

March 15, 2006

MEDICAID DRUG REBATE PROGRAM

RELEASE #140



For State Medicaid Directors



CHANGE IN DRUG COVERAGE STATUS/DESI CODE CHANGE

States were previously informed, via a state fax that went out on January 19, 2006, of a product for which the DESI code was reported incorrectly. The product is:

- 52152-1090 Meperidine HCL/Promethazine HCL Capsules

Although the labeler of this product provided a DESI Code 2 (safe and effective) for this NDC, the FDA has determined that this drug is less-than-effective, or a DESI Code 5 (Federal Register Notice 46 FR 46404).

Please be aware that this drug will not be eligible for Federal financial participation or rebate billing for any product dispensed beyond March 31, 2006. If your system can process an immediate change, please do so. The 4Q2005 CMS tape will reflect the DESI Code 5 status.

Questions concerning this notice can be referred to an Operations Team member (see page O2 of the Operations Training Guide).

MEDICAID DRUG REBATE DISPUTE RESOLUTION PROGRAM (DRP) NATIONAL MEETING – APRIL 24-28, 2006 Registration Due by April 7, 2006

We are pleased to announce that the next National DRP Meeting will be held April 24-28 in Baltimore, Maryland at the Tremont Plaza Suite Hotel, 222 St. Paul Place. This meeting is a continuation of the highly successful DRP meetings held in Baltimore in recent years.

While this meeting is open to all states and manufacturers, we strongly encourage those with significant amounts in dispute to attend. As in the past, prior planning is absolutely imperative to the success of these meetings; therefore, we are requesting that you register PROMPTLY by sending an email to the DRP email address at: drp@cms.hhs.gov.

When registering, please be sure to include the following information: the name, email address and phone number of each individual attending and the manufacturer (including labeler code) or state that you are representing. Also indicate whether you will be attending the entire week or for just part of the week. Partial week attendees should specify on which days they will be attending. In addition, for each day you are participating, please indicate whether you will be attending both morning and afternoon sessions. For example, someone who is attending both sessions on all days of the conference will indicate that he or she is attending Monday-Friday AM and PM, whereas someone who is only attending the morning sessions on Monday and Tuesday of the conference week will specifically indicate that he or she is attending Monday AM and Tuesday AM only.

Whenever possible, priority scheduling will be afforded those who register earliest. We will ensure that adequate DRP staff is available to conduct the meetings based on your timely responses.

If possible, states should plan on arriving in Baltimore in time to attend a "state-only" meeting with the DRP Team the morning of Monday, April 24. Meeting details and hotel registration information is provided on our web page at http://www.cms.hhs.gov/MedicaidDrugRebateDispR/05_DRPMeetings.asp#TopOfPage

Note: DRP meeting contingent on CMS budget.

AVERAGE MANUFACTURER PRICE (AMP) RECALCULATIONS**Johnson & Johnson – Recalculation of AMP**

As a result of modifications in its methodology for the calculation of AMP, Johnson & Johnson will revise the AMPs for the first quarter 2001 through first quarter 2005 for the following Johnson & Johnson's operating labeler codes.

- 00045
- 00062
- 50458
- 50580
- 59676

In many cases the recalculation resulted in reduced rebates to the States. Therefore, beginning with the processing of fourth quarter 2005 invoices for the labeler codes

listed above, Johnson & Johnson will begin recoupment of overpayments. However, to minimize the financial impact on states, revised AMPs will be submitted to CMS on a staggered basis until the overpayments are recovered so as not to reduce rebates by more than 25% quarterly across the respective labeler codes.

A representative for the Johnson & Johnson labeler codes will contact each state representative to inform them of this action. States should continue to invoice Johnson & Johnson for current quarters as usual.

If you have any questions on this particular issue, please call Kim Howell at (410) 786-6762.

DATABASE BACKUP FILES

Please be aware that you should maintain a backup file of your drug rebate database to include all information sent to you on the CMS quarterly URA tape. CMS does not have the resources to respond to URA data requests from the states. In addition, you should maintain a backup file containing your utilization data. CMS can not respond to requests for this data; however, state utilization data is posted on the drug rebate webpage for your convenience.

NON-DRUG DELETIONS FROM MDR

In accordance with previously released state faxes and as part of our continuing effort to remove non-drug items from the Medicaid Drug Rebate (MDR) system, the following products will be deleted from the MDR Master file of covered outpatient drugs effective April 1, 2006. The products are as follows:

49348-0368-10 Insulin Syringe 30 G .3cc
49348-0369-10 Insulin Syringe 30 G 1cc
49348-0370-10 Insulin Syringe 30 G .5cc
49348-0906-10 Syringe 28 G .5cc
49348-0907-10 Syringe 28 G 1cc
49348-0908-10 Syringe 29 G .3cc
49348-0909-10 Syringe 29 G .5cc
49348-0910-10 Syringe 29 G 1cc
52735-0386-01 Insulin Syringe 28 G .5cc
52735-0387-01 Insulin Syringe 28 G 1cc
52735-0389-01 Insulin Syringe 29 G .5cc
52735-0390-01 Insulin Syringe 29 G 1cc
52735-0391-01 Insulin Syringe 29 G 3/10 cc
52735-0392-01 Insulin Syringe 30 G .5cc
52735-0393-01 Insulin Syringe 30 G 1cc
52735-0394-01 Insulin Syringe 30 G 3/10 cc
00536-9915-01 Insulin Syringe Disp. U-100 1cc 28 Gauge
00536-9916-01 Insulin Syringe U-100 ½ cc 28 Gauge x ½
00536-9918-01 Insulin Syringe 1cc 29 x ½ U-100
64899-0919-01 Glucose Test Strip 100
64899-0920-50 Glucose Test Strip 50
00083-0125-30; -47; -74; and -75 Slow Fe

The abovementioned products were not approved as prescription drugs by the Food and Drug Administration under Section 505 or 507 of the Federal Food, Drug, and Cosmetic Act and therefore, do not meet the definition of covered outpatient drugs as defined in Section 1927(k)(2) of the Social Security Act.

NEW WEBPAGE ADDRESS

The Medicaid Drug Rebate Program webpage has been reconstructed and given a new address at: www.cms.hhs.gov/medicaiddrugrebateprogram. Page O2 of the operational training guide has been changed to reflect this new address and is included with this release.

ESTABLISHMENT OF EMAIL ADDRESS FOR OPERATIONAL QUESTIONS

To better serve your needs, CMS has established a new email address for drug rebate operational questions. All drug rebate operational analysts have access to this email box and will retrieve inquiries on a daily basis. Please begin addressing your operational questions to MDROPERATIONS@cms.hhs.gov. Emails to this address will have priority over email and phone inquiries sent to an individual operational analyst's email/voicemail.

TECHNICAL CONTACT EMAIL ADDRESS

We are moving forward with internal system changes to create better communications and information sharing processes with states regarding such things as utilization data. In the interim, we would like to begin gathering the email address for all state technical contacts for drug rebate. Please take a moment and send your email address to our operational email box at MDROPERATIONS@cms.hhs.gov. For future use, page M10 of the operational training guide has been revised to reflect the addition of an email address and is included with this release as an update to the guide.

OFFICE OF INSPECTOR GENERAL (OIG) REPORT "MULTISTATE REVIEW OF MEDICAID DRUG REBATE PROGRAMS" (A-06-03-00048)

The OIG released a report that consolidated the results of previous OIG audits of Medicaid drug rebate programs in 49 States and the District of Columbia. The objective of the audits was to determine whether States had established adequate accountability and internal controls over their Medicaid drug rebate programs. In a State Medicaid Director letter dated December 22, 2005, CMS requested that States carefully review the OIG final report entitled "Multistate Review of Medicaid Drug Rebate Programs" (A-06-03-00048) (<http://oig.hhs.gov/oas/oas/cms.html>), and take all necessary and appropriate actions to ensure the outstanding Medicaid drug rebate revenues, which are still owed to the States and CMS from the manufacturers, be collected as soon as possible, consistent with the recommendations in this report.

STATE PHARMACEUTICAL ASSISTANCE PROGRAM (SPAP) EXEMPTION FROM MEDICAID BEST PRICE

The Medicaid statute allows manufacturers participating in the Medicaid Drug Rebate Program to exclude prices to SPAPs from their Medicaid Best Price calculations. CMS has compiled a list of programs that meet the criteria to be considered SPAPs. Please note that this list only includes states that submitted a description of their programs to CMS for review based on the established criteria in CMS' Manufacturer Release #68

information provided by the State and may be subject to further review if changes occur within the program. The list can be found on our website at http://www.cms.hhs.gov/MedicaidDrugRebateProgram/02_Overview.asp#TopOfPage. Questions regarding this may be directed to Marge Watchorn at 410-786-4361.

UPDATES TO THE OPERATIONAL TRAINING GUIDE

The following pages have been revised and attached to this release: G11a and b, G12-14, I2, M10, N3, and O2. Please share these pages with the appropriate staff and replace them in your guide.

NEW LABELERS

<u>Labeler Name/Labeler Code</u>	<u>Mandatory Coverage Date</u>	<u>Optional Coverage Date</u>
Red River Pharma Manufacturing, LLC (Labeler code 12593)	04/01/2006	11/14/2005
Trigen Laboratories, Inc. (Labeler code 13811)	04/01/2006	01/09/2006
Tercica, Inc. (Labeler code 15054)	04/01/2006	01/26/2006
Genpharm, L.P. (Labeler code 15330)	04/01/2006	11/29/2005
Esprit Pharma, Inc. (Labeler code 15456)	04/01/2006	11/16/2005
Midland Healthcare, LLC (Labeler code 15686)	04/01/2006	01/11/2006
Pack Pharmaceuticals, L.L.C. (Labeler code 16571)	04/01/2006	01/17/2006

REINSTATED LABELERS

Amkas Laboratories, Inc. (labeler code 61073), has signed a new rebate agreement and is reinstated in the drug rebate program effective 04/01/2006.

Medline Industries, Inc. (labeler code 53329) has signed a new rebate agreement and is reinstated in the drug rebate program effective 04/01/2006. Due to special circumstances, this reinstated labeler has an optional effective of January 23, 2006.

TERMINATED LABELERS

The following labeler code is being terminated effective April 1, 2006:

Colorado Biolabs (Labeler code 67181).

The following labeler codes are being voluntarily terminated effective April 1, 2006:

Bajamar Chemical Company, Inc. (Labeler code 44184); and
Pronova Corporation (Labeler code 67555).

OTHER ATTACHMENT

A copy of the current listing of the 91-day treasury bill auction rates beginning with the period August 9, 2004, is attached.

Please remember to direct your drug rebate questions to MDROperations@cms.hhs.gov

/s/

Edward C. Gendron
Director
Finance, Systems and Budget Group

10 Attachments

cc:
All State Drug Rebate Technical Contacts
All Regional Administrators



Dear Technical Contact: You recently submitted product and/or pricing data and received an email summarizing that submission. Attached is the Batch Edit Transaction Report which provides additional details to the email you received. This report identifies problems with your data submission, along with a description of the action taken by the MDR System (rejections or alerts/changes). Please review the report and follow the instructions below that pertain to the specific data problems identified on the report.

Alerts and Rejections

BP is greater than AMP: BP must be equal to or less than AMP. If a BP computes higher than AMP (due to large discounts or unusually high levels of returns), BP must be lowered to equal AMP. The MDR System detected this error and automatically made your BP equal to AMP. Please correct this record on your file so that it matches the CMS file.

DESI Change Attempted: Once baseline data has been established, the DESI code can only be changed under direction of the FDA and by a CMS Operations analyst. The MDR System did not allow this change.

Terminated Package Size messages: The CMS file shows a termination date for this package size. If the termination date is incorrect, correct the error using your normal mode of data transmission.

Changes to BASE AMP are not allowed: Pricing adjustments are not allowed beyond 12 quarters from the quarter in which the data were due. The MDR System did not allow this change.

Market Date change rejected since older than 12 quarters: Adjustments to Market Date are not allowed beyond 12 quarters from the quarter in which the data were due. The MDR System did not allow this change.

Earliest Input Market Date Used: You have attempted to change the Market Date on this package size to a date that is different from the initial date entered with the first package size. MDR did not process this change because the Market Date across all package sizes should be equal to the initial date entered with the first package size.

Product Record Does Not Exist in the File: You attempted to submit pricing for an NDC that does not exist in the MDR System. Pricing will not be accepted on this NDC until the entire baseline product record is submitted to CMS using your normal mode of data transmission.

Package Size Data for this Product Does Not Exist: You attempted to submit pricing for a package size that does not exist in the MDR System. Pricing will not be accepted on this package size until the package size data is submitted to CMS using your normal mode of data transmission.

Market Date/FDA Approval Date: Either the Market Date or the FDA Approval Date (or both) for this NDC was missing from your data submission. Both of these dates are required; therefore, submit both dates using your normal mode of data transmission.

Multiple Package messages:

Product Data Messages - For multiple package size products, the only data fields that may contain varied information are the termination date field, the product name field and the units per package size field.

Pricing Data Messages - AMP and BP must be the same for all package sizes.

For any other messages included on your Batch Edit Transaction Report, but not described above please read the message and make the necessary correction using your normal mode of data transmission.

Please correct the errors identified on the attached report and resubmit the data. You may make the corrections now or with the next quarterly submission.

If you have questions regarding this report, please contact one of the Operations analysts found in section O of your Operational Training Guide.

Sincerely,

Tamara L. Bruce, Technical Director
Drug Rebate Operations, Division of State Systems

Attachments

Center for Medicaid and State Operations

Dear Technical Contact:

The attached report, entitled “MISSING PRICING DATA,” contains a list of active NDCs for which no pricing was submitted for the quarter specified. As a result, zero Unit Rebate Amounts (URAs) were reported to the states for these NDCs; therefore, you are required to calculate these URAs and include them on the Reconciliation of State Invoice (ROSI) with your quarterly rebate payment to each state. For further information on the ROSI, please refer to section F of the Operational Training Guide.

Many labelers receive this report because they have failed to submit termination dates on NDCs that are no longer active. Termination date is defined as the shelf life of the last lot manufactured or the date that a drug is removed from the market due to safety reasons. Pricing data is due on terminated NDCs for four quarters beyond the termination date.

Under the terms of the rebate agreement, you are required to submit quarterly pricing data on all active NDCs until a termination date (plus four additional quarters of pricing) is received; therefore, you must submit the pricing for the NDCs identified on the attached report and/or submit a termination date with your next quarterly data submission. You also have the option to submit this missing data immediately. Please submit this information using your normal mode of data transmission. Please also note that even if the data in your system looks correct (i.e., does not match what is in the attached report), it does not match the data in CMS’s system and requires action on your part.

If you have any questions regarding this report, please contact one of the Operations analysts found in section O of the Operational Training Guide.

Sincerely,

Tamara L. Bruce, Technical Director
Drug Rebate Operations
Division of State Systems

Center for Medicaid and State Operations

Dear Technical Contact:

The attached report, entitled “NO REBATES CALCULATED – DATA ERRORS FOUND,” contains a list of NDCs for which no Unit Rebate Amounts (URAs) were calculated for single source (S) or innovator multiple source (I) drugs as a result of missing pricing data. Specifically, the report will identify one of two missing pricing error messages.

One error message states, “quarterly AMP missing.” When the attached report contains this message, it means that the specified NDC’s Average Manufacturer Price (AMP) value was not submitted for the pricing quarter that establishes the Baseline AMP value. In the report, the “pricing quarter” represents the quarter in which the Baseline AMP value is missing and the “period” represents the quarter in which no rebates were calculated because the Baseline AMP value is missing. Because no AMP has been submitted to establish the Baseline AMP for the specified NDCs, no rebates can be calculated for these products. For further information on Baseline AMP, please refer to section H of the Operational Training Guide. In addition to submitting the quarterly AMP to establish the Baseline AMP for the specified NDCs, the corresponding quarterly Best Price (BP) for each drug product must be submitted as well; if not, the data will continue to be rejected.

The other error message states, “No Best Price.” When the attached report contains this message, it means that an NDC’s BP is missing for the specified period (quarter) and that no rebates were calculated for that particular quarter as a result.

Under the terms of the rebate agreement, you are required to correct the errors identified on the attached report with your next quarterly data submission. You also have the option to submit this missing data immediately. Please submit these corrections using your normal mode of data transmission. Please also note that even if the data in your system looks correct (i.e., does not match what is in the attached report), it does not match the data in CMS’s system and requires action on your part.

If you have any questions regarding this report, please contact one of the Operations analysts found in section O of the Operational Training Guide.

Sincerely,

Tamara L. Bruce, Technical Director
Drug Rebate Operations
Division of State Systems

Center for Medicaid and State Operations

Dear Technical Contact:

The attached report, entitled “NO REBATES CALCULATED – CURRENT UNIT REBATE AMOUNT > OR < 50% DIFFERENCE,” contains a list of NDCs for which no Unit Rebate Amounts (URAs) were calculated for the current quarter as a result of possible pricing errors. Specifically, each NDC on the attached report was submitted to CMS with pricing for this quarter that caused the URA to calculate more than 50% higher or more than 50% lower than the previous quarter. As a result, the CMS Medicaid Drug Rebate (MDR) system identified the prices for these NDCs as possible errors and URAs were not submitted to the states for any of these drug products.

In addition to the NDC, the report contains enough historical product/pricing data (i.e., Baseline AMP, Market Date, AMP and BP for the previous quarter and the current quarter, etc...) for you to evaluate each URA and make corrections where necessary. If you review the attached report and determine that the pricing is correct, there is no need to notify CMS. At that time, you should use the calculated URA found in the last column of the report (entitled “This Quarter Rebate”) to compute the total rebate owed to the states for each NDC. After the next quarter’s data is processed, CMS will report these URAs to the states as Prior Period Adjustments. If, however, your review of the attached report concludes that the AMP and/or BP is incorrect, please calculate the current quarter’s URA based on the correct pricing and use that (corrected) URA when submitting your rebate to the states.

Under the terms of the rebate agreement, you are required to submit accurate pricing to CMS each quarter. Therefore, please review the potential errors identified on the attached report and submit any pricing corrections with your next quarterly data submission. You also have the option to submit pricing corrections immediately. Any corrections must be submitted using your normal mode of data transmission.

If you have any questions regarding this report, please contact one of the Operations analysts found in section O of the Operational Training Guide.

Sincerely,

Tamara L. Bruce, Technical Director
Drug Rebate Operations
Division of State Systems

INTEREST CALCULATION

The following is an overview of the interest provisions of the Medicaid Drug Rebate program. The rebate agreement requires that interest be paid or credited, when due, by the labeler or the state. For purposes of section V(b) of the National Drug Rebate Agreement, the interest rate, as specified in section 1903(d)(5) of the Act, is used. The interest rate is based on the yield of the Weekly 90-Day Treasury Bill Auction Rates. The investment yield is considered the bond equivalent rate or the true discount rate.

Auctions of 90-day Treasury bills are generally held each Monday. If Monday is a holiday, the Treasury Department decides whether to hold the auction on the preceding Friday or the following Tuesday. Information on the T-Bill rates is provided to states and labelers in two ways: 1) it is on the Medicaid drug rebate website at www.cms.hhs.gov/medicaiddrugrebateprogram and is updated monthly; and 2) it is included in periodic state and labeler releases. For the complete listing of T-Bill rates, as published by the Treasury Department, go to: www.publicdebt.treas.gov/of/ofaucrt.htm. Then go to Recent Treasury Bill Auction Results Table.

Interest Due States

1. States are due interest on all unpaid disputed rebate payments that are resolved in the state's favor through dispute resolution. A **dispute** occurs when a labeler disagrees on a specific number of its drug's units reported by the state, and provides detailed written notification of the dispute on the ROSI or PQAS. A labeler that has not paid for the disputed units that are resolved in the state's favor must pay interest that begins accruing on the 38th calendar day from the date the state receives notification from the labeler as evidenced by the postmark. Interest stops accruing and is calculated up to the postmark date of the labeler's mailed check.

To avoid paying interest on disputes resolved in the state's favor, CMS encourages labelers to pay for disputed units timely. (See section K of the guide for more information on the dispute program.)

**MEDICAID DRUG REBATE PROGRAM
STATE AGENCY CONTACT FORM**

STATE AGENCY NAME

TECHNICAL CONTACT – Person responsible for sending and receiving data.

NAME OF CONTACT

AREA	PHONE NUMBER	EXTENSION
------	--------------	-----------

FAX	AREA	PHONE NUMBER	EXTENSION
-----	------	--------------	-----------

EMAIL ADDRESS _____

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

PROGRAM POLICY CONTACT – Person responsible for policy decisions.

NAME OF CONTACT

AREA	PHONE NUMBER	EXTENSION
------	--------------	-----------

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

OBTAINING COPIES OF PROGRAM RELEASES

Generally, within a week of issuing a release to either state agencies or drug labelers, CMS uploads the release to its website.

The program releases are available at the drug rebate website:

www.cms.hhs.gov/medicaiddrugrebateprogram

.NOTE: CMS no longer provides the drug rebate releases for incorporation to the CD-ROM.

The following pages show examples of the text of a state and manufacturer release.

CMS DRUG REBATE PROGRAM



Area Code 410

OPERATIONS

Operational Inquiries

Cindy Bergin
Tamara Bruce
Chris Holmes
Karen Leshko
Sue Williams

MDROPERATIONS@cms.hhs.gov
786-1176 cindy.bergin@cms.hhs.gov
786-1519 tamara.bruce@cms.hhs.gov
786-3328 christene.holmes@cms.hhs.gov
786-1291 karen.leshko@cms.hhs.gov
786-3334 susan.williams@cms.hhs.gov

DIVISION OF PHARMACY (POLICY)

Kim Howell 786-6762
Madlyn Kruh 786-3239
Bernadette Leeds 786-9463
Christina Lyon 786-3332
Larry Reed (Technical Director) 786-3325
Yolanda Reese 786-9898
Gail Sexton 786-4583
Marge Watchorn 786-4361

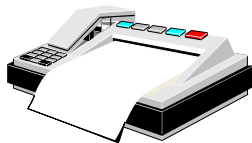
SYSTEM MAINTENANCE

E-mail inquiries to: MDRtech@cms.hhs.gov

DISPUTE RESOLUTION PROGRAM

Sue Gaston 786-6918 susan.gaston@cms.hhs.gov
Tamara Bruce 786-1519 tamara.bruce@cms.hhs.gov
Diane Dunstan 303-844-7040 diane.dunstan@cms.hhs.gov

FAX



786-0390 – Operations
786-5882 or 786-9004 - Policy

WEBSITE www.cms.hhs.gov/medicaiddrugrebateprogram

WEEKLY U.S. T-BILL INVESTMENT RATE

weekly 91-day treasury bill auction rates

Date of Auction	Invest. Rate	Date of Auction	Invest. Rate	Date of Auction	Invest. Rate
08-09-04	1.497	03-07-05	2.767	10-03-05	3.606
08-16-04	1.498	03-14-05	2.792	10-11-05	3.714
08-23-04	1.541	03-21-05	2.859	10-17-05	3.875
08-30-04	1.607	03-28-05	2.839	10-24-05	3.942
09-06-04	1.663	04-04-05	2.792	10-31-05	3.983
09-13-04	1.671	04-11-05	2.767	11-07-05	3.963
09-20-04	1.716	04-18-05	2.864	11-14-05	4.004
09-27-04	1.741	04-25-05	2.941	11-21-05	4.034
10-04-04	1.716	05-02-05	2.931	11-28-05	3.994
10-12-04	1.711	05-09-05	2.911	12-05-05	4.025
10-18-04	1.803	05-16-05	2.859	12-12-05	3.911
10-25-04	1.890	05-23-05	2.957	12-19-05	3.988
11-01-04	1.987	05-31-05	2.998	12-26-05	3.999
11-08-04	2.084	06-06-05	3.029	01-02-06	4.169
11-15-04	2.115	06-13-05	3.039	01-09-06	4.252
11-22-04	2.197	06-20-05	3.029	01-17-06	4.377
11-29-04	2.380	06-27-05	3.147	01-23-06	4.397
12-06-04	2.253	07-05-05	3.214	01-30-06	4.485
12-13-04	2.243	07-11-05	3.204	02-06-06	4.485
12-20-04	2.223	07-18-05	3.292	02-13-06	4.553
12-27-04	2.269	07-25-05	3.420	02-21-06	4.563
01-03-05	2.320	08-01-05	3.477	02-27-06	4.625
01-10-05	2.376	08-08-05	3.539		
01-18-05	2.407	08-15-05	3.549		
01-24-05	2.366	08-22-05	3.539		
01-31-05	2.525	08-29-05	3.575		
02-07-05	2.530	09-06-05	3.513		
02-14-05	2.592	09-12-05	3.529		
02-22-05	2.669	09-19-05	3.575		
02-28-05	2.772	09-26-05	3.518		

TOPICAL INDEX - STATE MEDICAID RELEASES 1 - 140

TOPIC	RELEASE #
1A Drug Listing	11
Additional Copies of Releases to SMDs	40
Adjustment Code for Forms CMS-304 & CMS-304a	57
Allscrips Pharmaceuticals, Inc.	65, 68, 69
AMP Recalculations	107, 109, 110, 112, 140
Bankruptcy - Drug Labelers	19, 61, 68
Best Price	
Effect of Sales to HMOs, etc.	137
To DSH Covered Entities	36
Under MPDIMA of 2003	128
Betaseron - Coverage & Reimbursement	38, 40
Bulk Transfer/Buy-Out of Major Pharm. Assets	54, 55
Calphron	76, 79
Caverject Coverage	55
Closure During Federal Furloughs	57
Compendia	70
Confidential Information Release	17
Constant Disputes by Drug Labelers	23
Contact Information	65, 92
CPI-U Information	09, 102
Database Backup Files	140
Dataset Name Changes on Quarterly Rebate Tapes	41
Deleted Products-No Termination Date	139
Depot Prices-TRRx	137
DESI Code Change	137, 140
Dipyridamole Issue	26
Dispute Resolution:	
Definition	19
E-Mail Address	128
Issues	55, 65, 71, 86, 108
Meetings	117, 123, 129, 132, 136, 138, 140
Process Stages	45
Transfer of Function	121
Web Site	122
Workgroup Survey Results	42
Dispute Resolutions	59
Drug Category Change	61, 76
Drug Efficacy Study & Implementation (DESI):	
Change Effective Date	20
Change Schedule	18
Effective Date Revisions	23, 24
DRUGDEX, a new compendium	70

TOPIC

RELEASE #

Drug Emporium, Inc. Effective Date	65
Duplicate Discount/Rebate Mechanism Implementation	33
Effective Date(s) of Rebate Agreements	97
E-mail Address (Operations)	140
Enteral Nutritional Products - Coverage	30
Enteral Products	19
Eon Labs Product	117
Experimental Drugs - Coverage	43
Failure of Manufacturers to Notify States of Disputes or Pay Rebates	63
FDA/MDRI Data Match	107, 115
Generic Substitution Laws	67
Goldline OTC Vitamin	102
Haldol Rebates	75
Heparin/Saline Flush Syringes & Other Non-Drug Products	132, 134, 136
Herceptin: Genentech New Product	85
HIPPA – Prescription Numbers	124
Hotline	53
HRSA Notice Published/Exclusion File	98, 101, 106
Improper Rebate Withholding/Interest Implications	114
Index for Drug Rebate Notes	31
Information Sharing	57
Interest Calculation under Section V(b)	29, 88, 98
Interest:	
Failure to Pay	65
When PPAs are Submitted	121
Internet:	
Home Page/New Webpage Address	61, 85, 105, 117, 140
Prescription Reimbursement Information	123
Pharmacy Plus Demonstrations	123
Invoices:	
Correct Labeler Address	36
Format	03
Incomplete Drug Labeler Data	18
Incorrect Invoicing	26
Remittance Advice Report Survey	35
Submission	19
Submitting for Multiple Quarters	36
Submitting to Drug Labelers	28
Labeler Contact File Changes	26, 32, 128, 132
Lovenox Prefilled Syringes	91
LTE/IRS Drugs	26
Magnetic Media	
New Address for Shipping (Effective 6/1/95)	52
Rejections	15
Shipments	15, 23
Specification Revisions	14, 72, 73

TOPIC

RELEASE #

Manufacturer Information Record Specification	20
Manufacturer Name & Address Contact Info Diskette	27
MDR Technical E-mail Address	124, 137
Medical Supplies & Devices	03, 16, 26
Metric Conversion/Rounding	18
MMA of 2003	128, 130
Multiple Package Size-Pricing Inconsistency	123
New Drug Products	41
New Rebate Agreement Status	23
Non-Drug Products Coverage	132, 134
Non-Drug Products Deleted	123, 128, 132, 133, 134, 136, 137, 138, 139, 140
Novartis Rounding All URAs Back to 1991	117
OBRA '93	40
OIG Reports/Reviews	120, 140
Ortho Evra Replacement Patch	134
Overpayments Due to AMP Recalculations	57, 107
Personnel Changes	124, 130, 139
PHS Drug Pricing Program	44
Point-of-Sale System (POS) in Pharmacies	85
Policy E-Mail Address	113, 117
Prior Authorization	55
Prior Period Adjustments	14, 16, 60, 87
Prior Period Adjustments - Eli Lilly & Company	37
Prior Quarter Adjustment Statement (PQAS) Approval	60
Proposed Discount Equal Access Legislation	51
Publication of Drug Rebate Regulations CMS-2175-FC	126
Publication of Drug Rebate Regulations MB-46-P	55
Quarterly Prices, Late Submission	33
Quarterly Reporting - Form CMS-64.r	40
Quarterly Tape Submission to CMS	60, 72, 130
Quarterly Update File	14
Questions and Answers	65
Rebate Agreements:	
Start Date Procedures	102
Separate/Supplemental	102
Rebate/Reimbursement Issues	64, 113
Rebates:	
Calculation Formula	07
Drugs Purchased Through the FSS	113
Less than Administrative Costs	40
Nonpayment	94
Partial Payments	55
Remittance/Check Address	30
Reconciliation of State Invoice (ROSI) Approval	60
Recordkeeping Regulations	129
Regulation (CMS-2175-F)	136

TOPIC

RELEASE #

Rejection of State Records Matching LTE Drugs

41

Remittance Advice Report/Workgroup	48, 52, 53, 56
Rescission of Termination for Novopharm USA	39
S-TAG (Systems Technical Advisory Group)	85
Separate Rebate Agreements with Manufacturers	38, 113
Special Advisory Group	16
Special Study – Anti-Load Viral/AIDS Drugs	102
Staff Listing	53
Staff Relocation	52, 83
Standard Summary Record Format	13
State Application of the FUL Program	48
State Contact Information	23, 26, 41, 98
State Coverage:	
LTE & IRS Drugs	40
Unit-Dose Drugs	19
State Data Validation Edits	33
State Hearing Process	44
State Invoices Containing Universal Product Codes	51
State Pharmacy Assistance Programs	
Exemption From Medicaid Best Price	140
Revised Criteria	124
State Plan Amendment Requirement	47
State Quarterly URA Tape	
Labeler Contact Information	134
Mailing	133
State Responsibility - Terminated Drugs	19
State Utilization Data Study (SUDS)	33
T-bill Rates	83, 86, 132
Technical Contact E-mail Address	140
Termination Date (NDC)	79
Terminated/Deleted Records	44
Termination From Program	55
Therapeutic Equivalency Code	64
Timely Receipt of Tapes/Notices of Mailing	45
Tolerance Threshold Clarification	
For Interest	48
Rebate Amount Adjustments	44
Training Guide	130, 132, 133, 134, 136, 137, 138, 139, 140
Unit-Dose Packaging	15
Unit Per Package Size	03
Change for Beohringer Ingelheim Product	123

TOPIC

RELEASE #

Unit Rebate Amount (URA):
 Additional Amounts in 3/1998 File

85

Edits	43
Erroneous Amounts	51
First-Time Reporting on State Tape	132
Incorrect Amounts for 1Q98	79, 80
Invoice when the Amount is Zero	44
New Rounding Method	98, 100, 101, 106
Recalculations	111
Unit Type:	
Changes and Prior Period Adjustments	43
Conversion Date Changed	34
Revisions	32, 83
UPPS Less Than 1.0	19
UPPS Used for Calculating Utilization	61
Use of Information from Outside Sources	48
Utilization Adjustments for Prior Calendar Quarters	67, 72
Receipt	29, 31
Utilization Data:	
Changes to Labelers	57
Corrections/Problems	18, 51, 72
Late Submission	18
Record Format	08, 13, 72
Set Naming Requirements	19
Tapes/Confirmation Letter	19, 30, 40, 45, 58, 72, 82
Transmitting Corrections/Adjustments to CMS	16, 40, 72
Utilization Discrepancy Report	139
Utilization Tape Record Specification	67, 72, 73, 98, 105
Vaccine:	
Deletions	26
Exclusions	19, 23
Policy Clarification	25
Viagra Coverage	81
Vitasert	64
Warrick Pharmaceuticals (Sodium Chloride Solution)	98
Xenical Coverage	97
Y2K	72, 87