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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Provider Communication

Subject:	Additional Reversals of NDC Deletions from CMS	**Priority:**	**High**
Date:	March 16, 2005	**Message ID:**	ACSBNR03162005_1

Dear Provider:

Additional Reversals of NDC Deletions: Retroactive to January 1, 2005

CMS has directed Georgia Medicaid to immediately restore the NDCs Listed below to an eligible for coverage status. CMS previously directed Georgia Medicaid to delete these NDCs because they were not properly listed with the FDA.

Georgia Medicaid has completed the restoration of these NDCs in the ESI claims adjudication system. These NDCs will now process at POS. Current coverage rules, quantity level limits, therapy limits and prior approval requirements remain active where applicable. NDCs previously identified that are not represented below remain non-covered and non-rebateable. **The bolded drug products listed are new additions based upon CMS' most recent release.**

NDC#	Drug Product
00062-1650-03	ERTACZO 2% CREAM
00064-1001-33	ACCUZYME SPRAY
00064-4010-13	SALEX 6% CREAM
00051-1028-58	**ESTROGEL 0.06% Gel**
00069-1440-03	**ZYRTEC 5 MG CHEW TAB**
00069-1450-03	**ZYRTEC 10 MG CHEW TAB**
00074-1275-32	FUROSEMIDE 10 MG/ML SY
00074-2012-32	BUPRENORPHINE 0.3 MG/M
00074-2336-10	DEFEROXAMINE 500 MG VI
00074-2337-25	DEFEROXAMINE 2 GRAM VI
00074-4181-03	AMINOSYN 5% IV SOLUTION
00074-4191-03	AMINOSYN 10% IV SOLUTION
00074-4191-05	AMINOSYN 10% IV SOLUTION
00121-4655-05	HYDROCODONE-APAP SOLUTION
00121-4655-10	HYDROCODONE-APAP SOLUTION
00121-4655-15	HYDROCODONE-APAP SOLUTION
00172-7411-42	AMOXICILLIN 875 MG TAB
00172-7411-60	AMOXICILLIN 875 MG TAB
00172-7411-70	AMOXICILLIN 875 MG TAB
00172-7414-70	AMOXICILLIN 500 MG CAP

NDC#	Drug Product
00172-7416-42	AMOXICILLIN 400 MG TAB
00172-7416-60	AMOXICILLIN 400 MG TAB
00172-7417-23	AMOXICILLIN 125 MG/5 M
00172-7418-21	AMOXICILLIN 250 MG/5 M
00172-7418-23	AMOXICILLIN 250 MG/5 M
00172-7419-21	AMOXICILLIN 200 MG/5 M
00172-7420-20	AMOXICILLIN 400 MG/5 M
00182-2693-01	BUTALBITAL-CAFF-APAP-C
00185-0041-09	FOSINOPRIL SODIUM 10 MG TAB
00185-0041-10	FOSINOPRIL SODIUM 10 MG TAB
00185-0042-09	FOSINOPRIL SODIUM 20 MG TAB
00185-0042-10	FOSINOPRIL SODIUM 20 MG TAB
00185-0047-09	FOSINOPRIL SODIUM 40 MG TAB
00185-0047-10	FOSINOPRIL SODIUM 40 MG TAB
00378-0018-01	METOPROLOL 25 MG TAB
00378-0441-01	BENAZEPRIL HCL 5 MG TAB
00378-0443-01	BENAZEPRIL HCL 10 MG TAB
00378-0444-01	BENAZEPRIL HCL 20 MG TAB
00378-0447-01	BENAZEPRIL HCL 40 MG TAB
00378-3422-01	NITROFURANTOIN-MACRO 100MG CAP
00378-4725-01	BENAZEPRIL-HCTZ 5/6.25MG TAB
00378-4735-01	BENAZEPRIL-HCTZ 10/12.5MG TAB
00378-4745-01	BENAZEPRIL-HCTZ 20/12.5MG TAB
00378-4775-01	BENAZEPRIL-HCTZ 20/25MG TAB
00378-6172-01	METOLAZONE 2.5 MG TAB
00430-0023-24	ESTRACE 1 MG TABLET
00430-0781-19	DURICEF 1 GM TAB
00430-2782-15	DURICEF 250 MG/5 ML ORAL SUSP
00430-2782-17	DURICEF 250 MG/5 ML ORAL SUSP
00525-0503-90	CEREFOLIN TAB

NDC#	Drug Product
00555-0694-02	CIPROFLOXACIN HCL 250 MG TAB
00555-0695-02	CIPROFLOXACIN HCL 500 MG TAB
00555-0696-10	CIPROFLOXACIN HCL 750 MG TAB
00574-0850-10	DIHYDROERGOTAMINE 1 MG/ML AM
00603-2544-28	BUTALBITAL-APAP-CAFFEINE TAB
00603-2544-32	BUTALBITAL-APAP-CAFFEINE TAB
00603-3739-21	FUROSEMIDE 20 MG TAB
00603-3739-32	FUROSEMIDE 20 MG TAB
00603-3739-34	FUROSEMIDE 20 MG TAB
00603-3740-21	FUROSEMIDE 40 MG TAB
00603-3740-32	FUROSEMIDE 40 MG TAB
00603-3740-34	FUROSEMIDE 40 MG TAB
00603-3741-21	FUROSEMIDE 80 MG TAB
00603-3741-28	FUROSEMIDE 80 MG TAB
00603-3741-32	FUROSEMIDE 80 MG TAB
00677-1910-37	UNI-HIST PDX DROPS
00677-1911-33	UNI-HIST PDX SYRUP
00781-5182-01	LEVOTHYROXINE 75 MCG TAB
00781-5183-01	LEVOTHYROXINE 88 MCG TAB
00781-5184-01	LEVOTHYROXINE 100 MCG TAB
00781-5185-01	LEVOTHYROXINE 112 MCG TAB
00781-5186-01	LEVOTHYROXINE 125 MCG TAB
00781-5187-01	LEVOTHYROXINE 150 MCG
00781-5188-01	LEVOTHYROXINE 175 MCG
00781-5189-01	LEVOTHYROXINE 200 MCG
00781-5190-01	LEVOTHYROXINE 300 MCG
00781-5191-01	LEVOTHYROXINE 137 MCG
00781-7069-03	FLUTICASONE PROP 0.05% CREAM
00781-7069-27	FLUTICASONE PROP 0.05% CREAM
00781-7069-35	FLUTICASONE PROP 0.05% CREAM

NDC#	Drug Product
00904-5671-20	ALLERGY RELIEF 5 MG/5ML SYRUP
00904-5699-87	ALLERGY RELIEF TAB
37205-0381-53	ALLERGY RELIEF 10 MG TAB (loratadine)
44087-3388-07	ZORBTIVE 8.8 MG VIAL
49348-0642-27	SM INFANT S IBUPROFEN ORAL SUSP
49884-0739-01	METFORMIN HCL 500 MG TAB
49884-0856-56	RIBASPHERE 200 MG CAP
49884-0856-92	RIBASPHERE 200 MG CAP
49884-0856-93	RIBASPHERE 200 MG CAP
49884-0856-94	RIBASPHERE 200 MG CAP
49884-0907-61	MEGESTROL ACET 40MG TAB
49884-0907-88	MEGESTROL ACET 40MG TAB
49884-0967-01	GLYBURID-METFORMIN 1.25/250 MG
49884-0968-01	GLYBURIDE-METFORMIN 2.5/500 MG
49884-0969-01	GLYBURIDE-METFORMIN 5/500 MG
50111-0915-01	TORSEMIDE 5 MGTABLET
50111-0916-01	TORSEMIDE 10MG TABLET
50111-0917-01	TORSEMIDE 20MG TABLET
50991-0405-16	**POLY HIST PD LIQUID**
51079-0923-57	CARBIDOPA-LEVO ER 50-200 TB
51079-0978-57	CARBIDOPA-LEVO ER 25-100 TB
51285-0049-01	ZIAC 10-6.25 MG TAB
51285-0275-01	REVIA 50 MG TAB
51285-0275-02	REVIA 50 MG TAB
51285-0446-02	CENESTIN 0.45 MG TAB
51674-5001-06	**NUTRACARE CHEW TAB**
52555-0769-01	CIPROFLOXACIN HCL 250 MG TAB
53489-0550-01	DOXYCYCLINE 20 MG TAB
58468-0041-01	FABRAZYME 5 MG VIAL
58768-0773-52	MIOCHOL-E EYE DROPS UNIVIAL

NDC#	Drug Product
59366-2336-08	UREA 40% LOTION
59366-2621-06	SODIUM SULF-SULFUR WASH
59366-2621-08	SODIUM SULF-SULFUR WASH
59930-1523-01	RIBAVIRIN 200 MG CAPSULE
59930-1523-02	RIBAVIRIN 200 MG CAPSULE
59930-1523-03	RIBAVIRIN 200 MG CAPSULE
59930-1523-04	RIBAVIRIN 200 MG CAPSULE
60258-0176-09	PRENATABS OBN TAB
60258-0429-16	BROMHIST-PDX SYRUP
60505-0068-03	CLONAZEPAM 2 MG TAB
60793-0104-01	TAPAZOLE 5MG TAB
60793-0105-01	TAPAZOLE 10MG TAB
60793-0120-01	TILADE INHALER
61314-0012-05	OFLOXACIN 0.3% EYE
61314-0012-10	OFLOXACIN 0.3% EYE
61570-0081-01	TUSSIGON TAB
62037-0524-01	HYDROCODONE BT-IBUPROFEN TB
62794-0255-13	APOKYN 30 MG/3 ML CARTRIDGE
62794-0255-37	APOKYN 30 MG/3 ML CARTRIDGE
63304-0573-01	PANIXINE 125 MG TAB
63323-0307-51	TOBRAMYCIN 40 MG/ML VIAL
63323-0665-01	TERBUTALINE SULF 1 MG/ML VL
64980-0125-09	NU-NATAL ADVANCED TABLET
64980-0127-09	NUFOL TABLET
66424-0315-12	ERGOCAFF-PB SUPPOSI
66591-0612-41	DARVON COMPOUND-65 PULVULE
66591-0631-41	DARVON-N 100 MG TABLET
66663-0330-01	NATELLE PREFER TABLET
66663-0668-01	NATELLE-EZ TABLET
66870-0120-01	AMBI 1,000/55 TABLET

NDC#	Drug Product
66993-0611-28	SOLIA TABLET
66993-0842-25	METHYLPREDNISOLONE 8 MG TAB
67754-0975-71	EASPRIN 975 MG TABLET EC
67767-0137-01	CIPROFLOXACIN HCL 250 MG TAB
67767-0138-01	CIPROFLOXACIN HCL 500 MG TAB
67767-0139-11	CIPROFLOXACIN HCL 750 MG TAB
68013-0002-01	NITROGLYCERIN 0.3 MG TAB SL
68032-0104-06	ROSADERM CLEANSER
68094-0171-61	CARAFATE 1 GM/10 ML SUSP
68094-0171-62	CARAFATE 1 GM/10 ML SUSP
68094-0214-62	CARBAMAZEPINE 100 MG/5 ML SUS

To obtain more specific information regarding these drugs please call Karen Leshko (410-786-1291) or Vince Powell (410-786-3314) at CMS. Please note that the above changes do not impact State Health Benefit Plan and the Board of Regents plan.

Your participation in the Medicaid program is appreciated. If you have any questions regarding Georgia's pharmacy program policy, please contact Patricia Jeter or Etta Hawkins at 404-656-4044.

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. Please contact the Medicaid Pharmacy Unit at 404-656-4044 should you have questions or require clarification.

Sincerely,

Division of Medical Assistance

Department of Community Health