

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-13-15
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

July 24, 2008

TO: Drug Rebate Technical Contacts

FROM: Medicaid Drug Rebate Program

SUBJECT: Deleted Product--Immediate Action Required

CMS has determined that the following NDC's do not meet the definition of a covered outpatient drug as set forth in Section 1927(k)(2) of the Social Security Act (the Act). As a result, they are no longer eligible for inclusion in the Medicaid Drug Rebate Program. The products that are no longer rebate eligible are as follows:

00182	4048	26	GLUCOSAMINE SULFATE CAPSULES 500MG 60
00182	4095	07	GLUCOSAMINE/CHONDROITIN CAPSULES 120
00536	3111	08	GLUCOSAMINE/CHONDROITIN/MSM
00615	1388	39	GLUCOSAMINE SULFATE 500MG
00677	1652	06	GLUCPSAMINE CHONDROTIN CAP 60
00677	1652	67	GLUCOSAMINE CHONDROTIN CAP 120
24385	0062	79	CENTURY VITAMIN (MULTIVITAMIN/MULTIMINERAL)
24385	0062	85	GNP CENTURY VITAMIN
24385	0062	87	CENTURY VITAMINS (MULTIVITAMIN/MULTIMINERAL)
24385	0127	78	CENTURY FOR SENIORS (MULTIVITAMINS/MINERALS)
24385	0127	87	CENTURY FOR SENOIRS
24385	0258	76	GLUCOSAMINE CHONDROITIN
24385	0260	98	CENTURY ADVANTAGE MULTI-VITAMINS
24385	0381	41	GLUCOSAMINE CHONDROITIN 750MG/600MG
24385	0457	76	GLUCOSAMINE SULFATE 750 MG
24385	0672	72	MSM WITH GLUCOSAMINE 1000/1500 MG
24385	0703	41	GNP GLUCOSAMINE CHONDROITIN W/HYUALURONIC ACID
24385	0950	72	GLUCOSAMINE 500 MG
24385	0956	25	GLUCOSAMINE CHONDROITIN 1500/1200 MG
24385	0956	47	GLUCOSAMINE CHONDROITIN
24385	0956	71	GLUCOSAMINE CHONDROITIN 1500/1200 MG
49348	0218	12	GLUCOSAMINE 500MG
49348	0404	12	MSM W/GLUCOSAMINE COMPLEX

49348	0421	09	GLUCOSAMINE & CHOND
49348	0421	36	GLUCOSAMINE & CHOND
49348	0501	53	GLUCOSAMINE & CHONDROITIN REG STR
49348	0513	39	GLUCOSAMINE & CHONDROITIN TRIPLE STR.
49348	0565	53	GLUCOSAMINE SULFATE 750MG
49348	0747	13	GLUCOSAMINE WITH CALCIUM & D
49348	0748	12	GLUCOSAMINE TABLETS 1500MG
49348	0749	12	GLUCOSAM+MSM TABLETS 750MG
51552	0541	05	CHONDROITIN SULFATE SODIUM SALT
51552	0541	09	CHONDROITIN SULFATE SODIUM SALT
51552	0544	04	GLUCOSAMINE-D HYDROCHLORIDE
51552	0544	05	GLUCOSAMINE-D HYDROCHLORIDE
51552	0592	04	GLUCOSAMINE SULFATE
51552	0592	05	GLUCOSAMINE SULFATE
51552	0592	07	GLUCOSAMINE SULFATE
51552	0951	02	ACETYL-D-GLUCOSAMINE (N)
51552	0951	04	ACETYL-D-GLUCOSAMINE (N)
51552	0951	05	ACETYL-D-GLUCOSAMINE-N
51552	0951	06	ACETYL-D-GLUCOSAMINE (N)
51991	0031	06	GLUCOSAMINE 500MG / CHONDROITIN 400MG

Consequently, these NDCs should be deleted from your state Medicaid Drug Rebate system as of the date of this notice. The labeler of this product is responsible for paying rebates on this NDC if it was dispensed prior to the date of this notice. In addition, states should be aware that the second quarter 2008 tape to states will be the last quarterly tape that will include this NDC in order to facilitate rebate billing for any utilization that occurred in good faith prior to the date of this notice. However, states are reminded that no Federal Financial Participation will be available for this NDC after the date of this notice.