 MG/ML AMPOULE	OPEN	None	No	5	16.6005	
01927604	MYOCHRSINE 50 MG/ML AMPOULE	OPEN	None	No	5	25.8187	
02402874	MYRBETRIQ ER 25MG TABLET	SPEC AUTH	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	90	1.5841	
02402882	MYRBETRIQ ER 50MG TABLET	SPEC AUTH	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	90	1.5841	
00018635	NADOPEN-V 200 125 MG/5 ML SUS	OPEN	None	Yes	100	0.0267	0.0267
00018740	NADOPEN-V 500 300 MG TABLET	OPEN	None	Yes	100	0.0469	0.0469
00500895	NALCROM 100 MG CAPSULE	OPEN	None	No	100	1.6405	
00481408	NAPHCN A EYE DROPS	OPEN	None	No	15	0.5150	
02162431	NAPROSYN 125 MG/5 ML SUSP	OPEN	None	No	474	0.1030	
02162490	NAPROSYN 500 MG TABLETS	OPEN	None	Yes	500	1.0113	0.2300
02162466	NAPROSYN SR 750 MG TABLET SA	OPEN	None	No	100	1.6011	
02350750	NAPROXEN 250MG TABLET	OPEN	None	Yes	100	0.1164	0.1164
02350769	NAPROXEN 375MG TABLET	OPEN	None	Yes	100	0.1589	0.1589
02350777	NAPROXEN 500MG TABLET	OPEN	None	Yes	100	0.2300	0.2300

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02351013	NAPROXEN SODIUM 275MG TABLET	OPEN	None	Yes	100	0.3730	0.3730
02351021	NAPROXEN SODIUM DS 550MG TABLET	OPEN	None	Yes	100	0.7267	0.7267
00655686	NAPROXEN-375 375 MG TABLET	OPEN	None	No	100	0.1582	
00476552	NARDIL 15 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	60	0.4118	
02213834	NASACORT AQ 55MCG INHALER	OPEN	None	Yes	120	0.1853	0.1853
02238465	NASONEX 50MCG NASAL SPRAY	OPEN	None	Yes	140	0.2246	0.1172
02417634	NAT-ALPRAZOLAM 0.25MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0678	0.0678
02417642	NAT-ALPRAZOLAM 0.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0810	0.0810
02417855	NAT-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	100	1.3875	1.3875
02409003	NAT-CITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	500	0.1553	
02409011	NAT-CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02409038	NAT-CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2613	0.2613
02439565	NAT-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02439557	NAT-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02440296	NAT-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707
02440318	NAT-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02452359	NAT-GRANISETRON 1MG TABLET	OPEN	Limit of 2 per cycle - first fill only. Special Authorization required for higher quantities and/or subsequent fills	Yes	10	9.8100	9.8100
02421585	NAT-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	100	1.6553	1.6553
02439549	NAT-OMEPRAZOLE DR 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02417839	NAT-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	3.6510	3.6510

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02417847	NAT-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	5.5710	5.5710
02439166	NAT-QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2585	0.2585
02439182	NAT-QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02439158	NAT-QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0969	0.0969
02439190	NAT-QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
02436612	NAT-RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02436604	NAT-RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02421534	NAT-ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
00024449	NAVANE 5 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.4991	
80029758	NEBUSAL 7%	SPEC AUTH	Beneficiary must have eligibility under the CF Plan	No	240	0.2637	
00195057	NEO-MEDROL ACNE LOTION	OPEN	None	No	75	0.2986	
02150670	NEORAL 100 MG CAPSULE	OPEN	None	Yes	30	6.1650	5.5481
02150697	NEORAL 100 MG/ML SOLUTION	OPEN	None	Yes	50	5.4801	5.4801
02150689	NEORAL 25 MG CAPSULE	OPEN	None	No	30	1.5733	
02150662	NEORAL 50 MG CAPSULE	OPEN	None	No	30	3.0673	
00666122	NEOSPORIN OINTMENT	OPEN	None	No	15	0.5078	
00874957	NEOSTIGMINE MS 0.5 MG/ML AMP	OPEN	None	No	100	0.9596	
00885282	NEOSTIGMINE MS 1 MG/ML VIAL	OPEN	None	No	100	1.0774	
01915436	NEOSTIGMINE MS 2.5 MG/ML VL	OPEN	None	No	50	3.7261	
02230593	NEOSTIGMINE OMEGA 0.5MG/ML	OPEN	None	No	10	1.0416	
02230592	NEOSTIGMINE OMEGA 1MG/ML	OPEN	None	No	10	1.1610	
02387166	NEOSTIGMINE OMEGA 2.5MG/ML	OPEN	None	No	50	3.7216	
00587826	NERISONE 0.1 % CREAM	OPEN	None	No	30	0.4278	
00587818	NERISONE 0.1 % OILY CREAM	OPEN	None	No	60	0.4282	
00587834	NERISONE 0.1 % OINTMENT	OPEN	None	No	30	0.4268	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
01926772	NEULEPTIL 10 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.4439	
01926756	NEULEPTIL 10 MG/ML DROPS	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.4460	
01926764	NEULEPTIL 20 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.6326	
01926780	NEULEPTIL 5 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2571	
01968017	NEUPOGEN 300MCG/ML VIAL	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	16	187.9098	
02084260	NEURONTIN 100 MG CAPSULE	SPEC AUTH	None	Yes	100	0.4897	0.0816
02084279	NEURONTIN 300 MG CAPSULE	SPEC AUTH	None	Yes	100	1.1916	0.1985
02084287	NEURONTIN 400 MG CAPSULE	SPEC AUTH	None	Yes	100	1.4201	0.2366
02239717	NEURONTIN 600 MG TABLET	SPEC AUTH	None	Yes	100	2.1300	0.3549
02239718	NEURONTIN 800 MG TABLET	SPEC AUTH	None	Yes	100	2.8427	0.4732
02284227	NEXAVAR 200 MG TABLET	SPEC AUTH	None	No	120	50.4188	
00232440	NIACIN 500 MG TABLET	OPEN	None	No	100	0.0365	
00294950	NIACIN 500 MG TABLET	OPEN	None	No	500	0.0524	
00309737	NIACIN 500 MG TABLET	OPEN	None	No	100	0.0550	
00755907	NIFEDIPINE 10MG CAPSULE	OPEN	None	Yes	100	0.5423	0.5423
00725110	NIFEDIPINE 5MG CAPSULE	OPEN	None	Yes	100	0.4091	0.4091
01911910	NITRO-DUR 0.2 MG/HR PATCH	OPEN	None	Yes	30	0.7434	0.5108
01911902	NITRO-DUR 0.4 MG/HR PATCH	OPEN	None	Yes	30	0.8396	0.5768
01911929	NITRO-DUR 0.6 MG/HR PATCH	OPEN	None	Yes	30	0.8396	0.5768
02011271	NITRO-DUR 0.8 MG/HR PATCH	OPEN	None	Yes	30	1.4562	1.0004
00312738	NITROFURANTOIN 100 MG TABLET	OPEN	None	No	100	0.2416	
00319511	NITROFURANTOIN 50 MG TABLET	OPEN	None	No	100	0.1812	
01926454	NITROL 2% OINTMENT	OPEN	None	No	60	0.7798	
02231441	NITROLINGUAL 0.4 MG/DOSE SPR	OPEN	None	Yes	200	0.0831	0.0461
00037613	NITROSTAT 0.3 MG TABLET SL	OPEN	None	No	100	0.1577	
00037621	NITROSTAT 0.6 MG TABLE SL	OPEN	None	No	100	0.1577	
00703974	NIZORAL 2% CREAM	OPEN	None	Yes	30	0.5186	0.3921
02048477	NOLVADEX 10MG TABLET	OPEN	None	Yes	60	0.1908	0.1908
02048485	NOLVADEX-D 20 MG TABLET	OPEN	None	Yes	60	0.4215	0.3815

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00966177	NOOTROPIL 800MG TALBLET	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	30	1.9891	
02223775	NOPROLAC 0.150MG TABLET	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Dostinex Norprolac or Bromocriptine in past year.	No	30	1.8217	
02156091	NORITATE 1% CREAM	OPEN	None	No	45	0.6406	
00643025	NOROXIN 400MG TABLET	OPEN	None	Yes	100	2.4706	0.6177
02099128	NORPRAMIN 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4364	0.4229
02099136	NORPRAMIN 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7692	0.7453
02223767	NORPROLAC 0.075MG Tablet	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Dostinex Norprolac or Bromocriptine in past year.	No	30	1.2181	
00878936	NORVASC 10 MG TABLET	OPEN	None	Yes	250	2.2376	0.3910
00878928	NORVASC 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	250	1.5074	0.2635
02357593	NORVIR 100MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	30	1.6315	
02229145	NORVIR 80 MG/ML SOLUTION	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	240	1.3363	
02241480	NORVIR SEC 100 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	120	1.5918	
00905356	NOVA T IUD	OPEN	Beneficiary gender must be female - under the age of 51	No	1	186.1318	
01937219	NOVAMILOR TABLET	OPEN	None	Yes	1000	0.1409	0.1409
00452149	NOVAMOXIN 125 MG/5 ML SUSP	OPEN	None	Yes	150	0.0385	0.0385
01934171	NOVAMOXIN 125 MG/5 ML SUSP	OPEN	None	No	100	0.0383	
00406724	NOVAMOXIN 250 MG CAPSULE	OPEN	None	Yes	1000	0.1908	0.1908
00452130	NOVAMOXIN 250 MG/5 ML SUSP	OPEN	None	Yes	150	0.0589	0.0589
01934163	NOVAMOXIN 250 MG/5 ML SUSP	OPEN	None	No	150	0.0586	
00406716	NOVAMOXIN 500 MG CAPSULE	OPEN	None	Yes	500	0.3725	0.3725

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00229296	NOVASSEN 650 MG TABLET EC	OPEN	Beneficiary of CYFS	Yes	1000	0.0709	0.0709
00977032	NOVO GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.5666	
02302675	NOVO-ATORVASTATIN 10 MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02302683	NOVO-ATORVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02302691	NOVO-ATORVASTATIN 40 MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02302713	NOVO-ATORVASTATIN 80 MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02315157	NOVO-AZITHROMYCIN 100 MG/5 ML	OPEN	None	Yes	15	0.4309	0.4062
02315165	NOVO-AZITHROMYCIN 200 MG/5 ML	OPEN	None	Yes	22.5	0.6108	0.5755
02267845	NOVO-AZITHROMYCIN 250 MG TAB	OPEN	None	Yes	30	1.3703	1.3703
02229799	NOVO-BENZYDAMINE 0.15% SOLN	OPEN	None	No	100	0.0315	
02313731	NOVO-CILAZAPRIL/HCTZ 5/12.5	OPEN	None	Yes	100	0.4545	0.4545
02248138	NOVO-CLAVAMOXIN 875 TABLET	OPEN	None	Yes	20	0.6051	0.6051
02238334	NOVO-CLOBAZAM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	0.1196	0.1196
02093162	NOVO-CLOBETASOL 0.05% CREAM	OPEN	None	Yes	50	0.2484	0.2484
02126192	NOVO-CLOBETASOL 0.05% OINT	OPEN	None	Yes	50	0.2484	0.2484
00337757	NOVO-CLOXIN 125 MG/5 ML SOLN	OPEN	None	Yes	100	0.0993	0.0993
00337765	NOVO-CLOXIN 250 MG CAPSULE	OPEN	None	Yes	100	0.3946	0.3946
00337773	NOVO-CLOXIN 500 MG CAPSULE	OPEN	None	Yes	100	0.7461	0.7461
02080052	NOVO-CYCLOPRINE 10 MG TABLET	OPEN	None	Yes	500	0.4062	0.4062
02223325	NOVO-DESIPRAMINE 25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2773	
02048493	NOVO-DIFLUNISAL 250 MG TAB	OPEN	None	Yes	60	0.6154	0.6154
01913476	NOVO-DOXEPIN 150MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3101	1.3101
02243552	NOVO-FENOFIB MIC 200 MG CAP	OPEN	None	Yes	100	0.2968	0.2968
02243551	NOVO-FENOFIB MIC 67 MG CAP	OPEN	None	Yes	100	0.4714	0.4714

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
80000435	NOVO-FERROGLUC 300 MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	100	0.0276	
00977756	NOVOFINE 28G PEN NEEDLE	OPEN	None	No	100	0.3800	
00977987	NOVOFINE 30G 6MM PEN NEEDLE	OPEN	None	No	100	0.3800	
00977310	NOVOFINE 30G 8MM PEN NEEDLE	OPEN	None	No	100	0.3876	
97799764	NOVOFINE 32G TIP EXTRA THIN WALL (ETW) 6MM (100s)	OPEN	None	No	100	0.3995	
97799386	NOVOFINE PLUS 32G 4MM	OPEN	None	No	100	0.3917	
02230089	NOVO-FLUTAMIDE 250 MG TABLET	OPEN	None	Yes	100	1.4748	1.4748
02239954	NOVO-FLUVOXAMINE 100 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4287	0.4287
02239953	NOVO-FLUVOXAMINE 50 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2385	0.2385
02273756	NOVO-GLIMEPIRIDE 1 MG TABLET	OPEN	None	Yes	30	0.4204	0.4204
02273764	NOVO-GLIMEPIRIDE 2 MG TABLET	OPEN	None	Yes	30	0.4204	0.4204
02273772	NOVO-GLIMEPIRIDE 4 MG TABLET	OPEN	None	Yes	30	0.4204	0.4204
00738824	NOVO-HYDROXYZIN 10 MG CAP	OPEN	None	Yes	100	0.1216	0.1216
00738832	NOVO-HYDROXYZIN 25 MG CAP	OPEN	None	Yes	100	0.1553	0.1553
00738840	NOVO-HYDROXYZIN 50 MG CAP	OPEN	None	Yes	100	0.2254	0.2254
02210479	NOVO-IPRAMIDE 0.25 MG/ML SOL	SPEC AUTH	None	Yes	20	0.3439	0.3439
02230201	NOVO-KETOROLAC 10 MG TABLET	OPEN	None	Yes	100	0.4960	0.4960
02025248	NOVOLIN GE 30/70 100U/ML CT	OPEN	None	No	15	3.1870	
02024217	NOVOLIN GE 30/70 100U/ML VL	OPEN	None	No	10	2.4727	
02024314	NOVOLIN GE 40/60 100U/ML CT	OPEN	None	No	15	3.2102	
02024322	NOVOLIN GE 50/50 100U/ML CT	OPEN	None	No	15	3.2102	
02024225	NOVOLIN GE NPH 100 UNIT/ML VL	OPEN	None	No	10	2.4608	
02024268	NOVOLIN GE NPH PENFILL	OPEN	None	No	15	3.2239	
02024233	NOVOLIN GE TORONTO 100 UNIT/ML	OPEN	None	No	10	2.4065	
02024284	NOVOLIN GE TORONTO 100U/ML	OPEN	None	No	15	3.1487	
02321378	NOVO-OLANZAPINE OD 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02321386	NOVO-OLANZAPINE OD 20 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
00021202	NOVO-PEN-VK-500 300 MG TAB	OPEN	None	Yes	100	0.0774	0.0774

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00363685	NOVO-PERIDOL 0.5 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1334	0.1334
00363677	NOVO-PERIDOL 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2005	0.2005
00713449	NOVO-PERIDOL 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6952	0.6952
00363669	NOVO-PERIDOL 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2995	0.2995
00768820	NOVO-PERIDOL 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	1.2725	
00363650	NOVO-PERIDOL 5 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4780	0.4780
00021288	NOVO-PHENIRAM 4 MG TABLET	OPEN	None	No	100	0.0711	
00629324	NOVO-PROFEN 200 MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	Yes	100	0.0556	0.0556
00629340	NOVO-PROFEN 400 MG TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	Yes	1000	0.0405	0.0405
00629359	NOVO-PROFEN 600 MG TABLET	OPEN	None	Yes	500	0.1431	0.1431
02244353	NOVORAPID 100U/ML CARTRIDGE	OPEN	None	No	15	4.2540	
02245397	NOVORAPID 100U/ML VIAL	OPEN	None	No	10	3.1465	
02377209	NOVORAPID FLEXTOUCH 100 UNT/ML	OPEN	None	No	15	4.4276	
00605859	NOVO-RYTHRO EES 200 MG/5 ML	OPEN	None	No	150	0.1002	
00652318	NOVO-RYTHRO EES 400 MG/5 ML	OPEN	None	No	150	0.1517	
00021172	NOVO-RYTHRO EST 125 MG/5 ML	OPEN	None	No	500	0.0399	
00262595	NOVO-RYTHRO EST 250 MG/5 ML	OPEN	None	No	500	0.1399	
02326450	NOVO-SALBUTAMOL HFA	OPEN	None	Yes	200	0.0327	0.0327
02231182	NOVO-SOTALOL 160 MG TABLET	OPEN	None	Yes	100	0.2478	0.1769
02231181	NOVO-SOTALOL 80 MG TABLET	OPEN	None	Yes	500	0.4849	0.3233
01940457	NOVO-TRIPRAMINE 100 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.3726	
00037400	NOVO-TRIPTYN 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0567	0.0474
00037419	NOVO-TRIPTYN 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0904	0.0904

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00037427	NOVO-TRIPTYN 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2017	0.1679
97799467	NOVOTWIST 30G TIP NEEDLES (100s)	OPEN	None	No	100	0.3800	
97799468	NOVOTWIST 32G TIP NEEDLES (100s)	OPEN	None	No	100	0.3995	
02100630	NOVO-VALPROIC 250 MG CAP	OPEN	None	Yes	100	0.1560	0.1560
02218321	NOVO-VALPROIC 500 MG CAPSULE	OPEN	None	Yes	100	0.5665	0.5665
02211920	NOVO-VERAMIL SR 240 MG TAB	OPEN	None	Yes	500	0.5794	0.5794
02265273	NOVO-WARFARIN 1 MG TABLET	OPEN	None	Yes	100	0.0925	0.0925
02265281	NOVO-WARFARIN 2 MG TABLET	OPEN	None	Yes	250	0.0979	0.0979
02265303	NOVO-WARFARIN 2.5 MG TABLET	OPEN	None	Yes	250	0.0783	0.0783
02265311	NOVO-WARFARIN 3 MG TABLET	OPEN	None	Yes	100	0.1213	0.1213
02265338	NOVO-WARFARIN 4 MG TABLET	OPEN	None	Yes	250	0.1213	0.1213
02265346	NOVO-WARFARIN 5 MG TABLET	OPEN	None	Yes	250	0.0784	0.0784
02251450	NOVO-ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
01927663	NOZINAN 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1233	0.1233
01927698	NOZINAN 25MG/ML AMPOULE	OPEN	For use in End of Life Palliative Care only.	No	10	3.8333	
01927647	NOZINAN 2MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0550	0.0550
01927655	NOZINAN 5 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0576	0.0576
01927671	NOZINAN 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1680	0.1680
01913980	NUBAIN 10 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	13.2612	
01913972	NUBAIN 20 MG/ML VIAL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	6.7379	
80002703	NU-CAL D 400 TABLET	OPEN	Beneficiary must have eligibility under the CF Plan	No	500	0.1302	
02253186	NUVARING	OPEN	None	No	3	17.0020	
00716871	NYADERM 100000U/GM CREAM	OPEN	None	No	454	0.0705	
00716898	NYADERM 100000U/GM OINTMENT	OPEN	None	No	400	0.0889	
00779121	NYADERM 100000U/ML SUSP	OPEN	None	No	500	0.0598	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00716901	NYADERM 25 000 UNIT VAGINAL CR	OPEN	None	No	120	0.1356	
02248374	O-CALCIUM W/VITAMIN D TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	500	0.0289	
80007304	O-CALCIUM W/VITAMIN D TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	500	0.0289	
02413205	OCPHYL IV/SUBCUTANEOUS SOLUTION 100MCG/ML	OPEN	None	Yes	5	3.5970	3.5970
02413213	OCPHYL IV/SUBCUTANEOUS SOLUTION 500MCG/ML	OPEN	None	Yes	5	16.8950	16.8950
02413191	OCPHYL IV/SUBCUTANEOUS SOLUTION 50MCG/ML	OPEN	None	Yes	5	1.9075	1.9075
02143291	OCUFLOX 0.3% OPHTHALMIC SOL	OPEN	None	Yes	5	2.8035	2.8035
80004415	ODAN K-20 TABLETS	OPEN	None	No	500	0.2155	
02243722	OESCLIM 25MCG/24H PATCH	OPEN	None	No	8	3.0258	
02243724	OESCLIM 50MCG/24H PATCH	OPEN	None	No	8	3.0678	
02231529	OFLOXACIN 200 MG TABLET	OPEN	None	Yes	100	1.4215	1.4215
02231531	OFLOXACIN 300 MG TABLET	OPEN	None	Yes	100	1.6702	1.6702
02372843	OLANZAPINE 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906
02385899	OLANZAPINE 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906
02372851	OLANZAPINE 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02385902	OLANZAPINE 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02372819	OLANZAPINE 2.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02385864	OLANZAPINE 2.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02372827	OLANZAPINE 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953
02385872	OLANZAPINE 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02372835	OLANZAPINE 7.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02385880	OLANZAPINE 7.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02343673	OLANZAPINE ODT 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02352982	OLANZAPINE ODT 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02343681	OLANZAPINE ODT 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02352990	OLANZAPINE ODT 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02343703	OLANZAPINE ODT 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02343665	OLANZAPINE ODT 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02352974	OLANZAPINE ODT 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
00890960	OLESTYR LIGHT POWDER 4G/5G POUCHES SUGAR FREE	OPEN	None	Yes	120	1.6575	1.6575
02210320	OLESTYR REGULAR POWDER 4G/9G POUCHES	OPEN	None	Yes	120	1.6575	1.6575
02318660	OLMETEC 20 MG TABLET	SPEC AUTH	None	No	30	1.2478	
02318679	OLMETEC 40 MG TABLET	SPEC AUTH	None	No	30	1.2478	
02319616	OLMETEC PLUS 20-12.5 MG TABLET	SPEC AUTH	None	No	30	1.2478	
02319624	OLMETEC PLUS 40-12.5 MG TABLET	SPEC AUTH	None	No	30	1.2478	
02319632	OLMETEC PLUS 40-25 MG TABLET	SPEC AUTH	None	No	30	1.2478	
02348691	OMEPRAZOLE 20MG CAPSULE	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.4488	0.4488
02416549	OMEPRAZOLE MAGNESIUM DELAYED RELEASE 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.4488	0.4488
02411857	OMEPRAZOLE-20 20MG CAPSULE	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02325071	OMNITROPE 10MG/1.5ML CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	7.5	225.3906	
02325063	OMNITROPE 5MG/1.5ML CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	7.5	112.6954	
97799203	ON CALL VIVID BLOOD GLUCOSE TEST STRIPS (100'S)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.5859	
97799284	ON CALL VIVID BLOOD GLUCOSE TEST STRIPS (50'S)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.5859	
02376938	ONBREZ BREEZHALER 75 MCG CAP	SPEC AUTH	None	No	30	1.6818	
97799582	ON-CALL PLUS TEST STRIPS 100'S	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.8029	
97799580	ON-CALL PLUS TEST STRIPS 25'S	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	25	0.8029	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799581	ON-CALL PLUS TEST STRIPS 50'S	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8029	
02291967	ONDANSETRON 4 MG/5 ML ORAL	OPEN	Limit of 30ml per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	50	1.6963	1.6963
02421402	ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	30	3.6510	3.6510
02421410	ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	30	5.5710	5.5710
02389983	ONDISSOLVE ODF FILM 4MG	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	3.5665	3.5665
02389991	ONDISSOLVE ODF FILM 8MG	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	5.4424	5.4424
97799431	ONE TOUCH DELICA 30G LANCETS	OPEN	None	No	100	0.0727	
97799501	ONE TOUCH DELICA 33G LANCETS	OPEN	None	No	100	0.0727	
00977853	ONE TOUCH FINEPOINT LANCETS	OPEN	None	No	100	0.0705	
00977936	ONE TOUCH ULTRA TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7533	
00977854	ONE TOUCH ULTRASOFT LANCETS	OPEN	None	No	100	0.0705	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799475	ONE TOUCH VERIO TEST STRIPS (100s)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7533	
97799476	ONE TOUCH VERIO TEST STRIPS (50s)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8626	
00474517	ONE-ALPHA 0.25MCG CAPSULE	OPEN	None	No	100	0.5385	
00474525	ONE-ALPHA 1MCG CAPSULE	OPEN	None	No	100	1.6120	
02375842	ONGLYZA 2.5MG TABLET	SPEC AUTH	None	No	30	2.6037	
02333554	ONGLYZA 5 MG TABLET	SPEC AUTH	None	No	30	3.1074	
00966584	OPTICHAMBER INHALER	OPEN	Limit of one per year without Special Authorization	No	1	13.8000	
00966576	OPTICHAMBER MASK (LARGE)	OPEN	Limit of one per year without Special Authorization	No	1	12.9375	
00966614	OPTICHAMBER MASK (MEDIUM)	OPEN	Limit of one per year without Special Authorization	No	1	12.9375	
00966606	OPTICHAMBER MASK (SMALL)	OPEN	Limit of one per year without Special Authorization	No	1	12.9375	
00966592	OPTICHAMBER VALVE	OPEN	Limit of one per year without Special Authorization	No	1	5.3188	
02230621	OPTICROM 2% EYE DROPS	OPEN	None	No	10	1.1154	
01964054	ORACORT 0.1% DENTAL PASTE	OPEN	None	No	7.5	1.5233	
00313815	ORAP 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3371	0.3371
00313823	ORAP 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4574	0.4508

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02402475	ORENCIA 125MG/ML DISPOSABLE SYRINGE	SPEC AUTH	None	No	4	397.2185	
02282097	ORENCIA 250 MG VIAL	SPEC AUTH	None	No	15	35.4470	
00317047	ORTHO 0.5/35 (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	1.1924	
00340731	ORTHO 0.5/35 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.8944	
00372846	ORTHO 1/35 (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	1.1924	
00372838	ORTHO 1/35 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.8944	
00602957	ORTHO 7/7/7 (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	1.1924	
00602965	ORTHO 7/7/7 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.8944	
00967289	ORTHO DIAPHRAGM KIT	OPEN	Beneficiary gender must be female - under the age of 51	No	1	42.5500	
02042533	ORTHO-CEPT 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.8517	
01926373	ORUDIS SR 200MG TABLET SA	OPEN	None	Yes	100	1.5937	1.5442
02301911	OSTO-D2 50 000 UNIT CAPSULE	OPEN	None	No	100	0.2319	
02387085	OVIMA 21 150UG/30UG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.5532	0.5532
02387093	OVIMA 28 150UG/30UG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.4149	0.4149
02237224	OXEZE 12MCG TURBUHALER	SPEC AUTH	None	No	60	0.8102	
02237225	OXEZE 6MCG TURBUHALER	SPEC AUTH	None	No	60	0.6085	
02350238	OXYBUTYNIN 5MG TABLET	OPEN	None	Yes	500	0.1075	0.1075
02361361	OXYCODONE/ACET 5MG/325MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days.	Yes	100	0.1401	0.1401
02240131	OXY-IR 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	0.4371	0.3008
02240132	OXY-IR 20 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	0.7597	0.3231

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02231934	OXY-IR 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	0.2959	0.1403
01923420	PALAFER 300 MG CAPSULE	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	500	0.2293	
01923439	PALAFER 300 MG/5 ML SUSP	OPEN	Beneficiary of CYFS	No	100	0.0977	
01923455	PALAFER CF CAPSULE	OPEN	Beneficiary of CYFS	No	30	0.3399	
00789437	PANCREASE MT10 CAPSULE EC	SPEC AUTH	None	No	100	1.7046	
00789429	PANCREASE MT16 CAPSULE	SPEC AUTH	None	No	100	2.7274	
00789445	PANCREASE MT4 CAPSULE	SPEC AUTH	None	No	100	0.6818	
01926306	PANECTYL 2.5 MG TABLET	OPEN	None	No	100	0.4069	
01926292	PANECTYL 5 MG TABLET	OPEN	None	No	100	0.4828	
02241804	PANTOLOC 20 MG TABLET EC	OPEN	Limit of 1 per day without Special Authorization	Yes	100	1.9717	0.3538
02229453	PANTOLOC 40 MG TABLET EC	OPEN	Limit of 1 per day without Special Authorization	Yes	100	2.2675	0.3955
02385740	PANTOPRAZOLE 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3538	0.3538
02370808	PANTOPRAZOLE 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02385759	PANTOPRAZOLE 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3955	0.3955
02437945	PANTOPRAZOLE 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02441853	PANTOPRAZOLE MAGNESIUM 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2044	0.2044
02428172	PANTOPRAZOLE-20 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3538	0.3538
02428180	PANTOPRAZOLE-40 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
00009881	PAPAVERINE HCL 30 MG/ML VIAL	OPEN	None	No	20	4.7988	
02243796	PARIET 10 MG TABLET EC	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.9414	0.1312
02243797	PARIET 20 MG TABLET EC	OPEN	Limit of 1 per day without Special Authorization	Yes	100	1.8831	0.2625

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00371033	PARLODEL 2.5 MG TABLET	OPEN	None	Yes	100	1.1224	1.0876
00568643	PARLODEL 5MG CAPSULE	OPEN	None	Yes	100	1.9038	1.6281
01919598	PARNATE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.4140	
02282844	PAROXETINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02388227	PAROXETINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02282852	PAROXETINE 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02388235	PAROXETINE 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02282860	PAROXETINE 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02388243	PAROXETINE 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
01927744	PARSITAN 50 MG TABLET	OPEN	None	No	100	0.2471	
02362171	PATADAY 0.2% EYE DROPS	OPEN	None	No	2.5	13.4627	
02233143	PATANOL 0.1% OPH DROPS	OPEN	None	No	5	6.7313	
02316951	PAT-GALANTAMINE ER 16MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02316978	PAT-GALANTAMINE ER 24MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02316943	PAT-GALANTAMINE ER 8MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02027887	PAXIL 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	30	1.8443	0.6117
01940481	PAXIL 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.9681	0.4920
01940473	PAXIL 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	2.0909	0.5228
00769991	PCE 333 MG TABLET	OPEN	None	No	100	0.5642	
02230619	PEDIAPRED 5 MG/5 ML LIQ	OPEN	Beneficiary must be less than 13 years old	No	120	0.1457	
02027798	PEDIATRIX 160 MG/5 ML SOLN	OPEN	Beneficiary of CYFS	No	500	0.0216	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02027801	PEDIATRIX 80 MG/ML DROPS	OPEN	Beneficiary of CYFS	No	500	0.1559	
00583405	PEDIAZOLE SUSPENSION	OPEN	None	No	200	0.1366	
02358034	PEG 3350 - POLYETHYLENE	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	510	0.0335	
02253410	PEGASY RBV COMBO.PKG (VIAL)	SPEC AUTH	None	No	1	429.4864	
02248077	PEGASYS 180MCG/0.5ML	SPEC AUTH	None	No	1	442.0182	
02253429	PEGASYS RBV COMBO.PKG (SYR)	SPEC AUTH	None	No	4	442.0182	
02246026	PEGETRON COMBO PACK	SPEC AUTH	None	No	1	853.2332	
02246030	PEGETRON COMBO PACK	SPEC AUTH	None	No	1	951.3063	
02254646	PEGETRON REDIPEN 200 MG-150	SPEC AUTH	None	No	1	962.7205	
02254603	PEGETRON REDIPEN/CLEARCLICK 200 MG-100MCG	SPEC AUTH	None	No	1	871.2442	
02254638	PEGETRON REDIPEN/CLEARCLICK 200 MG-120	SPEC AUTH	None	No	1	962.7205	
02254581	PEGETRON REDIPEN/CLEARCLICK 200 MG-80 MCG	SPEC AUTH	None	No	1	871.2442	
00777838	PEGLYTE POWDER	OPEN	Limit of one per year without Special Authorization	No	280	0.0769	
00777846	PEGLYTE SOLUTION	OPEN	Limit of one per year without Special Authorization	No	1000	5.0100	
01980556	PENTAMYCETIN 0.25% EYE DROP	OPEN	None	No	10	0.6705	
02164051	PENTAMYCETIN 0.5% SOLUTION	OPEN	None	No	10	0.6836	
01980564	PENTAMYCETIN 1% EYE OINT	OPEN	None	No	3.5	2.3436	
01980572	PENTAMYCETIN/HC EYE/EAR DRP	OPEN	None	No	5	2.3979	
01980580	PENTAMYCETIN/HC EYE/EAR ONT	OPEN	None	No	3.5	3.2240	
02153564	PENTASA 1 GM SUPPOSITORY	OPEN	None	No	30	1.8228	
02099683	PENTASA 500 MG SR TABLET	OPEN	None	No	500	0.6289	
02153521	PENTASA ENEMA 1G/100ML	OPEN	None	No	700	0.0401	
02153556	PENTASA ENEMA 4G/100ML	OPEN	None	No	700	0.0508	
02399466	PENTASA ER 1GRAM TABLET	OPEN	None	No	120	1.2253	
02230090	PENTOXIFYLLINE SR 400MG	OPEN	None	Yes	500	0.7501	0.7501
01916475	PERCOCET 5-325 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.9783	0.1401

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
01916491	PERCOCET DEMI 2.5-325 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.7958	
01916572	PERCODAN TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.9632	0.4291
00335096	PERPHENAZINE 16 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1382	
00335134	PERPHENAZINE 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.0679	
00335126	PERPHENAZINE 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.0822	
00335118	PERPHENAZINE 8 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.0903	
00067385	PERSANTINE 25MG TABLET	OPEN	None	Yes	500	0.3021	0.2870
00637734	PERSANTINE 5 MG/ML AMPOULE	OPEN	None	No	10	2.4214	
00067393	PERSANTINE 50 MG TABLET	OPEN	None	Yes	100	0.4228	0.4017
00452092	PERSANTINE 75 MG TABLET	OPEN	None	Yes	100	0.5694	0.5410
00271489	PHENAZO 100 MG TABLET	OPEN	None	No	100	0.1280	
00454583	PHENAZO 200 MG TABLET	OPEN	None	No	100	0.1775	
00178829	PHENOBARB 100 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.2482	
00178799	PHENOBARB 15 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1124	
00178802	PHENOBARB 30 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1338	
00178810	PHENOBARB 60 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1814	
02304090	PHENOBARBITAL 120MG/ML AMPOULE	OPEN	For use in End of Life Palliative Care only.	No	10	15.4862	
02339587	PIOGLITAZONE 30MG TABLET	SPEC AUTH	None	Yes	90	0.9365	0.9365
02339595	PIOGLITAZONE 45MG TABLET	SPEC AUTH	None	Yes	90	1.4082	1.4082
02391600	PIOGLITAZONE HYDROCHLORIDE 15MG TABLET	SPEC AUTH	None	Yes	90	0.6685	0.6685
01926667	PIPORTIL L4 25 MG/ML AMPOULE	OPEN	Initial fills are limited to a maximum 30 days	No	5	17.8374	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
01926675	PIPORTIL L4 50 MG/ML AMPOULE	OPEN	Initial fills are limited to a maximum 30 days	No	5	30.2498	
02017709	PLAQUENIL 200 MG TABLET	OPEN	None	Yes	100	0.6869	0.1718
02238682	PLAVIX 75 MG TABLET	SPEC AUTH	None	Yes	500	2.9566	0.5161
00851787	PLENDIL 10 MG TABLET SA	OPEN	None	Yes	30	1.1663	0.5832
02057778	PLENDIL 2.5 MG TABLET SA	OPEN	None	Yes	30	0.5886	0.4415
00851779	PLENDIL 5 MG TABLET SA	OPEN	None	Yes	30	0.7772	0.3886
02458381	PMS-ABACAVIR-LAMIVUDINE 600MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	6.5264	6.5264
02046660	PMS-ACETAMINOPHEN 120 MG SUP	OPEN	Beneficiary of CYFS	No	12	0.4792	
02046687	PMS-ACETAMINOPHEN 325 MG SUP	OPEN	Beneficiary of CYFS	No	12	0.5913	
00887587	PMS-ACETAMINOPHEN 80 MG/ML	OPEN	Beneficiary of CYFS	No	15	0.1486	
00792691	PMS-ACETAMINOPHEN SOLUTION 32M	OPEN	Beneficiary of CYFS	No	500	0.0365	
00816027	PMS-ACETAMINOPHEN WITH CODEINE ELIXIR 160MG-8MG/5ML	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1042	
02284006	PMS-ALENDRONATE-FC 70 MG TB	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	2.7900	2.7900
01990403	PMS-AMANTADINE 100 MG CAP	OPEN	None	Yes	100	0.5988	0.5988
02022826	PMS-AMANTADINE 50 MG/5 ML SYR	OPEN	None	Yes	500	0.1197	0.1197
02292173	PMS-AMIODARONE 100 MG TAB	OPEN	None	No	100	0.8619	
02242472	PMS-AMIODARONE 200 MG TABLET	OPEN	None	Yes	100	0.5610	0.5610
00654523	PMS-AMITRIPTYLINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0474	0.0474
00654515	PMS-AMITRIPTYLINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0904	0.0904
00654507	PMS-AMITRIPTYLINE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.1679	0.1679
02284073	PMS-AMLODIPINE 10 MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02295148	PMS-AMLODIPINE 2.5 MG TABLET	OPEN	None	No	100	0.1497	
02284065	PMS-AMLODIPINE 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02404249	PMS-AMLODIPINE-ATORVASTATIN 10/10MG TABLET	SPEC AUTH	None	Yes	100	0.6676	0.6676

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02404257	PMS-AMLODIPINE-ATORVASTATIN 10/20MG TABLET	SPEC AUTH	None	Yes	100	0.8323	0.8323
02404222	PMS-AMLODIPINE-ATORVASTATIN 5/10MG TABLET	SPEC AUTH	None	Yes	100	0.6324	0.6324
02404230	PMS-AMLODIPINE-ATORVASTATIN 5/20MG TABLET	SPEC AUTH	None	Yes	100	0.7458	0.7458
02230245	PMS-AMOXICILLIN 125 MG/5 ML	OPEN	None	Yes	150	0.0385	0.0385
02230243	PMS-AMOXICILLIN 250 MG CAP	OPEN	None	Yes	500	0.1908	0.1908
02230246	PMS-AMOXICILLIN 250 MG/5 ML	OPEN	None	Yes	150	0.0589	0.0589
02230244	PMS-AMOXICILLIN 500 MG CAP	OPEN	None	Yes	500	0.3725	0.3725
02274949	PMS-ANAGRELIDE 0.5 MG CAP	OPEN	None	Yes	100	2.8733	2.8733
02320738	PMS-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02237601	PMS-ATENOLOL 100 MG TABLET	OPEN	None	Yes	500	0.2703	0.2703
02246581	PMS-ATENOLOL 25 MG TABLET	OPEN	None	No	500	0.0818	
02237600	PMS-ATENOLOL 50 MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02313448	PMS-ATORVASTATIN 10 MG TABLET	OPEN	None	Yes	90	0.3420	0.3420
02399377	PMS-ATORVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02399385	PMS-ATORVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02399393	PMS-ATORVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02399407	PMS-ATORVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4595	0.4595
02274388	PMS-AZITHROMYCIN 100 MG/5 ML	OPEN	None	Yes	15	0.4062	0.4062
02418452	PMS-AZITHROMYCIN 100MG/5ML POWDER FOR ORAL SUSPENSION	OPEN	None	Yes	15	0.4062	0.4062
02274396	PMS-AZITHROMYCIN 200 MG/5 ML	OPEN	None	Yes	22.5	0.5755	0.5755
02418460	PMS-AZITHROMYCIN 200MG/5ML POWDER FOR ORAL SUSPENSION	OPEN	None	Yes	22.5	0.5755	0.5755
02261634	PMS-AZITHROMYCIN 250 MG TAB	OPEN	None	Yes	100	1.3703	1.3703
02261642	PMS-AZITHROMYCIN 600 MG TAB	SPEC AUTH	None	Yes	30	6.5400	6.5400
02063735	PMS-BACLOFEN 10 MG TABLET	OPEN	None	Yes	500	0.1964	0.1964
02063743	PMS-BACLOFEN 20 MG TABLET	OPEN	None	Yes	100	0.3823	0.3823
00706531	PMS-BENZTROPINE 1 MG TABLET	OPEN	None	No	1000	0.0518	
00587265	PMS-BENZTROPINE 2 MG TABLET	OPEN	None	No	100	0.0562	
02229777	PMS-BENZYDAMINE 0.15% SOLN	OPEN	None	No	250	0.0691	
02330210	PMS-BETAHISTINE 16MG TABLET	OPEN	None	Yes	100	0.1272	0.1272

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02330237	PMS-BETAHISTINE 24MG TABLET	OPEN	None	Yes	100	0.1908	0.1908
00759171	PMS-BETHANECHOL CL 10 MG TAB	OPEN	None	No	100	0.2512	
00739162	PMS-BETHANECHOL CL 25 MG TAB	OPEN	None	No	100	0.3949	
02275589	PMS-BICALUTAMIDE 50 MG TAB	OPEN	None	Yes	100	1.8448	1.8448
00582883	PMS-BISACODYL 10 MG SUPPOS	OPEN	Beneficiary of CYFS	No	100	0.7628	
00587273	PMS-BISACODYL 5 MG TABLET EC	OPEN	Beneficiary of CYFS	No	100	0.0229	
02302640	PMS-BISOPROLOL 10 MG TABLET	OPEN	None	Yes	100	0.1581	0.1581
02302632	PMS-BISOPROLOL 5 MG TABLET	OPEN	None	Yes	100	0.1083	0.1083
02383020	PMS-BOSENTAN 125MG TABLET	SPEC AUTH	None	Yes	60	24.4841	24.4841
02383012	PMS-BOSENTAN 62.5MG TABLET	SPEC AUTH	None	Yes	60	24.4841	24.4841
02246284	PMS-BRIMONIDINE 0.2% DROPS	OPEN	None	Yes	10	1.2590	1.2590
02325373	PMS-BUPROPION SR 100 MG TABLET	OPEN	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.	Yes	60	0.1686	0.1686
02313421	PMS-BUPROPION SR 150 MG TABLET	OPEN	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.	Yes	100	0.2505	0.2505
02230942	PMS-BUSPIRONE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3834	0.3834
02391201	PMS-CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02391228	PMS-CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3265	0.3265
02391198	PMS-CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02391295	PMS-CANDESARTAN-HCTZ 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02231542	PMS-CARBAMAZE 100 MG TAB CHW	OPEN	None	Yes	100	0.0468	0.0468
02231540	PMS-CARBAMAZE 200 MG TAB CHW	OPEN	None	Yes	100	0.0922	0.0922
02231543	PMS-CARBAMAZE CR 200 MG TAB	OPEN	None	Yes	500	0.1146	0.1146

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02231544	PMS-CARBAMAZE CR 400 MG TAB	OPEN	None	Yes	500	0.2290	0.2290
02245916	PMS-CARVEDILOL 12.5 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02245917	PMS-CARVEDILOL 25 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02245914	PMS-CARVEDILOL 3.125 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02245915	PMS-CARVEDILOL 6.25 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02355442	PMS-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02355450	PMS-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02315963	PMS-CETIRIZINE 20MG TABLET	OPEN	Beneficiary of CYFS	Yes	100	0.7964	0.7964
00792659	PMS-CHLORAL HYD 500 MG/5 ML	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.0509	
02280442	PMS-CILAZAPRIL 1 MG TABLET	OPEN	None	Yes	100	0.1697	0.1697
02280450	PMS-CILAZAPRIL 2.5 MG TABLET	OPEN	None	Yes	100	0.1996	0.1996
02280469	PMS-CILAZAPRIL 5 MG TABLET	OPEN	None	Yes	100	0.2318	0.2318
02248437	PMS-CIPROFLOXACIN 250 MG TAB	OPEN	None	Yes	100	0.6743	0.6743
02248438	PMS-CIPROFLOXACIN 500 MG TAB	OPEN	None	Yes	500	0.7607	0.7607
02248439	PMS-CIPROFLOXACIN 750 MG TAB	OPEN	None	Yes	100	1.3930	1.3930
02270609	PMS-CITALOPRAM 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1553	
02248010	PMS-CITALOPRAM 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02248011	PMS-CITALOPRAM 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02247573	PMS-CLARITHROMYCIN 250 MG	OPEN	None	Yes	250	0.4587	0.4587
02247574	PMS-CLARITHROMYCIN 500 MG	OPEN	None	Yes	250	1.7759	1.7759
02244474	PMS-CLOBAZAM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	0.1196	0.1196
02309521	PMS-CLOBETASOL 0.05% CREAM	OPEN	None	Yes	50	0.2484	0.2484
02309548	PMS-CLOBETASOL 0.05% OINTMENT	OPEN	None	Yes	50	0.2484	0.2484
02048701	PMS-CLONAZEPAM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540
02048728	PMS-CLONAZEPAM 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1621	0.1621

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02048736	PMS-CLONAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0931	0.0931
02207818	PMS-CLONAZEPAM R 0.5 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540
02348004	PMS-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02243978	PMS-CODEINE 15 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0695	
02402181	PMS-COLCHICINE 0.6MG TABLET	OPEN	None	No	100	0.2783	
02212048	PMS-CYCLOBENZAPRINE 10 MG TA	OPEN	None	Yes	500	0.4062	0.4062
00757713	PMS-CYPROHEPTADINE 4 MG TAB	OPEN	None	No	100	0.2860	
02242055	PMS-DEFEROXAMINE 500 MG VIAL	OPEN	None	No	7.5	1.1827	
02304368	PMS-DESMOPRESSIN 0.1 MG TAB	OPEN	None	Yes	100	0.3601	0.3601
02304376	PMS-DESMOPRESSIN 0.2 MG TAB	OPEN	None	Yes	100	0.7203	0.7203
02229315	PMS-DESONIDE 0.05% CREAM	OPEN	None	Yes	454	0.3677	0.3677
02229323	PMS-DESONIDE 0.05% OINT	OPEN	None	Yes	60	0.3488	0.3488
00783900	PMS-DEXAMETH SP 10 MG/ML VL	OPEN	None	No	10	1.4333	
01964976	PMS-DEXAMETHASONE 0.5 MG TAB	OPEN	None	No	100	0.2137	
02279363	PMS-DEXAMETHASONE 2 MG TAB	OPEN	None	No	100	0.5206	
01964070	PMS-DEXAMETHASONE 4 MG TAB	OPEN	None	No	100	0.8325	
00891797	PMS-DIAZEPAM 1 MG/ML SOLN	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1200	
02247492	PMS-DIAZEPAM 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.0941	
02247490	PMS-DIAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0551	
02231505	PMS-DICLOFENAC 100 MG SR TAB	OPEN	None	Yes	250	0.4732	0.4732
02231508	PMS-DICLOFENAC 100 MG SUPP	OPEN	None	No	30	0.9111	
02302616	PMS-DICLOFENAC 25 MG TAB EC	OPEN	None	Yes	100	0.0851	0.0851
02231506	PMS-DICLOFENAC 50 MG SUPP	OPEN	None	No	30	0.6767	
02302624	PMS-DICLOFENAC 50 MG TAB EC	OPEN	None	Yes	500	0.2542	0.2542
02231504	PMS-DICLOFENAC 75 MG SR TAB	OPEN	None	Yes	500	0.3319	0.3319
02355752	PMS-DILTIAZEM CD 120MG CAPSULE	OPEN	None	Yes	500	0.3847	0.3847
02355760	PMS-DILTIAZEM CD 180MG CAPSULE	OPEN	None	Yes	500	0.5106	0.5106
02355779	PMS-DILTIAZEM CD 240MG CAPSULE	OPEN	None	Yes	500	0.6772	0.6772

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02355787	PMS-DILTIAZEM CD 300MG CAPSULE	OPEN	None	Yes	100	0.8465	0.8465
00757705	PMS-DIMENHYDRINATE 15 MG/5 ML	OPEN	Beneficiary of CYFS	No	250	0.0406	
00757683	PMS-DIPHENHYDRAMINE 25MG CAPSULE	OPEN	Beneficiary of CYFS	No	100	0.0975	
00757691	PMS-DIPHENHYDRAMINE 50MG CAPSULE	OPEN	Beneficiary of CYFS	No	100	0.1297	
02236466	PMS-DOMPERIDONE 10 MG TABLET	OPEN	None	Yes	500	0.0647	0.0647
02322358	PMS-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02322331	PMS-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02442426	PMS-DORZOLOMIDE-TIMOLOL 20MG/ML / 5MG/ML	OPEN	None	Yes	10	2.1677	2.1677
02244527	PMS-DOXAZOSIN 1 MG TABLET	OPEN	None	Yes	100	0.1576	0.1576
02244528	PMS-DOXAZOSIN 2 MG TABLET	OPEN	None	Yes	100	0.1890	0.1890
02244529	PMS-DOXAZOSIN 4 MG TABLET	OPEN	None	Yes	100	0.2459	0.2459
02429446	PMS-DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02429454	PMS-DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	100	1.0648	1.0648
02393220	PMS-DUTASTERIDE 0.5MG CAPSULE	OPEN	None	Yes	100	0.4583	0.4583
02300109	PMS-ENALAPRIL 16 MG TABLET	OPEN	None	Yes	100	0.3766	0.3766
02300079	PMS-ENALAPRIL 2 MG (2.5 MG) TB	OPEN	None	Yes	100	0.2195	0.2195
02300087	PMS-ENALAPRIL 4 MG (5 MG) TAB	OPEN	None	Yes	500	0.2597	0.2597
02300095	PMS-ENALAPRIL 8 MG (10 MG) TAB	OPEN	None	Yes	500	0.3121	0.3121
02430576	PMS-ENTECAVIR 0.5MG TABLET	SPEC AUTH	None	Yes	30	5.9950	5.9950
02454386	PMS-ERLOTINIB 100MG TABLET	SPEC AUTH	None	Yes	30	28.7760	28.7760
02454394	PMS-ERLOTINIB 150MG TABLET	SPEC AUTH	None	Yes	30	43.1640	43.1640
01912755	PMS-ERYTHROMYCIN 5 MG/G OINT	OPEN	None	No	50	4.1642	
02303949	PMS-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707
02303965	PMS-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02416409	PMS-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02278081	PMS-FAMCICLOVIR 125 MG TAB	OPEN	None	Yes	10	1.5195	1.5195
02278103	PMS-FAMCICLOVIR 250 MG TAB	OPEN	None	Yes	100	2.0419	2.0419
02278111	PMS-FAMCICLOVIR 500 MG TAB	OPEN	None	Yes	100	1.8982	1.8982

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02341417	PMS-FENTANYL MTX 100 MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	13.1358	13.1358
02341379	PMS-FENTANYL MTX 12 MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	2.4307	2.4307
02341387	PMS-FENTANYL MTX 25 MCG PATH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	3.9872	3.9872
02341395	PMS-FENTANYL MTX 50 MCG PATH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	7.5033	7.5033
02341409	PMS-FENTANYL MTX 75 MCG PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	10.5531	10.5531
00792675	PMS-FERROUS SULF 150 MG/5 ML	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	500	0.0382	
00586323	PMS-FERROUS SULF 300 MG TAB	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	1000	0.0209	
02310112	PMS-FINASTERIDE 5 MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02245644	PMS-FLUCONAZOLE 100 MG TAB	OPEN	None	Yes	50	2.4951	2.4951
02282348	PMS-FLUCONAZOLE 150 MG CAP	OPEN	Beneficiary of CYFS	Yes	1	4.2946	4.2946
02245643	PMS-FLUCONAZOLE 50 MG TABLET	OPEN	None	Yes	50	1.4065	1.4065
02177579	PMS-FLUOXETINE 10 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02177587	PMS-FLUOXETINE 20 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5012	0.5012
02177595	PMS-FLUOXETINE 20 MG/5 ML SOL	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	120	0.5041	
02241928	PMS-FLUPHEN DEC 100 MG/ML	OPEN	Initial fills are limited to a maximum 30 days	No	5	32.3113	
02091275	PMS-FLUPHENAZINE 25 MG/ML VL	OPEN	Initial fills are limited to a maximum 30 days	No	5	5.0257	
02243446	PMS-GABAPENTIN 100 MG CAP	SPEC AUTH	None	Yes	500	0.0816	0.0816
02243447	PMS-GABAPENTIN 300 MG CAP	SPEC AUTH	None	Yes	500	0.1985	0.1985
02243448	PMS-GABAPENTIN 400 MG CAP	SPEC AUTH	None	Yes	500	0.2366	0.2366
02255898	PMS-GABAPENTIN 600 MG TABLET	SPEC AUTH	None	Yes	100	0.3549	0.3549
02255901	PMS-GABAPENTIN 800 MG TABLET	SPEC AUTH	None	Yes	100	0.4732	0.4732
02398389	PMS-GALANTAMINE ER 16MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02398397	PMS-GALANTAMINE ER 24MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02398370	PMS-GALANTAMINE ER 8MG CAPSULE	SPEC AUTH	None	Yes	100	1.4023	1.4023
02239951	PMS-GEMFIBROZIL 300 MG CAP	OPEN	None	Yes	100	0.1404	0.1404
00872881	PMS-GENTAMICIN 0.1% OINT	OPEN	None	No	450	0.2555	
00776521	PMS-GENTAMICIN 0.3% DROPS	OPEN	None	No	5	0.4405	
02236734	PMS-GLYBURIDE 5 MG TABLET	OPEN	None	Yes	500	0.0652	0.0652
00759503	PMS-HALOPERIDOL 2 MG/ML SOLN	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1164	
02247386	PMS-HYDROCHLOROTHIAZIDE 25 MG TAB	OPEN	None	Yes	1000	0.0199	0.0199
02274086	PMS-HYDROCHLOROTHIAZIDE TAB	OPEN	None	No	500	0.0349	
02247387	PMS-HYDROCHLORTHZD 50 MG TAB	OPEN	None	Yes	100	0.0278	0.0278
00741817	PMS-HYDROXYZINE 2 MG/ML SYR	OPEN	None	No	500	0.0545	
02431114	PMS-IMATINIB 100MG TABLET	SPEC AUTH	None	Yes	120	7.5973	7.5973
02431122	PMS-IMATINIB 400MG TABLET	SPEC AUTH	None	Yes	30	30.3890	30.3890
02239619	PMS-INDAPAMIDE 1.25 MG TAB	OPEN	None	Yes	100	0.0812	0.0812
02239620	PMS-INDAPAMIDE 2.5 MG TABLET	OPEN	None	Yes	100	0.1288	0.1288
02239627	PMS-IPRATROPIUM 0.03% SPRAY	OPEN	None	Yes	30	0.8622	0.8622
02231135	PMS-IPRATROPIUM 0.125 MG/ML	SPEC AUTH	None	Yes	40	0.3592	0.3592
02231136	PMS-IPRATROPIUM 0.25 MG/ML	SPEC AUTH	None	Yes	20	0.3439	0.3439
02231244	PMS-IPRATROPIUM 0.5 MG/2 ML	SPEC AUTH	None	Yes	20	0.7183	0.7183
02231245	PMS-IPRATROPIUM 0.5 MG/2 ML	SPEC AUTH	None	Yes	20	0.7183	0.7183
02317079	PMS-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3453	0.3453
02317087	PMS-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02317060	PMS-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02328518	PMS-IRBESARTAN-HCTZ 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02328526	PMS-IRBESARTAN-HCTZ 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02328534	PMS-IRBESARTAN-HCTZ 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3307	0.3307

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02301288	PMS-ISMN 60 MG TABLET SA	OPEN	None	Yes	100	0.3840	0.3840
00577790	PMS-ISONIAZID 100 MG TABLET	OPEN	None	No	100	0.8173	
00577804	PMS-ISONIAZID 300 MG TABLET	OPEN	None	No	100	0.8173	
00577782	PMS-ISONIAZID 50 MG TABLET	OPEN	None	No	100	0.0937	
00577812	PMS-ISONIAZID 50 MG/5 ML SYR	OPEN	None	No	500	0.2570	
00786640	PMS-ISOSORBIDE 30 MG TABLET	OPEN	None	No	1000	0.0383	
02015951	PMS-KETOPROFEN 100 MG SUPP	OPEN	None	No	30	1.4304	
02148773	PMS-KETOPROFEN 50 MG SUPPOS	OPEN	None	No	30	0.7867	
00703486	PMS-LACTULOSE 667 MG/ML SYR	SPEC AUTH	None	No	1000	0.0157	
02246898	PMS-LAMOTRIGINE 100 MG TAB	OPEN	None	Yes	100	0.4157	0.4157
02246899	PMS-LAMOTRIGINE 150 MG TAB	OPEN	None	Yes	100	0.6126	0.6126
02246897	PMS-LAMOTRIGINE 25 MG TABLET	OPEN	None	Yes	100	0.1041	0.1041
02395258	PMS-LANSOPRAZOLE 15MG CAPSULES	SPEC AUTH	None	Yes	100	0.5450	0.5450
02395266	PMS-LANSOPRAZOLE 30MG CAPSULES	SPEC AUTH	None	Yes	100	0.5450	0.5450
02317125	PMS-LATANOPROST 50UG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	2.5	3.9589	3.9589
02288265	PMS-LEFLUNOMIDE 10 MG TAB	OPEN	None	Yes	30	2.9714	2.9714
02288273	PMS-LEFLUNOMIDE 20 MG TAB	OPEN	None	Yes	30	2.9728	2.9728
02309114	PMS-LETROZOLE 2.5 MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02296101	PMS-LEVETIRACETAM 250 MG TB	OPEN	None	Yes	100	0.4860	0.4860
02296128	PMS-LEVETIRACETAM 500 MG TB	OPEN	None	Yes	100	0.5921	0.5921
02296136	PMS-LEVETIRACETAM 750 MG TB	OPEN	None	Yes	100	0.8200	0.8200
02421488	PMS-LEVOCARB CR 100MG-25MG TABLET	OPEN	None	Yes	100	0.5587	0.5587
02421496	PMS-LEVOCARB CR 200MG-50MG TABLET	OPEN	None	Yes	100	1.0900	1.0900
02284677	PMS-LEVOFLOXACIN 250 MG TABLET	SPEC AUTH	None	Yes	100	1.4895	1.4895
02284685	PMS-LEVOFLOXACIN 500 MG TABLET	SPEC AUTH	None	Yes	100	1.6973	1.6973
02292211	PMS-LISINOPRIL 10 MG TABLET	OPEN	None	Yes	500	0.1853	0.1853
02292238	PMS-LISINOPRIL 20 MG TABLET	OPEN	None	Yes	500	0.2226	0.2226
02292203	PMS-LISINOPRIL 5 MG TABLET	OPEN	None	Yes	100	0.1542	0.1542
02216132	PMS-LITHIUM CARB 150 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0727	0.0460

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02216140	PMS-LITHIUM CARB 300 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0716	0.0483
00728187	PMS-LORAZEPAM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0391	0.0391
00728195	PMS-LORAZEPAM 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	3000	0.0487	0.0487
00728209	PMS-LORAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0762	0.0762
02309777	PMS-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02309750	PMS-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02309769	PMS-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02392232	PMS-LOSARTAN-HCTZ 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02392240	PMS-LOSARTAN-HCTZ 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02392224	PMS-LOSARTAN-HCTZ 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02246013	PMS-LOVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.5911	0.5911
02246014	PMS-LOVASTATIN 40 MG TABLET	OPEN	None	Yes	100	1.0798	1.0798
02239101	PMS-LOXAPINE 25 MG/ML SOLN	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.5232	
02248268	PMS-MELOXICAM 15 MG TABLET	OPEN	None	Yes	500	0.2519	0.2519
02248267	PMS-MELOXICAM 7.5 MG TABLET	OPEN	None	Yes	500	0.2183	0.2183
02223562	PMS-METFORMIN 500 MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02242589	PMS-METFORMIN 850 MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
00584991	PMS-METHYLPHENIDATE 10 MG TA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1040	0.1040
00585009	PMS-METHYLPHENIDATE 20 MG TA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2535	0.2535
02234749	PMS-METHYLPHENIDATE 5 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1027	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02413728	PMS-METHYLPHENIDATE ER 18MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.5718	0.5718
02413736	PMS-METHYLPHENIDATE ER 27MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.6600	0.6600
02413744	PMS-METHYLPHENIDATE ER 36MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.7481	0.7481
02413752	PMS-METHYLPHENIDATE ER 54MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	2.5148	2.5148
02230804	PMS-METOPROLOL-L 100 MG TAB	OPEN	None	Yes	1000	0.1676	0.1676
02248855	PMS-METOPROLOL-L 25 MG TAB	OPEN	None	No	500	0.0698	
02230803	PMS-METOPROLOL-L 50 MG TAB	OPEN	None	Yes	1000	0.0768	0.0768
00783137	PMS-METRONIDAZOLE 500 MG CP	OPEN	None	Yes	100	0.7661	0.7661
02294427	PMS-MINOCYCLINE 100 MG CAP	OPEN	None	Yes	100	0.6444	0.6444
02294419	PMS-MINOCYCLINE 50 MG CAP	OPEN	None	Yes	100	0.3340	0.3340
02273942	PMS-MIRTAZAPINE 15 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.4069	
02248762	PMS-MIRTAZAPINE 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3726	0.3726
02354977	PMS-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	100	0.4061	0.4061
02354985	PMS-MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	100	0.4665	0.4665
02373947	PMS-MONTELUKAST FC 10MG TABLET	SPEC AUTH	None	Yes	100	0.8933	0.8933
02380900	PMS-NABILONE 0.5MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.8455	0.8455
02380919	PMS-NABILONE 1MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	1.6909	1.6909
02017237	PMS-NAPROXEN 500 MG SUPPOS	OPEN	None	No	30	1.1419	
02405776	PMS-NEVIRAPINE 200MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	1.3457	1.3457
02246596	PMS-NORFLOXACIN 400 MG TAB	OPEN	None	Yes	100	0.6177	0.6177
02177692	PMS-NORTRIPTYLINE 10 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0632	0.0632

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02177706	PMS-NORTRIPTYLINE 25 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1271	0.1271
00590975	PMS-NYLIDRIN 6 MG TABLET	OPEN	None	No	100	0.2948	
00792667	PMS-NYSTATIN 100000U/ML SUS	OPEN	None	No	500	0.0564	
02303175	PMS-OLANZAPINE 10 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906
02303183	PMS-OLANZAPINE 15 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02303116	PMS-OLANZAPINE 2.5 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02367483	PMS-OLANZAPINE 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.8209	2.8209
02303159	PMS-OLANZAPINE 5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953
02303167	PMS-OLANZAPINE 7.5 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02303205	PMS-OLANZAPINE ODT 10 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02303213	PMS-OLANZAPINE ODT 15 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02423944	PMS-OLANZAPINE ODT 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02303191	PMS-OLANZAPINE ODT 5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02320851	PMS-OMEPRAZOLE 20 MG CAP EC	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02310260	PMS-OMEPRAZOLE DR 20 MG	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02258188	PMS-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	3.6510	3.6510
02258196	PMS-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	5.5710	5.5710

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00815349	PMS-OPIUM & BELLADONNA SUPP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	1.9422	
02223376	PMS-OXYBUTININ 1 MG/ML SYRUP	OPEN	None	No	500	0.1530	
02240550	PMS-OXYBUTYNIN 5 MG TABLET	OPEN	None	Yes	500	0.1075	0.1075
02319985	PMS-OXYCODONE 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2067	0.2067
02319993	PMS-OXYCODONE 20 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	0.3231	0.3231
02319977	PMS-OXYCODONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1403	0.1403
02307871	PMS-PANTOPRAZOLE 40 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02247750	PMS-PAROXETINE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02247751	PMS-PAROXETINE 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02247752	PMS-PAROXETINE 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02293749	PMS-PAROXETINE 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	2.6628	
00751898	PMS-PERPHENAZINE 3.2 MG/ML	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.1591	
00645575	PMS-PHENOBARBITAL 5 MG/ML	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1501	
02231537	PMS-PINDOLOL 10 MG TABLET	OPEN	None	Yes	100	0.2861	0.2861
02231539	PMS-PINDOLOL 15 MG TABLET	OPEN	None	Yes	100	0.4152	0.4152
02231536	PMS-PINDOLOL 5 MG TABLET	OPEN	None	Yes	100	0.1676	0.1676
02303124	PMS-PIOGLITAZONE 15 MG TAB	SPEC AUTH	None	Yes	100	0.6685	0.6685
02303132	PMS-PIOGLITAZONE 30 MG TAB	SPEC AUTH	None	Yes	100	0.9365	0.9365
02303140	PMS-PIOGLITAZONE 45 MG TAB	SPEC AUTH	None	Yes	100	1.4082	1.4082
02154420	PMS-PIROXICAM 10 MG SUPP	OPEN	None	No	30	0.7410	
02154463	PMS-PIROXICAM 20 MG SUPP	OPEN	None	No	30	2.2329	
02238604	PMS-POTASSIUM CHL 10% LIQ	OPEN	None	No	500	0.0159	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02290111	PMS-PRAMIPEXOLE 0.25 MG TAB	OPEN	None	Yes	100	0.2865	0.2865
02290146	PMS-PRAMIPEXOLE 1 MG TABLET	OPEN	None	Yes	100	0.5730	0.5730
02290154	PMS-PRAMIPEXOLE 1.5 MG TAB	OPEN	None	Yes	100	0.5730	0.5730
02247655	PMS-PRAVASTATIN 10 MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02247656	PMS-PRAVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.5207	0.5207
02247657	PMS-PRAVASTATIN 40 MG TAB	OPEN	None	Yes	100	0.6273	0.6273
02359634	PMS-PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	500	0.6275	0.6275
02398079	PMS-PREGABALIN 225MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02359596	PMS-PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	500	0.2243	0.2243
02359642	PMS-PREGABALIN 300MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02359618	PMS-PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	500	0.3519	0.3519
02359626	PMS-PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	500	0.4552	0.4552
00753688	PMS-PROCHLORPERAZ 10 MG SUPP	OPEN	None	No	10	0.9006	
00753637	PMS-PROCHLORPERAZ 10 MG TAB	OPEN	None	No	500	0.1492	
00753661	PMS-PROCHLORPERAZ 5 MG TAB	OPEN	None	No	100	0.1221	
00649392	PMS-PROCYCLIDINE 2.5 MG TAB	OPEN	None	No	100	0.0803	
00587362	PMS-PROCYCLIDINE 2.5 MG/5 ML	OPEN	None	No	500	0.3237	
00587354	PMS-PROCYCLIDINE 5 MG TABLET	OPEN	None	No	100	0.1655	
02294559	PMS-PROPAFENONE 150 MG TAB	OPEN	None	Yes	100	0.3387	0.3387
02294575	PMS-PROPAFENONE 300 MG TAB	OPEN	None	Yes	100	0.5969	0.5969
00618810	PMS-PYRAZINAMIDE 500 MG TAB	OPEN	None	No	100	1.3463	
02296578	PMS-QUETIAPINE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02296594	PMS-QUETIAPINE 200 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5193	0.5193
02296551	PMS-QUETIAPINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02296608	PMS-QUETIAPINE 300 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.7579	0.7579
02361892	PMS-QUETIAPINE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.6984	
02310805	PMS-RABEPRAZOLE EC 10 MG TB	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1312	0.1312

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02310813	PMS-RABEPRAZOLE EC 20 MG TB	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2625	0.2625
02358921	PMS-RALOXIFENE 60MG TABLET	SPEC AUTH	None	Yes	100	0.5124	0.5124
02295369	PMS-RAMIPRIL 1.25 MG CAPSULE	OPEN	None	Yes	100	0.1389	0.1389
02247919	PMS-RAMIPRIL 10 MG	OPEN	None	Yes	500	0.2030	0.2030
02247917	PMS-RAMIPRIL 2.5 MG	OPEN	None	Yes	500	0.1602	0.1602
02247918	PMS-RAMIPRIL 5 MG	OPEN	None	Yes	500	0.1602	0.1602
02342154	PMS-RAMIPRIL HTZ 10/12MG TABLET	OPEN	None	Yes	100	0.2870	0.2870
02342170	PMS-RAMIPRIL HTZ 10/25MG TABLET	OPEN	None	Yes	100	0.2870	0.2870
02342138	PMS-RAMIPRIL-HCTZ 2.5MG/12.5MG TABLET	OPEN	None	Yes	100	0.2281	0.2281
02342162	PMS-RAMIPRIL-HCTZ 5/25MG TABLET	OPEN	None	Yes	100	0.2255	0.2255
02342146	PMS-RAMIPRIL-HCTZ 5MG/12.5MG TABLET	OPEN	None	Yes	100	0.2255	0.2255
02242453	PMS-RANITIDINE 150 MG TAB T	OPEN	None	Yes	500	0.1962	0.1962
02242454	PMS-RANITIDINE 300 MG TAB T	OPEN	None	Yes	250	0.3924	0.3924
02354926	PMS-REPAGLINIDE 0.5MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0881	0.0881
02354934	PMS-REPAGLINIDE 1MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0916	0.0916
02354942	PMS-REPAGLINIDE 2MG TABLET	SPEC AUTH	Special Authorization required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0952	0.0952
02302209	PMS-RISEDRONATE 35 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	2.8027	2.8027
02252007	PMS-RISPERIDONE 0.25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1478	0.1478

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02252015	PMS-RISPERIDONE 0.5 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2476	0.2476
02252023	PMS-RISPERIDONE 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3420	0.3420
02279266	PMS-RISPERIDONE 1 MG/ML SOL	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.5082	0.5082
02252031	PMS-RISPERIDONE 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.6843	0.6843
02252058	PMS-RISPERIDONE 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	1.0245	1.0245
02252066	PMS-RISPERIDONE 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
02291789	PMS-RISPERIDONE ODT 1MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.8422	0.8422
02291797	PMS-RISPERIDONE ODT 2MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.6655	1.6655
02370697	PMS-RISPERIDONE ODT 3MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.3885	2.3885
02370700	PMS-RISPERIDONE ODT 4MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	3.3394	3.3394
02306034	PMS-RIVASTIGMINE 1.5 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02306042	PMS-RIVASTIGMINE 3 MG CAPSULE	SPEC AUTH	None	Yes	100	0.7101	0.7101
02306050	PMS-RIVASTIGMINE 4.5 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02393379	PMS-RIZATRIPTAN RDT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02393360	PMS-RIZATRIPTAN RDT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02326590	PMS-ROPINIROLE 0.25 MG TABLET	OPEN	None	Yes	100	0.0773	0.0773
02326612	PMS-ROPINIROLE 1 MG TABLET	OPEN	None	Yes	100	0.3093	0.3093
02326620	PMS-ROPINIROLE 2 MG TABLET	OPEN	None	Yes	100	0.3403	0.3403
02326639	PMS-ROPINIROLE 5 MG TABLET	OPEN	None	Yes	100	0.9370	0.9370
02378531	PMS-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02378558	PMS-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02378566	PMS-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.3904	0.3904
02378523	PMS-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02208245	PMS-SALBUTAMOL 0.5 MG/ML SOL	SPEC AUTH	None	Yes	50	0.0761	0.0761
02208229	PMS-SALBUTAMOL 1 MG/ML SOLN	SPEC AUTH	None	Yes	50	0.1576	0.1576
02208237	PMS-SALBUTAMOL 2 MG/ML SOLN	SPEC AUTH	None	Yes	50	0.2995	0.2995
00896403	PMS-SENNOSIDES 12 MG TABLET	OPEN	Beneficiary of CYFS	No	1000	0.0673	
00896411	PMS-SENNOSIDES 8.6 MG TAB	OPEN	Beneficiary of CYFS	No	1000	0.0561	
02244840	PMS-SERTRALINE 100 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4810	0.4810
02244838	PMS-SERTRALINE 25 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02244839	PMS-SERTRALINE 50 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02269260	PMS-SIMVASTATIN 10 MG TABLET	OPEN	None	Yes	100	0.3970	0.3970
02269279	PMS-SIMVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02269287	PMS-SIMVASTATIN 40 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02269252	PMS-SIMVASTATIN 5 MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02269295	PMS-SIMVASTATIN 80 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
00755338	PMS-SOD POLYSTERENE POWDER	OPEN	None	No	454	0.1896	
02417731	PMS-SOLIFENACIN 10MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02417723	PMS-SOLIFENACIN 5MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02238327	PMS-SOTALOL 160 MG TABLET	OPEN	None	Yes	100	0.1769	0.1769
02238326	PMS-SOTALOL 80 MG TABLET	OPEN	None	Yes	500	0.3233	0.3233
00598488	PMS-SULFASALAZ 500 MG TAB EC	OPEN	None	No	100	0.3950	
00598461	PMS-SULFASALAZINE 500 MG TAB	OPEN	None	No	500	0.2595	
02256444	PMS-SUMATRIPTAN 100 MG TAB	SPEC AUTH	None	Yes	30	8.5670	8.5670
02256428	PMS-SUMATRIPTAN 25 MG TABLET	SPEC AUTH	None	Yes	30	7.5011	7.5011
02256436	PMS-SUMATRIPTAN 50 MG TABLET	SPEC AUTH	None	Yes	30	7.7772	7.7772

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02237459	PMS-TAMOXIFEN 10 MG TABLET	OPEN	None	No	250	0.1908	
02237460	PMS-TAMOXIFEN 20 MG TABLET	OPEN	None	No	250	0.3815	
02391236	PMS-TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02391244	PMS-TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02401665	PMS-TELMISARTAN-HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02401673	PMS-TELMISARTAN-HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02243518	PMS-TERAZOSIN 1 MG TABLET	OPEN	None	Yes	100	0.2095	0.2095
02243521	PMS-TERAZOSIN 10 MG TABLET	OPEN	None	Yes	100	0.5295	0.5295
02243519	PMS-TERAZOSIN 2 MG TABLET	OPEN	None	Yes	100	0.2664	0.2664
02243520	PMS-TERAZOSIN 5 MG TABLET	OPEN	None	Yes	100	0.3618	0.3618
02294273	PMS-TERBINAFINE 250 MG TABLET	SPEC AUTH	None	Yes	100	2.0192	2.0192
02322498	PMS-TESTOSTERONE 40 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	120	0.5123	0.5123
00575151	PMS-THEOPHYLLINE 80 MG/15 ML	OPEN	None	No	500	0.0035	
02083353	PMS-TIMOLOL 0.25% DROPS	OPEN	None	Yes	10	1.0549	1.0549
02083345	PMS-TIMOLOL 0.5% DROPS	OPEN	None	Yes	5	1.3233	1.3233
02263009	PMS-TOPIRAMATE 100 MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02263017	PMS-TOPIRAMATE 200 MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02262991	PMS-TOPIRAMATE 25 MG TABLET	OPEN	None	Yes	500	0.3485	0.3485
01937235	PMS-TRAZODONE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1078	0.1078
01937227	PMS-TRAZODONE 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0604	0.0604
02273497	PMS-URSODIOL C 250 MG TABLET	SPEC AUTH	None	Yes	500	0.8323	0.8323
02273500	PMS-URSODIOL C 500 MG TABLET	SPEC AUTH	None	Yes	100	1.5786	1.5786
02298457	PMS-VALACYCLOVIR 500 MG TAB	OPEN	None	Yes	100	0.9384	0.9384
02236807	PMS-VALPROIC 250 MG/5 ML SYR	OPEN	None	Yes	450	0.0413	0.0413
02229628	PMS-VALPROIC 500 MG EC CAP	OPEN	None	Yes	500	0.6284	0.6284
02230768	PMS-VALPROIC ACID 250 MG CAP	OPEN	None	Yes	500	0.1560	0.1560

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02313014	PMS-VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3268	0.3268
02344564	PMS-VALSARTAN 320MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3176	0.3176
02312999	PMS-VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	30	0.3185	0.3185
02313006	PMS-VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3269	0.3269
02278561	PMS-VENLAFAXINE XR 150 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781
02278545	PMS-VENLAFAXINE XR 37.5 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1791	0.1791
02278553	PMS-VENLAFAXINE XR 75 MG CP	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
02237791	PMS-VERAPAMIL SR 240 MG TABLET	OPEN	None	Yes	100	0.5794	0.5794
02324229	PMS-ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	30	3.8559	3.8559
02324768	PMS-ZOLMITRIPTAN ODT 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02243426	PMS-ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02240606	PMS-ZOPICLONE 7.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
02419580	POMALYST 1MG CAPSULE	SPEC AUTH	None	No	21	542.5000	
02419599	POMALYST 2MG CAPSULE	SPEC AUTH	None	No	21	542.5000	
02419602	POMALYST 3MG CAPSULE	SPEC AUTH	None	No	21	542.5000	
02419610	POMALYST 4MG CAPSULE	SPEC AUTH	None	No	21	542.5000	
00155225	PONSTAN	OPEN	None	Yes	100	0.4349	0.4349
02295946	PORTIA 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.5532	0.5532
02295954	PORTIA 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.4149	0.4149
02312441	PRADAXA 110 MG CAPSULE	SPEC AUTH	None	No	60	1.7360	
02358808	PRADAXA 150MG CAPSULE	SPEC AUTH	None	No	60	1.7360	
02309122	PRAMIPEXOLE 0.25MG TABLET	OPEN	None	Yes	100	0.2865	0.2865

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02367602	PRAMIPEXOLE 0.25MG TABLET	OPEN	None	Yes	100	0.2865	0.2865
02309157	PRAMIPEXOLE 1.5MG TABLET	OPEN	None	Yes	100	0.5730	0.5730
02309149	PRAMIPEXOLE 1MG TABLET	OPEN	None	Yes	100	0.5730	0.5730
02367629	PRAMIPEXOLE 1MG TABLET	OPEN	None	Yes	100	0.5730	0.5730
00770957	PRAMOX HC CREAM	OPEN	None	No	45	0.4822	
01954210	PRAMOX HC LOTION	OPEN	None	No	120	0.1989	
00893749	PRAVACHOL 10 MG TABLET	OPEN	None	Yes	90	0.8248	0.4415
00893757	PRAVACHOL 20 MG TABLET	OPEN	None	Yes	90	0.9729	0.5207
02222051	PRAVACHOL 40 MG TABLET	OPEN	None	Yes	90	1.1718	0.6273
02389703	PRAVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.4415	0.4415
02389738	PRAVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.5207	0.5207
02389746	PRAVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.6273	0.6273
00977059	PRECISION PLUS QID TEST STRIP	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.8168	
00977919	PRECISION PLUS TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7707	
00977100	PRECISION XTRA GLUCOSE STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7476	
00301175	PRED FORTE 1% EYE DROPS	OPEN	None	Yes	5	5.7639	2.1146

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00299405	PRED MILD 0.12% EYE DROPS	OPEN	None	No	10	1.9877	
00093629	PREDNISONE 5MG TABLET	OPEN	None	No	1000	0.0114	
02403722	PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	500	0.6275	0.6275
02405563	PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02403692	PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	500	0.2243	0.2243
02405539	PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	100	0.2243	0.2243
02405598	PREGABALIN 300MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02403706	PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	500	0.3519	0.3519
02405547	PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	500	0.3519	0.3519
02403714	PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	500	0.4552	0.4552
02405555	PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	500	0.4552	0.4552
02411768	PREGABALIN-150 150MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02411725	PREGABALIN-25 25MG CAPSULE	SPEC AUTH	None	Yes	100	0.2243	0.2243
02411733	PREGABALIN-50 50MG CAPSULE	SPEC AUTH	None	Yes	100	0.3519	0.3519
02411741	PREGABALIN-75 75MG CAPSULE	SPEC AUTH	None	Yes	100	0.4552	0.4552
02043394	PREMARIN 0.3 MG TABLET	OPEN	None	No	100	0.3370	
02414678	PREMARIN 0.3MG EXTENDED RELEASE TABLET	OPEN	None	No	28	0.3472	
02043408	PREMARIN 0.625 MG TABLET	OPEN	None	No	100	0.3370	
02414686	PREMARIN 0.625MG EXTENDED RELEASE TABLET	OPEN	None	No	28	0.3472	
02043424	PREMARIN 1.25 MG TABLET	OPEN	None	No	100	0.3370	
02414694	PREMARIN 1.25MG EXTENDED RELEASE TABLET	OPEN	None	No	28	0.3472	
02043386	PREMARIN 25 MG VIAL	OPEN	None	No	1	47.0999	
02043440	PREMARIN VAGINAL CREAM/APPL	OPEN	None	No	14	0.8362	
02242878	PREMPLUS TABLET	OPEN	None	No	56	0.1953	
02242879	PREMPLUS TABLET	OPEN	None	No	56	0.1953	
02165503	PREVACID 15 MG CAPSULE	SPEC AUTH	None	Yes	100	2.1800	0.5450
02165511	PREVACID 30 MG CAPSULE	SPEC AUTH	None	Yes	100	2.1800	0.5450
02249464	PREVACID FASTAB 15 MG TAB	SPEC AUTH	None	No	30	2.1700	
02249472	PREVACID FASTAB 30 MG TAB	SPEC AUTH	None	No	30	2.1700	
00804541	PREVEX B 0.1% CREAM	OPEN	None	No	30	0.3949	
00804533	PREVEX HC 1% CREAM	OPEN	None	No	30	0.2933	
02426501	PREZCOBIX 800MG-150MG TABLET	SPEC AUTH	None	No	30	25.8957	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02369753	PREZISTA 150 MG TABLET	SPEC AUTH	None	No	240	4.1078	
02324016	PREZISTA 400 MG TABLET	SPEC AUTH	None	No	60	11.7809	
02324024	PREZISTA 600 MG TABLET	SPEC AUTH	None	No	60	17.1265	
02338432	PREZISTA 75 MG TABLET	SPEC AUTH	None	No	480	2.0539	
02393050	PREZISTA 800MG TABLET	SPEC AUTH	None	No	30	23.5619	
00399310	PRIMIDONE 125 MG TABLET	OPEN	None	No	100	0.0600	
00396761	PRIMIDONE 250 MG TABLET	OPEN	None	No	100	0.0944	
00839396	PRINIVIL 10 MG TABLET	OPEN	None	Yes	28	0.9468	0.1853
00839418	PRINIVIL 20 MG TABLET	OPEN	None	Yes	28	1.1379	0.2226
00839388	PRINIVIL 5 MG TABLET	OPEN	None	Yes	28	0.6736	0.1542
02108194	PRINZIDE 10/12.5 TABLET	OPEN	None	Yes	100	0.8097	0.6358
00884413	PRINZIDE 20/12.5 TABLET	OPEN	None	Yes	100	1.0020	0.7886
00644331	PRO-AMOX-250 250 MG/5 ML SUSP	OPEN	None	No	150	0.0586	
00638692	PROCAN SR 250 MG TABLET SA	OPEN	None	No	100	0.5105	
02234466	PROCTODAN-HC OINTMENT	OPEN	None	Yes	30	0.7976	0.7976
02240851	PROCTODAN-HC SUPPOSITORY	OPEN	None	Yes	12	1.1854	1.1854
00363014	PROCTOFOAM HC RECTAL FOAM	OPEN	None	No	18	1.8686	
02247322	PROCTOL OINTMENT	OPEN	None	Yes	30	0.6496	0.4745
02247882	PROCTOL SUPPOSITORY	OPEN	None	Yes	24	0.8638	0.8638
02223252	PROCTOSEDYL OINTMENT	OPEN	None	Yes	30	0.9320	0.4745
02223260	PROCTOSEDYL SUPPOSITORY	OPEN	None	Yes	24	1.2271	0.8638
02241797	PROCYTOX 200 MG VIAL	OPEN	None	No	10	1.2305	
02241795	PROCYTOX 25 MG TABLET	OPEN	None	No	200	0.5870	
02241796	PROCYTOX 50 MG TABLET	OPEN	None	No	100	0.7876	
02241798	PROCYTOX 500 MG VIAL	OPEN	None	No	25	0.6624	
00503347	PROGLYCEM 100 MG CAPSULE	OPEN	None	No	100	2.0146	
02343541	PROLIA 60MG/ML SYRINGE	SPEC AUTH	None	No	1	392.6615	
00522597	PROLOPA 12.5/50 CAPSULE	OPEN	None	No	100	0.3253	
00386464	PROLOPA 25/100 CAPSULE	OPEN	None	No	100	0.5356	
00386472	PROLOPA 50/200 CAPSULE	OPEN	None	No	100	0.8990	
00677590	PROLOPRIM 200MG TABLET	OPEN	None	Yes	100	0.6050	0.5862
00567434	PROMETHAZINE 25 MG/ML AMP	OPEN	None	No	10	1.7946	
02089602	PROPADERM 0.025% CREAM	OPEN	None	No	120	0.4786	
02343053	PROPAFENONE 150MG TABLET	OPEN	None	Yes	100	0.3387	0.3387
02343061	PROPAFENONE 300MG TABLET	OPEN	None	Yes	100	0.5969	0.5969

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00010219	PROPYLTHYRACIL 100 MG TAB	OPEN	None	No	100	0.4108	
00010200	PROPYL-THYRACIL 50 MG TABLET	OPEN	None	No	100	0.2627	
02010909	PROSCAR 5 MG TABLET	OPEN	None	Yes	30	2.4329	0.5227
00869945	PROSTIGMIN 15 MG TABLET	OPEN	None	No	100	0.5263	
00400688	PROSTIN E2 0.5 MG TABLET	OPEN	None	No	10	5.2948	
02244149	PROTOPIC 0.03% OINTMENT	SPEC AUTH	None	No	60	2.4027	
02244148	PROTOPIC 0.1% OINTMENT	SPEC AUTH	None	No	60	2.5704	
00512524	PROTRIN DF TABLET	OPEN	None	No	100	0.1325	
00729973	PROVERA 10 MG TABLET	OPEN	None	Yes	100	0.9390	0.3454
00030945	PROVERA 100 MG TABLET	OPEN	None	Yes	100	1.3615	1.3142
00708917	PROVERA 2.5 MG TABLET	OPEN	None	Yes	500	0.2342	0.0700
00030937	PROVERA 5 MG TABLET	OPEN	None	Yes	100	0.4627	0.1710
02018985	PROZAC 10 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	2.0612	0.5009
00636622	PROZAC 20 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	2.0612	0.5012
00852074	PULMICORT 100MCG TURBUHALER	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	200	0.1697	
00851752	PULMICORT 200MCG TURBUHALER	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	200	0.3464	
00851760	PULMICORT 400MCG TURBUHALER	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	200	0.5045	
01978918	PULMICORT NEBUAMP 0.5 MG/2 ML	SPEC AUTH	None	No	40	0.4877	
01978926	PULMICORT NEBUAMP 1 MG/2 ML	SPEC AUTH	None	No	40	0.9727	
02229099	PULMICORT NEBUMAP 0.25 MG/2 ML	SPEC AUTH	None	No	40	0.2439	
02046733	PULMOZYME 1 MG/ML AMPOULE	SPEC AUTH	Beneficiary must have eligibility under the CF Plan	No	75	17.0949	
00004723	PURINETHOL 50 MG TABLET	OPEN	None	Yes	60	3.1185	3.1185
00476714	PYRIDIUM 100MG	OPEN	None	No	50	0.1357	
00476722	PYRIDIUM 200MG	OPEN	None	No	100	0.8030	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02317907	QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02353172	QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2585	0.2585
02387808	QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2585	0.2585
02317923	QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02353199	QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02387824	QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02317893	QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02353164	QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02387794	QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0969	0.0969
02317931	QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
02353202	QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
02387832	QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
00695440	QUININE SULFATE 200 MG CAP	OPEN	None	No	500	0.2593	
00695459	QUININE SULFATE 300 MG CAP	OPEN	None	No	500	0.4069	
00695432	QUININE-ODAN 300MG TABLET	OPEN	None	No	100	0.4069	
02242030	QVAR 100MCG/DOSE SPRAY	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	200	0.3442	
02242029	QVAR 50MCG/DOSE SPRAY	OPEN	Can only be claimed if the Beneficiary does not have an active Special Authorization for Wet Nebulization	No	200	0.1726	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02385449	RABEPRAZOLE 10MG TABLET	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02385457	RABEPRAZOLE 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2625	0.2625
02356511	RABEPRAZOLE EC 10MG TABLET	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02356538	RABEPRAZOLE EC 20MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2625	0.2625
02332299	RAMIPRIL 1.25 MG CAP	OPEN	None	Yes	100	0.1389	0.1389
02308363	RAMIPRIL 1.25MG CAPSULE	OPEN	None	Yes	100	0.1389	0.1389
02332329	RAMIPRIL 10 MG CAP	OPEN	None	Yes	100	0.2030	0.2030
02287943	RAMIPRIL 10MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02374862	RAMIPRIL 10MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02332302	RAMIPRIL 2.5 MG CAP	OPEN	None	Yes	500	0.1602	0.1602
02287927	RAMIPRIL 2.5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02374846	RAMIPRIL 2.5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02332310	RAMIPRIL 5 MG CAP	OPEN	None	Yes	500	0.1602	0.1602
02287935	RAMIPRIL 5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02374854	RAMIPRIL 5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02411598	RAMIPRIL-10 10MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02411563	RAMIPRIL-2.5 2.5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02411571	RAMIPRIL-5 5MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02412659	RAMIPRIL-HCTZ 10MG/12.5MG TABLET	OPEN	None	Yes	100	0.2870	0.2870
02412675	RAMIPRIL-HCTZ 10MG/25MG TABLET	OPEN	None	Yes	100	0.2870	0.2870
02412640	RAMIPRIL-HCTZ 5MG/12.5MG TABLET	OPEN	None	Yes	100	0.2255	0.2255
02412667	RAMIPRIL-HCTZ 5MG/25MG TABLET	OPEN	None	Yes	100	0.2255	0.2255
02384701	RAN-ALENDRONATE 10MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	28	0.5436	0.5436
02384728	RAN-ALENDRONATE 70MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900
02321866	RAN-AMLODIPINE 10 MG TABLET	OPEN	None	Yes	500	0.3910	0.3910

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02321858	RAN-AMLODIPINE 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02328690	RAN-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	100	1.3875	1.3875
02267993	RAN-ATENOLOL 100 MG TABLET	OPEN	None	Yes	500	0.2703	0.2703
02373963	RAN-ATENOLOL 25MG TABLET	OPEN	None	No	100	0.0818	
02267985	RAN-ATENOLOL 50 MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02313707	RAN-ATORVASTATIN 10 MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02313715	RAN-ATORVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02313723	RAN-ATORVASTATIN 40 MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02313758	RAN-ATORVASTATIN 80 MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02371324	RAN-BICALUTAMIDE 50MG TABLET	OPEN	None	Yes	100	1.8448	1.8448
02380706	RAN-CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02380714	RAN-CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3265	0.3265
02380692	RAN-CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02268043	RAN-CARVEDILOL 12.5 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02268051	RAN-CARVEDILOL 25 MG TABLET	SPEC AUTH	None	Yes	100	0.3681	0.3681
02268027	RAN-CARVEDILOL 3.125 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02268035	RAN-CARVEDILOL 6.25 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02329204	RAN-CEFPROZIL 125 MG/5 ML SUSP	OPEN	None	Yes	100	0.1537	0.0645
02293528	RAN-CEFPROZIL 250 MG TABLET	OPEN	None	Yes	100	0.4949	0.4949
02293579	RAN-CEFPROZIL 250 MG/5 ML	OPEN	None	Yes	100	0.3076	0.3076
02293536	RAN-CEFPROZIL 500 MG TABLET	OPEN	None	Yes	100	0.9702	0.9702
02412373	RAN-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02412381	RAN-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
02303728	RAN-CIPROFLOX 250 MG TABLET	OPEN	None	Yes	100	0.6743	0.6743
02303736	RAN-CIPROFLOX 500 MG TABLET	OPEN	None	Yes	100	0.7607	0.7607
02303744	RAN-CIPROFLOX 750 MG TABLET	OPEN	None	Yes	50	1.3930	1.3930
02285622	RAN-CITALO 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02285630	RAN-CITALO 40 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02361426	RAN-CLARITHROMYCIN 250MG TABLET	OPEN	None	Yes	500	0.4587	0.4587
02361434	RAN-CLARITHROMYCIN 500MG TABLET	OPEN	None	Yes	500	1.7759	1.7759
02379813	RAN-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02268078	RAN-DOMPERIDONE 10 MG TABLET	OPEN	None	Yes	500	0.0647	0.0647
02381508	RAN-DONEZEPIL 5MG TABLET	SPEC AUTH	None	Yes	500	0.8998	0.8998
02381516	RAN-DONEZPEIL 10MG TABLET	SPEC AUTH	None	Yes	500	0.8998	0.8998
02438259	RAN-DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02438267	RAN-DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	500	1.0648	1.0648
02352257	RAN-ENALAPRIL 10MG TABLET	OPEN	None	Yes	100	0.3121	0.3121
02352230	RAN-ENALAPRIL 2.5MG TABLET	OPEN	None	Yes	100	0.2195	0.2195
02352265	RAN-ENALAPRIL 20MG TABLET	OPEN	None	Yes	100	0.3766	0.3766
02352249	RAN-ENALAPRIL 5MG TABLET	OPEN	None	Yes	100	0.2597	0.2597
02385481	RAN-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.4707	0.4707
02385503	RAN-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5011	0.5011
02419548	RAN-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	500	0.3553	0.3553
02330156	RAN-FENTANYL MATRIX 100 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	13.1358	13.1358
02330105	RAN-FENTANYL MATRIX 12 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	2.4307	2.4307
02330113	RAN-FENTANYL MATRIX 25 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	3.9872	3.9872
02330121	RAN-FENTANYL MATRIX 50 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	7.5033	7.5033
02330148	RAN-FENTANYL MATRIX 75 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	10.5531	10.5531
02371820	RAN-FINASTERIDE 5MG TABLET	OPEN	None	Yes	30	0.5227	0.5227
02405695	RAN-FLUOXETINE 10MG CAPSULES	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02405709	RAN-FLUOXETINE 20MG CAPSULES	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5012	0.5012

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02294524	RAN-FOSINOPRIL 10 MG TABLET	OPEN	None	Yes	100	0.2531	0.2531
02294532	RAN-FOSINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.3045	0.3045
02319055	RAN-GABAPENTIN 100 MG CAP	SPEC AUTH	None	Yes	500	0.0816	0.0816
02319063	RAN-GABAPENTIN 300 MG CAP	SPEC AUTH	None	Yes	500	0.1985	0.1985
02319071	RAN-GABAPENTIN 400 MG CAP	SPEC AUTH	None	Yes	500	0.2366	0.2366
02406829	RAN-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3453	0.3453
02406837	RAN-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02406810	RAN-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02363208	RAN-IRBESARTAN HCTZ 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02363216	RAN-IRBESARTAN HCTZ 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02363224	RAN-IRBESARTAN HCTZ 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3307	0.3307
00740748	RANITIDINE 150 MG TABLET	OPEN	None	No	500	0.4648	
02353016	RANITIDINE 150MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
02385953	RANITIDINE 150MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
02353024	RANITIDINE 300MG TABLET	OPEN	None	Yes	100	0.3924	0.3924
02385961	RANITIDINE 300MG TABLET	OPEN	None	Yes	100	0.3924	0.3924
02402610	RAN-LANSOPRAZOLE 15MG CAPSULES	SPEC AUTH	None	Yes	100	0.5450	0.5450
02402629	RAN-LANSOPRAZOLE 30MG CAPSULES	SPEC AUTH	None	Yes	100	0.5450	0.5450
02396106	RAN-LEVETIRACETAM 250MG TABLET	OPEN	None	Yes	100	0.4860	0.4860
02396114	RAN-LEVETIRACETAM 500MG TABLET	OPEN	None	Yes	100	0.5921	0.5921
02396122	RAN-LEVETIRACETAM 750MG TABLET	OPEN	None	Yes	100	0.8200	0.8200
02294249	RAN-LISINOPRIL 10 MG TABLET	OPEN	None	Yes	500	0.1853	0.1853
02294257	RAN-LISINOPRIL 20 MG TABLET	OPEN	None	Yes	500	0.2226	0.2226
02294230	RAN-LISINOPRIL 5 MG TABLET	OPEN	None	Yes	500	0.1542	0.1542
02404486	RAN-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3430	0.3430
02404451	RAN-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3430	0.3430

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02404478	RAN-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3430	0.3430
02269031	RAN-METFORMIN 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02269058	RAN-METFORMIN 850MG TABLET	OPEN	None	Yes	100	0.0665	0.0665
02389517	RAN-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	100	0.8933	0.8933
02402793	RAN-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061
02402807	RAN-MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4665	0.4665
02358085	RAN-NABILONE 0.5MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	0.8455	0.8455
02358093	RAN-NABILONE 1MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	1.6909	1.6909
02403064	RAN-OLANZAPINE 2.5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02414104	RAN-OLANZAPINE ODT 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	1.4014	1.4014
02414112	RAN-OLANZAPINE ODT 15MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	2.1015	2.1015
02414120	RAN-OLANZAPINE ODT 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	2.7737	2.7737
02414090	RAN-OLANZAPINE ODT 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	0.7013	0.7013
02403617	RAN-OMEPRAZOLE 20MG CAPSULE	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.4488	0.4488
02374870	RAN-OMEPRAZOLE 20MG DELAYED RELEASE TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.4488	0.4488
02305038	RAN-PANTOPRAZOLE 20 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3538	0.3538
02305046	RAN-PANTOPRAZOLE 40 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02375850	RAN-PIOGLITAZONE 15MG TABLET	SPEC AUTH	None	Yes	100	0.6685	0.6685
02375869	RAN-PIOGLITAZONE 30MG TABLET	SPEC AUTH	None	Yes	100	0.9365	0.9365
02375877	RAN-PIOGLITAZONE 45MG TABLET	SPEC AUTH	None	Yes	100	1.4082	1.4082

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02284421	RAN-PRAVASTATIN 10 MG TAB	OPEN	None	Yes	100	0.4415	0.4415
02284448	RAN-PRAVASTATIN 20 MG TAB	OPEN	None	Yes	100	0.5207	0.5207
02284456	RAN-PRAVASTATIN 40 MG TAB	OPEN	None	Yes	100	0.6273	0.6273
02392844	RAN-PREGABALIN 150MG CAPSULES	SPEC AUTH	None	Yes	500	0.6275	0.6275
02392852	RAN-PREGABALIN 225MG CAPSULES	SPEC AUTH	None	Yes	500	0.6275	0.6275
02392801	RAN-PREGABALIN 25MG CAPSULES	SPEC AUTH	None	Yes	500	0.2243	0.2243
02392860	RAN-PREGABALIN 300MG CAPSULES	SPEC AUTH	None	Yes	500	0.6275	0.6275
02392828	RAN-PREGABALIN 50MG CAPSULES	SPEC AUTH	None	Yes	500	0.3519	0.3519
02392836	RAN-PREGABALIN 75MG CAPSULES	SPEC AUTH	None	Yes	500	0.4552	0.4552
02397102	RAN-QUETIAPINE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02397110	RAN-QUETIAPINE 200MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5193	0.5193
02397099	RAN-QUETIAPINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02397129	RAN-QUETIAPINE 300MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.7579	0.7579
02298074	RAN-RABEPRAZOLE 10 MG TAB EC	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02298082	RAN-RABEPRAZOLE 20 MG TAB EC	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2625	0.2625
02310503	RAN-RAMIPRIL 1.25 MG CAP	OPEN	None	Yes	30	0.1389	0.1389
02310546	RAN-RAMIPRIL 10 MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02310511	RAN-RAMIPRIL 2.5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02310538	RAN-RAMIPRIL 5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02336480	RAN-RANITIDINE 150 MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
02336502	RAN-RANITIDINE 300 MG TABLET	OPEN	None	Yes	500	0.3924	0.3924
02332051	RAN-RISPERIDONE 0.25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02314037	RAN-ROPINIROLE 0.25 MG TABLET	OPEN	None	Yes	100	0.0773	0.0773
02314053	RAN-ROPINIROLE 1 MG TABLET	OPEN	None	Yes	100	0.3093	0.3093
02314061	RAN-ROPINIROLE 2 MG TABLET	OPEN	None	Yes	100	0.3403	0.3403
02314088	RAN-ROPINIROLE 5 MG TABLET	OPEN	None	Yes	100	0.9370	0.9370
02382652	RAN-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02382660	RAN-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02382679	RAN-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.3904	0.3904
02382644	RAN-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
02374579	RAN-SERTRALINE 100MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02374552	RAN-SERTRALINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02374560	RAN-SERTRALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4590	0.4590
02329158	RAN-SIMVASTATIN 10 MG TABLET	OPEN	None	Yes	500	0.3970	0.3970
02329166	RAN-SIMVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02329174	RAN-SIMVASTATIN 40 MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02329131	RAN-SIMVASTATIN 5 MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02329182	RAN-SIMVASTATIN 80 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02437996	RAN-SOLIFENACIN 10MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	500	0.4603	0.4603
02437988	RAN-SOLIFENACIN 5MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	500	0.4603	0.4603
02396076	RAN-TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02363119	RAN-VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3268	0.3268
02363062	RAN-VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3185	0.3185
02363100	RAN-VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3269	0.3269
02380099	RAN-VENLAFAXINE XR 150MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02380072	RAN-VENLAFAXINE XR 37.5MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1791	0.1791
02380080	RAN-VENLAFAXINE XR 75MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
02267918	RAN-ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02267926	RAN-ZOPICLONE 7.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
97799451	RAPID RESPONSE BLOOD GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.8138	
02244646	RATIO-ACLAVULAN 125-31.25/5	OPEN	None	Yes	100	0.0564	0.0564
02244647	RATIO-ACLAVULANA 250-62.5/5	OPEN	None	Yes	100	0.1995	0.1995
02243771	RATIO-ACLAVULANAT 500-125 MG	OPEN	None	Yes	20	0.7274	0.7274
02247021	RATIO-ACLAVULANAT 875-125 MG	OPEN	None	Yes	20	0.6051	0.6051
02078627	RATIO-ACYCLOVIR 200 MG TAB	OPEN	None	Yes	100	0.6973	0.6973
02078635	RATIO-ACYCLOVIR 400 MG TAB	OPEN	None	Yes	100	1.3843	1.3843
02078651	RATIO-ACYCLOVIR 800 MG TAB	OPEN	None	Yes	100	1.3814	1.3814
02275279	RATIO-ALENDRONATE 70 MG TAB	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.7900	2.7900
02247098	RATIO-AMCINONIDE 0.1% CREAM	OPEN	None	Yes	60	0.2124	0.2124
02247097	RATIO-AMCINONIDE 0.1% LOTN	OPEN	None	Yes	60	0.3844	0.3844
02247096	RATIO-AMCINONIDE 0.1% OINT	OPEN	None	Yes	60	0.4627	0.4627
02240071	RATIO-AMIODARONE 200 MG TAB	OPEN	None	Yes	100	0.5610	0.5610
02259613	RATIO-AMLODIPINE 10 MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02259605	RATIO-AMLODIPINE 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.2635	0.2635
02171805	RATIO-ATENOLOL 100 MG TABLET	OPEN	None	Yes	100	0.2703	0.2703
02171791	RATIO-ATENOLOL 50 MG TABLET	OPEN	None	Yes	500	0.1644	0.1644

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02350297	RATIO-ATORVASTATIN 10 MG TAB	OPEN	None	Yes	500	0.3420	0.3420
02350319	RATIO-ATORVASTATIN 20 MG TAB	OPEN	None	Yes	500	0.4275	0.4275
02350327	RATIO-ATORVASTATIN 40 MG TAB	OPEN	None	Yes	500	0.4595	0.4595
02350335	RATIO-ATORVASTATIN 80 MG TAB	OPEN	None	Yes	100	0.4595	0.4595
02275287	RATIO-AZITHROMYCIN 250 MG TA	OPEN	None	Yes	100	1.3703	1.3703
02236507	RATIO-BACLOFEN 10 MG TABLET	OPEN	None	Yes	500	0.1964	0.1964
02236508	RATIO-BACLOFEN 20 MG TABLET	OPEN	None	Yes	100	0.3823	0.3823
02277700	RATIO-BICALUTAMIDE 50 MG TAB	OPEN	None	Yes	30	1.8448	1.8448
00404802	RATIO-BISACODYL 10 MG SUPP	OPEN	Beneficiary of CYFS	No	100	0.7628	
02243026	RATIO-BRIMONIDINE 0.2% DROP	OPEN	None	Yes	10	1.2590	1.2590
02285657	RATIO-BUPROPION SR 100 MG TAB	OPEN	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.	Yes	60	0.1686	0.1686
02285665	RATIO-BUPROPION SR 150 MG TAB	OPEN	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.	Yes	60	0.2550	0.2505
02252325	RATIO-CARVEDILOL 12.5 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02252333	RATIO-CARVEDILOL 25 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02252309	RATIO-CARVEDILOL 3.125 MG TB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02252317	RATIO-CARVEDILOL 6.25 MG TAB	SPEC AUTH	None	Yes	100	0.3681	0.3681
02242656	RATIO-CEFUROXIME 250 MG TAB	OPEN	None	Yes	60	0.7888	0.7888
02242657	RATIO-CEFUROXIME 500 MG TAB	OPEN	None	Yes	60	1.5627	1.5627
02246825	RATIO-CIPROFLOXACN 250 MG TB	OPEN	None	Yes	100	0.6743	0.6743
02246826	RATIO-CIPROFLOXACN 500 MG TB	OPEN	None	Yes	100	0.7607	0.7607
02246827	RATIO-CIPROFLOXACN 750 MG TB	OPEN	None	Yes	50	1.3930	1.3930
02252112	RATIO-CITALOPRAM 20 MG TAB	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02252120	RATIO-CITALOPRAM 40 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.2613	0.2613
02247818	RATIO-CLARITHROMYCIN 250 MG	OPEN	None	Yes	500	0.4587	0.4587

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02247819	RATIO-CLARITHROMYCIN 500 MG	OPEN	None	Yes	100	1.7759	1.7759
01910272	RATIO-CLOBETASOL 0.05% CRM	OPEN	None	Yes	450	0.2484	0.2484
01910299	RATIO-CLOBETASOL 0.05% LOT	OPEN	None	Yes	60	0.2169	0.2169
01910280	RATIO-CLOBETASOL 0.05% OINT	OPEN	None	Yes	450	0.2484	0.2484
02103656	RATIO-CLONAZEPAM 0.5 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540
02103737	RATIO-CLONAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0931	0.0931
00779474	RATIO-CODEINE 25 MG/5 ML SYRP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	2000	0.0374	
00593435	RATIO-CODEINE PHOS 15 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.0842	
00593451	RATIO-CODEINE PHOS 30 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1393	
02240684	RATIO-DEXAMETHASONE 0.5 MG	OPEN	None	No	100	0.2137	
02240687	RATIO-DEXAMETHASONE 4 MG TAB	OPEN	None	No	50	0.8324	
02229781	RATIO-DILTIAZEM CD 120 MG CP	OPEN	None	Yes	100	0.3847	0.3847
02229782	RATIO-DILTIAZEM CD 180 MG CP	OPEN	None	Yes	100	0.5106	0.5106
02229784	RATIO-DILTIAZEM CD 300 MG CP	OPEN	None	Yes	500	0.8465	0.8465
01912070	RATIO-DOMPERIDONE 10 MG TAB	OPEN	None	Yes	500	0.0647	0.0647
00535427	RATIO-ECTOSONE 0.05% CREAM	OPEN	None	Yes	450	0.0661	0.0650
00653209	RATIO-ECTOSONE 0.05% LOTION	OPEN	None	No	60	0.2745	
00535435	RATIO-ECTOSONE 0.1% CREAM	OPEN	None	Yes	450	0.0969	0.0969
00750050	RATIO-ECTOSONE 0.1% LOTION	OPEN	None	No	60	0.3391	
00653217	RATIO-ECTOSONE 0.1% SCALP LOT	OPEN	None	Yes	75	0.0930	0.0930
00608882	RATIO-EMTEC-30 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1753	
02250039	RATIO-FENOFIBR MC 200 MG CAP	OPEN	None	Yes	100	0.2968	0.2968
02306905	RATIO-FINASTERIDE 5 MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02241371	RATIO-FLUOXETINE 10 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02241374	RATIO-FLUOXETINE 20 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02218461	RATIO-FLUVOXAMINE 100 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4287	0.4287
02218453	RATIO-FLUVOXAMINE 50 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2385	0.2385
02260883	RATIO-GABAPENTIN 100 MG CAP	SPEC AUTH	None	Yes	100	0.0816	0.0816
02260905	RATIO-GABAPENTIN 400 MG CAP	SPEC AUTH	None	Yes	100	0.2366	0.2366
00805386	RATIO-GENTAMICIN 0.1% CREAM	OPEN	None	No	15	0.3863	
00805025	RATIO-GENTAMICIN 0.1% OINT	OPEN	None	No	450	0.2556	
02273101	RATIO-GLIMEPIRIDE 1MG TAB	OPEN	None	Yes	30	0.4204	0.4204
02273128	RATIO-GLIMEPIRIDE 2MG TAB	OPEN	None	Yes	30	0.4204	0.4204
02273136	RATIO-GLIMEPIRIDE 4MG TAB	OPEN	None	Yes	30	0.4204	0.4204
01900927	RATIO-GLYBURIDE 2.5 MG TAB	OPEN	None	Yes	30	0.0364	0.0364
01900935	RATIO-GLYBURIDE 5 MG TABLET	OPEN	None	Yes	300	0.0652	0.0652
00607789	RATIO-HEMCORT HC OINTMENT	OPEN	None	No	15	0.4514	
00607797	RATIO-HEMCORT HC SUPPOS	OPEN	None	No	12	0.6591	
01934139	RATIO-INDOMETHACIN 100 MG	OPEN	None	No	30	0.9678	
02243789	RATIO-IPRA SAL UDV SOLUTION	SPEC AUTH	None	Yes	50	0.4931	0.4931
02097168	RATIO-IPRATROPIUM 0.5 MG/2	SPEC AUTH	None	Yes	20	0.7183	0.7183
02097176	RATIO-IPRATROPIUM SOL (UDV)	SPEC AUTH	None	Yes	40	0.3592	0.3592
02316404	RATIO-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02316412	RATIO-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02316390	RATIO-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02330512	RATIO-IRBESARTAN HCTZ 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02330520	RATIO-IRBESARTAN HCTZ 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02330539	RATIO-IRBESARTAN HCTZ 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3307	0.3307
02247461	RATIO-KETOROLAC 0.5% DROPS	OPEN	None	Yes	10	1.7440	1.7440
00854409	RATIO-LACTULOSE 667 MG/ML	SPEC AUTH	None	No	1000	0.0157	
02243353	RATIO-LAMOTRIGINE 100 MG TAB	OPEN	None	Yes	100	0.4157	0.4157

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02246963	RATIO-LAMOTRIGINE 150 MG TAB	OPEN	None	Yes	60	0.6126	0.6126
02243352	RATIO-LAMOTRIGINE 25 MG TAB	OPEN	None	Yes	100	0.1041	0.1041
00653241	RATIO-LENOLTEC NO 2 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0880	0.0880
00653276	RATIO-LENOLTEC NO 3 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0870	0.0665
00621463	RATIO-LENOLTEC NO 4 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1741	
02031159	RATIO-LEVOBUNOLOL 0.25% SOL	OPEN	None	Yes	10	4.2510	4.2510
02031167	RATIO-LEVOBUNOLOL 0.5% SOL	OPEN	None	Yes	15	1.2546	1.2546
02256800	RATIO-LISINOPRIL P 10 MG TB	OPEN	None	Yes	100	0.1853	0.1853
02256819	RATIO-LISINOPRIL P 20 MG TB	OPEN	None	Yes	30	0.2226	0.2226
02256797	RATIO-LISINOPRIL P 5 MG TAB	OPEN	None	Yes	100	0.1542	0.1542
02245822	RATIO-LOVASTATIN 20 MG TAB	OPEN	None	Yes	100	0.5911	0.5911
02245823	RATIO-LOVASTATIN 40 MG TAB	OPEN	None	Yes	100	1.0798	1.0798
02242974	RATIO-METFORMIN 500 MG TAB	OPEN	None	Yes	500	0.0484	0.0484
02242931	RATIO-METFORMIN 850 MG TAB	OPEN	None	Yes	500	0.0665	0.0665
02248130	RATIO-MOMETASONE 0.1% OINT	OPEN	None	Yes	50	0.6554	0.6554
00607762	RATIO-MORPHINE 1 MG/ML SYRUP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	450	0.0239	
00690783	RATIO-MORPHINE 10 MG/ML SYRP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	200	0.2179	
00690791	RATIO-MORPHINE 20 MG/ML SYRP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	0.5685	
00607770	RATIO-MORPHINE 5 MG/ML SYRUP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	450	0.0923	
02194163	RATIO-NYSTATIN 100MU/G CRM	OPEN	None	No	75	0.3462	
02194236	RATIO-NYSTATIN 100MU/G CRM	OPEN	None	No	450	0.0705	
02194228	RATIO-NYSTATIN 100MU/G OINT	OPEN	None	No	30	0.1226	
02194201	RATIO-NYSTATIN 100MU/ML DPS	OPEN	None	No	100	0.0805	
02260867	RATIO-OMEPRAZOLE 20 MG TAB A	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02278529	RATIO-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	3.6510	3.6510
02278537	RATIO-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	5.5710	5.5710
00608165	RATIO-OXYCOCET 5-325 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1401	0.1401
00608157	RATIO-OXYCODAN TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.4291	0.4291
02247811	RATIO-PAROXETINE 20 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02247812	RATIO-PAROXETINE 30 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.5228	0.5228
02301423	RATIO-PIOGLITAZONE 15 MG TB	SPEC AUTH	None	Yes	500	0.6685	0.6685
02301431	RATIO-PIOGLITAZONE 30 MG TB	SPEC AUTH	None	Yes	100	0.9365	0.9365
02301458	RATIO-PIOGLITAZONE 45 MG TB	SPEC AUTH	None	Yes	100	1.4082	1.4082
00700401	RATIO-PREDNISOLONE 1% DROPS	OPEN	None	Yes	10	2.1146	2.1146
02226383	RATIO-PROCTOSONE OINT	OPEN	None	No	30	0.6470	
02226391	RATIO-PROCTOSONE SUPP	OPEN	None	No	12	0.8599	
02311194	RATIO-RAMIPRIL 15 MG CAPSULE	OPEN	None	Yes	100	0.5592	0.5592
00828823	RATIO-RANITIDINE 150 MG TAB	OPEN	None	Yes	500	0.1962	0.1962
02319861	RATIO-RISEDRONATE 35 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.8027	2.8027
02311283	RATIO-RIVASTIGMINE 1.5 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02311291	RATIO-RIVASTIGMINE 3 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02311305	RATIO-RIVASTIGMINE 4.5 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02311313	RATIO-RIVASTIGMINE 6 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02239365	RATIO-SALBUTAMOL 0.5 MG/ML	SPEC AUTH	None	Yes	50	0.1171	0.0761
01986864	RATIO-SALBUTAMOL 1 MG/ML SOL	SPEC AUTH	None	Yes	50	0.1576	0.1576
02239366	RATIO-SALBUTAMOL 2 MG/ML SOL	SPEC AUTH	None	Yes	50	0.2995	0.2995
00860808	RATIO-SALBUTAMOL 5 MG/ML SOL	SPEC AUTH	None	Yes	10	0.3826	0.3826
02319500	RATIO-SILDENAFIL 20MG TABLET	SPEC AUTH	None	Yes	100	8.1095	6.8147

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02084236	RATIO-SOTALOL 160 MG TABLET	OPEN	None	Yes	100	0.2478	0.1769
02084228	RATIO-SOTALOL 80 MG TABLET	OPEN	None	Yes	100	0.4849	0.3233
02294265	RATIO-TAMSULOSIN 0.4 MG CAP	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.2659	0.2659
00608181	RATIO-TECNAL C 1/2 CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	1.9841	1.9841
00608203	RATIO-TECNAL C 1/4 CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	1.6203	1.6203
00608238	RATIO-TECNAL CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	1.5111	1.5111
00608211	RATIO-TECNAL TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	1.1281	
02218941	RATIO-TERAZOSIN 1 MG TABLET	OPEN	None	Yes	100	0.2095	0.2095
02218984	RATIO-TERAZOSIN 10 MG TABLET	OPEN	None	Yes	100	0.5295	0.5295
02218968	RATIO-TERAZOSIN 2 MG TABLET	OPEN	None	Yes	100	0.2664	0.2664
02218976	RATIO-TERAZOSIN 5 MG TABLET	OPEN	None	Yes	100	0.3618	0.3618
00317225	RATIO-THEO-BRONC SYRUP	OPEN	None	No	2	36.9009	
00849650	RATIO-TOPILENE 0.05% CREAM	OPEN	None	No	50	0.5711	
00849669	RATIO-TOPILENE 0.05% OINT	OPEN	None	No	50	0.5711	
02245688	RATIO-TOPISALIC LOTION	OPEN	None	Yes	60	0.4783	0.4783
00804991	RATIO-TOPISONE 0.05% CREAM	OPEN	None	No	450	0.2223	
00809187	RATIO-TOPISONE 0.05% LOTION	OPEN	None	No	75	0.2182	
00805009	RATIO-TOPISONE 0.05% OINT	OPEN	None	No	50	0.2372	
00550507	RATIO-TRIACOMB REG CREAM	OPEN	None	Yes	450	0.2571	0.2571
02237250	RATIO-TRYPTOFAN 1GM TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7767	0.7767
02240334	RATIO-TRYPTOPHAN 500 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3884	0.3884
02240333	RATIO-TRYPTOPHAN 500 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3884	0.3884
02140063	RATIO-VALPROIC 50 MG/ML SYR	OPEN	None	Yes	480	0.0413	0.0413
02273985	RATIO-VENLAFAXINE XR 150 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3781	0.3781

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02273977	RATIO-VENLAFAXINE XR 75 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
02246534	RATIO-ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02242481	RATIO-ZOPICLONE 7.5 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
02273969	RAT-VENLAFAXINE XR 37.5 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1791	0.1791
02328305	RBX-RISPERIDONE 0.25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02328313	RBX-RISPERIDONE 0.5 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02328321	RBX-RISPERIDONE 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3420	0.3420
02328348	RBX-RISPERIDONE 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.6843	0.6843
02328364	RBX-RISPERIDONE 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	1.0245	1.0245
02328372	RBX-RISPERIDONE 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
02223554	REACTINE 10 MG TABLET	OPEN	Beneficiary of CYFS	Yes	100	0.4542	0.4142
02318261	REBIF 132 MCG/1.5 ML CARTRIDGE	SPEC AUTH	None	No	4	520.7566	
02237319	REBIF 22 MCG/0.5 ML SYRINGE	SPEC AUTH	None	No	3	142.5907	
02237320	REBIF 44 MCG/0.5 ML SYRINGE	SPEC AUTH	None	No	3	173.5892	
02318253	REBIF 66 MCG/1.5 ML CARTRIDGE	SPEC AUTH	None	No	12	142.5880	
02420813	RECLIPSEN 21 0.15MG/0.03MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.4033	0.4033
02417464	RECLIPSEN 28 0.15MG/0.03MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3025	0.3025
02417936	REDDY-ATORVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.3420	0.3420
02417944	REDDY-ATORVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.4275	0.4275
02417952	REDDY-ATORVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02417960	REDDY-ATORVASTATIN 80MG TABLET	OPEN	None	Yes	500	0.4595	0.4595
02231008	REFRESH TEARS 0.5% EYE DROP	OPEN	Beneficiary of CYFS	No	30	0.3819	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02043521	REGLAN TAB 10MG	OPEN	None	Yes	500	0.1853	0.0694
02083531	RELAFEN 500MG TABLET	OPEN	None	Yes	100	0.7748	0.3951
02083558	RELAFEN 750MG TABLET	OPEN	None	Yes	60	1.0523	1.0019
02240863	RELENZA 5 MG DISKHALER	SPEC AUTH	None	No	1	39.6459	
02243910	REMERON 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	1.7938	0.3726
02248542	REMERON RD 15 MG TAB RAPDIS	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.5224	0.1127
02248543	REMERON RD 30 MG TAB RAPDIS	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	1.0442	0.2255
02248544	REMERON RD 45 MG TAB RAPDIS	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	1.5667	0.3382
02244016	REMICADE 100 MG VIAL	SPEC AUTH	None	No	1	1071.5026	
02266725	REMINYL ER 16 MG CAPSULE SA	SPEC AUTH	None	Yes	30	5.6091	1.4023
02266733	REMINYL ER 24 MG CAPSULE SA	SPEC AUTH	None	Yes	30	5.6091	1.4023
02266717	REMINYL ER 8 MG CAPSULE SA	SPEC AUTH	None	Yes	30	5.6091	1.4023
02246552	REMODULIN 1 MG/ML VIAL	SPEC AUTH	None	No	20	51.7500	
02246555	REMODULIN 10 MG/ML VIAL	SPEC AUTH	None	No	20	517.5000	
02246553	REMODULIN 2.5 MG/ML VIAL	SPEC AUTH	None	No	20	129.3750	
02246554	REMODULIN 5 MG/ML VIAL	SPEC AUTH	None	No	20	258.7500	
02244310	RENAGEL 800 MG TABLET	SPEC AUTH	None	No	180	1.7822	
02222000	RENEDIL 10 MG TABLET SA	OPEN	None	Yes	30	0.7339	0.5832
02221993	RENEDIL 5 MG TABLET SA	OPEN	None	Yes	30	0.5050	0.3886
02232565	REQUIP 0.25 MG TABLET	OPEN	None	Yes	100	0.3140	0.0773
02232567	REQUIP 1 MG TABLET	OPEN	None	Yes	100	1.2560	0.3093
02232568	REQUIP 2 MG TABLET	OPEN	None	Yes	100	1.3817	0.3403
02232569	REQUIP 5 MG TABLET	OPEN	None	Yes	100	3.8041	0.9370
02238348	RESCRIPTOR 100 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	360	0.8429	
00604453	RESTORIL 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1908	0.1431
00604461	RESTORIL 30 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2700	0.1721
02279592	RESULTZ 50% LIQUID	OPEN	None	No	240	0.1115	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00897329	RETIN-A 0.01% CREAM	OPEN	None	No	30	0.3863	
00870013	RETIN-A 0.01% GEL	OPEN	None	No	30	0.4055	
00897310	RETIN-A 0.025% CREAM	OPEN	None	No	30	0.3863	
00443816	RETIN-A 0.025% GEL	OPEN	None	No	30	0.4416	
00443794	RETIN-A 0.05% CREAM	OPEN	None	No	30	0.4416	
00870021	RETIN-A 0.1% CREAM	OPEN	None	No	30	0.4055	
02279401	REVATIO 20 MG TABLET	SPEC AUTH	None	Yes	90	12.4867	6.8147
02304902	REVLIMID 10MG CAPSULE	SPEC AUTH	None	No	100	391.6850	
02317699	REVLIMID 15MG CAPSULE	SPEC AUTH	None	No	100	414.4700	
02440601	REVLIMID 20MG CAPSULE	SPEC AUTH	None	No	21	437.2550	
02317710	REVLIMID 25 MG CAPSULE	SPEC AUTH	None	No	100	460.0400	
02304899	REVLIMID 5MG CAPSULE	SPEC AUTH	None	No	100	368.9000	
02248610	REYATAZ 150 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	12.3833	
02248611	REYATAZ 200 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	12.4555	
02294176	REYATAZ 300 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	30	24.3398	
02162687	RHINALAR 0.025% NASAL SPRAY	OPEN	None	No	25	0.8593	
01950541	RHINARIS-CS NASAL 2% MIST	OPEN	Beneficiary of CYFS	No	13	0.9239	
02035324	RHINOCORT 100MCG TURBUHALER	OPEN	None	No	200	0.1327	
02231923	RHINOCORT AQUA 64 MCG SPRAY	OPEN	None	Yes	120	0.1003	0.0919
02008203	RHOVANE 7.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
01916823	RIDAURA 3 MG CAPSULE	OPEN	None	No	60	6.5254	
02091887	RIFADIN 150 MG CAPSULE	OPEN	None	No	100	0.9109	
02092808	RIFADIN 300 MG CAPSULE	OPEN	None	No	100	1.4334	
02148625	RIFATER TABLET	OPEN	None	No	60	0.4474	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799478	RIGHTEST GS100 TEST STRIPS (100s)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.6479	
97799479	RIGHTEST GS100 TEST STRIPS (50s)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.6653	
02242763	RILUTEK 50 MG TABLET	SPEC AUTH	None	Yes	60	10.9591	3.7453
00493392	RIMSO-50 50% SOLUTION	OPEN	None	No	50	2.4955	
02356902	RIPSERIDONE 1MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3420	0.3420
02370255	RISEDRONATE 35MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	2.8027	2.8027
02411407	RISEDRONATE-35 35MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	2.8027	2.8027
02240551	RISPERDAL 0.25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6273	0.1478
02240552	RISPERDAL 0.5 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0509	0.2476
02025280	RISPERDAL 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.4513	0.3420
02025299	RISPERDAL 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	2.9038	0.6843
02025302	RISPERDAL 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	4.3480	1.0245

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02025310	RISPERDAL 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	5.7977	1.3661
02298465	RISPERDAL CONSTA 12.5MG/2ML	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	2	43.9154	
02255707	RISPERDAL CONSTA 25 MG/2 ML	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	2	91.1780	
02255723	RISPERDAL CONSTA 37.5 MG/2 ML	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	2	136.7588	
02255758	RISPERDAL CONSTA 50 MG/2 ML	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	2	182.3505	
02247704	RISPERDAL M 0.5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	0.8938	0.6091
02247705	RISPERDAL M 1 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	1.2344	0.8422
02247706	RISPERDAL M 2 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	2.4416	1.6655
02268086	RISPERDAL M 3 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	3.6624	2.3885
02268094	RISPERDAL M 4 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	4.8996	3.3394
02236950	RISPERIDAL 1 MG/ML ORAL SOLN	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	1.5434	0.5082
02356880	RISPERIDONE 0.25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02332078	RISPERIDONE 0.5MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02356899	RISPERIDONE 0.5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02332086	RISPERIDONE 1 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	0.3420	0.3420
02332094	RISPERIDONE 2 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.6843	0.6843
02356910	RISPERIDONE 2MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6843	0.6843

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02332108	RISPERIDONE 3 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.0245	1.0245
02356929	RISPERIDONE 3MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0245	1.0245
02332116	RISPERIDONE 4 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.3661	1.3661
02356937	RISPERIDONE 4MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
00005606	RITALIN 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.4545	0.1040
00005614	RITALIN 20 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.7940	0.2535
00632775	RITALIN SR 20 MG TABLET SA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.7974	0.3074
02241927	RITUXAN 10 MG/ML VIAL	SPEC AUTH	None	No	50	50.5959	
00382825	RIVOTRIL 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2533	0.0540
00382841	RIVOTRIL 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.4368	0.0931
02442914	RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02446138	RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02442906	RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02446111	RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02026805	ROBAXACET CAPLET	OPEN	Beneficiary of CYFS	No	40	0.4479	
01934767	ROBAXACET-8 TABLET	OPEN	Beneficiary of CYFS. Initial and maintenance fills are limited to a maximum 30 days	No	100	0.7683	
01930990	ROBAXIN 500 MG TABLET	OPEN	Beneficiary of CYFS	No	50	0.5236	
01932187	ROBAXIN-750 750 MG TABLET	OPEN	Beneficiary of CYFS	No	50	0.8643	
01934791	ROBAXISAL C 1/2 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	250	1.2103	
01934783	ROBAXISAL C 1/4 TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	24	1.0706	
00481823	ROCALTROL 0.25MCG CAPSULE	OPEN	None	Yes	100	0.7586	0.7586

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00481815	ROCALTROL 0.5MCG CAPSULE	OPEN	None	Yes	100	1.2065	1.2065
00393444	ROFACT 150 MG CAPSULE	OPEN	None	No	100	0.7151	
00343617	ROFACT 300 MG CAPSULE	OPEN	None	No	100	1.1256	
02332361	ROPINIROLE .25 MG TABLET	OPEN	None	Yes	100	0.0773	0.0773
02353040	ROPINIROLE 0.25MG TABLET	OPEN	None	Yes	100	0.0773	0.0773
02332426	ROPINIROLE 1 MG TABLET	OPEN	None	Yes	100	0.3093	0.3093
02353059	ROPINIROLE 1MG TABLET	OPEN	None	Yes	100	0.3093	0.3093
02332434	ROPINIROLE 2 MG TABLET	OPEN	None	Yes	100	0.3403	0.3403
02332442	ROPINIROLE 5 MG TABLET	OPEN	None	Yes	100	0.9370	0.9370
02353075	ROPINIROLE 5MG TABLET	OPEN	None	Yes	100	0.9370	0.9370
02405636	ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02405644	ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02405652	ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.3904	0.3904
02405628	ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
02411636	ROSUVASTATIN-10 10MG TABLET	OPEN	None	Yes	100	0.2656	0.2656
02411644	ROSUVASTATIN-20 20MG TABLET	OPEN	None	Yes	100	0.3320	0.3320
02411652	ROSUVASTATIN-40 40MG TABLET	OPEN	None	Yes	100	0.3904	0.3904
02411628	ROSUVASTATIN-5 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2519	0.2519
00026697	ROUGIER MAGNESIUM 100 MG/ML	SPEC AUTH	Beneficiary must have eligibility under the CF Plan	No	500	0.0217	
01927825	ROVAMYCINE '250' 750MU CAP	OPEN	None	No	50	1.5516	
01927817	ROVAMYCINE 500 1.5 MU CAPSULE	OPEN	None	No	50	3.0337	
02224801	RYTHMODAN 100 MG CAPSULE	OPEN	None	No	84	0.3073	
00603708	RYTHMOL 150 MG TABLET	OPEN	None	Yes	100	1.3747	0.3387
00603716	RYTHMOL 300 MG TABLET	OPEN	None	Yes	100	2.4232	0.5969
02068036	SABRIL 500 MG PACKET	OPEN	None	No	50	0.9884	
02065819	SABRIL 500 MG TABLET	OPEN	None	No	100	0.9884	
02215136	SAIZEN 10U VIAL	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	161.9363	
02350130	SAIZEN 12MG/1.5ML (8MG/ML) CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	583.3611	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02350149	SAIZEN 20MG/2.5ML (8MG/ML) CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	972.2685	
02350122	SAIZEN 6MG/1.03ML (5.83 MG/ML) CARTRIDGE	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	291.6806	
02272083	SAIZEN 8.8 MG VIAL	OPEN	Open benefit only if Beneficiary is eligible under the Growth Hormone Plan	No	1	388.9400	
02216345	SALAGEN 5 MG TABLET	SPEC AUTH	None	No	100	1.5029	
02064472	SALAZOPYRIN 500 MG EN-TABS	OPEN	None	No	300	0.5258	
02064480	SALAZOPYRIN 500 MG TABLET	OPEN	None	No	300	0.3446	
02419858	SALBUTAMOL HFA 100MCG/DOSE INHALATION AEROSOL	OPEN	None	Yes	200	0.0327	0.0327
02242146	SALOFALK 1000 MG SUPPOSITORY	OPEN	None	No	30	2.1107	
02112795	SALOFALK 2GM/60ML ENEMA	OPEN	None	No	420	0.0749	
02112809	SALOFALK 4GM/60ML ENEMA	OPEN	None	No	420	0.1273	
02112760	SALOFALK 500 MG SUPPOSITORY	OPEN	None	No	30	1.4369	
02112787	SALOFALK 500 MG TABLET EC	OPEN	None	No	500	0.6500	
02302365	SAN LISINOPRIL HCT 10-12.5	OPEN	None	Yes	100	0.2385	0.2385
02302373	SAN LISINOPRIL HCTZ 20/12.5	OPEN	None	Yes	100	0.2866	0.2866
02302381	SAN LISINOPRIL HCTZ 20/25	OPEN	None	Yes	100	0.3822	0.3822
02261839	SAN-CARBAMAZEPINE CR 200 MG	OPEN	None	Yes	100	0.1146	0.1146
02261847	SAN-CARBAMAZEPINE CR 400 MG	OPEN	None	Yes	100	0.2290	0.2290
00329320	SANDOMIGRAN 0.5 MG TABLET	OPEN	None	No	100	0.4225	
00511552	SANDOMIGRAN DS 1 MG TABLET	OPEN	None	No	100	0.7821	
00839191	SANDOSTATIN 0.05 MG/ML AMP	OPEN	None	Yes	5	5.8250	5.8250
00839205	SANDOSTATIN 0.1 MG/ML AMP	OPEN	None	Yes	5	10.9959	10.9959
02049392	SANDOSTATIN 0.2 MG/ML VIAL	OPEN	None	No	5	21.0555	
00839213	SANDOSTATIN 0.5 MG/ML AMP	OPEN	None	Yes	5	51.6813	16.8950
02239323	SANDOSTATIN LAR 10 MG VIAL	OPEN	None	No	2	716.6045	
02239324	SANDOSTATIN LAR 20 MG VIAL	OPEN	None	No	2	925.8197	
02239325	SANDOSTATIN LAR 30 MG VIAL	OPEN	None	No	2	1187.8146	
02288087	SANDOZ ALENDRONATE 10 MG TA	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	90	0.5436	0.5436

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02288109	SANDOZ ALENDRONATE 70 MG TA	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	2.7900	2.7900
02429160	SANDOZ ALENDRONATE/CHOLECALCIFEROL 70MG/5600IU TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	1.3270	1.3270
02405334	SANDOZ ALMOTRIPTAN 12.5MG TABLET	SPEC AUTH	None	Yes	6	7.6773	7.6773
02243836	SANDOZ AMIODARONE 200 MG TAB	OPEN	None	Yes	100	0.5610	0.5610
02284391	SANDOZ AMLODIPINE 10 MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02330474	SANDOZ AMLODIPINE 2.5MG TABLET	OPEN	None	No	100	0.1497	
02284383	SANDOZ AMLODIPINE 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02260107	SANDOZ ANAGRELIDE 0.5 MG CAP	OPEN	None	Yes	100	2.8733	2.8733
02338467	SANDOZ ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02247691	SANDOZ ANUZINC HC OINTMENT	OPEN	None	Yes	30	0.4502	0.4502
02242797	SANDOZ ANUZINC HC PLUS SUPP	OPEN	None	Yes	12	1.1854	1.1854
02242798	SANDOZ ANUZINC HC SUPP	OPEN	None	Yes	24	0.6358	0.6358
02324946	SANDOZ ATORVASTATIN 10 MG TAB	OPEN	None	Yes	500	0.3420	0.3420
02324954	SANDOZ ATORVASTATIN 20 MG TAB	OPEN	None	Yes	500	0.4275	0.4275
02324962	SANDOZ ATORVASTATIN 40 MG TAB	OPEN	None	Yes	500	0.4595	0.4595
02324970	SANDOZ ATORVASTATIN 80 MG TAB	OPEN	None	Yes	100	0.4595	0.4595
02332388	SANDOZ AZITHROMYCIN 100 MG/5	OPEN	None	Yes	15	0.4062	0.4062
02332396	SANDOZ AZITHROMYCIN 200 MG/5	OPEN	None	Yes	37.5	0.5755	0.5755
02265826	SANDOZ AZITHROMYCIN TABLET	OPEN	None	Yes	100	1.3703	1.3703
02276089	SANDOZ BICALUTAMIDE 50 MG TB	OPEN	None	Yes	30	1.8448	1.8448
02247440	SANDOZ BISOPROLOL 10 MG TAB	OPEN	None	Yes	100	0.1581	0.1581
02247439	SANDOZ BISOPROLOL 5 MG TAB	OPEN	None	Yes	100	0.1083	0.1083
02386283	SANDOZ BOSENTAN 125MG TABLET	SPEC AUTH	None	Yes	60	24.4841	24.4841
02386275	SANDOZ BOSENTAN 62.5MG TABLET	SPEC AUTH	None	Yes	60	24.4841	24.4841
02305429	SANDOZ BRIMONIDINE 0.2% DRP	OPEN	None	Yes	10	1.2590	1.2590

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02275074	SANDOZ BUPROPION SR 100 MG TAB	OPEN	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.	Yes	60	0.1686	0.1686
02275082	SANDOZ BUPROPION SR 150 MG TAB	OPEN	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.	Yes	60	0.2505	0.2505
02326973	SANDOZ CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3265	0.3265
02392267	SANDOZ CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02417340	SANDOZ CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02326965	SANDOZ CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3265	0.3265
02420732	SANDOZ CANDESARTAN PLUS	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3279	0.3279
02420740	SANDOZ CANDESARTAN PLUS	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3279	0.3279
02327902	SANDOZ CANDESARTAN PLUS 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3265	0.3265
02421917	SANDOZ CAPECITABINE 150MG TABLET	SPEC AUTH	None	Yes	60	0.4987	0.4987
02421925	SANDOZ CAPECITABINE 500MG TABLET	SPEC AUTH	None	Yes	120	1.6623	1.6623
02303426	SANDOZ CEFPROZIL 125 MG/5ML	OPEN	None	Yes	100	0.0645	0.0645
02302179	SANDOZ CEFPROZIL 250 MG TAB	OPEN	None	Yes	100	0.4949	0.4949
02303434	SANDOZ CEFPROZIL 250 MG/5ML	OPEN	None	Yes	100	0.1292	0.1292
02302187	SANDOZ CEFPROZIL 500 MG TAB	OPEN	None	Yes	100	0.9702	0.9702
02321246	SANDOZ CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02321254	SANDOZ CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02248756	SANDOZ CIPROFLOX 250 MG TAB	OPEN	None	Yes	100	0.6743	0.6743
02248757	SANDOZ CIPROFLOX 500 MG TAB	OPEN	None	Yes	100	0.7607	0.7607
02248758	SANDOZ CIPROFLOX 750 MG TAB	OPEN	None	Yes	50	1.3930	1.3930
02387131	SANDOZ CIPROFLOXACIN 0.3% OPHTHALMIC SOLUTION	OPEN	None	Yes	5	1.9184	1.9184
02248170	SANDOZ CITALOPRAM 20 MG TAB	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02248171	SANDOZ CITALOPRAM 40 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02266539	SANDOZ CLARITHROMYCN 250 MG	OPEN	None	Yes	100	0.4587	0.4587
02266547	SANDOZ CLARITHROMYCN 500 MG	OPEN	None	Yes	100	1.7759	1.7759
02233960	SANDOZ CLONAZEPAM 0.5 MG TBB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540
02233982	SANDOZ CLONAZEPAM 1 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1621	0.1621
02233985	SANDOZ CLONAZEPAM 2 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0931	0.0931
02359316	SANDOZ CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02242485	SANDOZ CORTIMYXIN OPH OINT	OPEN	None	No	3.5	3.9215	
02242821	SANDOZ CYCLOSPORINE 100 MG	OPEN	None	Yes	30	5.5481	5.5481
00739839	SANDOZ DEXAMETHASONE 0.1%	OPEN	None	No	5	1.5255	
02454807	SANDOZ DICLOFENAC OPHTHA 1MG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	10	1.9304	1.9304
02243338	SANDOZ DILTIAZEM CD 120 MG	OPEN	None	Yes	100	0.3847	0.3847
02243339	SANDOZ DILTIAZEM CD 180 MG	OPEN	None	Yes	100	0.5106	0.5106
02243340	SANDOZ DILTIAZEM CD 240 MG	OPEN	None	Yes	100	0.6772	0.6772
02243341	SANDOZ DILTIAZEM CD 300 MG	OPEN	None	Yes	100	0.8465	0.8465
02245918	SANDOZ DILTIAZEM T 120 MG CP	OPEN	None	Yes	100	0.2325	0.2325
02245919	SANDOZ DILTIAZEM T 180 MG CP	OPEN	None	Yes	100	0.3149	0.3149
02245920	SANDOZ DILTIAZEM T 240 MG CP	OPEN	None	Yes	100	0.4177	0.4177
02245921	SANDOZ DILTIAZEM T 300 MG CP	OPEN	None	Yes	100	0.5144	0.5144
02245922	SANDOZ DILTIAZEM T 360 MG CP	OPEN	None	Yes	100	0.6298	0.6298
00392545	SANDOZ DIMENHYDRINATE 100MG	OPEN	Beneficiary of CYFS	No	10	0.6402	
00392553	SANDOZ DIMENHYDRINATE 50 MG	OPEN	Beneficiary of CYFS	No	10	0.6282	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02328682	SANDOZ DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02328666	SANDOZ DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02316307	SANDOZ DORZOLAMIDE 20MG/ML OPTHALMIC SOLUTION	OPEN	None	Yes	5	3.4466	3.4466
02344351	SANDOZ DORZOLAMIDE TIMOLOL 20MG / 5MG/ML OPTHALMIC SOLUTION	OPEN	None	Yes	10	2.1677	2.1677
02439948	SANDOZ DULOXETINE 30MG CAPSULE	SPEC AUTH	None	Yes	100	0.5247	0.5247
02439956	SANDOZ DULOXETINE 60MG CAPSULE	SPEC AUTH	None	Yes	100	1.0648	1.0648
02424444	SANDOZ DUTASTERIDE 0.5MG CAPSULE	OPEN	None	Yes	100	0.4583	0.4583
02299976	SANDOZ ENALAPRIL 16 MG (20 MG)	OPEN	None	Yes	100	0.3766	0.3766
02299933	SANDOZ ENALAPRIL 2 MG (2.5 MG)	OPEN	None	Yes	100	0.2195	0.2195
02299941	SANDOZ ENALAPRIL 4 MG (5 MG)	OPEN	None	Yes	100	0.2597	0.2597
02299968	SANDOZ ENALAPRIL 8 MG (10 MG)	OPEN	None	Yes	100	0.3121	0.3121
02380005	SANDOZ ENTACAPONE 200MG TABLET	OPEN	None	Yes	100	0.4491	0.4491
02364077	SANDOZ ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707
02364085	SANDOZ ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02246969	SANDOZ ESTRADIOL DERM 100	OPEN	None	Yes	8	2.9839	2.9839
02246967	SANDOZ ESTRADIOL DERM 50	OPEN	None	Yes	8	2.6296	2.6296
02246968	SANDOZ ESTRADIOL DERM 75	OPEN	None	Yes	8	2.8204	2.8204
02416778	SANDOZ EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	100	0.3553	0.3553
02278634	SANDOZ FAMCICLOVIR 125 MG	OPEN	None	Yes	10	1.5195	1.5195
02278642	SANDOZ FAMCICLOVIR 250 MG	OPEN	None	Yes	100	2.0419	2.0419
02278650	SANDOZ FAMCICLOVIR 500 MG	OPEN	None	Yes	100	1.8982	1.8982
02280272	SANDOZ FELODIPINE 10 MG TAB	OPEN	None	Yes	100	0.5832	0.5832
02280264	SANDOZ FELODIPINE 5 MG TBSA	OPEN	None	Yes	100	0.3886	0.3886
02288044	SANDOZ FENOFIBRATE S 100 MG	OPEN	None	Yes	90	0.5894	0.5894
02288052	SANDOZ FENOFIBRATE S 160 MG	OPEN	None	Yes	90	0.3495	0.3495
02327163	SANDOZ FENTANYL MTX 100 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	13.1358	13.1358
02327112	SANDOZ FENTANYL MTX 12 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	2.4307	2.4307

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02327120	SANDOZ FENTANYL MTX 25 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	3.9872	3.9872
02327147	SANDOZ FENTANYL MTX 50 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	7.5033	7.5033
02327155	SANDOZ FENTANYL MTX 75 MCG/HR	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	10.5531	10.5531
02322579	SANDOZ FINASTERIDE 5 MG TABLET	OPEN	None	Yes	500	0.5227	0.5227
02400235	SANDOZ FLUVASTATIN 20MG CAPSULE	OPEN	None	Yes	100	0.4971	0.4971
02400243	SANDOZ FLUVASTATIN 40MG CAPSULE	OPEN	None	Yes	100	0.6961	0.6961
02247055	SANDOZ FLUVOXAMINE 100 MG TB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4287	0.4287
02247054	SANDOZ FLUVOXAMINE 50 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2385	0.2385
02230888	SANDOZ GENTAMICIN 0.3% OPH ONT	OPEN	None	No	3.5	1.6275	
02269589	SANDOZ GLIMEPIRIDE 1 MG TAB	OPEN	None	Yes	30	0.4204	0.4204
02269597	SANDOZ GLIMEPIRIDE 2 MG TAB	OPEN	None	Yes	30	0.4204	0.4204
02269619	SANDOZ GLIMEPIRIDE 4 MG TAB	OPEN	None	Yes	30	0.4204	0.4204
02248008	SANDOZ GLYBURIDE 2.5 MG TAB	OPEN	None	Yes	500	0.0364	0.0364
02248009	SANDOZ GLYBURIDE 5 MG TABLET	OPEN	None	Yes	500	0.0652	0.0652
02237187	SANDOZ IDOXURIDINE 0.1% LIQUID	OPEN	None	No	10	5.4142	
02231800	SANDOZ INDOMETHACIN 100 MG	OPEN	None	No	30	0.9678	
02231799	SANDOZ INDOMETHACIN 50 MG	OPEN	None	No	30	0.9591	
02328488	SANDOZ IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3453	0.3453
02328496	SANDOZ IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02328461	SANDOZ IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02337428	SANDOZ IRBESARTAN HCT 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02337436	SANDOZ IRBESARTAN HCT 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3453	0.3453
02337444	SANDOZ IRBESARTAN HCT 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3307	0.3307

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02385643	SANDOZ LANSOPRAZOLE 15MG DELAYED RELEASE CAPSULE	SPEC AUTH	None	Yes	100	0.5450	0.5450
02385651	SANDOZ LANSOPRAZOLE 30MG DELAYED RELEASE CAPSULE	SPEC AUTH	None	Yes	100	0.5450	0.5450
02367335	SANDOZ LATANOPROST 50MCG/ML OPTHALMIC SOLUTION	OPEN	None	Yes	2.5	3.9589	3.9589
02394685	SANDOZ LATANOPROST/TIMOLOL OPTHALMIC SOLUTION 50UG/ML / 5MG/ML	OPEN	None	Yes	2.5	4.8252	4.8252
02283964	SANDOZ LEFLUNOMIDE 10 MG TABLET	OPEN	None	Yes	30	2.9714	2.9714
02283972	SANDOZ LEFLUNOMIDE 20 MG TABLET	OPEN	None	Yes	30	2.9728	2.9728
02344815	SANDOZ LETROZOLE 2.5 MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02241716	SANDOZ LEVOBUNOLOL 0.5%	OPEN	None	Yes	15	1.2546	1.2546
02298635	SANDOZ LEVOFLOXACIN 250 MG TAB	SPEC AUTH	None	Yes	50	1.4895	1.4895
02298643	SANDOZ LEVOFLOXACIN 500 MG TAB	SPEC AUTH	None	Yes	100	1.6973	1.6973
02422689	SANDOZ LINEZOLID 600MG TABLET	SPEC AUTH	None	Yes	20	42.0829	42.0829
02289202	SANDOZ LISINOPRIL 10 MG TAB	OPEN	None	Yes	100	0.1853	0.1853
02289229	SANDOZ LISINOPRIL 20 MG TAB	OPEN	None	Yes	100	0.2226	0.2226
02289199	SANDOZ LISINOPRIL 5 MG TAB	OPEN	None	Yes	100	0.1542	0.1542
02313359	SANDOZ LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02313332	SANDOZ LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02313340	SANDOZ LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02362449	SANDOZ LOSARTAN HCT 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3359	0.3359
02313375	SANDOZ LOSARTAN HCT 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02313383	SANDOZ LOSARTAN HCT DS 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02247056	SANDOZ LOVASTATIN 20 MG TAB	OPEN	None	Yes	100	0.5911	0.5911
02247057	SANDOZ LOVASTATIN 40 MG TAB	OPEN	None	Yes	100	1.0798	1.0798
02246820	SANDOZ METFORMIN 500 MG TAB	OPEN	None	Yes	500	0.0484	0.0484

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02246821	SANDOZ METFORMIN 850 MG TAB	OPEN	None	Yes	500	0.0665	0.0665
02320312	SANDOZ METHYLPHEN SR 20 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3074	0.3074
02303396	SANDOZ METOPROLOL SR 100 MG	OPEN	None	Yes	100	0.1360	0.1360
02303418	SANDOZ METOPROLOL SR 200 MG	OPEN	None	Yes	100	0.2724	0.2724
02354195	SANDOZ METOPROLOL TYPE L 100MG	OPEN	None	Yes	100	0.1676	0.1676
02354187	SANDOZ METOPROLOL TYPE L 50MG	OPEN	None	Yes	500	0.0768	0.0768
02237314	SANDOZ MINOCYCLINE 100 MG CP	OPEN	None	Yes	100	0.6444	0.6444
02237313	SANDOZ MINOCYCLINE 50 MG CAP	OPEN	None	Yes	100	0.3340	0.3340
02250594	SANDOZ MIRTAZAPINE 15 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	No	50	0.4069	
02250608	SANDOZ MIRTAZAPINE 30 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3726	0.3726
02449811	SANDOZ MOMETASONE 50MCG/METERED AQUEOUS NASAL SPRAY	OPEN	None	Yes	140	0.1172	0.1172
02328593	SANDOZ MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	100	0.8933	0.8933
02330385	SANDOZ MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	100	0.4061	0.4061
02358611	SANDOZ MONTELUKAST 4MG GRANULES	SPEC AUTH	None	Yes	30	1.4323	1.4323
02330393	SANDOZ MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	100	0.4665	0.4665
02244790	SANDOZ MORPHINE SR 15 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2526	0.2526
02322323	SANDOZ NARATRIPTAN 2.5 MG TAB	SPEC AUTH	None	Yes	24	6.6967	6.6967
02310384	SANDOZ OLANZAPINE 10MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.3906	1.3906
02310392	SANDOZ OLANZAPINE 15MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02310341	SANDOZ OLANZAPINE 2.5MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02310368	SANDOZ OLANZAPINE 5MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02310376	SANDOZ OLANZAPINE 7.5MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02327783	SANDOZ OLANZAPINE ODT 10 MG TB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02327791	SANDOZ OLANZAPINE ODT 15 MG TB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.1015	2.1015
02327805	SANDOZ OLANZAPINE ODT 20 MG TB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	2.7737	2.7737
02327775	SANDOZ OLANZAPINE ODT 5 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02296438	SANDOZ OMEPRAZOLE 10 MG CAP	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.8902	0.8902
02296446	SANDOZ OMEPRAZOLE 20 MG CAP	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02274310	SANDOZ ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	3.6510	3.6510
02274329	SANDOZ ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	5.5710	5.5710
02444674	SANDOZ ONDANSETRON ODT 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	3.5665	3.5665
02444682	SANDOZ ONDANSETRON ODT 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	5.4424	5.4424
01901869	SANDOZ OPIUM & BELLADONNA	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	12	5.1877	
02307898	SANDOZ OXYCODONE/ACETAMINOPHEN 5MG/325MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1401	0.1401
02301075	SANDOZ PANTOPRAZOLE 20 MG	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3538	0.3538

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02301083	SANDOZ PANTOPRAZOLE 40 MG	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02269430	SANDOZ PAROXETINE 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4920	0.4920
02431785	SANDOZ PAROXETINE 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4920	0.4920
02269449	SANDOZ PAROXETINE 30 MG TAB	OPEN	None	Yes	100	0.5228	0.5228
02431793	SANDOZ PAROXETINE 30MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
02297906	SANDOZ PIOGLITAZONE 15 MG	SPEC AUTH	None	Yes	90	0.6685	0.6685
02297914	SANDOZ PIOGLITAZONE 30 MG	SPEC AUTH	None	Yes	90	0.9365	0.9365
02297922	SANDOZ PIOGLITAZONE 45 MG	SPEC AUTH	None	Yes	90	1.4082	1.4082
02315262	SANDOZ PRAMIPEXOLE 0.25 MG TAB	OPEN	None	Yes	100	0.2865	0.2865
02315289	SANDOZ PRAMIPEXOLE 1 MG TABLET	OPEN	None	Yes	100	0.5730	0.5730
02315297	SANDOZ PRAMIPEXOLE 1.5 MG TAB	OPEN	None	Yes	100	0.5730	0.5730
02247856	SANDOZ PRAVASTATIN 10 MG TAB	OPEN	None	Yes	30	0.4415	0.4415
01916181	SANDOZ PREDNISOL 0.12% DRPS	OPEN	None	No	10	1.4593	
01916203	SANDOZ PREDNISOLONE 1% DRPS	OPEN	None	Yes	5	2.1146	2.1146
02390841	SANDOZ PREGABALIN 150MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02390817	SANDOZ PREGABALIN 25MG CAPSULE	SPEC AUTH	None	Yes	100	0.2243	0.2243
02390868	SANDOZ PREGABALIN 300MG CAPSULE	SPEC AUTH	None	Yes	100	0.6275	0.6275
02390825	SANDOZ PREGABALIN 50MG CAPSULE	SPEC AUTH	None	Yes	100	0.3519	0.3519
02390833	SANDOZ PREGABALIN 75MG CAPSULE	SPEC AUTH	None	Yes	100	0.4552	0.4552
02242527	SANDOZ PROCTOMYXIN HC OINT	OPEN	None	Yes	30	0.4745	0.4745
02242528	SANDOZ PROCTOMYXIN HC SUPP	OPEN	None	No	12	0.8599	
02314002	SANDOZ QUETIAPINE 100 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02314010	SANDOZ QUETIAPINE 200 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02313995	SANDOZ QUETIAPINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02314029	SANDOZ QUETIAPINE 300 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02314177	SANDOZ RABEPRAZOLE 10 MG TAB	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02314185	SANDOZ RABEPRAZOLE 20 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2625	0.2625
02291398	SANDOZ RAMIPRIL 1.25 MG TAB	OPEN	None	Yes	100	0.1389	0.1389
02291436	SANDOZ RAMIPRIL 10 MG TAB	OPEN	None	Yes	100	0.2030	0.2030
02291401	SANDOZ RAMIPRIL 2.5 MG TAB	OPEN	None	Yes	100	0.1602	0.1602
02243229	SANDOZ RANITIDINE 150 MG TAB	OPEN	None	Yes	500	0.1962	0.1962
02243230	SANDOZ RANITIDINE 300 MG TAB	OPEN	None	Yes	100	0.3924	0.3924
02357453	SANDOZ REPAGLINIDE 0.5MG TABLET	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0881	0.0881
02357461	SANDOZ REPAGLINIDE 1MG TABLET	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0916	0.0916
02357488	SANDOZ REPAGLINIDE 2MG TABLET	SPEC AUTH	Special Authorzation required if beneficiary has not had a paid claim for Gluconorm Glimepiride or Glyburide in past year.	Yes	100	0.0952	0.0952
02327295	SANDOZ RISEDRONATE 35 MG TAB	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	2.8027	2.8027
02303655	SANDOZ RISPERIDONE 0.25 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02303663	SANDOZ RISPERIDONE 0.5 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02279800	SANDOZ RISPERIDONE 1 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3420	0.3420
02279819	SANDOZ RISPERIDONE 2 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.6843	0.6843
02279827	SANDOZ RISPERIDONE 3 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	1.0245	1.0245

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02279835	SANDOZ RISPERIDONE 4 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	60	1.3661	1.3661
02324563	SANDOZ RIVASTIGMINE 1.5 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02324571	SANDOZ RIVASTIGMINE 3 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02324598	SANDOZ RIVASTIGMINE 4.5 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02324601	SANDOZ RIVASTIGMINE 6 MG CAP	SPEC AUTH	None	Yes	100	0.7101	0.7101
02351889	SANDOZ RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02351870	SANDOZ RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02338734	SANDOZ ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.2656	0.2656
02338742	SANDOZ ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.3320	0.3320
02338750	SANDOZ ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.3904	0.3904
02338726	SANDOZ ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2519	0.2519
02154412	SANDOZ SALBUTAMOL 5 MG/ML IH	SPEC AUTH	None	Yes	10	0.3826	0.3826
02245161	SANDOZ SERTRALINE 100 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02245159	SANDOZ SERTRALINE 25 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02245160	SANDOZ SERTRALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4590	0.4590
02247828	SANDOZ SIMVASTATIN 10 MG TAB	OPEN	None	Yes	100	0.3970	0.3970
02247830	SANDOZ SIMVASTATIN 20 MG TAB	OPEN	None	Yes	100	0.4906	0.4906
02247831	SANDOZ SIMVASTATIN 40 MG TAB	OPEN	None	Yes	100	0.4906	0.4906
02247833	SANDOZ SIMVASTATIN 80 MG TAB	OPEN	None	Yes	100	0.4906	0.4906
02399040	SANDOZ SOLIFENACIN 10MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02399032	SANDOZ SOLIFENACIN 5MG TABLET	OPEN	Limited to 1 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02257858	SANDOZ SOTALOL 160 MG TABLET	OPEN	None	Yes	100	0.1769	0.1769
02257831	SANDOZ SOTALOL 80 MG TABLET	OPEN	None	Yes	100	0.3233	0.3233
02263033	SANDOZ SUMATRIPTAN 100 MG TA	SPEC AUTH	None	Yes	6	8.5670	8.5670
02263025	SANDOZ SUMATRIPTAN 50 MG TAB	SPEC AUTH	None	Yes	6	7.7772	7.7772
02295121	SANDOZ TAMSULOSIN 0.4 MG CP SA	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.2659	0.2659
02319217	SANDOZ TAMSULOSIN 0.4MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.2659	0.2659
02340208	SANDOZ TAMSULOSIN CR 0.4MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.1635	0.1635
02375958	SANDOZ TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3078	0.3078
02375966	SANDOZ TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3078	0.3078
02393557	SANDOZ TELMISARTAN HCT 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02393565	SANDOZ TELMISARTAN HCT 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02166712	SANDOZ TIMOLOL 0.25% SOLN	OPEN	None	Yes	10	1.0549	1.0549
02166720	SANDOZ TIMOLOL 0.5% OPH SOL	OPEN	None	Yes	10	1.3233	1.3233
02241755	SANDOZ TOBRAMYCIN 0.3% DROP	OPEN	None	Yes	5	1.4846	1.4846
02413140	SANDOZ TOLTERODINE LA 2MG CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorzation required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.5353	0.5353

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02413159	SANDOZ TOLTERODINE LA 4MG CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.5353	0.5353
02260069	SANDOZ TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02431815	SANDOZ TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02267837	SANDOZ TOPIRAMATE 200MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02431823	SANDOZ TOPIRAMATE 200MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02260050	SANDOZ TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02431807	SANDOZ TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02413167	SANDOZ TRAVOPROST 0.004% OPHTHALMIC SOLUTION	OPEN	None	Yes	5	4.3888	4.3888
02347091	SANDOZ VALACYCLOVIR 500MG TABLET	OPEN	None	Yes	90	0.9384	0.9384
02239714	SANDOZ VALPROIC 250 MG CAP	OPEN	None	Yes	100	0.1560	0.1560
02356767	SANDOZ VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3268	0.3268
02356775	SANDOZ VALSARTAN 320mg TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3176	0.3176
02356740	SANDOZ VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3185	0.3185
02356759	SANDOZ VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.3269	0.3269
02356708	SANDOZ VALSARTAN HCT 160MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3262	0.3262
02356716	SANDOZ VALSARTAN HCT 160MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3273	0.3273
02356724	SANDOZ VALSARTAN HCT 320MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3254	0.3254
02356732	SANDOZ VALSARTAN HCT 320mg/25mg TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02356694	SANDOZ VALSARTAN HCT 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3254	0.3254

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02310333	SANDOZ VENLAFAXINE XR 150 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.3781	0.3781
02310317	SANDOZ VENLAFAXINE XR 37.5 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1791	0.1791
02310325	SANDOZ VENLAFAXINE XR 75 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.3581	0.3581
02399253	SANDOZ VORICONAZOLE 200MG TABLET	SPEC AUTH	None	Yes	30	14.0105	14.0105
02399245	SANDOZ VORICONAZOLE 50MG TABLET	SPEC AUTH	None	Yes	30	3.5040	3.5040
02362988	SANDOZ ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02362996	SANDOZ ZOLMITRIPTAN ODT 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02257572	SANDOZ ZOPICLONE 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02261855	SANDOZ-CARBAMAZE 100 MG TBCH	OPEN	None	Yes	100	0.0468	0.0468
02261863	SANDOZ-CARBAMAZE 200 MG TBCH	OPEN	None	Yes	100	0.0922	0.0922
02261936	SANDOZ-DICLOFEN 100MG SUPP	OPEN	None	Yes	30	0.6366	0.6366
02261928	SANDOZ-DICLOFEN 50MG SUPP	OPEN	None	Yes	30	0.4731	0.4731
02261944	SANDOZ-DICLOFEN SR 100 MG B	OPEN	None	Yes	100	0.4732	0.4732
02261901	SANDOZ-DICLOFEN SR 75 MG TAB	OPEN	None	Yes	100	0.3319	0.3319
02261952	SANDOZ-DICLOFENAC 25 MG TAB EC	OPEN	None	Yes	100	0.0851	0.0851
02261960	SANDOZ-DICLOFENAC 50 MG TAB EC	OPEN	None	Yes	100	0.2542	0.2542
02244791	SANDOZ-MORPHINE SR 30 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3815	0.3815
02244792	SANDOZ-MORPHINE SR 60 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.6722	0.6722
02261790	SANDOZ-PINDOLOL 10 MG TABLET	OPEN	None	Yes	100	0.2861	0.2861
02261804	SANDOZ-PINDOLOL 15 MG TABLET	OPEN	None	Yes	100	0.4152	0.4152
02261782	SANDOZ-PINDOLOL 5 MG TABLET	OPEN	None	Yes	100	0.1676	0.1676
02262177	SANDOZ-TERBINAFINE 250 MG TB	SPEC AUTH	None	Yes	100	2.0192	2.0192
02374811	SAPHRIS 10 MG TABLET SUBLINGUAL	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	60	1.6204	
02374803	SAPHRIS 5 MG TABLET SUBLINGUAL	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	60	1.6204	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02242810	SCOPOLAMINE HYDROBROMIDE 0.4MG/ML	OPEN	For use in End of Life Palliative Care only.	No	10	5.5335	
00541869	SCOPOLAMINE HYDROBROMIDE 0.4MG/ML AMPOULE	OPEN	For use in End of Life Palliative Care only.	No	10	5.3057	
02242811	SCOPOLAMINE HYDROBROMIDE 0.6MG/ML	OPEN	For use in End of Life Palliative Care only.	No	10	5.4250	
00541877	SCOPOLAMINE HYDROBROMIDE 0.6MG/ML AMPOULE	OPEN	For use in End of Life Palliative Care only.	No	10	5.8156	
02442639	SDZ CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02442647	SDZ CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
01926543	SECTRAL 100 MG TABLET	OPEN	None	Yes	100	0.3982	0.0941
01926551	SECTRAL 200 MG TABLET	OPEN	None	Yes	100	0.5974	0.1410
01926578	SECTRAL 400 MG TABLET	OPEN	None	Yes	100	1.1658	0.2807
02394936	SEEBRI BREEZHALER 50MCG CAPSULE	SPEC AUTH	None	No	30	1.9205	
02197502	SELECT 1/35 (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	0.5270	
02199297	SELECT 1/35 (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.3953	
00977373	SELECT LANCET	OPEN	None	No	200	0.0787	
02068109	SENNATAB 8.6 MG TABLET	OPEN	Beneficiary of CYFS	No	1000	0.0593	
00026158	SENOKOT 8.6 MG TABLET	SPEC AUTH	Beneficiary must have eligibility under the CF Plan	No	1000	0.0992	
02357720	SEPTA-AMLODIPINE 10MG TABLET	OPEN	None	Yes	500	0.3910	0.3910
02357712	SEPTA-AMLODIPINE 5MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
02368668	SEPTA-ATENOLOL 100MG TABLET	OPEN	None	Yes	500	0.2703	0.2703
02368641	SEPTA-ATENOLOL 50MG TABLET	OPEN	None	Yes	500	0.1644	0.1644
02379627	SEPTA-CIPROFLOXACIN 250MG TABLETS	OPEN	None	Yes	100	0.6743	0.6743
02379635	SEPTA-CIPROFLOXACIN 500MG TABLETS	OPEN	None	Yes	500	0.7607	0.7607
02379643	SEPTA-CIPROFLOXACIN 750MG TABLETS	OPEN	None	Yes	50	1.3930	1.3930
02355272	SEPTA-CITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02355280	SEPTA-CITALOPRAM 40MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02428490	SEPTA-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02428482	SEPTA-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02424983	SEPTA-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02424967	SEPTA-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02424975	SEPTA-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02379767	SEPTA-METFORMIN 500MG TABLET	OPEN	None	Yes	500	0.0484	0.0484
02379775	SEPTA-METFORMIN 850MG TABLET	OPEN	None	Yes	100	0.0665	0.0665
02376091	SEPTA-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	3.6510	3.6510
02376105	SEPTA-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	5.5710	5.5710
02428474	SEPTA-ZOLMITRIPTAN-ODT 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02386909	SEPTA-ZOPICLONE 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02386917	SEPTA-ZOPICLONE 7.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
00270636	SEPTRA	OPEN	None	Yes	500	0.0525	0.0525
00550086	SEPTRA AMPOULE	OPEN	None	No	50	1.5349	
00368040	SEPTRA DS TABLETS	OPEN	None	Yes	250	0.1331	0.1331
00270644	SEPTRA PEDIATRIC SUSPENSION	OPEN	None	Yes	400	0.0217	0.0217
02043661	SERAX 15MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0617	0.0600
02043688	SERAX 30MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0896	0.0818
02243878	SERC 16 MG TABLET	OPEN	None	Yes	100	0.5088	0.1272
02247998	SERC 24 MG TABLET	OPEN	None	Yes	100	0.7630	0.1908

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02214261	SEREVENT 50MCG DISKHALER	SPEC AUTH	None	No	60	1.0246	
02231129	SEREVENT 50MCG DISKHALER	SPEC AUTH	None	No	60	1.0449	
00893722	SEROPHENE 50 MG TABLET	OPEN	None	No	10	5.5823	
02236952	SEROQUEL 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.5107	0.2585
02240862	SEROQUEL 150MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	2.0484	1.7947
02236953	SEROQUEL 200 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	3.0335	0.5193
02236951	SEROQUEL 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5663	0.0969
02244107	SEROQUEL 300 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	4.4265	0.7579
02353547	SERTRALINE 100MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02386097	SERTRALINE 100MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02353520	SERTRALINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02386070	SERTRALINE 25MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296
02353539	SERTRALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02386089	SERTRALINE 50MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4590	0.4590
00846341	SIBELIUM 5 MG CAPSULE	OPEN	None	Yes	60	0.5786	0.5786
00977140	SIDEKICK BG TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.5371	
02435411	SIMBRINZA 1% - 0.2% EYE DROPS	OPEN	None	No	10	5.0789	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02324784	SIMPONI 50 MG/0.5 ML PEN INJEC	SPEC AUTH	None	No	1	1687.3595	
02324776	SIMPONI 50 MG/0.5 ML SYRINGE	SPEC AUTH	None	No	1	1687.3595	
02331985	SIMVASTATIN 10 MG TABLET	OPEN	None	Yes	100	0.3970	0.3970
02284731	SIMVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.3970	0.3970
02386305	SIMVASTATIN 10MG TABLET	OPEN	None	Yes	100	0.3970	0.3970
02331993	SIMVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02284758	SIMVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02386313	SIMVASTATIN 20MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02332000	SIMVASTATIN 40 MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02284766	SIMVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02386321	SIMVASTATIN 40MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02331969	SIMVASTATIN 5 MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02284723	SIMVASTATIN 5MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02386291	SIMVASTATIN 5MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02332019	SIMVASTATIN 80 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02284774	SIMVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02386348	SIMVASTATIN 80MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02378892	SIMVASTATIN-ODAN 10MG TABLET	OPEN	None	Yes	500	0.3970	0.3970
02378906	SIMVASTATIN-ODAN 20MG TABLET	OPEN	None	Yes	500	0.4906	0.4906
02378914	SIMVASTATIN-ODAN 40MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02378884	SIMVASTATIN-ODAN 5MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02378922	SIMVASTATIN-ODAN 80MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
00355658	SINEMET 100/10 TABLET	OPEN	None	Yes	100	0.6262	0.2046
00328219	SINEMET 250 TABLET	OPEN	None	Yes	100	1.0438	0.3411
00513997	SINEMET 25-100 MG TABLET	OPEN	None	Yes	100	0.9350	0.3055
02028786	SINEMET CR 25-100 MG TABLET	OPEN	None	Yes	100	0.9639	0.5587
00870935	SINEMET CR 50-200 MG TABLET	OPEN	None	Yes	100	1.7781	1.0900
00024333	SINEQUAN 25 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4446	0.3205
02238217	SINGULAIR 10 MG TABLET	SPEC AUTH	None	Yes	30	2.7297	0.8933
02243602	SINGULAIR 4 MG CHEW TABLET	SPEC AUTH	None	Yes	30	1.6848	0.4061
02247997	SINGULAIR 4 MG PACKET	SPEC AUTH	None	Yes	120	1.6848	1.4323
02238216	SINGULAIR 5 MG CHEW TABLET	SPEC AUTH	None	Yes	30	1.8661	0.4665
00010383	SINTROM 1 MG TABLET	OPEN	None	No	100	0.6233	
00010391	SINTROM 4 MG TABLET	OPEN	None	No	100	1.9444	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00795208	SLOW-FE FOLIC TABLET SA	OPEN	Beneficiary of CYFS	No	30	0.3577	
00074225	SLOW-K 600 MG TABLET SA	OPEN	None	No	500	0.1598	
80040226	SLOW-K 600 MG TABLET SA	OPEN	None	No	500	0.1598	
02245458	SOD AUROTHIOMALATE 50 MG/ML	OPEN	None	No	10	21.7326	
02245456	SODIUM AUROTHIOMAL 10 MG/ML	OPEN	None	No	3	10.4811	
02245457	SODIUM AUROTHIOMAL 25 MG/ML	OPEN	None	No	3	12.7054	
02058235	SODIUM CHLORIDE 0.9% DEY-VL	SPEC AUTH	None	No	300	0.0615	
00060232	SODIUM CHLORIDE 3% INJ	OPEN	Beneficiary must have eligibility under the CF Plan	No	250	0.0056	
00268313	SODIUM EDECRIN 50 MG VIAL	OPEN	None	No	1	536.6844	
00028053	SODIUM SULAMYD 10% OPH DROP	OPEN	None	No	15	0.5352	
02224623	SOFACORT EYE/EAR DROPS	OPEN	None	No	8	2.1429	
02224887	SOFAMYCIN 0.5% EYE DROPS	OPEN	None	No	8	1.4824	
02224895	SOFAMYCIN 0.5% EYE OINT	OPEN	None	No	5	4.2554	
02224860	SOFAMYCIN NASAL SPRAY	OPEN	None	No	15	3.1104	
02224879	SOFAMYCIN SKIN OINTMENT	OPEN	None	No	15	1.1819	
00977953	SOFT CLIX LANCET	OPEN	None	No	200	0.0787	
00977103	SOFTACT TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7476	
00030600	SOLU-CORTEF 100 MG ACT-O-VL	OPEN	None	No	1000	0.0425	
00030635	SOLU-CORTEF 1GM ACT-O-VIAL	OPEN	None	No	5	18.7141	
00030619	SOLU-CORTEF 250 MG ACT-O-VL	OPEN	None	No	2500	0.0295	
00030627	SOLU-CORTEF 500 MG ACT-O-VL	OPEN	None	No	2500	0.0224	
02063727	SOLU-MEDROL 125 MG ACT-O-VL	OPEN	None	No	1250	0.1251	
02367955	SOLU-MEDROL 125MG/2ML VIAL	OPEN	None	No	1250	0.1360	
00036137	SOLU-MEDROL 1GM VIAL	OPEN	None	No	1	64.0150	
00030678	SOLU-MEDROL 500 MG VIAL	OPEN	None	No	2500	0.0835	
02283395	SOMATULINE AUTOGEL	OPEN	None	No	1	1387.4004	
02283409	SOMATULINE AUTOGEL	OPEN	None	No	1	1850.7062	
02283417	SOMATULINE AUTOGEL	OPEN	None	No	1	2316.5293	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02070847	SORIATANE 10 MG CAPSULE	OPEN	None	No	30	2.8134	
02070863	SORIATANE 25 MG CAPSULE	OPEN	None	No	30	4.9411	
00483923	SOTACOR 160MG TABLET	OPEN	None	Yes	100	0.7076	0.1769
00897272	SOTACOR 80MG TABLET	OPEN	None	Yes	100	0.6466	0.3233
02385996	SOTALOL 160MG TABLET	OPEN	None	Yes	100	0.1769	0.1769
02385988	SOTALOL 80MG TABLET	OPEN	None	Yes	100	0.3233	0.3233
00903673	SOURCECF CHEWABLES	OPEN	Beneficiary must have eligibility under the CF Plan	No	90	0.3972	
00903672	SOURCECF LIQUID	OPEN	Beneficiary must have eligibility under the CF Plan	No	60	0.4060	
02418355	SOVALDI 400MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	28	710.4166	
97799291	SPIRIT BLOOD GLUCOSE TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7500	
02246793	SPIRIVA 18MCG CAPSULE	SPEC AUTH	None	No	30	1.8771	
02435381	SPIRIVA RESPIMAT 2.5MCG INHALER	SPEC AUTH	None	No	30	1.8771	
02047454	SPORANOX 100 MG CAPSULE	SPEC AUTH	None	No	30	5.0127	
02320193	SPRYCEL 100MG ORAL TABLET	SPEC AUTH	None	No	30	168.8350	
02360829	SPRYCEL 140MG TABLET	SPEC AUTH	None	No	30	181.1064	
02293129	SPRYCEL 20MG ORAL TABLET	SPEC AUTH	None	No	60	41.9732	
02293137	SPRYCEL 50MG ORAL TABLET	SPEC AUTH	None	No	60	84.4745	
02293145	SPRYCEL 70MG ORAL TABLET	SPEC AUTH	None	No	60	93.0976	
02360810	SPRYCEL 80MG TABLET	SPEC AUTH	None	No	30	149.7626	
02337835	STALEVO 125MG/31.25MG/200MG TABLET	OPEN	None	No	100	1.8848	
02337827	STALEVO 75MG/18.75MG/200MG TABLET	OPEN	None	No	100	1.8848	
02305941	STALEVO TABLET 100	OPEN	None	No	100	1.8848	
02305968	STALEVO TABLET 150	OPEN	None	No	100	1.8848	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02305933	STALEVO TABLET 50	OPEN	None	No	100	1.8848	
00977973	STANLEY BLOOD GLUCOSE	OPEN	None	No	25	0.3016	
00591467	STATEX 1 MG/ML SYRUP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.0217	
00632201	STATEX 10 MG SUPPOSITORY	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.1667	
00594644	STATEX 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1845	
00596965	STATEX 20 MG SUPPOSITORY	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.5790	
00621935	STATEX 20 MG/ML DROPS	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	25	0.5677	
00594636	STATEX 25 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.2441	
00639389	STATEX 30 MG SUPPOSITORY	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.8308	
00632228	STATEX 5 MG SUPPOSITORY	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	1.9400	
00594652	STATEX 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	25	0.6163	
00591475	STATEX 5 MG/ML SYRUP	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.0871	
00675962	STATEX 50 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.3743	
00705799	STATEX 50 MG/ML DROPS	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	50	1.0789	
02320673	STELARA 45 MG/0.5 ML VIAL	SPEC AUTH	None	No	1	4983.5569	
02320681	STELARA 90MG/ML SYRINGE	SPEC AUTH	None	No	1	4983.5569	
00402257	STERILE WATER FOR INJECTION	OPEN	None	No	500	0.1508	
00657204	STIEVA-A 0.01 % CREAM	OPEN	None	No	25	0.3281	
00578576	STIEVA-A 0.025 % CREAM	OPEN	None	No	25	0.3281	
00587966	STIEVA-A 0.025 % GEL	OPEN	None	No	45	0.3279	
00518182	STIEVA-A 0.05 % CREAM	OPEN	None	No	25	0.3281	
00662348	STIEVA-A FORTE 0.1 % CREAM	OPEN	None	No	45	0.3279	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
01905112	STIEVAMYCIN REGULAR GEL	OPEN	None	No	45	0.9143	
02403390	STIVARGA 40MG TABLET	SPEC AUTH	None	No	84	78.7927	
02397137	STRIBILD 150MG-150MG-200MG-300MG TABLET	SPEC AUTH	None	No	30	51.2283	
02295695	SUBOXONE 2MG-0.5MG TABLET	OPEN	For use in Methadone Maintenance Therapy only.	Yes	7	2.9103	1.4552
02295709	SUBOXONE 8MG-2MG TABLET	OPEN	For use in Methadone Maintenance Therapy only.	Yes	7	5.1557	2.5779
02100622	SULCRATE 1GM TABLET	OPEN	None	Yes	100	0.6936	0.1557
02103567	SULCRATE PLUS 1GM/5ML SUSP	OPEN	None	No	500	0.1254	
02220407	SULFACET-R LOTION	OPEN	None	No	25	1.1176	
02286548	SUMATRIPTAN 100MG TABLET	SPEC AUTH	None	Yes	6	8.5670	8.5670
02286521	SUMATRIPTAN 50MG TABLET	SPEC AUTH	None	Yes	6	7.7772	7.7772
02385589	SUMATRIPTAN DF 100MG TABLET	SPEC AUTH	None	Yes	6	8.5670	8.5670
02385570	SUMATRIPTAN DF 50MG TABLET	SPEC AUTH	None	Yes	6	7.7772	7.7772
00392480	SUPEUDOL 10 MG SUPPOSITORY	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	12	3.7526	
00443948	SUPEUDOL 10 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3008	0.3008
00392472	SUPEUDOL 20 MG SUPPOSITORY	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	12	5.4165	
02262983	SUPEUDOL 20 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	0.4750	0.3231
00789739	SUPEUDOL 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.1927	
00868965	SUPRAX 100 MG/5 ML SUSPENSION	OPEN	None	No	50	0.4629	
00868981	SUPRAX 400 MG TABLET	OPEN	None	Yes	10	3.3572	3.3568
02225166	SUPREFACT 1 MG/ML VIAL	OPEN	None	No	11	12.6906	
02225158	SUPREFACT 100 MCG SPRAY	OPEN	None	No	10	8.9068	
02228955	SUPREFACT DEPOT 6.3 MG IMP	OPEN	None	No	1	862.0217	
02240749	SUPREFACT DEPOT 9.45 MG IMP	OPEN	None	No	1	1277.4790	
97799257	SURE COMFORT INSULIN SYRINGES 28G 0.5ML 12.7MM	OPEN	None	No	100	0.1394	

DIN	Label Name	Benefit Status		Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799275	SURE COMFORT INSULIN SYRINGES 28G 1ML 12MM	OPEN	None		No	100	0.1394	
97799260	SURE COMFORT INSULIN SYRINGES 29G 0.3ML 12.7MM	OPEN	None		No	100	0.1394	
97799259	SURE COMFORT INSULIN SYRINGES 29G 0.5ML 12.7MM	OPEN	None		No	100	0.1394	
97799258	SURE COMFORT INSULIN SYRINGES 29G 1ML 12.7MM	OPEN	None		No	100	0.1394	
97799264	SURE COMFORT INSULIN SYRINGES 30G 0.3ML 12.7MM	OPEN	None		No	100	0.1538	
97799261	SURE COMFORT INSULIN SYRINGES 30G 0.3ML 8MM	OPEN	None		No	100	0.1538	
97799270	SURE COMFORT INSULIN SYRINGES 30G 0.5ML 12.7MM	OPEN	None		No	100	0.1538	
97799272	SURE COMFORT INSULIN SYRINGES 30G 0.5ML 8MM	OPEN	None		No	100	0.1538	
97799271	SURE COMFORT INSULIN SYRINGES 30G 1ML 12.7MM	OPEN	None		No	100	0.1538	
97799265	SURE COMFORT INSULIN SYRINGES 30G 1ML 8MM	OPEN	None		No	100	0.1538	
97799274	SURE COMFORT INSULIN SYRINGES 31G 0.3ML 8MM	OPEN	None		No	100	0.1611	
97799263	SURE COMFORT INSULIN SYRINGES 31G 0.5ML 8MM	OPEN	None		No	100	0.1611	
97799262	SURE COMFORT INSULIN SYRINGES 31G 1ML 8MM	OPEN	None		No	100	0.1611	
97799280	SURE COMFORT PEN NEEDLES 29G 12.7MM	OPEN	None		No	100	0.2756	
97799269	SURE COMFORT PEN NEEDLES 30G 8MM	OPEN	None		No	100	0.2756	
97799279	SURE COMFORT PEN NEEDLES 31G 5MM	OPEN	None		No	100	0.2756	
97799268	SURE COMFORT PEN NEEDLES 31G 8MM	OPEN	None		No	100	0.2756	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799267	SURE COMFORT PEN NEEDLES 32G 4MM	OPEN	None	No	100	0.2756	
97799278	SURE COMFORT PEN NEEDLES 32G 6MM	OPEN	None	No	100	0.2756	
97799273	SURE COMFORT SYRINGES 31G 0.3ML 8MM HALF UNIT	OPEN	None	No	100	0.1611	
00977551	SURE STEP TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.7533	
02221950	SURGAM 300 MG TABLET	OPEN	None	Yes	100	0.8221	0.7316
01989782	SURGAM TAB 200MG	OPEN	None	Yes	100	0.6273	0.5292
01926284	SURMONTIL 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0639	1.0309
01926357	SURMONTIL 12.5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2473	0.2397
01926322	SURMONTIL 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3185	0.3087
01926330	SURMONTIL 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6235	0.6042
01926349	SURMONTIL 75MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.8392	0.8131
02239888	SUSTIVA 200 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	90	5.5018	
02239886	SUSTIVA 50 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	30	1.3758	
02246045	SUSTIVA 600 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	16.5814	4.1453
02280795	SUTENT 12.5 MG CAPSULE	SPEC AUTH	None	No	28	69.8910	
02280809	SUTENT 25 MG CAPSULE	SPEC AUTH	None	No	28	139.7810	
02280817	SUTENT 50 MG CAPSULE	SPEC AUTH	None	No	28	279.5623	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02245385	SYMBICORT 100 TURBUHALER	SPEC AUTH	None	No	120	0.5940	
02245386	SYMBICORT 200 TURBUHALER	SPEC AUTH	None	No	120	0.7720	
01914006	SYMMETREL 100 MG CAPSULE	OPEN	None	Yes	100	1.2301	0.5988
01913999	SYMMETREL 50 MG/5 ML SYRUP	OPEN	None	Yes	500	0.0899	0.0899
02162504	SYNALAR 0.01% SOLUTION	OPEN	None	No	60	0.4479	
02162512	SYNALAR 0.025% OINTMENT	OPEN	None	No	60	0.4810	
02188783	SYNAREL 2 MG/ML NASAL SPRAY	OPEN	None	No	8	50.1799	
02187108	SYNPHASIC 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	0.6495	
02187116	SYNPHASIC 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.4871	
02172100	SYNTHROID 100 MCG TABLET	OPEN	None	No	1000	0.0780	
02171228	SYNTHROID 112 MCG TABLET	OPEN	None	No	1000	0.1105	
02172119	SYNTHROID 125 MCG TABLET	OPEN	None	No	1000	0.1122	
02233852	SYNTHROID 137 MCG TABLET	OPEN	None	No	1000	0.1967	
02172127	SYNTHROID 150 MCG TABLET	OPEN	None	No	1000	0.0838	
02172135	SYNTHROID 175 MCG TABLET	OPEN	None	No	1000	0.1199	
02172143	SYNTHROID 200 MCG TABLET	OPEN	None	No	1000	0.0893	
02172062	SYNTHROID 25 MCG TABLET	OPEN	None	No	1000	0.0968	
02172151	SYNTHROID 300 MCG TABLET	OPEN	None	No	90	0.1346	
02172070	SYNTHROID 50 MCG TABLET	OPEN	None	No	1000	0.0631	
02172089	SYNTHROID 75 MCG TABLET	OPEN	None	No	1000	0.1046	
02172097	SYNTHROID 88 MCG TABLET	OPEN	None	No	1000	0.1046	
02409607	TAFINLAR 50MG CAPSULE	SPEC AUTH	None	No	120	47.1855	
02409615	TAFINLAR 75MG CAPSULE	SPEC AUTH	None	No	120	70.7781	
02241976	TALWIN 30 MG/ML AMPUL	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	25	14.2895	
02137984	TALWIN 50 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.4988	
01966200	TAMBOCOR 100 MG TABLET	OPEN	None	Yes	100	1.2115	1.0298
01966197	TAMBOCOR 50 MG TABLET	OPEN	None	Yes	100	0.6056	0.5148
02304848	TAMIFLU 30 MG GELCAP	SPEC AUTH	None	No	10	2.2546	
02304856	TAMIFLU 45 MG GELCAP	SPEC AUTH	None	No	10	3.4698	
02381842	TAMIFLU 6 MG/ML SUSPENSION	SPEC AUTH	None	No	65	0.3469	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02241472	TAMIFLU 75 MG GELCAP	SPEC AUTH	None	No	10	4.5103	
02427117	TAMSULSOIN CR 0.4MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.1635	0.1635
01966065	TANTUM 0.15% LIQUID	SPEC AUTH	None	No	100	0.1440	
02296039	TAPAZOLE 10 MG TABLET	OPEN	None	No	100	0.6086	
00015741	TAPAZOLE 5 MG TABLET	OPEN	None	No	100	0.3042	
02269015	TARCEVA 100 MG TABLET	SPEC AUTH	None	Yes	30	59.8298	28.7760
02269023	TARCEVA 150 MG TABLET	SPEC AUTH	None	Yes	30	89.7444	43.1640
02246714	TARO-AMCINONIDE 0.1% CREAM	OPEN	None	Yes	60	0.2124	0.2124
02365650	TARO-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02244403	TARO-CARBAMAZEPINE 100 MG A	OPEN	None	Yes	100	0.1295	0.0468
02367394	TARO-CARBAMAZEPINE 100MG/5ML SUSPENSION	SPEC AUTH	None	Yes	450	0.0738	0.0738
02244404	TARO-CARBAMAZEPINE 200 MG A	OPEN	None	Yes	100	0.2566	0.0922
02407515	TARO-CARBAMAZEPINE 200MG TABLET	OPEN	None	Yes	500	0.2411	0.2411
02440180	TARO-CLINDAMYCIN/BENZOYL PEROXIDE GEL 1%/5%	OPEN	None	Yes	45	0.7474	0.7474
02245523	TARO-CLOBETASOL 0.05% CRM	OPEN	None	Yes	454	0.2484	0.2484
02245524	TARO-CLOBETASOL 0.05% OINT	OPEN	None	Yes	454	0.2484	0.2484
02245522	TARO-CLOBETASOL 0.05% SOL	OPEN	None	Yes	60	0.2169	0.2169
02367157	TARO-MOMETASONE 0.1% CREAM	OPEN	None	Yes	50	0.6167	0.6167
02264749	TARO-MOMETASONE 0.1% OINT	OPEN	None	Yes	50	0.2945	0.2945
02266385	TARO-MOMETASONE 0.1% SOLUTION	OPEN	None	Yes	75	0.4009	0.4009
02279983	TARO-MUPIROCIN 2% OINTMENT	OPEN	None	Yes	30	0.4496	0.4496
02250896	TARO-PHENYTOIN 125 MG/5 ML	OPEN	None	Yes	237	0.0404	0.0404
02361698	TARO-SUMATRIPTAN 6MG/0.5ML SUBCUTANEOUS SOLUTION	SPEC AUTH	None	Yes	1	36.1608	36.1608
02443511	TARO-TEMOZOLOMIDE 100MG CAPSULE	SPEC AUTH	None	Yes	20	85.0233	85.0233
02443538	TARO-TEMOZOLOMIDE 140MG CAPSULE	SPEC AUTH	None	Yes	5	119.0335	119.0335
02443481	TARO-TEMOZOLOMIDE 20MG CAPSULE	SPEC AUTH	None	Yes	20	17.0040	17.0040
02443554	TARO-TEMOZOLOMIDE 250MG CAPSULE	SPEC AUTH	None	Yes	5	212.5522	212.5522

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02443473	TARO-TEMOZOLOMIDE 5MG CAPSULE	SPEC AUTH	None	Yes	20	4.2510	4.2510
02247651	TARO-TERCONAZOLE 0.4% CREAM	OPEN	None	Yes	45	0.5772	0.5772
02421186	TARO-TESTOSTERONE 40MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	120	0.5123	0.5123
02242680	TARO-WARFARIN 1 MG TABLET	OPEN	None	Yes	1000	0.0925	0.0925
02242687	TARO-WARFARIN 10 MG TABLET	OPEN	None	Yes	100	0.1407	0.1407
02242681	TARO-WARFARIN 2 MG TABLET	OPEN	None	Yes	1000	0.0979	0.0979
02242682	TARO-WARFARIN 2.5 MG TABLET	OPEN	None	Yes	1000	0.0783	0.0783
02242683	TARO-WARFARIN 3 MG TABLET	OPEN	None	Yes	100	0.1213	0.1213
02242684	TARO-WARFARIN 4 MG TABLET	OPEN	None	Yes	250	0.1213	0.1213
02242685	TARO-WARFARIN 5 MG TABLET	OPEN	None	Yes	1000	0.0784	0.0784
02242686	TARO-WARFARIN 6MG TABLET	OPEN	None	Yes	100	0.1911	0.1911
02368250	TASIGNA 150MG CAPSULES	SPEC AUTH	None	No	112	31.5930	
02315874	TASIGNA 200MG CAPSULE	SPEC AUTH	None	No	112	44.3905	
02243894	TAZORAC 0.05% CREAM	SPEC AUTH	None	No	30	1.4756	
02230784	TAZORAC 0.05% GEL	SPEC AUTH	None	No	30	1.4756	
02243895	TAZORAC 0.1% CREAM	SPEC AUTH	None	No	30	1.4756	
02230785	TAZORAC 0.1% GEL	SPEC AUTH	None	No	30	1.4756	
00968102	TEAR GEL	OPEN	Beneficiary of CYFS	No	10	0.8452	
00390291	TEARS NATURALE EYE DROPS	OPEN	Beneficiary of CYFS	No	15	0.4579	
00743445	TEARS NATURALE II EYE DROPS	OPEN	Beneficiary of CYFS	No	30	0.3588	
02082519	TEARS NATURALE P.M. OINT	OPEN	Beneficiary of CYFS	No	3.5	1.6771	
00283991	TEBRAZID 500 MG TABLET	OPEN	None	No	120	0.5403	
02404508	TECFIDERA 120MG CAPSULE	SPEC AUTH	None	No	56	18.2783	
02420201	TECFIDERA 240MG CAPSULE	SPEC AUTH	None	No	56	36.5568	
02267233	TECTA 40 MG TABLET EC	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.8175	0.2044
00369810	TEGRETOL 100 MG CHEWTABS	OPEN	None	Yes	100	0.2146	0.0468
02194333	TEGRETOL 100 MG/5 ML SUSP	SPEC AUTH	None	Yes	450	0.1013	0.0738
00665088	TEGRETOL 200 MG CHEWTABS	OPEN	None	Yes	100	0.4235	0.0922
00010405	TEGRETOL 200 MG TABLET	OPEN	None	Yes	100	0.5213	0.2411
00773611	TEGRETOL CR 200 MG SA TABLET	OPEN	None	Yes	100	0.5257	0.1146
00755583	TEGRETOL CR 400 MG TABLET T	OPEN	None	Yes	100	1.0512	0.2290
02388944	TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02390345	TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02407485	TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02432897	TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02388952	TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02390353	TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02407493	TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02432900	TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02390302	TELMISARTAN HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02390310	TELMISARTAN HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02395355	TELMISARTAN/HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02395363	TELMISARTAN/HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02433214	TELMISARTAN-HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02433222	TELMISARTAN-HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02261545	TELZIR 700 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	9.3008	
02241095	TEMODAL 100 MG CAPSULE	SPEC AUTH	None	Yes	20	170.0465	85.0233
02312794	TEMODAL 140MG CAPSULE	SPEC AUTH	None	Yes	5	238.0669	119.0335
02241094	TEMODAL 20 MG CAPSULE	SPEC AUTH	None	Yes	20	34.0080	17.0040
02241096	TEMODAL 250 MG CAPSULE	SPEC AUTH	None	Yes	5	425.1044	212.5522
02241093	TEMODAL 5 MG CAPSULE	SPEC AUTH	None	Yes	20	8.5020	4.2510
00875996	TEMPRA DOUBLE-STR 160 MG/5 ML	OPEN	Beneficiary of CYFS	No	100	0.0426	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02049988	TENORETIC 100/25 TABLET	OPEN	None	Yes	100	1.2474	0.5707
02049961	TENORETIC 50/25 MG TABLET	OPEN	None	Yes	100	0.7610	0.3483
02039540	TENORMIN 100MG TABLET	OPEN	None	Yes	30	1.1028	0.2703
02039532	TENORMIN 50MG TABLET	OPEN	None	Yes	30	0.6704	0.1644
02230661	TENOXICAM 20MG TABLET	OPEN	None	Yes	100	1.2843	1.2843
00894729	TERAZOL 7 0.4% VAG CREAM	OPEN	None	Yes	45	0.7695	0.5772
02350505	TERAZOSIN 10MG TABLET	OPEN	None	Yes	100	0.5295	0.5295
02350475	TERAZOSIN 1MG TABLET	OPEN	None	Yes	100	0.2095	0.2095
02350483	TERAZOSIN 2MG TABLET	OPEN	None	Yes	100	0.2664	0.2664
02350491	TERAZOSIN 5MG TABLET	OPEN	None	Yes	100	0.3618	0.3618
02353121	TERBINAFINE 250MG TABLET	SPEC AUTH	None	Yes	100	2.0192	2.0192
02385279	TERBINAFINE 250MG TABLET	SPEC AUTH	None	Yes	100	2.0192	2.0192
02280248	TESTIM 1% GEL	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	150	0.8077	
01977601	TESTOSTERONE CYP 100 MG/ML	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	10	2.0642	
00580929	TETRACYCLINE 250MG CAPSULE	OPEN	None	Yes	1000	0.0730	0.0730
02320525	TEVA DORZOTIMOL 20MG/5MG/ML OPHTHALMIC SOLUTION	OPEN	None	Yes	10	2.1677	2.1677
02242728	TEVA- DOXAZOSIN 1 MG TABLET	OPEN	None	Yes	100	0.1576	0.1576
02416662	TEVA-ABACAVIR/LAMIVUDINE 600MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	6.5264	6.5264
02204517	TEVA-ACEBUTOLOL 100 MG TAB	OPEN	None	Yes	100	0.0941	0.0941
02204525	TEVA-ACEBUTOLOL 200 MG TAB	OPEN	None	Yes	100	0.1410	0.1410
02204533	TEVA-ACEBUTOLOL 400 MG TAB	OPEN	None	Yes	100	0.2807	0.2807
02285959	TEVA-ACYCLOVIR 200 MG TAB	OPEN	None	Yes	100	0.6973	0.6973
02285967	TEVA-ACYCLOVIR 400 MG TAB	OPEN	None	Yes	100	1.3843	1.3843
02285975	TEVA-ACYCLOVIR 800 MG TAB	OPEN	None	Yes	100	1.3814	1.3814
02247373	TEVA-ALENDRONATE 10 MG TAB	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	100	0.5436	0.5436
02261715	TEVA-ALENDRONATE 70 MG TAB	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	50	2.7900	2.7900

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02403641	TEVA-ALENDRONATE/CHOLECALCIFEROL 70MG/5600IU TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	4	1.3270	1.3270
01913484	TEVA-ALPRAZOL 0.25 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0678	0.0678
01913492	TEVA-ALPRAZOL 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0810	0.0810
02239835	TEVA-AMIODARONE 200 MG TAB	OPEN	None	Yes	100	0.5610	0.5610
02326043	TEVA-AMITRIPTYLINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0474	0.0474
02326051	TEVA-AMITRIPTYLINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.0904	0.0904
02326078	TEVA-AMITRIPTYLINE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	1000	0.1679	0.1679
02250500	TEVA-AMLODIPINE 10 MG TABLET	OPEN	None	Yes	250	0.3910	0.3910
02250497	TEVA-AMLODIPINE 5 MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	500	0.2635	0.2635
00020877	TEVA-AMPICILLIN 250 MG CAP	OPEN	None	Yes	100	0.4138	0.4138
00020885	TEVA-AMPICILLIN 500 MG CAP	OPEN	None	Yes	100	0.7845	0.7845
02313049	TEVA-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	100	1.3875	1.3875
02266660	TEVA-ATENOLOL 25 MG TABLET	OPEN	None	No	100	0.0818	
02302926	TEVA-ATENOLOL/CHLORTHALIDONE 100-25	OPEN	None	Yes	100	0.5707	0.5707
02302918	TEVA-ATENOLOL/CHLORTHALIDONE 50-25	OPEN	None	Yes	100	0.3483	0.3483
02236819	TEVA-AZATHIOPRINE 50 MG TAB	OPEN	None	Yes	500	0.2698	0.2698
02280191	TEVA-BETAHISTINE 16MG TABLET	OPEN	None	Yes	100	0.1272	0.1272
02280205	TEVA-BETAHISTINE 24MG TABLET	OPEN	None	Yes	100	0.1908	0.1908
02270226	TEVA-BICALUTAMIDE 50 MG TAB	OPEN	None	Yes	100	1.8448	1.8448
02267489	TEVA-BISOPROLOL 10 MG TABLET	OPEN	None	Yes	100	0.1581	0.1581
02267470	TEVA-BISOPROLOL 5 MG TABLET	OPEN	None	Yes	100	0.1083	0.1083
02230584	TEVA-BROMAZEPAM 3 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0416	0.0416

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02230585	TEVA-BROMAZEPAM 6 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0608	0.0608
02424851	TEVA-BUPRENORPHINE/NALOXONE 2MG/0.5MG TABLET	OPEN	For use in Methadone Maintenance Therapy only.	Yes	30	1.4552	1.4552
02424878	TEVA-BUPRENORPHINE/NALOXONE 8MG/2MG TABLET	OPEN	For use in Methadone Maintenance Therapy only.	Yes	30	2.5779	2.5779
02231492	TEVA-BUSPIRONE 10 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3834	0.3834
02366320	TEVA-CANDESARTAN 16MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02366339	TEVA-CANDESARTAN 32MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3265	0.3265
02366312	TEVA-CANDESARTAN 8MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3265	0.3265
02395541	TEVA-CANDESARTAN/HCTZ 16MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3265	0.3265
02395568	TEVA-CANDESARTAN/HCTZ 32MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3279	0.3279
02400022	TEVA-CAPECITABINE 150MG TABLET	SPEC AUTH	None	Yes	60	0.4987	0.4987
02400030	TEVA-CAPECITABINE 500MG TABLET	SPEC AUTH	None	Yes	120	1.6623	1.6623
01942999	TEVA-CAPTORIL 100 MG TABLET	OPEN	None	Yes	100	0.5666	0.5666
01942964	TEVA-CAPTORIL 12.5 MG TABLET	OPEN	None	Yes	100	0.1155	0.1155
01942972	TEVA-CAPTORIL 25 MG TABLET	OPEN	None	Yes	100	0.1635	0.1635
01942980	TEVA-CAPTORIL 50 MG TABLET	OPEN	None	Yes	100	0.3047	0.3047
00782718	TEVA-CARBAMAZ 200 MG TABLET	OPEN	None	Yes	500	0.2411	0.2411
02288915	TEVA-CELECOXIB 100MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.1917	0.1917
02288923	TEVA-CELECOXIB 200MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	500	0.3835	0.3835
00342106	TEVA-CEPHALEXIN 125 MG/5 ML SUSP	OPEN	None	Yes	150	0.2344	0.2344
00342084	TEVA-CEPHALEXIN 250 MG CAPSULE	OPEN	None	No	100	0.3928	
00342092	TEVA-CEPHALEXIN 250 MG/5 ML SUSP	OPEN	None	Yes	150	0.3815	0.3815
00583413	TEVA-CEPHALEXIN 250MG TABLET	OPEN	None	Yes	1000	0.2453	0.2453
00342114	TEVA-CEPHALEXIN 500MG CAPSULE	OPEN	None	No	500	0.7427	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00583421	TEVA-CEPHALEXIN 500MG TABLET	OPEN	None	Yes	500	0.4905	0.4905
00021261	TEVA-CHLOROQUINE 250 MG TAB	OPEN	None	No	100	1.3020	
00232831	TEVA-CHLORPROMAZINE 100 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.7390	0.7390
00232823	TEVA-CHLORPROMAZINE 25 MG TB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2405	0.2405
00232807	TEVA-CHLORPROMAZINE 50 MG TB	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2751	0.2751
02266350	TEVA-CILAZAPRIL 1 MG TABLET	OPEN	None	Yes	100	0.1697	0.1697
02266369	TEVA-CILAZAPRIL 2.5 MG TAB	OPEN	None	Yes	100	0.1996	0.1996
02266377	TEVA-CILAZAPRIL 5 MG TABLET	OPEN	None	Yes	100	0.2318	0.2318
02161737	TEVA-CIPROFLOXACIN 250 MG TB	OPEN	None	Yes	100	0.6743	0.6743
02161745	TEVA-CIPROFLOXACIN 500 MG TB	OPEN	None	Yes	500	0.7607	0.7607
02161753	TEVA-CIPROFLOXACIN 750 MG TAB	OPEN	None	Yes	50	1.3930	1.3930
02293218	TEVA-CITALOPRAM 20 MG TAB	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	500	0.2613	0.2613
02293226	TEVA-CITALOPRAM 40 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2613	0.2613
02248804	TEVA-CLARITHROMYCIN 250MG TABLET	OPEN	None	Yes	100	0.4587	0.4587
02248805	TEVA-CLARITHROMYCIN 500MG TABLET	OPEN	None	Yes	100	1.7759	1.7759
02241709	TEVA-CLINDAMYCIN 150 MG CAP	OPEN	None	Yes	100	0.2565	0.2565
02241710	TEVA-CLINDAMYCIN 300 MG CAP	OPEN	None	Yes	100	0.5130	0.5130
02239024	TEVA-CLONAZEPAM 0.5 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.0540	0.0540
02239025	TEVA-CLONAZEPAM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0931	0.0931
02304163	TEVA-CLONIDINE 0.025 MG TAB	OPEN	None	Yes	100	0.2817	0.2817
02046121	TEVA-CLONIDINE 0.1 MG TABLET	OPEN	None	Yes	100	0.1924	0.1924
02046148	TEVA-CLONIDINE 0.2 MG TABLET	OPEN	None	Yes	100	0.3432	0.3432
02293161	TEVA-CLOPIDOGREL 75MG TABLET	SPEC AUTH	None	Yes	500	0.5161	0.5161
02272695	TEVA-COMBO STERINEBS 0.5MG/2.5MG/2.5ML INHALATION SOLUTION	SPEC AUTH	None	Yes	50	0.4931	0.4931
02287730	TEVA-DESMOPRESSIN 0.1 MG TB	OPEN	None	Yes	30	0.3601	0.3601

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02287749	TEVA-DESMOPRESSIN 0.2 MG TB	OPEN	None	Yes	30	0.7203	0.7203
02174685	TEVA-DIFENAC 100 MG SUPPOS	OPEN	Beneficiary of CYFS	No	30	0.8397	
00808539	TEVA-DIFENAC 25 MG TABLET EC	OPEN	None	Yes	100	0.0851	0.0851
02174677	TEVA-DIFENAC 50 MG SUPPOS	OPEN	Beneficiary of CYFS	No	30	0.6237	
00808547	TEVA-DIFENAC 50 MG TABLET EC	OPEN	None	Yes	500	0.2542	0.2542
02048698	TEVA-DIFENAC SR 100 MG TAB	OPEN	None	Yes	100	0.4732	0.4732
02158582	TEVA-DIFENAC SR 75 MG TAB	OPEN	None	Yes	100	0.3319	0.3319
00862924	TEVA-DILTAZEM 30 MG TABLET	OPEN	None	Yes	500	0.2034	0.2034
00862932	TEVA-DILTAZEM 60 MG TABLET	OPEN	None	Yes	100	0.3568	0.3568
02242538	TEVA-DILTAZEM CD 120 MG CAP	OPEN	None	Yes	500	0.3847	0.3847
02242539	TEVA-DILTAZEM CD 180 MG CAP	OPEN	None	Yes	500	0.5106	0.5106
02242540	TEVA-DILTAZEM CD 240 MG CAP	OPEN	None	Yes	500	0.6772	0.6772
02242541	TEVA-DILTAZEM CD 300 MG CAP	OPEN	None	Yes	100	0.8465	0.8465
02271605	TEVA-DILTIAZEM ER 120 MG CAP	OPEN	None	Yes	100	0.2325	0.2325
02271613	TEVA-DILTIAZEM ER 180 MG CAP	OPEN	None	Yes	100	0.3149	0.3149
02271621	TEVA-DILTIAZEM ER 240 MG CAP	OPEN	None	Yes	100	0.4177	0.4177
02271648	TEVA-DILTIAZEM ER 300 MG CAP	OPEN	None	Yes	100	0.5144	0.5144
02271656	TEVA-DILTIAZEM ER 360 MG CAP	OPEN	None	Yes	100	0.6298	0.6298
00021423	TEVA-DIMENATE 50 MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0408	
02239701	TEVA-DIVALPROEX 125 MG TAB	OPEN	None	Yes	100	0.0826	0.0826
02239702	TEVA-DIVALPROEX 250 MG TAB EC	OPEN	None	Yes	500	0.1486	0.1486
02239703	TEVA-DIVALPROEX 500 MG TAB EC	OPEN	None	Yes	500	0.2974	0.2974
02157195	TEVA-DOMPERIDONE 10 MG TAB	OPEN	None	Yes	500	0.0647	0.0647
02340615	TEVA-DONEPEZIL 10MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02340607	TEVA-DONEPEZIL 5MG TABLET	SPEC AUTH	None	Yes	100	0.8998	0.8998
02242729	TEVA-DOXAZOSIN 2 MG TABLET	OPEN	None	Yes	100	0.1890	0.1890
02242730	TEVA-DOXAZOSIN 4 MG TABLET	OPEN	None	Yes	100	0.2459	0.2459
00725250	TEVA-DOXYCLINE 100 MG CAPSULE	OPEN	None	Yes	200	0.6387	0.6387
02158574	TEVA-DOXYCLINE 100 MG TABLET	OPEN	None	Yes	100	0.6387	0.6387
02408287	TEVA-DUTASTERIDE 0.5MG CAPSULE	OPEN	None	Yes	30	0.4583	0.4583
02389762	TEVA-EFAVIRENZ 600MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	30	4.1453	4.1453
02233007	TEVA-ENALAPRIL 16 MG (20 MG)	OPEN	None	Yes	100	0.3766	0.3766
02233005	TEVA-ENALAPRIL 4 MG (5 MG) TAB	OPEN	None	Yes	100	0.2597	0.2597
02233006	TEVA-ENALAPRIL 8 MG (10 MG) TB	OPEN	None	Yes	500	0.3121	0.3121

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02375559	TEVA-ENTACAPONE 200MG TABLET	OPEN	None	Yes	100	0.4491	0.4491
02377705	TEVA-ERLOTINIB 100MG TABLET	SPEC AUTH	None	Yes	30	28.7760	28.7760
02377713	TEVA-ERLOTINIB 150MG TABLET	SPEC AUTH	None	Yes	30	43.1640	43.1640
02318180	TEVA-ESCITALOPRAM 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Maximum of 1.5 tablets daily.	Yes	100	0.4707	0.4707
02318202	TEVA-ESCITALOPRAM 20MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5011	0.5011
02408473	TEVA-EXEMESTANE 25MG TABLET	SPEC AUTH	None	Yes	30	1.4457	1.4457
02354101	TEVA-EZETIMIBE 10MG TABLET	SPEC AUTH	None	Yes	500	0.3553	0.3553
02289083	TEVA-FENOFIBRATE-S 100 MG TABLET	OPEN	None	Yes	30	0.5894	0.5894
02289091	TEVA-FENOFIBRATE-S 160 MG TABLET	OPEN	None	Yes	100	0.3495	0.3495
02282984	TEVA-FENTANYL 100 MCG/H TRANSDERMAL PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	13.1367	13.1358
02311925	TEVA-FENTANYL 12 MCG/H TRANSDERMAL PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	2.4307	2.4307
02282941	TEVA-FENTANYL 25 MCG/H TRANSDERMAL PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	3.9872	3.9872
02282968	TEVA-FENTANYL 50 MCG/H TRANSDERMAL PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	7.5033	7.5033
02282976	TEVA-FENTANYL 75 MCG/H TRANSDERMAL PATCH	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	5	10.5531	10.5531
02348500	TEVA-FINASTERIDE 5 MG TABLET	OPEN	None	Yes	100	0.5227	0.5227
02236979	TEVA-FLUCONAZOLE 100 MG TAB	OPEN	None	Yes	50	3.4932	2.4951
02236978	TEVA-FLUCONAZOLE 50 MG TAB	OPEN	None	Yes	100	1.9692	1.4065
02216582	TEVA-FLUOXETINE 10 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5009	0.5009
02216590	TEVA-FLUOXETINE 20 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.5012	0.5012
02100517	TEVA-FLURPROFEN 100 MG TAB	OPEN	None	Yes	100	0.3313	0.3313
02299224	TEVA-FLUVASTATIN 20MG CAPSULE	OPEN	None	Yes	100	0.7682	0.4971
02299232	TEVA-FLUVASTATIN 40MG CAPSULE	OPEN	None	Yes	100	1.0787	0.6961
02247802	TEVA-FOSINOPRIL 10 MG TABLET	OPEN	None	Yes	100	0.2531	0.2531
02247803	TEVA-FOSINOPRIL 20 MG TABLET	OPEN	None	Yes	100	0.3045	0.3045
00337730	TEVA-FUROSEMIDE 20 MG TABLET	OPEN	None	Yes	1000	0.0407	0.0407

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00337749	TEVA-FUROSEMIDE 40 MG TABLET	OPEN	None	Yes	1000	0.0813	0.0813
00765953	TEVA-FUROSEMIDE 80 MG TABLET	OPEN	None	Yes	100	0.1330	0.1330
02244513	TEVA-GABAPENTIN 100 MG CAP	SPEC AUTH	None	Yes	500	0.0816	0.0816
02244514	TEVA-GABAPENTIN 300 MG CAP	SPEC AUTH	None	Yes	500	0.1985	0.1985
02244515	TEVA-GABAPENTIN 400 MG CAP	SPEC AUTH	None	Yes	500	0.2366	0.2366
02248457	TEVA-GABAPENTIN 600 MG TAB	SPEC AUTH	None	Yes	100	0.3549	0.3549
02247346	TEVA-GABAPENTIN 800 MG TAB	SPEC AUTH	None	Yes	100	0.4732	0.4732
02377969	TEVA-GALANTAMINE ER 16MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02377977	TEVA-GALANTAMINE ER 24MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02377950	TEVA-GALANTAMINE ER 8MG CAPSULE	SPEC AUTH	None	Yes	30	1.4023	1.4023
02241704	TEVA-GEMFIBROZIL 300 MG CAP	OPEN	None	Yes	100	0.1404	0.1404
02142074	TEVA-GEMFIBROZIL 600 MG TAB	OPEN	None	Yes	100	0.5621	0.5621
02238103	TEVA-GLICAZIDE 80 MG TABLET	OPEN	None	Yes	500	0.1015	0.1015
01913670	TEVA-GLYBURIDE 2.5 MG TABLET	OPEN	None	Yes	500	0.0364	0.0364
01913689	TEVA-GLYBURIDE 5 MG TABLET	OPEN	None	Yes	500	0.0652	0.0652
00021474	TEVA-HYDRAZIDE 25 MG TABLET	OPEN	None	Yes	1000	0.0199	0.0199
02319411	TEVA-HYDRMORPHONE 2MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1545	0.1545
00021482	TEVA-HYDROCHLOROTHIAZIDE 50 MG TABLET	OPEN	None	Yes	1000	0.0278	0.0278
02319438	TEVA-HYDROMORPHONE 4MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.2442	0.2442
02399806	TEVA-IMATINIB 100MG TABLET	SPEC AUTH	None	Yes	120	7.5973	7.5973
02399814	TEVA-IMATINIB 400MG TABLET	SPEC AUTH	None	Yes	30	30.3890	30.3890
02231184	TEVA-INDAPAMIDE 2.5 MG TAB	OPEN	None	Yes	30	0.1288	0.1288
00337420	TEVA-INDOMETHACIN 25 MG CAPSULE	OPEN	None	Yes	1000	0.2431	0.2431
00337439	TEVA-INDOMETHACIN 50 MG CAPSULE	OPEN	None	Yes	500	0.4861	0.4861
02216221	TEVA-IPRATROPIUM STERINEBS 0.025% INHALATION SOLUTION	SPEC AUTH	None	Yes	20	0.7183	0.7183
02315998	TEVA-IRBESARTAN 150MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02316005	TEVA-IRBESARTAN 300MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02315971	TEVA-IRBESARTAN 75MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3453	0.3453
02316013	TEVA-IRBESARTAN/HCTZ 150MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02316021	TEVA-IRBESARTAN/HCTZ 300MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3453	0.3453
02316048	TEVA-IRBESARTAN/HCTZ 300MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3307	0.3307
02231061	TEVA-KETOCONAZOLE 200 MG TAB	OPEN	None	Yes	100	1.0238	1.0238
02331551	TEVA-LACTULOSE 667MG/ML SOLUTION	SPEC AUTH	None	No	300	0.0168	
02387247	TEVA-LAMIVUDINE/ZIDOVUDINE 150MG/300MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	2.8452	2.8452
02248233	TEVA-LAMOTRIGINE 100 MG TAB	OPEN	None	Yes	100	0.4157	0.4157
02248234	TEVA-LAMOTRIGINE 150 MG TAB	OPEN	None	Yes	100	0.6126	0.6126
02248232	TEVA-LAMOTRIGINE 25 MG TAB	OPEN	None	Yes	100	0.1041	0.1041
02280515	TEVA-LANSOPRAZOLE 15 MG CAP DR	SPEC AUTH	None	Yes	100	0.5450	0.5450
02280523	TEVA-LANSOPRAZOLE 30 MG CAP DR	SPEC AUTH	None	Yes	500	0.5450	0.5450
02261251	TEVA-LEFLUNOMIDE 10MG TABLET	OPEN	None	Yes	100	2.9714	2.9714
02261278	TEVA-LEFLUNOMIDE 20 MG TAB	OPEN	None	Yes	100	2.9728	2.9728
02343657	TEVA-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02244494	TEVA-LEVOCARBIDOPA 10-100 TAB	OPEN	None	Yes	100	0.2046	0.2046
02244495	TEVA-LEVOCARBIDOPA 25-100 TAB	OPEN	None	Yes	500	0.3055	0.3055
02244496	TEVA-LEVOCARBIDOPA 25-250 TAB	OPEN	None	Yes	500	0.3411	0.3411
02248262	TEVA-LEVOFLOXACIN 250 MG TAB	SPEC AUTH	None	Yes	100	1.4895	1.4895
02248263	TEVA-LEVOFLOXACIN 500 MG TAB	SPEC AUTH	None	Yes	100	1.6973	1.6973
02285061	TEVA-LISINOPRIL (TYPE P) 5 MG TABLET	OPEN	None	Yes	100	0.1542	0.1542
02285126	TEVA-LISINOPRIL (TYPE Z) 10 MG TAB	OPEN	None	Yes	100	0.1853	0.1853
02285134	TEVA-LISINOPRIL (TYPE Z) 20 MG TAB	OPEN	None	Yes	500	0.2226	0.2226
02285118	TEVA-LISINOPRIL (TYPE Z) 5 MG TABLET	OPEN	None	Yes	100	0.1542	0.1542
02285088	TEVA-LISINOPRIL 10 MG TAB	OPEN	None	Yes	100	0.1853	0.1853
02285096	TEVA-LISINOPRIL 20 MG TAB	OPEN	None	Yes	500	0.2226	0.2226
02301776	TEVA-LISINOPRIL/HCT 20/12.5	OPEN	None	Yes	100	0.2866	0.2866

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DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02302136	TEVA-LISINOPRIL/HCTZ (TYPE P) 10MG/12.5MG TABLET	OPEN	None	Yes	100	0.6358	0.6358
02302144	TEVA-LISINOPRIL/HCTZ (TYPE P) 20MG/12.5MG TABLET	OPEN	None	Yes	100	0.7886	0.7886
02301768	TEVA-LISINOPRIL/HCTZ (TYPE Z) 10MG/12.5MG TABLET	OPEN	None	Yes	100	0.2385	0.2385
02301784	TEVA-LISINOPRIL/HCTZ (TYPE Z) 20MG/25MG TABLET	OPEN	None	Yes	100	0.3822	0.3822
00711101	TEVA-LORAZEM 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0391	0.0391
00637742	TEVA-LORAZEM 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	3000	0.0487	0.0487
00637750	TEVA-LORAZEM 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.0762	0.0762
02357976	TEVA-LOSARTAN 100MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3430	0.3430
02380838	TEVA-LOSARTAN 25MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02357968	TEVA-LOSARTAN 50MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3430	0.3430
02377144	TEVA-LOSARTAN HCTZ 100MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3359	0.3359
02377152	TEVA-LOSARTAN HCTZ 100MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3430	0.3430
02358263	TEVA-LOSARTAN HCTZ 50MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3430	0.3430
02246542	TEVA-LOVASTATIN 20 MG TABLET	OPEN	None	Yes	500	0.5911	0.5911
02246543	TEVA-LOVASTATIN 40 MG TABLET	OPEN	None	Yes	100	1.0798	1.0798
02158612	TEVA-MAPROTILINE 25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6199	0.6199
02158620	TEVA-MAPROTILINE 50 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.1738	1.1738
02158639	TEVA-MAPROTILINE 75 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.6031	1.6031

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02221306	TEVA-MEDROXYPROGESTERONE 10 MG TABLET	OPEN	None	Yes	100	0.3454	0.3454
02221284	TEVA-MEDROXYPROGESTERONE 2.5 MG TABLET	OPEN	None	Yes	100	0.0700	0.0700
02221292	TEVA-MEDROXYPROGESTERONE 5 MG TABLET	OPEN	None	Yes	100	0.1710	0.1710
02258323	TEVA-MELOXICAM 15 MG TABLET	OPEN	None	Yes	100	0.2519	0.2519
02258315	TEVA-MELOXICAM 7.5 MG TABLET	OPEN	None	Yes	100	0.2183	0.2183
02045710	TEVA-METFORMIN 500 MG TABLET	OPEN	None	Yes	100	0.0484	0.0484
02230475	TEVA-METFORMIN 850 MG TABLET	OPEN	None	Yes	500	0.0665	0.0665
02315068	TEVA-METHYLPHENIDATE ER-C 18MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.5718	0.5718
02315076	TEVA-METHYLPHENIDATE ER-C 27MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.6600	0.6600
02315084	TEVA-METHYLPHENIDATE ER-C 36MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.7481	0.7481
02315092	TEVA-METHYLPHENIDATE ER-C 54MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	2.5148	2.5148
00648043	TEVA-METOPROL 100 MG TABLET	OPEN	None	Yes	500	0.1676	0.1676
00842656	TEVA-METOPROL 100 MG TABLET	OPEN	None	No	100	0.2412	
00648035	TEVA-METOPROL 50 MG TABLET	OPEN	None	Yes	500	0.0768	0.0768
00842648	TEVA-METOPROL 50 MG TABLET	OPEN	None	No	500	0.1329	
02230359	TEVA-MEXILETINE 100 MG CAP	OPEN	None	Yes	100	1.4458	1.4458
02230360	TEVA-MEXILETINE 200 MG CAP	OPEN	None	Yes	100	1.9361	1.9361
02108151	TEVA-MINOCYCLINE 100 MG CAP	OPEN	None	Yes	100	0.6444	0.6444
02108143	TEVA-MINOCYCLINE 50 MG CAP	OPEN	None	Yes	100	0.3340	0.3340
02259354	TEVA-MIRTAZAPINE 30 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3726	0.3726
02279894	TEVA-MIRTAZAPINE OD 15 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.1127	0.1127
02279908	TEVA-MIRTAZAPINE OD 30 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.2255	0.2255
02279916	TEVA-MIRTAZAPINE OD 45 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	30	0.3382	0.3382

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02239746	TEVA-MOCLOBEMIDE 100 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2747	0.2747
02355523	TEVA-MONTELUKAST 10MG TABLET	SPEC AUTH	None	Yes	30	0.8933	0.8933
02355507	TEVA-MONTELUKAST 4MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4061	0.4061
02355515	TEVA-MONTELUKAST 5MG CHEWABLE TABLET	SPEC AUTH	None	Yes	30	0.4665	0.4665
02302799	TEVA-MORPHINE SR 100 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	2.6814	2.6814
02302764	TEVA-MORPHINE SR 15 MG TAB	OPEN	None	Yes	50	0.2526	0.2526
02302802	TEVA-MORPHINE SR 200 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	4.9854	4.9854
02302772	TEVA-MORPHINE SR 30 MG TAB	OPEN	None	Yes	100	0.3815	0.3815
02302780	TEVA-MORPHINE SR 60 MG TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.6722	0.6722
02375702	TEVA-MOXIFLOXACIN 400MG TABLET	SPEC AUTH	None	Yes	30	1.6601	1.6601
02384884	TEVA-NABILONE 0.5MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	0.8455	0.8455
02384892	TEVA-NABILONE 1MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	50	1.6909	1.6909
02240868	TEVA-NABUMETONE 750 MG TAB	OPEN	None	Yes	100	1.0019	1.0019
02126753	TEVA-NADOLOL 40 MG TABLET	OPEN	None	Yes	100	0.2687	0.2687
02126761	TEVA-NADOLOL 80 MG TABLET	OPEN	None	Yes	100	0.3831	0.3831
00565350	TEVA-NAPROX 250 MG TABLET	OPEN	None	Yes	500	0.1164	0.1164
00627097	TEVA-NAPROX 375 MG TABLET	OPEN	None	Yes	500	0.1589	0.1589
00589861	TEVA-NAPROX 500 MG TABLET	OPEN	None	Yes	500	0.2300	0.2300
00778389	TEVA-NAPROX SODIUM 275 MG TB	OPEN	None	Yes	500	0.3730	0.3730
02026600	TEVA-NAPROX SODIUM DS TAB	OPEN	None	Yes	500	0.7267	0.7267
02314290	TEVA-NARATRIPTAN 1 MG TABLET	SPEC AUTH	None	Yes	8	11.3483	11.3483
02314304	TEVA-NARATRIPTAN 2.5 MG TABLET	SPEC AUTH	None	Yes	8	6.6967	6.6967
02352893	TEVA-NEVIRAPINE 200MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	1.3457	1.3457
02231016	TEVA-NITROFURANTOIN 100 MG CAP	OPEN	None	Yes	100	0.7673	0.7673

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02231015	TEVA-NITROFURANTOIN 50 MG CAPSULE	OPEN	None	Yes	100	0.3798	0.3798
02237682	TEVA-NORFLOXACIN 400 MG TAB	OPEN	None	Yes	100	0.6177	0.6177
02231781	TEVA-NORTRIPTYLINE 10 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0632	0.0632
02231782	TEVA-NORTRIPTYLINE 25 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1271	0.1271
02276747	TEVA-OLANZAPINE 10 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	500	1.3906	1.3906
02276755	TEVA-OLANZAPINE 15 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.0858	2.0858
02276712	TEVA-OLANZAPINE 2.5 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.3476	0.3476
02359707	TEVA-OLANZAPINE 20MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	2.8209	2.8209
02276720	TEVA-OLANZAPINE 5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	0.6953	0.6953
02276739	TEVA-OLANZAPINE 7.5 MG TAB	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	100	1.0429	1.0429
02321351	TEVA-OLANZAPINE OD 10MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	1.4014	1.4014
02321343	TEVA-OLANZAPINE OD 5MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	30	0.7013	0.7013
02295407	TEVA-OMEPRAZOLE 10MG DELAYED RELEASE TABLETS	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.8902	0.8902
02295415	TEVA-OMEPRAZOLE 20 MG CAPSULE	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.4488	0.4488
02264056	TEVA-ONDANSETRON 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	3.6510	3.6510
02264064	TEVA-ONDANSETRON 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	100	5.5710	5.5710
02230394	TEVA-OXYBUTYNIN 5 MG TABLET	OPEN	None	Yes	500	0.1075	0.1075

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02285479	TEVA-PANTOPRAZOLE 20 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3538	0.3538
02285487	TEVA-PANTOPRAZOLE 40 MG TAB	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3955	0.3955
02440628	TEVA-PANTOPRAZOLE MAGNESIUM 40MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2044	0.2044
02248556	TEVA-PAROXETINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days. Limit of 1 per day without Special Authorization.	Yes	100	0.6117	0.6117
02248557	TEVA-PAROXETINE 20 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.4920	0.4920
02248558	TEVA-PAROXETINE 30 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5228	0.5228
00869015	TEVA-PINDOLOL 10 MG TABLET	OPEN	None	Yes	100	0.2861	0.2861
00869023	TEVA-PINDOLOL 15 MG TABLET	OPEN	None	Yes	100	0.4152	0.4152
00869007	TEVA-PINDOLOL 5 MG TABLET	OPEN	None	Yes	500	0.1676	0.1676
02274914	TEVA-PIOGLITAZONE 15 MG TAB	SPEC AUTH	None	Yes	100	0.6685	0.6685
02274922	TEVA-PIOGLITAZONE 30 MG TAB	SPEC AUTH	None	Yes	100	0.9365	0.9365
02274930	TEVA-PIOGLITAZONE 45 MG TAB	SPEC AUTH	None	Yes	500	1.4082	1.4082
00695718	TEVA-PIROXICAM 10 MG CAPSULE	OPEN	None	Yes	100	0.2499	0.2499
00695696	TEVA-PIROXICAM 20 MG CAPSULE	OPEN	None	Yes	100	0.4191	0.4191
02269309	TEVA-PRAMIPEXOLE 0.25 MG TA	OPEN	None	Yes	90	0.2865	0.2865
02269325	TEVA-PRAMIPEXOLE 1 MG TAB	OPEN	None	Yes	90	0.5730	0.5730
02269333	TEVA-PRAMIPEXOLE 1.5 MG TAB	OPEN	None	Yes	90	0.5730	0.5730
02247008	TEVA-PRAVASTATIN 10 MG TAB	OPEN	None	Yes	100	0.4415	0.4415
02247009	TEVA-PRAVASTATIN 20 MG TAB	OPEN	None	Yes	100	0.5207	0.5207
02247010	TEVA-PRAVASTATIN 40 MG TAB	OPEN	None	Yes	100	0.6273	0.6273
01934198	TEVA-PRAZOSIN 1 MG TABLET	OPEN	None	Yes	100	0.2871	0.1947
01934201	TEVA-PRAZOSIN 2 MG TABLET	OPEN	None	Yes	100	0.3893	0.3893
01934228	TEVA-PRAZOSIN 5 MG TABLET	OPEN	None	Yes	100	0.5353	0.5353
00021695	TEVA-PREDNISONE 5 MG TABLET	OPEN	None	Yes	1000	0.0763	0.0437
00232378	TEVA-PREDNISONE 50 MG TABLET	OPEN	None	No	100	0.1882	
02361205	TEVA-PREGABALIN 150MG CAPSULES	SPEC AUTH	None	Yes	100	0.6275	0.6275
02361221	TEVA-PREGABALIN 225MG CAPSULES	SPEC AUTH	None	Yes	60	0.6275	0.6275

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02361159	TEVA-PREGABALIN 25MG CAPSULES	SPEC AUTH	None	Yes	60	0.2243	0.2243
02361248	TEVA-PREGABALIN 300MG CAPSULES	SPEC AUTH	None	Yes	60	0.6275	0.6275
02361175	TEVA-PREGABALIN 50MG CAPSULES	SPEC AUTH	None	Yes	60	0.3519	0.3519
02361183	TEVA-PREGABALIN 75MG CAPSULES	SPEC AUTH	None	Yes	100	0.4552	0.4552
00496480	TEVA-PROPRANOLOL 10 MG TABLET	OPEN	None	Yes	1000	0.0538	0.0538
00740675	TEVA-PROPRANOLOL 20 MG TABLET	OPEN	None	Yes	500	0.0302	0.0302
00496499	TEVA-PROPRANOLOL 40 MG TABLET	OPEN	None	Yes	1000	0.0379	0.0379
00496502	TEVA-PROPRANOLOL 80 MG TABLET	OPEN	None	Yes	500	0.1541	0.1541
02284243	TEVA-QUETIAPINE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.2585	0.2585
02284251	TEVA-QUETIAPINE 150 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.7947	1.7947
02284278	TEVA-QUETIAPINE 200 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5193	0.5193
02284235	TEVA-QUETIAPINE 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0969	0.0969
02284286	TEVA-QUETIAPINE 300 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.7579	0.7579
00021008	TEVA-QUININE 200 MG CAPSULE	OPEN	None	No	500	0.2593	
00021016	TEVA-QUININE 300 MG CAPSULE	OPEN	None	No	500	0.4069	
02296632	TEVA-RABEPRAZOLE EC 10 MG	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.1312	0.1312
02296640	TEVA-RABEPRAZOLE EC 20 MG	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.2625	0.2625
02312298	TEVA-RALOXIFENE 60 MG TABLET	SPEC AUTH	None	Yes	100	0.5124	0.5124
02247947	TEVA-RAMIPRIL 10 MG CAPSULE	OPEN	None	Yes	500	0.2030	0.2030
02247945	TEVA-RAMIPRIL 2.5 MG CAP	OPEN	None	Yes	500	0.1602	0.1602
02247946	TEVA-RAMIPRIL 5 MG CAPSULE	OPEN	None	Yes	500	0.1602	0.1602
02242940	TEVA-RANITIDINE 15 MG/ML SOLN	OPEN	None	Yes	300	0.1613	0.1613
00828564	TEVA-RANITIDINE 150 MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
00828556	TEVA-RANITIDINE 300 MG TABLET	OPEN	None	Yes	500	0.3924	0.3924
02298384	TEVA-RISEDRONATE 30 MG TABLET	SPEC AUTH	None	Yes	30	10.9327	10.9327

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02298392	TEVA-RISEDRONATE 35 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	2.8027	2.8027
02298376	TEVA-RISEDRONATE 5 MG TABLET	OPEN	Open benefit if beneficiary is 65 years of age or older. Special Authorization can be considered if less than 65 years of age.	Yes	30	1.6876	1.6876
02282690	TEVA-RISPERIDONE 0.25 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1478	0.1478
02264188	TEVA-RISPERIDONE 0.5MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2476	0.2476
02264196	TEVA-RISPERIDONE 1 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3420	0.3420
02264218	TEVA-RISPERIDONE 2 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6843	0.6843
02264226	TEVA-RISPERIDONE 3 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.0245	1.0245
02264234	TEVA-RISPERIDONE 4 MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.3661	1.3661
02396688	TEVA-RIZATRIPTAN ODT 10MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02396661	TEVA-RIZATRIPTAN ODT 5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	4.1284	4.1284
02354616	TEVA-ROSUVASTATIN 10MG TABLET	OPEN	None	Yes	500	0.2656	0.2656
02354624	TEVA-ROSUVASTATIN 20MG TABLET	OPEN	None	Yes	500	0.3320	0.3320
02354632	TEVA-ROSUVASTATIN 40MG TABLET	OPEN	None	Yes	500	0.3904	0.3904
02354608	TEVA-ROSUVASTATIN 5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.2519	0.2519
01926934	TEVA-SALBUTAMOL STERINEBS P.F. 1MG/ML INHALATION SOLUTION	SPEC AUTH	None	Yes	50	0.1576	0.1576
02173360	TEVA-SALBUTAMOL STERINEBS P.F. 2MG/ML INHALATION SOLUTION	SPEC AUTH	None	Yes	50	0.2995	0.2995
02068087	TEVA-SELEGILINE 5 MG TABLET	OPEN	None	Yes	60	0.5473	0.5473
02240481	TEVA-SERTRALINE 100 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4810	0.4810
02240485	TEVA-SERTRALINE 25 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2296	0.2296

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02240484	TEVA-SERTRALINE 50 MG CAP	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	0.4590	0.4590
02250152	TEVA-SIMVASTATIN 10 MG TABLET	OPEN	None	Yes	500	0.3970	0.3970
02250160	TEVA-SIMVASTATIN 20 MG TABLET	OPEN	None	Yes	100	0.4906	0.4906
02250179	TEVA-SIMVASTATIN 40 MG TAB	OPEN	None	Yes	100	0.4906	0.4906
02250144	TEVA-SIMVASTATIN 5 MG TABLET	OPEN	None	Yes	100	0.2007	0.2007
02250187	TEVA-SIMVASTATIN 80 MG TAB	OPEN	None	Yes	100	0.4906	0.4906
02397919	TEVA-SOLIFENACIN 10MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
02397900	TEVA-SOLIFENACIN 5MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.4603	0.4603
00613231	TEVA-SPIRINOLACTONE/HCTZ 25/25 TABLET	OPEN	None	Yes	100	0.1345	0.1345
00657182	TEVA-SPIRINOLACTONE/HCTZ 50/50 TABLET	OPEN	None	Yes	100	0.2845	0.2845
00613223	TEVA-SPIRONOLACTONE 100 MG TABLET	OPEN	None	No	100	0.2622	
00613215	TEVA-SPIRONOLACTONE 25 MG TABLET	OPEN	None	No	500	0.1295	
02045702	TEVA-SUCRALATE 1GM TABLET	OPEN	None	Yes	500	0.1557	0.1557
00745588	TEVA-SULINDAC 150 MG TABLET	OPEN	None	Yes	100	0.4168	0.4168
00745596	TEVA-SULINDAC 200 MG TABLET	OPEN	None	Yes	100	0.4273	0.4273
02239367	TEVA-SUMATRIPTAN 100 MG TAB	SPEC AUTH	None	Yes	6	8.5670	8.5670
02286831	TEVA-SUMATRIPTAN DF 100 MG	SPEC AUTH	None	Yes	50	8.5670	8.5670
02286815	TEVA-SUMATRIPTAN DF 25 MG	SPEC AUTH	None	Yes	6	7.5011	7.5011
02286823	TEVA-SUMATRIPTAN DF 50 MG	SPEC AUTH	None	Yes	6	7.7772	7.7772
00851965	TEVA-TAMOXIFEN 10 MG TABLET	OPEN	None	Yes	100	0.1908	0.1908
00851973	TEVA-TAMOXIFEN 20 MG TABLET	OPEN	None	Yes	100	0.3815	0.3815

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02368242	TEVA-TAMSULOSIN CR 0.4MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.1635	0.1635
02281392	TEVA-TAMSULOSIN SR 0.4 MG CAPSULE	OPEN	Limit of 2 per day without Special Authorization	Yes	100	0.2659	0.2659
02320177	TEVA-TELMISARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3078	0.3078
02320185	TEVA-TELMISARTAN 80MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3078	0.3078
02330288	TEVA-TELMISARTAN/HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	500	0.3078	0.3078
02379252	TEVA-TELMISARTAN/HCTZ 80MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3078	0.3078
02230095	TEVA-TEMAZEPAM 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0725	0.0725
02230102	TEVA-TEMAZEPAM 30 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0877	0.0877
02230805	TEVA-TERAZOSIN 1 MG TABLET	OPEN	None	Yes	100	0.2095	0.2095
02230808	TEVA-TERAZOSIN 10 MG TABLET	OPEN	None	Yes	100	0.5295	0.5295
02230806	TEVA-TERAZOSIN 2 MG TABLET	OPEN	None	Yes	100	0.2664	0.2664
02230807	TEVA-TERAZOSIN 5 MG TABLET	OPEN	None	Yes	100	0.3618	0.3618
02240346	TEVA-TERBINAFINE 250 MG TAB	SPEC AUTH	None	Yes	100	2.0192	2.0192
02230085	TEVA-THEOPHYLLINE SR 100 MG TAB	OPEN	None	Yes	100	0.1417	0.1417
02230086	TEVA-THEOPHYLLINE SR 200 MG TAB	OPEN	None	Yes	100	0.0989	0.0989
02230087	TEVA-THEOPHYLLINE SR 300 MG TAB	OPEN	None	Yes	100	0.1982	0.1981
02179679	TEVA-TIAPROFENIC 200 MG TAB	OPEN	None	Yes	100	0.5292	0.5292
02179687	TEVA-TIAPROFENIC 300 MG TAB	OPEN	None	Yes	100	0.7316	0.7316
02236848	TEVA-TICLOPIDINE 250MG TABLET	OPEN	None	Yes	100	0.3424	0.3424
01947818	TEVA-TIMOLOL 10 MG TABLET	OPEN	None	Yes	100	0.2803	0.2803
01947826	TEVA-TIMOLOL 20 MG TABLET	OPEN	None	Yes	100	0.5455	0.5455
01947796	TEVA-TIMOLOL 5 MG TABLET	OPEN	None	Yes	100	0.1797	0.1797
02389622	TEVA-TOBRAMYCIN INHALATION SOLUTION 60MG/ML	OPEN	Beneficiary must have eligibility under the CF Plan	Yes	280	29.8456	29.8456

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02299593	TEVA-TOLTERODINE 1MG TABLET	OPEN	Limited to 2 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	60	0.2676	0.2676
02299607	TEVA-TOLTERODINE 2MG TABLET	OPEN	Limited to 2 per day without Special Authorization. Special Authorizaton required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	60	0.2676	0.2676
02412195	TEVA-TOLTERODINE LA 2MG CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorzation required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.5353	0.5353
02412209	TEVA-TOLTERODINE LA 4MG CAPSULE	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorzation required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	100	0.5353	0.5353
02248861	TEVA-TOPIRAMATE 100MG TABLET	OPEN	None	Yes	60	0.6604	0.6604
02248862	TEVA-TOPIRAMATE 200MG TABLET	OPEN	None	Yes	60	0.9861	0.9861
02248860	TEVA-TOPIRAMATE 25 MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02412063	TEVA-TRAVOPROST Z 0.004% OPTHALMIC SOLUTION	OPEN	None	Yes	5	4.3888	4.3888
02144271	TEVA-TRAZODONE 100 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.1078	0.1078
02144298	TEVA-TRAZODONE 150 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1584	0.1584
02144263	TEVA-TRAZODONE 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.0604	0.0604
00532657	TEVA-TRIAMTERENE/HCTZ 50/25MG TABLET	OPEN	None	Yes	1000	0.0663	0.0663
00510637	TEVA-TRIMEL 400MG/80MG TABLET	OPEN	None	Yes	1000	0.0525	0.0525

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00510645	TEVA-TRIMEL DS 800MG/160MG TABLET	OPEN	None	Yes	500	0.1331	0.1331
00726540	TEVA-TRIMEL ORAL SUSPENSION	OPEN	None	Yes	400	0.1055	0.1055
02357534	TEVA-VALACYCLOVIR 500MG TABLET	OPEN	None	Yes	100	0.9384	0.9384
02413825	TEVA-VALGANCICLOVIR 450MG TABLET	SPEC AUTH	None	Yes	60	6.3823	6.3823
02356678	TEVA-VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3268	0.3268
02356686	TEVA-VALSARTAN 320MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3176	0.3176
02356643	TEVA-VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	30	0.3185	0.3185
02356651	TEVA-VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3269	0.3269
02357003	TEVA-VALSARTAN HCTZ 160MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	50	0.3262	0.3262
02357011	TEVA-VALSARTAN HCTZ 160MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	50	0.3273	0.3273
02357038	TEVA-VALSARTAN HCTZ 320MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3254	0.3254
02357046	TEVA-VALSARTAN HCTZ 320MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3254	0.3254
02356996	TEVA-VALSARTAN HCTZ 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	50	0.3254	0.3254
02275058	TEVA-VENLAFAXINE XR 150 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781
02275023	TEVA-VENLAFAXINE XR 37.5 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1791	0.1791
02275031	TEVA-VENLAFAXINE XR 75 MG	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
02396874	TEVA-VORICONAZOLE 200MG TABLET	SPEC AUTH	None	Yes	30	14.0105	14.0105
02396866	TEVA-VORICONAZOLE 50MG TABLET	SPEC AUTH	None	Yes	30	3.5040	3.5040
02313960	TEVA-ZOLMITRIPTAN 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02342545	TEVA-ZOLMITRIPTAN OD 2.5MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	3.8559	3.8559
02240432	TEVETEN 400 MG TABLET	SPEC AUTH	None	No	28	0.7862	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02243942	TEVETEN 600 MG TABLET	SPEC AUTH	None	No	28	1.2021	
02253631	TEVETEN PLUS TABLET	SPEC AUTH	None	No	28	1.2021	
02241091	THE MAGIC BULLET 10 MG SUPP	OPEN	Beneficiary of CYFS	No	100	0.9548	
02360101	THEO ER 400MG TABLET	OPEN	None	Yes	100	0.4071	0.4071
02360128	THEO ER 600MG TABLET	OPEN	None	Yes	100	0.4931	0.4931
00461008	THEO-DUR 300 MG	OPEN	None	Yes	500	0.2803	0.1981
01966219	THEOLAIR 80 MG/15 ML LIQUID	OPEN	None	No	500	0.0290	
02062240	THIAMINE HCL 100MG//ML AMP	OPEN	None	No	1	0.8050	
02246016	THYROGEN 0.9 MG/ML VIAL	SPEC AUTH	None	No	2	930.8758	
00023965	THYROID 125 MG TABLET	OPEN	None	No	500	0.1324	
00023949	THYROID 30 MG TABLET	OPEN	None	No	500	0.0767	
00023957	THYROID 60 MG TABLET	OPEN	None	No	500	0.0954	
02231150	TIAZAC 120 MG CAPSULE SA	OPEN	None	Yes	100	0.9762	0.2325
02231151	TIAZAC 180 MG CAPSULE SA	OPEN	None	Yes	100	1.3157	0.3149
02231152	TIAZAC 240 MG CAPSULE SA	OPEN	None	Yes	100	1.7452	0.4177
02231154	TIAZAC 300 MG CAPSULE SA	OPEN	None	Yes	100	2.1493	0.5144
02231155	TIAZAC 360 MG CAPSULE SA	OPEN	None	Yes	100	2.6316	0.6298
02256738	TIAZAC XC 120 MG TAB.SR 24 H	OPEN	None	No	90	0.9320	
02256746	TIAZAC XC 180 MG TAB.SR 24 H	OPEN	None	No	90	1.2389	
02256754	TIAZAC XC 240 MG TAB.SR 24 H	OPEN	None	No	90	1.6451	
02256762	TIAZAC XC 300 MG TAB.SR 24 H	OPEN	None	No	90	1.6402	
02256770	TIAZAC XC 360 MG TAB.SR 24 H	OPEN	None	No	90	1.6450	
02162776	TICLID 250 MG TABLET	OPEN	None	Yes	56	1.3695	1.1640
02242275	TIMOLOL MAL-EX 0.25% DROP	OPEN	None	Yes	5	3.5054	3.5054
02242276	TIMOLOL MAL-EX 0.5% SUS DRP	OPEN	None	Yes	5	4.1943	4.1943
00451193	TIMOPTIC 0.25% OPHTH DROPS	OPEN	None	Yes	10	2.7860	1.0549
00451207	TIMOPTIC 0.5% OPHTH DROPS	OPEN	None	Yes	10	5.1176	1.3233
02171880	TIMOPTIC-XE 0.25% OPH SOLN	OPEN	None	Yes	5	5.4631	3.5054
02171899	TIMOPTIC-XE 0.5% OPH SOLN	OPEN	None	Yes	5	6.5356	4.1943
00576050	TINACTIN 1% AEROSOL POWDER	OPEN	Beneficiary of CYFS	No	100	0.0567	
00576034	TINACTIN 1% CREAM	OPEN	Beneficiary of CYFS	No	30	0.3111	
00576042	TINACTIN 1% POWDER	OPEN	Beneficiary of CYFS	No	100	0.0704	
02414945	TIVICAY 50MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	30	20.6584	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02239630	TOBI 300 MG/5 ML INH SOLUTION	SPEC AUTH	Beneficiary must have eligibility under the CF Plan	Yes	56	61.2728	29.8456
02365154	TOBI PODHALER 28MG INHALATION CAPSULE	SPEC AUTH	Beneficiary must have eligibility under the CF Plan	No	224	15.2479	
00778907	TOBRADEX OPHTHALMIC DROPS	OPEN	None	No	5	2.4022	
00778915	TOBRADEX OPHTHALMIC OINT	OPEN	None	No	3.5	3.5402	
02285150	TOBRAMYCIN 1.2 G VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	No	7.2	133.4082	
00533688	TOBRAMYCIN 1.2G VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	No	300	4.3183	
02230639	TOBRAMYCIN 10 MG/ML VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	No	2	1.7471	
02230640	TOBRAMYCIN 40 MG/ML VIAL	OPEN	None	No	300	3.8311	
02443368	TOBRAMYCIN INHALATION SOLUTION 300MG/5ML	OPEN	Beneficiary must have eligibility under the CF Plan	Yes	280	29.8456	29.8456
02241209	TOBRAMYCIN INJ 10 MG/ML VIAL	OPEN	Beneficiary must have eligibility under the CF Plan	No	20	5.5970	
02241210	TOBRAMYCIN INJ 40 MG/ML VIAL	OPEN	None	No	30	4.0199	
00513962	TOBREX 0.3% OPHTHALMIC DROP	OPEN	None	Yes	5	2.0797	1.4846
00614254	TOBREX 0.3% OPHTHALMIC OINT	OPEN	None	No	3.5	2.9357	
00010472	TOFRANIL 25 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2700	0.2700
00010480	TOFRANIL 50 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.5533	0.5361
00093033	TOLBUTAMIDE 500MG TABLET	OPEN	None	No	1000	0.0292	
00312762	TOLBUTAMIDE 500MG TABLET	OPEN	None	Yes	100	0.1211	0.1211
02335700	TOLOXIN 0.0625 MG TABLET	OPEN	None	Yes	250	0.2853	0.2853
02335719	TOLOXIN 0.125 MG TABLET	OPEN	None	Yes	250	0.2853	0.2853
02335727	TOLOXIN 0.25 MG TABLET	OPEN	None	Yes	250	0.2853	0.2853
02230894	TOPAMAX 100 MG TABLET	OPEN	None	Yes	60	2.7585	0.6604
02230896	TOPAMAX 200 MG TABLET	OPEN	None	Yes	60	4.0864	0.9861
02230893	TOPAMAX 25 MG TABLET	OPEN	None	Yes	100	1.4617	0.3485
02221926	TOPICORT 0.05% GEL	OPEN	None	No	60	0.5465	
02221896	TOPICORT 0.25% CREAM	OPEN	None	No	60	0.7031	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02221934	TOPICORT 0.25% OINTMENT	OPEN	None	No	60	0.7045	
02221918	TOPICORT MILD 0.05% CREAM	OPEN	None	No	60	0.4668	
02356864	TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02389487	TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02395746	TOPIRAMATE 100MG TABLET	OPEN	None	Yes	100	0.6604	0.6604
02356872	TOPIRAMATE 200MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02395754	TOPIRAMATE 200MG TABLET	OPEN	None	Yes	100	0.9861	0.9861
02356856	TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02389460	TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02395738	TOPIRAMATE 25MG TABLET	OPEN	None	Yes	100	0.3485	0.3485
02161974	TOPSYN 0.05% GEL	OPEN	None	No	60	0.3339	
02162660	TORADOL 10 MG TABLET	OPEN	None	Yes	100	0.7730	0.5659
02380021	TOVIAZ 4 MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	30	1.6275	
02380048	TOVIAZ 8 MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	30	1.6275	
02244982	TRACLEER 125 MG TABLET	SPEC AUTH	None	Yes	56	69.9547	24.4841
02244981	TRACLEER 62.5 MG TABLET	SPEC AUTH	None	Yes	56	69.9547	24.4841
02370921	TRAJENTA 5MG TABLET	SPEC AUTH	None	No	90	2.4413	
02106272	TRANDATE 100 MG TABLET	OPEN	None	No	100	0.3769	
02106280	TRANDATE 200 MG TABLET	OPEN	None	No	100	0.6663	
02401231	TRANEXAMIC ACID 500MG TABLET	OPEN	None	Yes	100	0.6468	0.6468
00584223	TRANSDERM-NITRO 0.2 MG/HR	OPEN	None	No	30	0.9046	
00852384	TRANSDERM-NITRO 0.4 MG/HR	OPEN	None	No	30	1.0217	
02046156	TRANSDERM-NITRO 0.6 MG/HR	OPEN	None	No	30	1.0217	
02318008	TRAVATAN Z 0.004% EYE DROPS	OPEN	None	Yes	5	12.8533	4.3888
00605786	TRAVEL 50 MG TABLET	OPEN	Beneficiary of CYFS	No	25	0.0529	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02348780	TRAZODONE 100MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1078	0.1078
02348799	TRAZODONE 150MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1584	0.1584
02348772	TRAZODONE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.0604	0.0604
02243856	TRELSTAR 11.25 MG VIAL	OPEN	None	No	1	1130.6026	
02412322	TRELSTAR 22.5MG/VIAL	OPEN	None	No	1	1790.2500	
02240000	TRELSTAR 3.75 MG VIAL	OPEN	None	No	1	376.8531	
02221977	TRENTAL 400 MG TABLET SA	OPEN	None	Yes	60	0.8826	0.7501
00716952	TRIADERM 0.025% CREAM	OPEN	None	No	500	0.0534	
00716960	TRIADERM 0.1% CREAM	OPEN	None	No	500	0.0578	
00716987	TRIADERM 0.1% OINTMENT	OPEN	None	No	454	0.0823	
02229540	TRIAMCINOLONE ACE 10 MG/ML	OPEN	None	No	5	2.7385	
02229550	TRIAMCINOLONE ACE 40 MG/ML	OPEN	None	No	5	4.7480	
00808563	TRIAZOLAM 0.125 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	70	0.1631	0.1631
00808571	TRIAZOLAM 0.25 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	70	0.2781	0.2781
02401967	TRICIRA LO (21 DAY) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.4917	0.4917
02401975	TRICIRA LO (28 DAY) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3687	0.3687
02028700	TRI-CYCLEN 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	1.1924	
02029421	TRI-CYCLEN 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.8944	
02258560	TRI-CYCLEN LO (21) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.8102	0.4917
02258587	TRI-CYCLEN LO (28) TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.6077	0.3687
02154862	TRIDESILON 0.05% CREAM	OPEN	None	Yes	15	0.4229	0.3677
00326836	TRIFLUOPERAZINE 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3102	0.3102

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00312754	TRIFLUOPERAZINE 2MG TAB	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1954	0.1954
00312746	TRIFLUOPERAZINE 5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.2589	0.2589
00545058	TRIHXYPHENIDYL 2 MG TABLET	OPEN	None	No	100	0.0400	
00545074	TRIHXYPHENIDYL 5 MG TABLET	OPEN	None	No	100	0.0725	
02242067	TRILEPTAL 150 MG TABLET	SPEC AUTH	None	Yes	50	0.9293	0.6768
02242068	TRILEPTAL 300 MG TABLET	SPEC AUTH	None	Yes	50	1.0218	0.9921
02244673	TRILEPTAL 60 MG/ML SUSP	SPEC AUTH	None	No	250	0.3699	
02242069	TRILEPTAL 600 MG TABLET	SPEC AUTH	None	Yes	50	2.0438	1.9842
02245664	TRIMEBUTINE 200MG TABLET	OPEN	None	Yes	100	0.5821	0.5821
02243116	TRIMETHOPRIM 100MG TABLET	OPEN	None	Yes	100	0.2853	0.2853
02243117	TRIMETHOPRIM 200MG TABLET	OPEN	None	Yes	100	0.5862	0.5862
00740802	TRIMIPRAMINE 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3087	0.3087
00740810	TRIMIPRAMINE 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6042	0.6042
02230732	TRINIPATCH 0.2 MG/HR PATCH	OPEN	None	No	100	0.6715	
02230733	TRINIPATCH 0.4 MG/HR PATCH	OPEN	None	No	100	0.7735	
02230734	TRINIPATCH 0.6 MG/HR PATCH	OPEN	None	No	100	0.7735	
00707600	TRIQUILAR 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	21	0.7993	
00707503	TRIQUILAR 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	No	28	0.5995	
02430932	TRIUMEQ 600MG-50MG-300MG TABLET	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	30	46.1133	
02244757	TRIZIVIR TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	20.4217	14.8703
02275066	TROSEC 20 MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	No	60	0.8284	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00977141	TRUE TRACK BG TEST STRIPS	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.4136	
97799532	TRUETEST BLOOD GLUCOSE TEST STRIPS (100s)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	100	0.5859	
97799531	TRUETEST BLOOD GLUCOSE TEST STRIPS (50s)	OPEN	A)Limit of 2500 700 or 100 test strips/year without special authorization (SA). SA required if client does not have diabetic medication within previous year. B)Limit of 50 test strips/year without SA for clients receiving no diabetic medication or insulin	No	50	0.5859	
02216205	TRUSOPT 2% OPHTHALMIC SOLN	OPEN	None	Yes	5	4.7328	3.4466
02274906	TRUVADA TABLET	SPEC AUTH	None	No	30	31.5515	
00654531	TRYPTAN 1000 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	1.6987	0.7767
00718149	TRYPTAN 500 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.8453	0.3884
02029456	TRYPTAN 500 MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.8453	0.3884
02409720	TUDORZA GENUAIR 400MCG INHALER	SPEC AUTH	None	No	60	0.9602	
01970240	TUMS 500MG TABLET	SPEC AUTH	Special Authorization for beneficiaries undergoing dialysis.	No	216	0.0452	
01967932	TUMS EXTRA STRENGTH	SPEC AUTH	Special Authorization for beneficiaries undergoing dialysis.	No	12	0.1293	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02151138	TUMS ULTRA STR 1000 MG TAB	SPEC AUTH	Special Authorization for beneficiaries undergoing dialysis.	No	160	0.0432	
02268205	TWINJECT 0.15 MG AUTO-INJ	OPEN	Limit of one per year without Special Authorization	No	2	83.9301	
02247310	TWINJECT 0.3 MG AUTO-INJ	OPEN	Limit of one per year without Special Authorization	No	2	83.9301	
02371030	TWYNSTA 40MG-10MG TABLET	OPEN	None	No	28	0.7398	
02371022	TWYNSTA 40MG-5MG TABLET	OPEN	None	No	28	0.7398	
02371057	TWYNSTA 80MG-10MG TABLET	OPEN	None	No	28	0.7398	
02371049	TWYNSTA 80MG-5MG TABLET	OPEN	None	No	28	0.7398	
02163934	TYLENOL W/CODEINE NO. 2 TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1228	0.0880
02163926	TYLENOL W/CODEINE NO. 3 TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.1353	0.0665
02163918	TYLENOL W/CODEINE NO. 4 TAB	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	100	0.2846	
02163942	TYLENOL WITH CODEINE ELIXIR	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	500	0.1244	
02357380	ULORIC 80MG TABLET	SPEC AUTH	None	No	30	1.7252	
02418282	ULTIBRO BREEZHALER 110-50MCG	SPEC AUTH	None	No	30	2.9078	
00977169	ULTICARE LOW DEAD SPACE SYRINGE	OPEN	None	No	100	0.1845	
97799543	ULTICARE PEN NEEDLE 29G W 1/2 INCH NEEDLE (12MM)	OPEN	None	No	100	0.3201	
97799545	ULTICARE PEN NEEDLE 31G W 1/4 INCH NEEDLE (6MM)	OPEN	None	No	100	0.3201	
97799544	ULTICARE PEN NEEDLE 31G W 5/16 INCH NEEDLE (8MM)	OPEN	None	No	100	0.3201	
97799440	ULTICARE PEN NEEDLE 32 GAUGE X 4MM	OPEN	None	No	100	0.3201	
97799908	ULTICARE SYRINGE 0.3CC 29G WITH 1/2 INCH NEEDLE	OPEN	None	No	100	0.2170	
00977158	ULTICARE SYRINGE 0.3CC 30G W 1/2 INCH NEEDLE	OPEN	None	No	100	0.2280	

DIN	Label Name	Benefit Status		Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799905	ULTICARE SYRINGE 0.3CC 30G W 5/16 INCH NEEDLE	OPEN	None		No	100	0.2280	
00977166	ULTICARE SYRINGE 0.3CC 31G W 5/16 INCH NEEDLE	OPEN	None		No	100	0.2391	
00977156	ULTICARE SYRINGE 0.5CC 28G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.2056	
97799907	ULTICARE SYRINGE 0.5CC 29G WITH 1/2 INCH NEEDLE	OPEN	None		No	100	0.2170	
00977159	ULTICARE SYRINGE 0.5CC 30G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.2280	
97799904	ULTICARE SYRINGE 0.5CC 30G W 5/16 INCH NEEDLE	OPEN	None		No	100	0.2280	
00977167	ULTICARE SYRINGE 0.5CC 31G W 5/16 INCH NEEDLE	OPEN	None		No	100	0.2391	
00977157	ULTICARE SYRINGE 1.0CC 28G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.2056	
97799906	ULTICARE SYRINGE 1.0CC 29G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.2170	
00977165	ULTICARE SYRINGE 1.0CC 30G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.2280	
97799903	ULTICARE SYRINGE 1.0CC 30G W 5/16 INCH NEEDLE	OPEN	None		No	100	0.2280	
00977168	ULTICARE SYRINGE 1.0CC 31G WITH 5/16 INCH NEEDLE	OPEN	None		No	100	0.2391	
97799999	ULTICARE SYRINGE WITH ULTIGUARD 0.3CC 29G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.3049	
97799551	ULTICARE SYRINGE WITH ULTIGUARD 0.3CC 30G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.3173	
97799996	ULTICARE SYRINGE WITH ULTIGUARD 0.3CC 30G W 5/16 INCH NEEDLE	OPEN	None		No	100	0.3173	
97799548	ULTICARE SYRINGE WITH ULTIGUARD 0.3CC 31G W 5/16 INCH NEEDLE	OPEN	None		No	100	0.3288	
97799998	ULTICARE SYRINGE WITH ULTIGUARD 0.5CC 29G W 1/2 INCH NEEDLE	OPEN	None		No	100	0.3049	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
97799550	ULTICARE SYRINGE WITH ULTIGUARD 0.5CC 30G W 1/2 INCH NEEDLE	OPEN	None	No	100	0.3173	
97799995	ULTICARE SYRINGE WITH ULTIGUARD 0.5CC 30G W 5/16 INCH NEEDLE	OPEN	None	No	100	0.3173	
97799547	ULTICARE SYRINGE WITH ULTIGUARD 0.5CC 31G W 5/16 INCH NEEDLE	OPEN	None	No	100	0.3288	
97799997	ULTICARE SYRINGE WITH ULTIGUARD 1.0CC 29G W 1/2 INCH NEEDLE	OPEN	None	No	100	0.3049	
97799549	ULTICARE SYRINGE WITH ULTIGUARD 1.0CC 30G W 1/2 INCH NEEDLE	OPEN	None	No	100	0.3173	
97799994	ULTICARE SYRINGE WITH ULTIGUARD 1.0CC 30G W 5/16 INCH NEEDLE	OPEN	None	No	100	0.3173	
97799546	ULTICARE SYRINGE WITH ULTIGUARD 1.0CC 31G W 5/16 INCH NEEDLE	OPEN	None	No	100	0.3288	
97799348	ULTILET CLASSIC LANCETS	OPEN	None	No	100	0.0977	
01962701	ULTRAVATE 0.05% CREAM	SPEC AUTH	None	No	50	1.0169	
01962728	ULTRAVATE 0.05% OINTMENT	SPEC AUTH	None	No	50	0.9876	
02014165	UNIPHYL 400 MG TABLET SA	OPEN	None	Yes	50	0.4070	0.4071
02014181	UNIPHYL 600 MG TABLET SA	OPEN	None	Yes	50	0.4931	0.4931
00398179	UREMOL 20% CREAM	OPEN	Beneficiary of CYFS	No	225	0.0681	
00503134	UREMOL HC CREAM	OPEN	None	No	225	0.1824	
00560022	UREMOL HC LOTION	OPEN	None	No	150	0.1065	
00977365	URISTIX	OPEN	None	No	100	0.4134	
02238984	URSO 250 MG TABLET	SPEC AUTH	None	Yes	100	1.6645	0.8323
02245894	URSO DS 500 MG TABLET	SPEC AUTH	None	Yes	100	3.1573	1.5786
02426900	URSODIOL 250MG TABLET USP	SPEC AUTH	None	Yes	500	0.8323	0.8323
02426919	URSODIOL 500MG TABLET USP	SPEC AUTH	None	Yes	100	1.5786	1.5786
02325462	VAGIFEM 10 10MCG VAGINAL TAB	OPEN	None	No	18	4.1357	
02442000	VALACYCLOVIR 500MG TABLET	OPEN	None	Yes	100	0.9384	0.9384
02454645	VALACYCLOVIR 500MG TABLET	OPEN	None	Yes	100	0.9384	0.9384
02245777	VALCYTE 450 MG TABLET	SPEC AUTH	None	Yes	60	26.0398	6.3823
00027944	VALISONE 0.1% SCALP LOTION	OPEN	None	Yes	75	0.0930	0.0930
00177016	VALISONE-G 0.1%-0.1% CREAM	OPEN	None	No	30	1.1125	
00232351	VALISONE-G 0.1%-0.1% OINTMENT	OPEN	None	No	30	1.1125	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00013285	VALIUM 5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1998	0.0709
02366967	VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3268	0.3268
02384558	VALSARTAN 160MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3268	0.3268
02366975	VALSARTAN 320MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3176	0.3176
02384566	VALSARTAN 320MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3176	0.3176
02366940	VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3185	0.3185
02384523	VALSARTAN 40MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3185	0.3185
02366959	VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3269	0.3269
02384531	VALSARTAN 80MG TABLET	OPEN	Limit of 1.5 per day without Special Authorization	Yes	100	0.3269	0.3269
02367017	VALSARTAN HCT 160MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3262	0.3262
02384744	VALSARTAN HCT 160MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3262	0.3262
02367025	VALSARTAN HCT 160MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3273	0.3273
02384752	VALSARTAN HCT 160MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3273	0.3273
02367033	VALSARTAN HCT 320MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3254	0.3254
02367041	VALSARTAN HCT 320MG/25MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02367009	VALSARTAN HCT 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	100	0.3254	0.3254
02384736	VALSARTAN HCT 80MG/12.5MG TABLET	OPEN	Limit of 1 per day without Special Authorization	Yes	30	0.3254	0.3254

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02219492	VALTREX 500 MG TABLET	OPEN	None	Yes	30	3.7536	0.9384
00800430	VANCOICIN 125 MG CAPSULE	OPEN	None	Yes	20	6.1367	6.1367
00788716	VANCOICIN 250 MG CAPSULE	OPEN	None	Yes	20	13.3051	12.2625
02377470	VANCOMYCIN HYDROCHLORIDE 125MG CAPSULE	OPEN	None	Yes	20	6.1367	6.1367
02377489	VANCOMYCIN HYDROCHLORIDE 250MG CAPSULE	OPEN	None	Yes	20	12.2625	12.2625
02242826	VASERETIC 4/12.5 TABLET	OPEN	None	Yes	30	0.9606	0.5386
00657298	VASERETIC 8 (10)/25 TABLET	OPEN	None	Yes	28	1.4614	0.8406
00670928	VASOTEC 16 MG (20 MG) TABLET	OPEN	None	Yes	28	1.7619	0.3766
00851795	VASOTEC 2 MG (2.5 MG) TABLET	OPEN	None	Yes	28	1.0273	0.2195
00708879	VASOTEC 4 MG (5 MG) TABLET	OPEN	None	Yes	28	1.2154	0.2597
00670901	VASOTEC 8 MG (10 MG) TABLET	OPEN	None	Yes	28	1.4602	0.3121
02354748	VENLAFAXINE XR 150MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781
02385945	VENLAFAXINE XR 150MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3781	0.3781
02354713	VENLAFAXINE XR 37.5MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1791	0.1791
02385929	VENLAFAXINE XR 37.5MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1791	0.1791
02354721	VENLAFAXINE XR 75MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
02385937	VENLAFAXINE XR 75MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	500	0.3581	0.3581
00981141	VENT-A-HALER	OPEN	None	No	1	10.8000	
00986062	VENTODISK DISKHALER	OPEN	None	No	1	5.8650	
02213486	VENTOLIN 5 MG/ML SOLUTION	SPEC AUTH	None	Yes	100	1.1096	1.1096
02241497	VENTOLIN HFA 100MCG AEROSOL	OPEN	None	Yes	200	0.0354	0.0327
02213400	VENTOLIN NEBULES 0.5MG/ML	SPEC AUTH	None	Yes	20	0.2168	0.0761
02213419	VENTOLIN NEBULES 1 MG/ML	SPEC AUTH	None	Yes	50	0.4574	0.4574
02213427	VENTOLIN NEBULES 2 MG/ML	SPEC AUTH	None	Yes	20	0.8687	0.2995
00616192	VEPESID 50 MG CAPSULE	OPEN	None	No	20	42.9714	
00556734	VERMOX 100 MG TABLET	OPEN	None	No	6	5.9350	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02277271	VESICARE 10 MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	90	1.6841	0.4603
02277263	VESICARE 5 MG TABLET	OPEN	a) Limited to 1 per day without Special Authorization b) Special Authorization required if beneficiary has not had a paid claim for Ditropan RR or a long acting urinary agent in past year.	Yes	90	1.6841	0.4603
02256479	VFEND 200 MG TABLET	SPEC AUTH	None	Yes	30	57.1629	14.0105
02256460	VFEND 50 MG TABLET	SPEC AUTH	None	Yes	30	14.2968	3.5040
00717002	VIADERM K.C. CREAM	OPEN	None	Yes	60	0.2571	0.2571
00717029	VIADERM K.C. OINTMENT	OPEN	None	Yes	30	0.6791	0.6791
00024368	VIBRAMYCIN 100 MG CAPSULE	OPEN	None	Yes	50	1.9528	0.6387
00578452	VIBRA-TABS 100 MG TABLET	OPEN	None	Yes	100	1.8495	0.6387
02244596	VIDEX EC 125MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	30	4.4377	
02244597	VIDEX EC 200 MG CAPSULE EC	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	30	7.0995	
02244598	VIDEX EC 250 MG CAPSULE EC	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	30	8.7975	
02244599	VIDEX EC 400 MG CAPSULE EC	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	30	14.2298	
02357623	VIMPAT 100MG TABLET	SPEC AUTH	None	No	60	3.7750	
02357631	VIMPAT 150MG TABLET	SPEC AUTH	None	No	60	5.0561	
02357658	VIMPAT 200MG TABLET	SPEC AUTH	None	No	60	6.2388	
02357615	VIMPAT 50MG TABLET	SPEC AUTH	None	No	60	2.7125	
00074500	VIOFORM HYDROCORTISONE CRM	OPEN	None	No	30	0.9877	
02238617	VIRACEPT 250 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	300	2.1332	
02238618	VIRACEPT 50 MG/G POWDER	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	144	0.4186	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02248761	VIRACEPT 625 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	120	5.3433	
02238748	VIRAMUNE 200 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	5.3827	1.3457
02367289	VIRAMUNE XR 400MG TABLET	OPEN	None	Yes	30	2.6912	2.0186
02247128	VIREAD 300 MG TABLET	SPEC AUTH	None	No	30	21.1214	
00687456	VIROPTIC 1% EYE DROPS	OPEN	None	No	7.5	3.5964	
02374900	VISANNE 2MG TABLET	SPEC AUTH	None	No	28	2.1739	
00568627	VISKAZIDE 10/25 TABLET	OPEN	None	No	105	1.1943	
00568635	VISKAZIDE 10/50 TABLET	OPEN	None	No	105	1.1943	
00443174	VISKEN 10 MG TABLET	OPEN	None	Yes	100	1.3366	0.2861
00417289	VISKEN 15 MG TABLET	OPEN	None	Yes	100	1.9389	0.4152
00417270	VISKEN 5 MG TABLET	OPEN	None	Yes	100	0.7828	0.1676
00021067	VITAMIN A 25000IU CAPSULE	OPEN	Beneficiary of CYFS	No	100	0.0450	
00021075	VITAMIN A 50000IU CAPSULE	OPEN	Beneficiary of CYFS	No	100	0.0740	
01926462	VITAMIN A ACID 0.01% GEL	OPEN	None	No	25	0.3502	
01926470	VITAMIN A ACID 0.025% GEL	OPEN	None	No	25	0.3502	
01926489	VITAMIN A ACID 0.05% GEL	OPEN	None	No	25	0.3502	
00297720	VITAMIN A CAP 10000UNIT	OPEN	Beneficiary of CYFS	No	100	0.0420	
00232467	VITAMIN B1 100 MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0315	
00294853	VITAMIN B1 100 MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0600	
00268631	VITAMIN B1 50 MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0620	
00407011	VITAMIN B1 TAB 100MG	OPEN	Beneficiary of CYFS	No	100	0.0550	
02237736	VITAMIN B12 1000MCG TABLET	OPEN	Beneficiary of CYFS	No	180	0.0691	
00038830	VITAMIN B12 1000MCG/ML AMP	OPEN	Beneficiary of CYFS	No	1	1.0200	
00521515	VITAMIN B12 1000MCG/ML VIAL	OPEN	Beneficiary of CYFS	No	10	2.2535	
00497533	VITAMIN B12 100MCG/ML AMP	OPEN	Beneficiary of CYFS	No	1	0.9200	
02241500	VITAMIN B12 100MCG/ML AMPUL	OPEN	Beneficiary of CYFS	No	10	2.5219	
00331015	VITAMIN B12 TAB 100MCG	OPEN	Beneficiary of CYFS	No	100	0.0550	
00263958	VITAMIN B6 100 MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0902	
00329185	VITAMIN B6 100 MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0628	
00268607	VITAMIN B6 25 MG TABLET	OPEN	Beneficiary of CYFS	No	1000	0.0259	
00252689	VITAMIN B6 50 MG TABLET	OPEN	Beneficiary of CYFS	No	1000	0.0612	
00608599	VITAMIN B6 50 MG TABLET	OPEN	Beneficiary of CYFS	No	100	0.0525	
00122645	VITAMIN B6 TAB 25MG	OPEN	Beneficiary of CYFS	No	100	0.0392	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
80009580	VITAMIN D 1000 I.U.	OPEN	Beneficiary must have eligibility under the CF Plan	No	90	0.0362	
80000436	VITAMIN D 1000 UNITS	OPEN	Beneficiary must have eligibility under the CF Plan	No	100	0.0400	
90801377	VITAMIN D 1000U TABLET	OPEN	Beneficiary must have eligibility under the CF Plan	No	100	0.0420	
02240858	VITAMIN D 400IU TABLET	OPEN	Beneficiary must have eligibility under the CF Plan. Beneficiary of CYFS.	No	90	0.0137	
80002452	VITAMIN D 400IU TABLET	OPEN	None	No	90	0.0137	
02240967	VITAMIN E 400 IU CAPSULE	OPEN	Beneficiary must have eligibility under the CF Plan	No	180	0.0570	
02040816	VITAMIN E 400IU CAPSULES USP	OPEN	Beneficiary must have eligibility under the CF Plan	No	200	0.0225	
00330191	VITAMIN E 800IU CAP NATURAL	OPEN	Beneficiary must have eligibility under the CF Plan	No	50	0.2676	
00497568	VITAMIN K1 10 MG/ML AMPOULE	OPEN	None	No	1	2.0500	
00804312	VITAMIN K1 10 MG/ML AMPOULE	OPEN	None	No	10	5.6832	
00497541	VITAMIN K1 2 MG/ML AMPOULE	OPEN	None	No	1	1.4600	
02204428	VIVELLE 0.050 MG PATCH	OPEN	None	Yes	8	2.6569	2.6296
02204444	VIVELLE 100MCG	OPEN	None	Yes	8	2.9975	2.9839
02204436	VIVELLE 75MCG	OPEN	None	Yes	8	2.8517	2.8204
00013757	VIVOL 2MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.0701	0.0554
02307073	VOLIBRIS 10 MG TABLET	SPEC AUTH	None	No	30	132.9342	
02307065	VOLIBRIS 5MG TABLET	SPEC AUTH	None	No	30	132.9342	
00632732	VOLTAREN 100 MG SUPPOSITORY	OPEN	None	Yes	30	2.3595	0.6366
00632724	VOLTAREN 50 MG SUPPOSITORY	OPEN	None	Yes	30	1.7527	0.4731
00514012	VOLTAREN 50 MG TABLET	OPEN	None	Yes	100	1.1672	0.2542
01940414	VOLTAREN OPHTHA 0.1% DROPS	OPEN	None	Yes	10	3.9589	1.9304
00590827	VOLTAREN SR 100 MG SA TABLET	OPEN	None	Yes	100	1.8926	0.4732
00782459	VOLTAREN SR 75 MG TABLET SA	OPEN	None	Yes	100	1.3277	0.3319
00514004	VOLTAREN TAB 25MG	OPEN	None	Yes	100	0.3406	0.0851
02352303	VOTRIENT 200MG TABLET	SPEC AUTH	None	No	120	37.3349	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02439603	VYVANSE 10MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	2.3695	
02347156	VYVANSE 20MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	2.9475	
02322951	VYVANSE 30 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	3.5254	
02347164	VYVANSE 40MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	4.1034	
02322978	VYVANSE 50 MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	4.6812	
02347172	VYVANSE 60MG CAPSULE	SPEC AUTH	Initial and maintenance fills are limited to a maximum 30 days	No	100	5.2591	
80003663	WEBBER NATURALS VITAMIN D 1000IU	OPEN	Beneficiary must have eligibility under the CF Plan	No	100	0.0400	
02237824	WELLBUTRIN SR 100 MG TABLET	OPEN	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.	Yes	60	0.6745	0.1686
02237825	WELLBUTRIN SR 150 MG TABLET	OPEN	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.	Yes	60	1.0647	0.2505
02275090	WELLBUTRIN XL 150 MG TABLET	OPEN	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.	Yes	90	0.6379	0.3189
02275104	WELLBUTRIN XL 300 MG TABLET	OPEN	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.	Yes	90	1.2760	0.6380

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
00271373	WINPRED 1 MG TABLET	OPEN	None	No	100	0.1163	
02246619	XALACOM DROPS	OPEN	None	Yes	2.5	14.2005	4.8252
02231493	XALATAN 0.005% OPH SOLN	OPEN	None	Yes	2.5	12.5481	3.9589
02384256	XALKORI 200MG CAPSULE	SPEC AUTH	None	No	60	141.0500	
02384264	XALKORI 250MG CAPSULE	SPEC AUTH	None	No	60	141.0500	
00548359	XANAX 0.25 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	1000	0.3086	0.0678
00548367	XANAX 0.5 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.3691	0.0810
00723770	XANAX 1 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.6707	0.2280
00813958	XANAX 2 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	1.1920	0.4053
02316986	XARELTO 10 MG TABLET	SPEC AUTH	None	No	50	3.0814	
02378604	XARELTO 15MG TABLET	SPEC AUTH	None	No	90	3.0814	
02378612	XARELTO 20MG TABLET	SPEC AUTH	None	No	90	3.0814	
02238453	XELODA 150 MG TABLET	SPEC AUTH	None	Yes	60	2.0528	0.4987
02238454	XELODA 500 MG TABLET	SPEC AUTH	None	Yes	120	6.8430	1.6623
02368153	XGEVA 120MG/1.7ML VIAL	SPEC AUTH	None	No	1.7	362.0900	
02407329	XTANDI 40MG CAPSULE	SPEC AUTH	None	No	120	31.6769	
02230838	XYLAC 10MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.3174	0.3174
02242868	XYLAC 2.5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	No	100	0.2263	
02230839	XYLAC 25MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.4920	0.4920
02230840	XYLAC 50MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.6559	0.6559
02230837	XYLAC 5MG TABLET	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.1906	0.1906
00001686	XYLOCAINE 2% VISCOUS SOLN	OPEN	None	No	100	0.1112	
02261723	YASMIN 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.6457	0.6457

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02261731	YASMIN 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.4843	0.4843
01901885	YOHIMBINE 5.4 MG TABLET	OPEN	None	No	100	0.8300	
00885533	YOHIMBINE HCL 2 MG TABLET	OPEN	None	No	100	0.5436	
01985604	YOHIMBINE-ODAN 6 MG TABLET	OPEN	None	No	100	0.8517	
00577308	ZADITEN 1 MG TABLET	OPEN	None	No	100	1.8416	
00600784	ZADITEN 1 MG/5 ML SYRUP	OPEN	None	No	250	0.3945	
02242324	ZADITOR 0.025% EYE DROPS	OPEN	None	No	5	5.7418	
02410788	ZAMINE 21 3MG/0.030MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	21	0.4679	0.4679
02410796	ZAMINE 28 3MG/0.030MG TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	28	0.3510	0.3510
02239170	ZANAFLEX 4 MG TABLET	OPEN	None	Yes	150	0.8828	0.4018
02212374	ZANTAC 15 MG/ML SOLUTION	OPEN	None	Yes	300	0.2273	0.1613
02212331	ZANTAC 150 MG TABLET	OPEN	None	Yes	500	0.1962	0.1962
02212366	ZANTAC 25 MG/ML VIAL	OPEN	None	No	40	1.5418	
02212358	ZANTAC 300 MG TABLET	OPEN	None	Yes	60	0.3924	0.3924
02385058	ZARAH 21 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	63	0.4679	0.4679
02385066	ZARAH 28 TABLET	OPEN	Beneficiary gender must be female - under the age of 51	Yes	84	0.3510	0.3510
00022799	ZARONTIN 250 MG CAPSULE	OPEN	None	No	100	0.3817	
00023485	ZARONTIN 250 MG/5 ML SYRUP	OPEN	None	No	500	0.0764	
00888400	ZAROXOLYN 2.5 MG TABLET	OPEN	None	No	100	0.2224	
02410702	ZAXINE 550MG TABLET	SPEC AUTH	None	No	60	8.3301	
02380242	ZELBORAF 240MG TABLET	SPEC AUTH	None	No	56	37.0371	
02298597	ZELDOX 20 MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	60	1.9528	
02298600	ZELDOX 40 MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	60	2.2371	
02298619	ZELDOX 60 MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	60	2.2371	
02298627	ZELDOX 80 MG CAPSULE	SPEC AUTH	Initial fills are limited to a maximum 30 days	No	60	2.2371	

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02361752	ZENHALE 100MCG-5MCG INHALER	SPEC AUTH	None	No	120	0.8243	
02361760	ZENHALE 200MCG-5MCG INHALER	SPEC AUTH	None	No	120	0.9991	
02361744	ZENHALE 50MCG-5MCG INHALER	SPEC AUTH	None	No	120	0.6195	
02216086	ZERIT 15 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	5.4096	
02216094	ZERIT 20 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	5.6257	
02216108	ZERIT 30 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	5.8680	
02216116	ZERIT 40 MG CAPSULE	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	60	6.0841	
02103729	ZESTORETIC 10/12.5 TABLET	OPEN	None	Yes	100	0.9923	0.2385
02045737	ZESTORETIC 20/12.5 TABLET	OPEN	None	Yes	100	1.1925	0.2866
02045729	ZESTORETIC 20/25 TABLET	OPEN	None	Yes	100	1.1925	0.3822
02049376	ZESTRIL 10 MG TABLET	OPEN	None	Yes	100	0.7559	0.1853
02049384	ZESTRIL 20 MG TABLET	OPEN	None	Yes	100	0.9080	0.2226
02049333	ZESTRIL 5 MG TABLET	OPEN	None	Yes	100	0.6289	0.1542
02240358	ZIAGEN 20 MG/ML LIQUID	OPEN	Initial and maintenance fills are limited to a maximum 30 days	No	240	0.5175	
02240357	ZIAGEN 300 MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	60	7.8202	5.6943
02326035	ZINDA-ANASTROZOLE 1MG TABLET	SPEC AUTH	None	Yes	30	1.3875	1.3875
02378213	ZINDA-LETROZOLE 2.5MG TABLET	SPEC AUTH	None	Yes	30	1.6553	1.6553
02223716	ZITHROMAX 100 MG/5 ML SUSP	OPEN	None	Yes	15	1.2208	0.4062
02223724	ZITHROMAX 200 MG/5 ML SUSP	OPEN	None	Yes	22.5	1.7295	0.5755
02212021	ZITHROMAX 250 MG TABLET	OPEN	None	Yes	30	5.6462	1.3703
02239952	ZITHROMAX 500 MG VIAL	OPEN	Can be dispensed by Hospital or RHA Clinic without prior approval	No	10	24.0664	
02231143	ZITHROMAX 600 MG TABLET	SPEC AUTH	None	Yes	30	13.1555	6.5400
00884332	ZOCOR 10 MG TABLET	OPEN	None	Yes	28	2.8410	0.3970
00884340	ZOCOR 20 MG TABLET	OPEN	None	Yes	28	3.5113	0.4906
00884359	ZOCOR 40 MG TABLET	OPEN	None	Yes	28	3.5113	0.4906
00884324	ZOCOR 5 MG TABLET	OPEN	None	Yes	28	1.1772	0.2007
02240332	ZOCOR 80 MG TABLET	OPEN	None	Yes	28	2.8617	0.4906

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02229639	ZOFran 4 MG/5 ML ORAL SOLN	OPEN	Limit of 30ml per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	50	2.3293	1.6963
02213567	ZOFran 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	15.2665	3.6510
02213575	ZOFran 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	23.2966	5.5710
02239372	ZOFran ODT 4MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	14.6943	3.5665
02239373	ZOFran ODT 8MG TABLET	OPEN	Limit of 3 tablets per cycle - first fill only. Special Authorization is required for higher quantities and/or subsequent fills	Yes	10	22.4224	5.4424
02049325	ZOLADEX DEPOT 3.6 MG SYRINGE	OPEN	None	No	1	449.6132	
02225905	ZOLADEX LA DEPOT 10.8 MG SYR	OPEN	None	No	1	1281.5044	
01962779	ZOLOFT 100 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	2.0113	0.4810
02132702	ZOLOFT 25 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	100	0.9456	0.2296
01962817	ZOLOFT 50 MG CAPSULE	OPEN	Initial fills are limited to a maximum 30 days	Yes	250	1.8910	0.4590
02238660	ZOMIG 2.5 MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	15.9249	3.8559
02248992	ZOMIG 2.5 MG/DOSE NASAL SPRY	SPEC AUTH	None	No	2	15.8519	
02248993	ZOMIG 5 MG/DOSE NASAL SPRAY	SPEC AUTH	None	No	6	15.8519	
02243045	ZOMIG RAPIMELT 2.5 MG TABLET	OPEN	Coverage limited to 6 doses/30 days	Yes	6	15.9249	3.8559
02344122	ZOPICLONE 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02385821	ZOPICLONE 5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	100	0.1942	0.1942
02282445	ZOPICLONE 7.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02385848	ZOPICLONE 7.5MG TABLET	OPEN	Initial and maintenance fills are limited to a maximum 30 days	Yes	500	0.2453	0.2453
00634506	ZOVIRAX 200 MG TABLET	OPEN	None	Yes	100	1.4239	0.6973
00886157	ZOVIRAX 200 MG/5 ML SUSP	OPEN	None	No	475	0.2817	
01911627	ZOVIRAX 400 MG TABLET	OPEN	None	Yes	100	2.8689	1.3843
02039524	ZOVIRAX 5% CREAM	OPEN	None	No	5	14.7148	
00569771	ZOVIRAX 5% OINTMENT	OPEN	None	No	30	14.7169	
01911635	ZOVIRAX 800 MG TABLET	OPEN	None	Yes	50	5.5254	1.3814
02238441	ZYBAN 150MG TABLET	OPEN	Open benefit for Foundation Plan Access Plan and 65+ Plan for 12 weeks therapy per year.	No	100	1.0645	
00004588	ZYLOPRIM 100 MG TABLET	OPEN	None	Yes	100	0.1179	0.0850
00402818	ZYLOPRIM 100MG TABLET	OPEN	None	Yes	1000	0.0850	0.0850
00506370	ZYLOPRIM 200 MG TABLET	OPEN	None	Yes	100	0.1958	0.1417
00479799	ZYLOPRIM 200MG TABLET	OPEN	None	Yes	500	0.1417	0.1417
00294322	ZYLOPRIM 300 MG TABLET	OPEN	None	Yes	100	0.3200	0.2316
00402796	ZYLOPRIM 300MG TABLET	OPEN	None	Yes	500	0.2316	0.2316
02229285	ZYPREXA 10 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	7.9064	1.3906
02238850	ZYPREXA 15 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	11.8596	2.0858
02229250	ZYPREXA 2.5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	1.9764	0.3476
02238851	ZYPREXA 20 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	15.6715	2.8209
02229269	ZYPREXA 5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	3.9532	0.6953
02229277	ZYPREXA 7.5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	5.9296	1.0429
02243087	ZYPREXA ZYDIS 10 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	7.8557	1.4014
02243088	ZYPREXA ZYDIS 15 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	11.6751	2.1015

NLPDP Coverage Status Table January 2017

DIN	Label Name	Benefit Status	Limitation	NIDPF	PACKAGE SIZE	NLPDP LIST PRICE	NIDPF MLP
02243089	ZYPREXA ZYDIS 20 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	15.5481	2.7737
02243086	ZYPREXA ZYDIS 5 MG TABLET	SPEC AUTH	Initial fills are limited to a maximum 30 days	Yes	28	3.9314	0.7013
02371065	ZYTIGA 250MG TABLET	SPEC AUTH	None	No	120	32.1062	
02243684	ZYVOXAM 600 MG TABLET	SPEC AUTH	None	Yes	20	82.5157	42.0829