



State of New Jersey
 Department of Human Services
 Division of Medical Assistance & Health Services

NEWSLETTER

Volume 13 No. 26

May 2003

TO: Providers of Pharmaceutical Services – **For Action**
 Health Maintenance Organizations – **For Information Only**

SUBJECT: **Additions and Deletions to the Medicaid and NJ FamilyCare Drug Rebate Programs Manufacturers’ Labeler Code List (APPENDIX F)**

ADDITIONS: The Manufacturers’ Labeler Codes listed below were **added** to the New Jersey Medicaid and the NJ FamilyCare fee-for-service programs as of the effective date indicated below:

<u>MANUFACTURER</u>	<u>LABELER</u>	<u>EFFECTIVE DATE</u>
PharmaDerm	00462	02/06/2003
Schering Plough HealthCare Products, Inc.	11523	01/17/2003
Nastech Pharmaceutical Co.	57459	12/20/2002
Novo Nordisk Pharmaceuticals Inc.	59060	12/09/2002
Millennium Pharmaceuticals, Inc.	63020	02/21/2003
STADA Pharmaceuticals, Inc.	64860	12/10/2002
Fairview Health Services	65779	12/17/2002
Three Rivers Pharmaceuticals, LLC	66435	02/11/2003
Inkine Pharmaceuticals	66934	02/11/2003
Medecor Pharma, LLC	67112	11/25/2002
Romark Pharmaceuticals, L.C.	67546	12/16/2002

DELETIONS: The Manufacturer’s Labeler Codes listed below will be **deleted** from the New Jersey Medicaid and the NJ FamilyCare fee-for-service programs. Any drugs manufactured by the companies listed below **will not be reimbursed** by Medicaid or NJ FamilyCare fee-for-service as of the effective date indicated below:

<u>MANUFACTURER</u>	<u>LABELER</u>	<u>EFFECTIVE DATE</u>
Hyrex Pharmaceuticals	00314	04/01/2003
Gemini Pharmaceuticals, Inc.	51645	04/01/2003
Pharmakon Labs, Inc.	55422	04/01/2003
Healz-Plus, Inc.	66073	04/01/2003
Celltech Pharmaceuticals, Inc.	19650	04/01/2003

MANUFACTURER**LABELER****EFFECTIVE DATE**

Celltech Pharmaceuticals, Inc.	43567	04/01/2003
Roche Laboratories, Inc.	53169	04/01/2003
Kerry Company, Inc.	60475	04/01/2003
Amerx Health Care, Corp.	61470	04/01/2003
Graben Pharma, Inc.	67445	04/01/2003

NOTE: The Medicaid/NJ FamilyCare fee-for-service, the PAAD Drug Rebate and the Senior Gold Prescription Discount programs **are not related.** Program coverage of drug products may be different, based on drug manufacturer participation in the respective Drug Rebate programs.

If you have any questions concerning this Newsletter, please do not hesitate to contact the Chief, Pharmaceutical Services, Division of Medical Assistance and Health Services, at (609) 588-2724, or Unisys Provider Services at (800) 776-6334

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