



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Date: February 28, 2014

CCS Information Notice: 14-04

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS) AND
GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
ADMINISTRATORS, MEDICAL CONSULTANTS, COUNTY MEDICAL
STAFF, AND SYSTEMS OF CARE DIVISION (SCD) STAFF

SUBJECT: DRUGS CLASSIFIED DRUG EFFICACY STUDY IMPLEMENTATION
(DESI) 5 OR 6 NOT PAYABLE

The purpose of this CCS information notice is to communicate that beginning May 1, 2014, pharmacy claims for National Drug Codes (NDC) that have Centers for Medicare and Medicaid Services (Federal CMS) designation of Drug Efficacy Study Implementation (DESI) of “5” (less than effective for all indications) or “6” (withdrawn from market) will not be payable in the Medi-Cal billing system. As the CCS Program and GHPP utilize the Medi-Cal billing system, claims submitted with these codes will deny, even with an authorized Service Authorization Request (SAR).

Currently, the following NDCs have been identified with DESI “5” or “6” designation:

NDC	Label Name	Generic Name
68682040910	CHLORDIAZEPOXIDE-CLIDINIUM CAP	CHLORDIAZEPOXIDE/CLIDINIUM BR
00187410010	LIBRAX CAPSULE	CHLORDIAZEPOXIDE/CLIDINIUM BR
44183040101	CHLORDIAZEPOXIDE-CLIDINIUM CAP	CHLORDIAZEPOXIDE/CLIDINIUM BR
58407092016	Z-TUSS AC LIQUID	CHLORPHENIRAMINE/CODEINE PHOS
53746007801	ESTROGEN-METHYLTESTOS F.S. TAB	ESTROGEN,ESTER/ME-TESTOSTERONE
62559014901	ESTROGEN-METHYLTESTOSTERONE TB	ESTROGEN,ESTER/ME-TESTOSTERONE
62559015001	ESTROGEN-METHYLTESTOS H.S. TAB	ESTROGEN,ESTER/ME-TESTOSTERONE
15310002001	EEMT HS 0.625-1.25 MG TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE
15310001001	EEMT DS 1.25-2.5 MG TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE
11528002001	COVARYX H.S. TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE
11528001001	COVARYX TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE
53746007701	ESTROGEN-METHYLTESTOS H.S. TAB	ESTROGEN,ESTER/ME-TESTOSTERONE

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NDC	Label Name	Generic Name
51674011801	CORTANE-B OTIC DROPS	HC/PRAMOX HCL/CL-XYLENOL/WATER
51674011601	CORTANE-B OTIC DROPS	HC/PRAMOXINE HCL/CHLOROXYLENOL
68047005110	OTO-END 10 EAR DROPS	HC/PRAMOXINE HCL/CHLOROXYLENOL
51674011702	CORTANE-B LOTION	HC/PRAMOXINE HCL/CHLOROXYLENOL
45802009465	HYDROCORT-PRAM 2.5%-1% CRM KIT	HYDROCORT/PRAMOXIN/EMOL/PRAM #1
45802034664	HYDROCORT-PRAM 2.5%-1% CRM KIT	HYDROCORT/PRAMOXIN/EMOL/PRAM #1
65649041112	ANUSOL-HC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE
00245011212	HEMRIL-30 30 MG SUPPOSITORY	HYDROCORTISONE ACETATE
00245011224	HEMRIL-30 30 MG SUPPOSITORY	HYDROCORTISONE ACETATE
00574709012	HYDROCORTISONE AC 25 MG SUPP	HYDROCORTISONE ACETATE
00574709312	HYDROCORTISONE 30 MG SUPP	HYDROCORTISONE ACETATE
00713050301	ANUCORT-HC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE
00713050312	ANUCORT-HC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE
00713050324	ANUCORT-HC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE
65649041124	ANUSOL-HC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE
43199002112	HYDROCORTISONE AC 25 MG SUPP	HYDROCORTISONE ACETATE
43199002124	HYDROCORTISONE AC 25 MG SUPP	HYDROCORTISONE ACETATE
65649051112	PROCTOCORT 30 MG SUPPOSITORY	HYDROCORTISONE ACETATE
45802093064	HYDROCORTISONE-IODOQUINOL CRM	HYDROCORTISONE/IODOQUINOL
00496076304	PRAMOSONE 1% OINTMENT	HYDROCORTISONE/PRAMOXINE
00496077704	PRAMOSONE 2.5% OINTMENT	HYDROCORTISONE/PRAMOXINE
45802012464	HYDROCORTISONE-PRAMOXINE CREAM	HYDROCORTISONE/PRAMOXINE
42192010901	HYDROCORT-PRAMOXINE 1%-1% CRM	HYDROCORTISONE/PRAMOXINE
42192010701	HYDROCORT-PRAMOXINE 2.5-1% CRM	HYDROCORTISONE/PRAMOXINE
45802047265	HYDROCORT-PRAMOXINE 2.5%-1% CM	HYDROCORTISONE/PRAMOXINE
45802014464	HYDROCORT-PRAMOXINE 1%-1% CRM	HYDROCORTISONE/PRAMOXINE
45802012416	HYDROCORTISONE-PRAMOXINE CREAM	HYDROCORTISONE/PRAMOXINE
45802047264	HYDROCORT-PRAMOXINE 2.5-1% CRM	HYDROCORTISONE/PRAMOXINE
45802047253	HYDROCORT-PRAMOXINE 2.5%-1% CM	HYDROCORTISONE/PRAMOXINE
68040070426	NOVACORT GEL	HYDROCORTISONE/PRAMOXINE/ALOE
00781184001	ISOXSUPRINE 10 MG TABLET	ISOXSUPRINE HCL
16571030116	GUAIFENESIN DAC ORAL SOLUTION	P-EPHED HCL/CODEINE/GUAIFEN
10267292903	PHENAZOPYRIDINE PLUS TABLET	PHENAZOPY HCL/HYOSCY/BUTABARB
10267292905	PHENAZOPYRIDINE PLUS TABLET	PHENAZOPY HCL/HYOSCY/BUTABARB
00516005410	POTABA 500 MG TABLET	POTASSIUM AMINOBENZOATE

NDC	Label Name	Generic Name
00516005401	POTABA 500 MG TABLET	POTASSIUM AMINOBENZOATE
00516005125	POTABA 500 MG CAPSULE	POTASSIUM AMINOBENZOATE
00516005110	POTABA 500 MG CAPSULE	POTASSIUM AMINOBENZOATE
51801001330	EFFER-K 10 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC
51801001230	EFFER-K 20 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC
51801001430	EFFER-K 10 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC
51801001130	EFFER-K 20 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC
16781011360	EXACTACAIN SPRAY	TETRACAINE/BENZOCAINE/BUTAMBEN
51672132803	LUSTRA-ULTRA 4% CREAM	VIT A/E/AVOBENZ/OCTINOX/H-QUIN
51672132802	LUSTRA-ULTRA 4% CREAM	VIT A/E/AVOBENZ/OCTINOX/H-QUIN
51672132703	LUSTRA-AF 4% CREAM	VIT E AC/AVOBNZ/OCTINOX/H-QUIN

If a pharmacy reports that a specific NDC is no longer being paid, please remind the pharmacy provider to check if the NDC code has a DESI designation of "5" or "6".

If you have any questions, please contact Edan Lum, Pharm D., Pharmaceutical Consultant, (916) 327-2486 or (510) 286-0708, or via e-mail edan.lum@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY ROBERT J. DIMAND M.D.

Robert J. Dimand, M.D.
Chief Medical Officer
Systems of Care Division