



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244 -1850

January 27, 2010

MEDICAID DRUG REBATE PROGRAM

Release No. 154



For State Medicaid Directors



CLARIFICATION ON POSTMARK DATE FOR WEB INVOICES

Recently, we have received questions from States that have decided to use a secured web site as the method of providing manufacturers their quarterly rebate invoices as to what constitutes a postmark date. Under section II(b) of the Medicaid Drug Rebate Agreement, it is stated that “the Manufacturer is responsible for timely payment of the rebate within 30 days of receiving, at minimum, information on the number of units paid, by NDC.” Therefore, we expect that when using electronic invoicing via email, States include the invoice itself within the body of the email to a manufacturer or, at minimum, information on the number of units paid by NDC. In this case, we view the postmark date as the date on which the email is sent. Please note that the date an email is sent with a link to an invoice web site does not qualify as a postmark date. If States choose to direct manufacturers to an invoice web site via a link in the email, then States need to include the invoice itself within the body of the email to a manufacturer or, at minimum, information on the number of units paid by NDC.

BANKRUPTCY FILINGS BY LABELER CODES: 66346 PEDIAMED, 67336 TEAMM, AND 67707 OSCIENT

Labeler code 66346, Pediamed Pharmaceuticals, Inc.; labeler code 67336, Teamm Pharmaceuticals, Inc.; and labeler code 67707, Oscient Pharmaceuticals, Corp., filed bankruptcy petitions under Chapter 11 of the U.S. Bankruptcy Code in the Bankruptcy Court.

Labeler code 66346, Pediamed Pharmaceuticals, Inc., was terminated on 10/1/07 and labeler code 67336, Teamm Pharmaceutical Inc., was terminated on 10/1/09. Labeler code 67707, Oscient Pharmaceuticals, Corp. remains active in the MDR program.

Until a labeler is terminated from the program, its drugs continue to be eligible for payment under the MDRP. Labelers that have filed for bankruptcy may voluntarily terminate from the program or be terminated from the program by CMS. However, filing for bankruptcy does not result in automatic termination from the program. If a labeler is terminated from the program following a filing for bankruptcy, we will notify states of the termination by email. In general, when labelers file for bankruptcy, states are expected to protect Medicaid interests related to any rebate payments owed from the affected labelers.

COVERAGE OF NON-COVERED OUTPATIENT DRUGS UNDER OTHER AREAS OF MEDICAID

When it comes to CMS' attention that a labeler has incorrectly submitted an NDC as a covered outpatient drug as defined in section 1927(k) of the Social Security Act (the Act) for purposes of the MDRP, CMS sends notice to states that these products are no longer eligible for coverage as a covered outpatient drug. Please note that while these products are not eligible for coverage or FFP under the Medicaid Drug Rebate Program, they may be eligible for Medicaid coverage or FFP as part of home health services, EPSDT services as defined in section 1905(r)(5) of the Social Security Act, or elsewhere to the extent that such coverage is consistent with the approved state plan. Please note that notice of non-coverage of these products as covered outpatient drugs does not necessarily exclude them from appropriate coverage elsewhere in the Medicaid program.

NEW REBATE AGREEMENTS

The following are new labelers to the Medicaid Drug Rebate Program.

Labeler Name: PHARMAFORCE, INC.
Optional Effective Date: 10/28/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 40042

Labeler Name: EDENBRIDGE PHARMACEUTICALS LLC
Optional Effective Date: 12/16/2009
Mandatory Effective Date: 04/01/2010
Labeler Code: 42799

Labeler Name: EPIC PHARMA LLC
Optional Effective Date: 01/26/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 42806

Labeler Name: RHODES PHARMACEUTICALS L.P.
Optional Effective Date: 12/02/2009
Mandatory Effective Date: 04/01/2010
Labeler Code: 42858

Labeler Name: EURAND PHARMACEUTICALS, INC.
Optional Effective Date: 10/19/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 42865

Labeler Name: CODADOSE INCORPORATED
Optional Effective Date: 01/15/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 43378

Labeler Name: ZARS PHARMA, INC.
Optional Effective Date: 10/22/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 43469

Labeler Name: SANCILIO & COMPANY, INC.
Optional Effective Date: 01/26/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 44946

Labeler Name: MANCHESTER PHARMACEUTICALS, INC.
Optional Effective Date: 01/14/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 45043

Labeler Name: ACTAVIS INC.
Optional Effective Date: 10/15/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 45963

Labeler Name: PALADIN LABS (USA), INC.
Optional Effective Date: 10/23/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 46129

Labeler Name: ACTAVIS KADIAN LLC
Optional Effective Date: 09/30/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 46987

Labeler Name: SUN PHARMA GLOBAL FZE
Optional Effective Date: 12/30/2009
Mandatory Effective Date: 04/01/2010
Labeler Code: 47335

Labeler Name: FERA PHARMACEUTICALS, LLC
Optional Effective Date: 12/23/2009
Mandatory Effective Date: 04/01/2010
Labeler Code: 48102

Labeler Name: ALLOS THERAPEUTICS INC.
Optional Effective Date: 10/28/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 48818

Labeler Name: CARACO PHARMA INC.
Optional Effective Date: 01/04/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 49708

Labeler Name: VALEANT/DOW/DESCARTES ACQUISITION CORP.
Optional Effective Date: 01/19/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 59987

Labeler Name: VISTA PHARMACEUTICALS, INC.
Optional Effective Date: 10/27/2009
Mandatory Effective Date: 01/01/2010
Labeler Code: 61971

REINSTATED LABELERS

Labeler Name: CENTURION LABS, LLC
Optional Effective Date: 01/06/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 23359

Labeler Name: THE MEDICINES COMPANY
Optional Effective Date: 01/05/2010
Mandatory Effective Date: 04/01/2010
Labeler Code: 65293

Labeler Name: CURA PHARMACEUTICAL CO., INC.
Optional Effective Date: 12/17/2009
Mandatory Effective Date: 04/01/2010
Labeler Code: 66860

TERMINATED LABELERS**Effective 01/01/2010:**

<u>Labeler Name</u>	<u>Labeler Code</u>
---------------------	---------------------

Blansett Pharmacal Co., Inc.	51674
------------------------------	-------

VOLUNTARILY TERMINATED LABELERS**Effective 01/01/2010:**

<u>Labeler Name</u>	<u>Labeler Code</u>
---------------------	---------------------

Aceto Pharma Corp.	25356
Multi-Pak Packaging	66789

NON-DRUG DELETIONS FROM MDR

The states were previously notified that the following products do not meet the definition of a covered outpatient drug and are not rebate eligible. Therefore, they are being deleted from the Medicaid Drug Rebate master file of covered outpatient drugs.

Please note that while these products are not eligible for coverage or FFP under the Medicaid Drug Rebate Program, they may be eligible for Medicaid coverage or FFP as part of home health services, EPSDT services as defined in section 1905(r)(5) of the Social Security Act, or elsewhere to the extent that such coverage is consistent with the approved state plan. Notice of non-coverage of these products as covered outpatient drugs does not necessarily exclude them from appropriate coverage elsewhere in the Medicaid program.

NDC	Product Name
00536-0004	ORALYTE SOLUTION UNFLAVORED
00536-0935	ORALYTE SOLUTION-FRUIT FLAVORED
00536-0936	ORALYTE SOLUTION-BUBBLE GUM
00536-1385	ORALYTE SOL-GRAPE 33 OZ
00536-1395	ORAL FREE POPS 1.2OZ 16
24338-0620	XYLAREX3
24385-0003	GENTIAN VIOLET 1%
24385-0010	MENTHOL LOZENGES
24385-0038	ROSEWATER & GLYCERIN
24385-0041	COUGH DROPS CHERRY
24385-0042	COUGH DROPS HONEY-LEMON
24385-0043	COUGH DROPS MENTHOL
24385-0045	SORE THROAT BENZOCAINE LOZENGES
24385-0051	GNP SORE THROAT LOZ MENTHOL
24385-0057	MENTHOL COUGH DROPS SUGAR FREE
24385-0084	GNP CHILD CHEW ANIMAL SHAPE W/IRON

24385-0089 CHILDRENS CHEWABLE VITAMINS W/EXTRA C
24385-0090 GNP CHILDRENS GUMMY ZOO CHEWS VITAMIN
24385-0096 PEDIATRIC ELECTROLYTE
24385-0100 PEDIATRIC ELECTROLYTE UNFLAVORED
24385-0101 PEDIATRIC ELECTROLYTE BUBBLE GUM FLAVOR (8X32)
24385-0103 PEDIATRIC ELECTROLYTE GRAPE
24385-0108 VITAMIN B-1 100MG
24385-0112 VITAMIN B-6 50 MG
24385-0115 VITAMIN B-6 100 MG
24385-0117 VITAMIN B-12 500 MCG
24385-0122 GNP FISH OIL ENTERIC COATED 1200MG
24385-0128 GNP ONE DAILY MULTI MEN'S 50+
24385-0132 THERAPEUTIC M
24385-0139 ONE DAILY MULTIVITAMINS
24385-0148 ONE DAILY MULTIVITAMINS & IRON
24385-0158 FABRIC STRIP ASSORTED SIZES
24385-0162 GNP CENTURY ADULT MULTI CARDIO
24385-0180 GNP SHEER
24385-0184 LOTION FACE MOISTURIZING FOR SENSITIVE
24385-0186 FACIAL MOISTURIZER
24385-0199 DEEP CLEANSING WASH
24385-0208 STRESS FORMULA & ZINC
24385-0211 GNP CINNAMON 1000MG
24385-0214 WITCH HAZEL
24385-0215 GNP MEN'S PROSTATE HEALTH
24385-0216 GNP PEDIATRIC ELECTROLYTE APPLE 4PK
24385-0219 GNP COUGH DROP NATURAL HERB
24385-0246 NASAL STRIPS MEDIUM/LARGE
24385-0252 EYE WASH WITH CUP
24385-0257 VITAMIN C 500 MG CHEWABLE
24385-0261 GNP ONE DAILY MULTI WOMEN'S 50+
24385-0265 CALCIUM 500
24385-0266 CALCIUM 500 & D
24385-0269 CALCIUM 600
24385-0273 CALCIUM 600 & D
24385-0275 GNP CHILD CHEW ANIMAL SHAPE
24385-0277 CALCIUM MAGNESIUM & ZINC
24385-0279 GNP COUGH DROP WILD CHERRY
24385-0280 BETA CAROTENE 25000 IU
24385-0281 VITAMIN A 8000 IU
24385-0284 COD LIVER OIL
24385-0286 FOLIC ACID 400 MCG
24385-0288 VITAMIN B-50 BALANCED B-COMPLEX
24385-0290 VITAMIN B-100 BALANCED B-COMPLEX T/R
24385-0292 VITAMIN C 250 MG
24385-0293 VITAMIN C 500 MG CHEWABLE
24385-0295 VITAMIN C 500 MG ETS
24385-0297 VITAMIN C 500 MG T/R

24385-0298 VITAMIN C 1000 MG
24385-0299 GNP NATURAL FIBER POWDER SMOOTH TEXTURE 48 DOSE
24385-0306 BORIC ACID POWDER
24385-0311 VITAMIN C 500 MG W/ROSEHIPS ETS
24385-0312 VITAMIN C 1000 MG W/ROSEHIPS T/R
24385-0314 VITAMIN E 200 IU
24385-0318 VITAMIN E 400 IU
24385-0319 VITAMIN E 1000 IU
24385-0321 VITAMIN E 400 IU
24385-0327 GNP NASAL STRIP MEDIUM/LARGE CLEAR
24385-0335 FISH OIL CONCENTRATE 1000 MG
24385-0336 GARLIC OIL 3 MG NATURAL
24385-0345 POTASSIUM GLUCONATE 99 MG
24385-0346 ZINC GLUCONATE 50 MG
24385-0391 GNP PEDIA STRIPS GRAPE
24385-0395 COUGH DROPS VITAMIN C CITRUS
24385-0474 GNP PREGNANCY TEST ONE STEP
24385-0478 CALCIUM ANTACID TABLETS ASSORTED
24385-0485 CALCIUM ANTACID TABLETS
24385-0508 CO-Q-10, 100MG
24385-0513 SUPER POTENCY FISH OIL
24385-0515 CASTOR OIL O/T
24385-0516 DAILY DIET
24385-0538 ZINC CHERRY
24385-0539 ZINC CITRUS
24385-0591 CO Q 10 WITH FISH OIL
24385-0592 CARB VANTAGE
24385-0593 MERCUROCLEAR
24385-0595 ULTRA STRENGHT CALCIUM ANTACID
24385-0641 GINGKO BILOBA
24385-0648 EVENING PRIMROSE OIL
24385-0655 GNP VITAMIN D 1000IU
24385-0657 ECHINACEA GOLDEN SEAL
24385-0662 ECHINACEA
24385-0663 CRANBERRY FRUIT
24385-0666 VITAMIN E 400 IU
24385-0679 ONE DAILY MULTI-VITAMINS
24385-0680 ONE DAILY MULTI-VITAMINS - WOMEN'S
24385-0681 VITAMIN E 1000 IU
24385-0787 CALCIUM 600 MG W/VITAMIN D & MINERALS
24385-0790 GNP CALCIUM 1200MG W/1000IU VIT D CHEWABLE
24385-0809 OPTI-VITAMINS
24385-0898 CALCIUM CITRATE + D 630 MG
24385-0900 CALCIUM 600 + SOY
24385-0931 CINNAMON OIL ARTIFICIAL
24385-0932 PEPPERMINT SPIRITS
24385-0948 GINSENG 100 MG
24385-0957 GARLIC TAB HIGH POTENCY 400 MG

24385-0958 GNP ZINC COLD REMEDY QUICK DISSOLVE TAB
24385-0967 MAGNESIUM
24385-0969 NIACIN T/R
24385-0971 SAW PALMETTO
24385-0973 EUCALYPTUS OIL
24385-0996 VITAMIN E 400 IU
24385-0999 VITAMIN B-12
24385-1007 SORE THROAT LOZ MENTHOL
37205-0220 PEDIATRIC ELECTROLYTE FRUIT
37205-0221 PEDIATRIC ELECTROLYTE GRPE
37205-0222 PEDIATRIC ELECTROLYTE UNFLAVOR
37205-0963 PED ELECTROLYTE FRZP
49348-0570 PEDIATRIC ELECTROLYTE, UNFLAVORED
49348-0571 PEDIATRIC ELECTROLYTE, FLAVORED
49348-0880 PEDIATRIC ELECTROLYTE, BUBBLE GUM FLAVORED
49614-0222 PEDIATRIC ELECTROLYTE FRUIT 1 LITER
49614-0223 PEDIATRIC ELECTROLYTE GRAPE 1 LITER
63868-0007 PEDIATRIC ELECTROLYTE GRAPE
63868-0261 PEDIATRIC ELECTROLYTE UNFLAVORED
63868-0606 PEDIATRIC ELECTROLYTE FRUIT FLAVORED

CHANGE IN DRUG COVERAGE STATUS/DESI CODE CHANGE

The states were previously notified of the FDA's determination that the following NDCs that were reported by the labeler as DESI code 5 (less than effective/IRS drug for all indications) are DESI code 2 (no determination made). These drugs are eligible for Medicaid coverage and rebate billing.

NDC	Product Name
63717-0552	CORZALL LIQUID
63717-0553	CORZALL PLUS

Please direct your drug rebate data questions to mdroperations@cms.hhs.gov and your drug policy questions to the Division of Pharmacy at DRARxPolicy@cms.hhs.gov.

/s/
Edward C. Gendron
Director
Finance, Systems and Budget Group

cc:
Regional Administrators

TOPIC	RELEASE #
1A Drug Listing	11
Additional Copies of Releases to SMDs	40
Adjustment Code for Forms CMS-304 & CMS-304a	57, 145
Allscrips Pharmaceuticals, Inc.	65, 68, 69
AMP Recalculations	107, 109, 110, 112, 140, 148, 149, 150
AMP to states	142
Monthly AMP Methodology (Manufacturer Assumptions)	146
Bankruptcy - Drug Labelers	19, 61, 68, 151, 154
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, 141
Confidential Information Release	17
Constant Disputes by Drug Labelers	23
Contact Information	65, 92
CPI-U Information	09, 102, 147
Database Backup Files	140
Dataset Name Changes on Quarterly Rebate Tapes	41
Deficit Reduction Act of 2005 (DRA)	144
Deleted Products-No Termination Date	139
Depot Prices-TRRx	137
DESI Code Change	137, 140, 142, 144, 145, 146, 148, 149, 150, 151, 154
Dipyridamole Issue	26
Dispute Resolution:	
Definition	19
E-Mail Address	128
Issues	55, 65, 71, 86, 108
Meetings	138, 140, 143, 145, 147
Process Stages	45
State Invoicing	152
Transfer of Function	121
Web Site	122
Workgroup Survey Results	42
Dispute Resolution Meetings	59, 151
Drug Category Change	61, 76
Drug Efficacy Study & Implementation (DESI):	
Change Effective Date	20
Change Schedule	18
Effective Date Revisions	23, 24
(State Role In) DESI Process	148

TOPIC	RELEASE #
DRUGDEX, a new compendium	70
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
FDA Federal Register Notices	148, 149
Generic Substitution Laws	67
Goldline OTC Vitamin	102
Haldol Rebates	73, 75, 148
Heparin/Saline Flush Syringes & Other Non-Drug Products	132, 134, 136
Herceptin: Genentech New Product	85
HIPAA – Prescription Numbers	124
Hotline	53
HRSA Notice Published/Exclusion File	98, 101, 106
HRSA – NPI	144
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:	
CMS R-144 (State Invoice) – Changes	143, 145, 146, 147, 149
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
Web Invoices Postmark Date	154
Labeler Contact File Changes	26, 32, 128, 132, 152
Lovenox Prefilled Syringes	91
LTE/IRS Drugs	26

TOPIC	RELEASE #
Magnetic Media	
New Address for Shipping (Effective 6/1/95)	52
Rejections	15
Shipments	15, 23
Specification Revisions	14, 72, 73
Manufacturer Information Record Specification	20
Manufacturer Name & Address Contact Info Diskette	27
MDR Technical E-mail Address	124, 137
Medicaid Drug Rebate Data Guide for States	146
Medical Supplies & Devices	03, 16, 26
Metric Conversion/Rounding	18
MMA of 2003	128, 130
Multiple Package Size-Pricing Inconsistency	123
New Drug Determinations—Deletions from MDR	149, 150, 151, 154
New Drug Products	41
New Rebate Agreement Status	23
Non-Drug Products Coverage	132, 134
(Non-Drug) Product Deletions	138, 139, 140, 142, 143, 144, 145, 146, 148, 149, 150, 151, 154
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	53, 124, 130, 139, 142
Relocation	52, 83
PHS Drug Pricing Program	44
Physician Administered Drugs	151, 153
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
Re-activated NDCs	145
Rebate Agreements:	
Start Date Procedures	102
Separate/Supplemental	102
Rebate/Reimbursement Issues	64, 113

TOPIC	RELEASE #
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
Regulation (CMS-2238-FC)	
Preliminary Injunction	148
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
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 Notification Method Change	148
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, 149, 150, 151
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

TOPIC	RELEASE #
Training Guide Obsolete	145
TRICARE Retail Pharmacy Benefit Plan	152
Unapproved Drugs—Deletions from DDR	151
Unit-Dose Packaging	15
Unit Per Package Size	03
Change for Boehringer Ingelheim Product	123
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, 147, 149
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