

TO: Providers of Pharmaceutical Services

SUBJECT: Additions and Deletions to Manufacturers' Labeler Code List
 (Revised 12/91) of the Newsletter Volume 1, No. 8, Dated December 1991

ADDITIONS: The Manufacturers' Labeler Codes listed below have been added to the

| LABELER CODE | NAME | STATE | EFFECTIVE DATE |
|--------------|---------------------------------------|-------|----------------|
| 00070 | Arcola Laboratories | | 7/1/93 |
| 10432 | Freeda Vitamins | | 7/1/93 |
| 10888 | Advanced Nutritional Technology, Inc. | | 7/1/93 |
| 20254 | Concord Laboratories | | 7/1/93 |
| 38206 | Aid-Pack USA | | 7/1/93 |
| 49729 | Ram Laboratories | | 7/1/93 |
| 50752 | Creighton Products Corporation | | 7/1/93 |
| 58948 | L. Perrigo Company | | 7/1/93 |
| 59075 | Athena Neurosciences, Inc. | | 7/1/93 |
| 59154 | Dapat, Inc. | | 7/1/93 |
| 59702 | Atley Pharmaceuticals, Inc. | | 7/1/93 |
| 59741 | Bio-Pharm, Inc. | | 7/1/93 |
| 59762 | Greenstone Limited | | 7/1/93 |
| 59772 | Apothecon, Inc. | | 7/1/93 |
| 59911 | ESI Pharma, Inc. | | 7/1/93 |

DELETIONS: The Manufacturers' Labeler Codes listed below have been deleted from the New Jersey Medicaid program by the Health Care Financing Administration.

| LABELER CODE | NAME | STATE | EFFECTIVE DATE |
|--------------|---------------|-------|----------------|
| 00302 | Genetco, Inc. | | 7/1/93 |

| LABELER CODE | NAME | STATE | EFFECTIVE DATE |
|--------------|------------------------------------|--------|----------------|
| 00538 | Landry Pharmaceuticals, Inc. | | 7/1/93 |
| 11735 | Columbia Drug Company, Inc. | | 7/1/93 |
| 11793 | Connaught Laboratories | | 7/1/93 |
| 49281 | Connaught Laboratories | | 7/1/93 |
| 14362 | Mass Public Health | 7/1/93 | |
| 26032 | Drug Guild | | 7/1/93 |
| 46287 | Carolina Medical Products | | 7/1/93 |
| 50361 | Pasteur Merieux | | 7/1/93 |
| 51309 | Quad Pharmaceuticals | | 7/1/93 |
| 51432 | Harber Pharmaceuticals, Inc. | | 7/1/93 |
| 52472 | Elan Pharmaceutical Research Corp. | | 7/1/93 |
| 55081 | Clinical Pharmaceuticals, Inc. | 7/1/93 | |
| 58154 | Infinity Pharmaceuticals, Inc. | 7/1/93 | |
| 58570 | Baron Pharmaceuticals | | 7/1/93 |
| 58634 | American Generics, Inc. | | 7/1/93 |
| 58729 | Coral Pharmaceuticals, Inc. | | 7/1/93 |
| 60104 | Pioneer Pharmaceuticals, Inc. | | 7/1/93 |

NOTE: Due to the lateness of this notice, any claim billed with the above deleted labeler codes with a date of service on and after July 1, 1993, through September 15, 1993, and previously denied solely with error code #549 (Drug Not Payable - No Rebate Agreement), must be resubmitted for payment on an original MC-6 (Pharmacy Claim Form) no later than October 31, 1993. Please submit these claims to:

Chief Pharmaceutical Consultant
Division of Medical Assistance and Health Services
Mail Code #20
CN-712
Trenton, NJ 08625-0712

If you have any questions regarding this Newsletter, please contact the New Jersey Medicaid programs's Chief Pharmaceutical Consultant, at (609) 588-2724.

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(BLUE TAB MARKED "5").