



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

# NEWSLETTER

Volume 13 No. 74

December 2003

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

**SUBJECT:** Additions, Reinstatements 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/NJ FamilyCare fee-for-service programs as of the indicated effective date:

| <u>MANUFACTURER</u>                  | <u>LABELER</u> | <u>EFFECTIVE DATE</u> |
|--------------------------------------|----------------|-----------------------|
| World Gen                            | 66814          | 09/05/2003            |
| Carolina Pharmaceuticals, Inc.       | 68249          | 09/22/2003            |
| Purdue Pharmaceutical Products, L.P. | 67781          | 09/24/2003            |
| Alaven Pharmaceutical, LLC           | 68220          | 10/03/2003            |
| Genta, Inc.                          | 66657          | 10/08/2003            |
| Cubist Pharmaceuticals, Inc.         | 67919          | 10/24/2003            |

**REINSTATEMENT:** The Manufacturer’s Labeler Code listed below will be **reinstated** to the New Jersey Medicaid/NJ FamilyCare fee-for-service programs as of the indicated effective date:

| <u>MANUFACTURER</u>          | <u>LABELER</u> | <u>EFFECTIVE DATE</u> |
|------------------------------|----------------|-----------------------|
| Imiren Pharmaceuticals, Inc. | 61808          | 01/01/2004            |

**DELETIONS:** The Manufacturers' Labeler Codes listed below will be **deleted** from the New Jersey Medicaid/NJ FamilyCare fee-for-service programs. Drugs manufactured by the manufacturer **will not be reimbursed** by Medicaid or NJ FamilyCare fee-for-service as of the indicated date:

| <b><u>MANUFACTURER</u></b>             | <b><u>LABELER</u></b> | <b><u>EFFECTIVE DATE</u></b> |
|--|-----------------------|------------------------------|
| E. Fougera and Co., Division of Altana | 00168                 | 01/01/2004                   |
| Delta Pharmaceuticals, Inc.            | 53706                 | 01/01/2004                   |
| RIJ Pharmaceutical Corporation         | 53807                 | 01/01/2004                   |
| Trigen Laboratories, Inc.              | 59746                 | 01/01/2004                   |
| Nnodum Corporation                     | 63044                 | 01/01/2004                   |
| Genderm                                | 52761                 | 01/01/2004                   |
| Baxter Healthcare Corporation          | 62338                 | 01/01/2004                   |

**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 upon the drug manufacturer's 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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