



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244 -1850

October 24, 2008

MEDICAID DRUG REBATE PROGRAM

Release No. 150



For State Medicaid Directors



IMPACT OF FDA NEW DRUG DETERMINATIONS ON THE MEDICAID DRUG REBATE PROGRAM (MDRP)

The FDA periodically issues Federal Register (FR) notices to announce certain FDA-related actions, such as the final determination that a drug is a new drug within the meaning of section 201(p) of the Federal Food, Drug and Cosmetic Act. Drugs subject to such final new drug determinations generally require FDA approval by the date of the FDA action (i.e., the date of the FR notice) in order to legally remain on the market.

In accordance with section 1927(k)(2) of the Social Security Act, those drugs that have been subject to a final new drug determination by the FDA that they are “new drugs” and for which the labeler has not received required FDA approval do not meet the definition of a covered outpatient drug. Therefore, when a final new drug determination is made, we expect that affected labelers will notify CMS to update information submitted pursuant to section 1927. Labelers may send an email to CMS (mdoperations@cms.hhs.gov), including “Request for Deletion of Non-Rebate-Eligible NDC(s)” in the subject line and cite the appropriate FDA-issued FR notice in support of the requested deletion in the body of the email.

When either the labeler or CMS has determined that an NDC is not a covered outpatient drug, CMS will work with labelers and states to ensure that all parties are promptly notified in situations where the NDC may no longer be eligible for Federal Financial Participation under section 1927.

Please note that the national rebate agreement provides that labelers submit a list of all of those NDCs that meet the definition of a covered outpatient drug. As a result, labelers that submit false information regarding drugs that do not meet the definition of a covered outpatient drug may be subject to civil monetary penalties, termination and/or other Federal agency action.

AVERAGE MANUFACTURER PRICE (AMP) RECALCULATIONS AND BEST PRICE (BP) – KING PHARMACEUTICALS, INC.

As a result of modifications in its methodology for the calculation of AMP and Best Price, King Pharmaceuticals, Inc. has revised AMPs and Best Price for first quarter 2003 through second quarter 2005, and will recover overpayments from states for excessive rebates during those quarters.

In many cases the recalculation resulted in significant overpayments to the states. King will recoup overpayments on a State-by-State basis from current and subsequent quarterly rebates (if necessary) until the overpayments have been recovered. King indicated that it will contact each State representative to inform them of this action and has expressed a willingness to work with individual states to recover the overpayments over several quarters, if necessary, to minimize financial hardship. In the meantime, states should continue to invoice King for current quarters as usual.

If you have any questions on this particular issue, please contact Kim Howell at 410-786-6762 or kimberly.howell@cms.hhs.gov.

AVERAGE MANUFACTURER PRICE (AMP) RECALCULATIONS – MORTON GROVE, INC.

As a result of modifications in its methodology for the calculation of AMP, Morton Grove Pharmaceuticals, Inc. has revised AMPs for second quarter 2003 through first quarter 2006, and will recover overpayments from states for excessive rebates during those quarters.

In many cases the recalculation resulted in significant overpayments to the states. Morton Grove will recoup overpayments on a State-by-State basis from current and subsequent quarterly rebates (if necessary) until the overpayments have been recovered. Morton Grove indicated that it will contact each State representative to inform them of this action and has expressed a willingness to work with individual states to recover the overpayments over several quarters, if necessary, to minimize financial hardship. In the meantime, states should continue to invoice Morton Grove for current quarters as usual.

If you have any questions on this particular issue, please contact Kim Howell at 410-786-6762 or kimberly.howell@cms.hhs.gov.

AVERAGE MANUFACTURER PRICE (AMP) RECALCULATIONS – BOEHRINGER INGELHEIM PHARMACEUTICALS, INC.

As a result of modifications in its methodology for the calculation of AMP, Boehringer Ingelheim Pharmaceuticals, Inc. has revised AMPs for first quarter 1991 through third quarter 2000, and will recover overpayments from states for excessive rebates during those quarters.

In many cases the recalculation resulted in significant overpayments to the states. Boehringer Ingelheim will recoup overpayments on a State-by-State basis from current and subsequent quarterly rebates (if necessary) until the overpayments have been recovered. Boehringer Ingelheim indicated that it will contact each State representative to inform them of this action and has expressed a willingness to work with individual states to recover the overpayments over several quarters, if necessary, to minimize financial hardship. In the meantime, states should continue to invoice Boehringer Ingelheim for current quarters as usual.

If you have any questions on this particular issue, please contact Kim Howell at 410-786-6762 or kimberly.howell@cms.hhs.gov.

NEW REBATE AGREEMENTS

The following are new labelers to the Medicaid Drug Rebate Program. Their contact information is attached:

<u>Labeler Name/Labeler Code</u>	<u>Mandatory Coverage Date</u>	<u>Optional Coverage Date</u>
VERUS Labeler Code 13436	01/01/2009	09/12/2008
APACE PACKAGING LLC Labeler Code 15338	01/01/2009	09/25/2009
PROBACTIVE BIOTECH, INC. Labeler Code 23110	10/01/2008	06/17/2008
EKR THERAPEUTICS, INC. Labeler Code 24477	10/01/2008	06/27/2008
ARISTOS PHARMACEUTICALS, INC. Labeler Code 24486	10/01/2008	06/09/2008
SAGENT PHARMACEUTICALS, INC. Labeler Code 25021	01/01/2009	08/06/2008
MEDICURE Labeler Code 25208	10/01/2008	05/15/2008
ANESIVA Labeler Code 28000	01/01/2009	09/23/2008
UNICHEM PHARMACEUTICALS, INC. Labeler Code 29300	01/01/2009	08/25/2008
BROOKSTONE PHARMACEUTICALS, LLC Labeler Code 42192	09/30/08	01/01/09

EMMAUS MEDICAL, INC Labeler Code 42457	01/01/2009	08/12/2008
ALMUS PHARMACEUTICALS USA LLC Labeler Code 42688	01/01/2009	09/05/2008
PIERRE FABRE MEDICAMENT Labeler Code 64370	10/01/2008	05/14/2008
CHAIN DRUG CONSORTIUM, LLC Labeler Code 68016	10/01/2008	07/29/2008

REINSTATED REBATE AGREEMENTS

MEDISCA, INC. Labeler Code 38779	01/01/2009	08/15/2008
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TERMINATED REBATE AGREEMENTSLabeler NameLabeler Code**Effective 10/01/2008:**

NEXUS PHARMACEUTICALS, INC.	14789
ADVANCE PHARMACEUTICALS, INC.	17714
MARTEC USA, LLC	52555
COATS ALOE INTERNATIONAL, INC.	58826
DARTMOUTH PHARMACEUTICALS, INC.	58869
ALTAIRE PHARMACEUTICALS, INC.	59390
ADVENT PHARMACEUTICALS, INC.	60242
THE MEDICINES COMPANY	65293
AERO PHARMACEUTICALS, INC.	66440
CURA PHARMACEUTICAL CO., INC.	66860

Effective 01/01/2009:

PURDUE FREDERICK COMPANY	00034
STAR PHARMACEUTICALS, INC.	00076
WATSON PHARMA INC.	00364
CHEMRICH LABORATORIES INC.	10235
GRIFOLS BIOLOGICALS, INC.	49669
GENERAMED, INC.	52569
CARRINGTON LABORATORIES, INC.	53303
WATSON PHARMA INC.	62022
VERACITY PHARMACEUTICALS, INC.	67887
CAROLINA PHARMACEUTICALS, INC.	68249
KVD PHARMA, INC	68716

VOLUNTARILY TERMINATED LABELERS

*Note: This labeler's termination date was made retroactive to 04/01/2008:
UNICO HOLDINGS, INC. 59640

Effective 01/01/2009:

CARDINAL HEALTH SINGAPORE 42115

CHANGE IN DRUG COVERAGE STATUS/DESI CODE CHANGES

The following products were reported by the labeler as DESI code 2 (safe and effective or non-DESI drug). The FDA has determined that the drugs are DESI code 5 (less than effective/IRS drug).

11/11/1975, DESI 3265

68308 0830 DIACETAZONE CAPSULES

09/25/1981, DESI 10367

00185 5174 NITROGLYCERIN SLOCAPS CAPSULES SUSTAINED RELEASE 2.5 MG
00185 1235 NITROGLYCERIN SLOCAPS CAPSULES SUSTAINED RELEASE 6.5 MG
00185 1217 NITROGLYCERIN SLOCAPS CAPSULES SUSTAINED RELEASE 9 MG
58177 0004 NITROGLYCERIN 2.5 MG EXTENDED RELEASE CAPSULES
58177 0005 NITROGLYCERIN 6.5 MG EXTENDED RELEASE CAPSULES
58177 0006 NITROGLYCERIN 9.0 MG EXTENDED RELEASE CAPSULES
58177 0323 NITROQUICK SUBLINGUAL TABLETS 0.3 MG
58177 0324 NITROQUICK SUBLINGUAL TABLETS 0.4 MG
58177 0325 NITROQUICK SUBLINGUAL TABLETS 0.6 MG

The following product was reported by the labeler as DESI code 5 (less than effective/IRS drug).
The FDA has determined that the drug is a DESI code 2 (safe and effective or non-DESI drug).

52152 0060 URSODIOL

NON-DRUG DELETIONS FROM MDR

00245 0022 AMLACTINXL
00245 0023 AMLACTIN 12% COSMETIC LOTION
00245 0024 AMLACTIN 12% COSMETIC CREAM
00182 4048 GLUCOSAMINE SULFATE CAPSULES 500MG 60
00182 4095 GLUCOSAMINE/CHONDROITIN CAPSULES 120
00536 3111 GLUCOSAMINE/CHONDROITIN/MSM
00615 1388 GLUCOSAMINE SULFATE 500MG
00677 1652 GLUCOSAMINE CHONDROITIN CAP 60
24385 0062 CENTURY VITAMIN (MULTIVITAMIN/MULTIMINERAL)
24385 0127 CENTURY FOR SENIORS (MULTIVITAMINS/MINERALS)
24385 0258 GLUCOSAMINE CHONDROITIN

24385	0260	CENTURY ADVANTAGE MULTI-VITAMINS
24385	0381	GLUCOSAMINE CHONDROITIN 750MG/600MG
24385	0457	GLUCOSAMINE SULFATE 750 MG
24385	0672	MSM WITH GLUCOSAMINE 1000/1500 MG
24385	0703	GNP GLUCOSAMINE CHONDROITIN W/HYALURONIC ACID
24385	0950	GLUCOSAMINE 500 MG
24385	0956	GLUCOSAMINE CHONDROITIN 1500/1200 MG
49348	0083	VITAMIN C 500 MC
49348	0218	GLUCOSAMINE 500MG
49348	0404	MSM W/GLUCOSAMINE COMPLEX
49348	0421	GLUCOSAMINE & CHOND
49348	0501	GLUCOSAMINE & CHONDROITIN REG STR
49348	0513	GLUCOSAMINE & CHONDROITIN TRIPLE STR.
49348	0565	GLUCOSAMINE SULFATE 750MG
49348	0747	GLUCOSAMINE WITH CALCIUM & D
49348	0748	GLUCOSAMINE TABLETS 1500MG
49348	0749	GLUCOSAM+MSM TABLETS 750MG
51552	0541	CHONDROITIN SULFATE SODIUM SALT
51552	0544	GLUCOSAMINE-D HYDROCHLORIDE
51552	0592	GLUCOSAMINE SULFATE
51552	0951	ACETYL-D-GLUCOSAMINE (N)
51991	0031	GLUCOSAMINE 500MG / CHONDROITIN 400
68032	0344	NICOTINAMIDE ZCF

NEW DRUG DETERMINATIONS--DELETIONS FROM MDR

The states were previously notified of the FDA's determination that the following product is a Post-62 Unapproved Drug Product for which FDA requires approval. As a result, this NDC does not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and is, therefore, no longer eligible for inclusion in the rebate program. It is being deleted from the Medicaid Drug Rebate master file of covered outpatient drugs and should be deleted from state Medicaid Drug Rebate systems:

16881 0300 AURALGAN OTIC SOLUTION

The states were previously notified of the FDA's determination that the following NDCs have been subject of a final determination by the FDA that they are new drugs within the meaning of section 201(p) of the Federal Food, Drug and Cosmetic Act, subject to enforcement action, and cannot be marketed without appropriate FDA approval as set forth in 71 Fed. Reg. 33462 (June 9, 2006). As a result, these NDCs do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and are, therefore, no longer eligible for inclusion in the rebate program. They are being deleted from the Medicaid Drug Rebate master file of covered outpatient drugs and should be deleted from state Medicaid Drug Rebate systems:

00182-1199	CARDEC 4/60MG TABLETS
00472-0727	CARDEC-S SYRUP
00472-0731	CARDEC-DM SYRUP
00472-0733	CARDEC-DM DROPS
10914-0920	CARBINOXAMINE MALEATE 2 MG IR / 8 MB ER
10914-0925	CARBINOXAMINE MALEATE / TANNATE 2 MG. / 6 MG. SUSPENSION

55654-0028 CARBODEX DM DROPS
58177-0924 HYDRO-TUSSIN CBX 16 OZ.

The states were previously notified of the FDA's determination that the following NDCs have been subject of a final determination by the FDA that they are new drugs within the meaning of section 201(p) of the Federal Food, Drug and Cosmetic Act, subject to enforcement action, and cannot be marketed without appropriate FDA approval as set forth in 21 CFR 310.502(a)(14). 72 Fed. Reg. 29517 (May 29, 2007). As a result, these NDCs do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and are, therefore, no longer eligible for inclusion in the rebate program. They are being deleted from the Medicaid Drug Rebate master file of covered outpatient drugs and should be deleted from state Medicaid Drug Rebate systems:

00095 0067 PNEUMOTUSSIN 2.5 COUGH SYRUP
00131 2055 GUAIMAX-D TABLETS
00182 1042 GUAIFENESIN/DM TABLETS 600MG/30MG 100
00551 0189 GUA-SR TABLETS
00603 5543 Q-BID LA 250
00642 0421 TUSSO-HC
00642 0645 TUSSO-DMR
00677 1487 GUAIFENESIN 600MG/PSEUDOEPHEDRINE 60MG TAB 100
10914 0100 GUAIFENESIN 900 MG; PHENYLEPHRINE HYDROCHLORIDE 25 MG
10914 0200 GUAIFENESIN 1200MG; PHENYLEPHRINE HYDROCHLORIDE 25MG
10914 0300 PHENYLEPHRINE HCL 15 MG; GUAIFENESIN 600 MG
10914 0970 GUAIFENESIN 1200 MG./DEXTROMETHORPHAN HBR 20 MG
14629 0203 EXTENDRYL HC
14629 0204 EXTENDRYL G
51674 0124 PROLEX D TABLETS
51674 0126 PROLEX PD
51674 0127 PROSET D TABLETS
51991 0426 MINTEX DM
51991 0428 GUIAFEN PE TABLETS
51991 0429 GUIAFEN DM TABLETS
51991 0461 GUIAFEN II DM
52152 0139 AMIBID DM TABS (100)
52152 0246 GUAIF. & DEXTROMETHORPHAN ER TABS
53489 0424 GUAIFENESIN 600MG/PSEUDOEPHEDRINE 120MG LONG ACTING
53489 0425 GUAIFENESIN 600MG/PSEUDOEPHEDRINE 60MG LONG ACTING
57664 0222 MIRAPHEN PSE (GUAIFENESIN/PSEUDOEPHEDRINE 600/120 MG)
57664 0317 MIRAPHEN PE (GUAIFENESIN/PHENYLEPHRINE 300/20 MG)
57664 0355 GUAIFENESIN/DEXTROMETHORPHAN 600/30MG
58177 0078 PHENAVENT CAPS
58177 0079 PHENAVENT PED
58177 0095 PHENAVET LA CAPS 30's
58177 0444 PHENAVENT D 100's
58605 0530 ALLFEN DM
58605 0613 ALLFEN
58605 0621 ALLFEN DM
58605 0630 ALLFEN DM
58605 0713 ALLFEN C
58605 0721 ALLFEN CX

58869	0411	TOURO DM
58869	0441	TOURO CC
58869	0445	TOURO CC-LD
58869	0581	TOURO HC
58869	0635	TOURO LA-LD
58869	0636	TOURO LA
59196	0112	SYMPAK COUGH/COLD BP
59196	0120	SYMPAK DM
59243	0011	RU TUSS 800 TABS
59243	0012	RU-TUSS 800 DM TABLETS
59243	0017	RU TUSS JR. TABS
59310	0120	MUCO-FEN 1200
59702	0191	SUDEX TABLETS
60258	0252	GFN 1200/DM 20/PE 40 TABLETS
60258	0256	GANIDIN NR LIQUID
60258	0263	GFN 1200/DM 60 TABLETS
60258	0264	GFN 600/PSE60/DM30 TABLETS
60258	0266	GFN/PSE TABLETS
60258	0267	GFN 1000/DM60 TABLETS
60258	0269	GFN 600/PHENYLEPHRINE 20 MG TABS
60258	0274	GFN 600/PHENYLEPHRINE 40
60258	0275	GUAIFENESIN 400 MG TABLETS
60258	0277	G/P 1200/75
60258	0284	GFN 1200/PHENYLEPHRINE 40
60575	0078	RESPA DM
60575	0087	RESPA 1 ST
60575	0457	TRIKOF-D
60575	0786	RESPA BR
60575	0787	RESPA-PE
62022	0132	ENTEX PSE CAPSULES
62022	0333	ENTEX LA CAPSULES
62022	0334	ENTEX ER
62037	0827	GENERIC ENTEX LA 30/400 MG
63717	0240	XPECT-AT TABLETS
63717	0241	XPECT PE TABLETS
63717	0705	XPECT HC
64125	0126	GUAIFENESIN & DEXTROMETHARPHEN HBR 1200/60 MG TABLETS
64376	0033	PSEUDO GG TR TABS
64376	0539	GUAIPHEN PD TR TAB
64376	0540	GUAIPHEN D TR TAB
64376	0541	GUAIPHEN D 1200 TR TAB
64543	0140	LIQUIBID D 1200
64543	0150	LIQUIBID D BIPHASIC TAB
64543	0240	LIQUIBID D 1200 BIPHASIC 90'S
64543	0246	LIQUIBID PD BIPHASIC TAB
66813	0036	DYNEX LA
66813	0525	ENTEX PSE
66813	0535	ENTEX LA
66869	0316	DURADDEX FORTE
66869	0614	DURAPHEN DM

66869	0616	DURADEX
66869	0626	DURAMAX TABS
66869	0669	DURAPHEN 1000
66869	0715	DURAPHEN II DM
66869	0805	DURAPHEN FORTE
66869	0822	DURAPHEN II
66870	0012	AMBIFED-G
66870	0015	AMBIFED-G DM
66870	0115	AMBI 45/800
66870	0116	AMBI 45/800/30
66870	0118	AMBI 80/700
66870	0119	AMBI 80/700/40
66870	0120	AMBI 1000/55
66870	0121	AMBI 60/580
66870	0122	AMBI 60/580/30
66870	0218	AMBI 80/780
66870	0219	AMBI 80/780/40
66870	0713	05/01/1000
66870	0912	AMBI 60/1000
66870	0915	AMBI 60/1000/30
66870	0919	AMBI 40/1000
66870	0920	AMBI 40/1000/60
66993	0312	GUAIFENESIN DM TABLETS 1000/60 MG
66993	0325	GUAIFENESIN/PHENYLEPHRINE TABS
66993	0326	PHENYLEPHRINE/GUAIFENESIN TABS
66993	0327	GUAIFENESIN/PHENYLEPHRINE HCL
66993	0328	PHENYLEPHRINE/GUAIFENESIN TABS
66993	0332	PSE HCl/GUAIFENESIN TABLETS 120/1200 MG
67204	0064	SITREX TABLETS
67204	0076	SITREX TABLETS 20/1200
67204	0273	ORATUSS 12 TABLETS
68025	0002	ZOTEX LA CAPLETS
68025	0005	ZOTEX GP CAPLETS
68025	0018	ZOTEX LAX CAPLETS
68025	0020	ZOTEX GPX CAPLETS
68025	0023	ZOTEX DMX
68032	0133	GUAPHEN FORTE 1200 MG
68032	0134	GUAPHEN II DM 800 MG
68032	0164	PHENYLEPHRINE HCl 20MG GUAIFENESIN 600MG LA
68032	0180	GUAIFENESIN AND PHENYLEPHRINE HCL
68032	0183	DEXTROMETH HBR 60 MG, PSEUDO 90 MG
68032	0184	PSEUDO HCL 90 MG, GUAIF 800 MG
68032	0185	PSEUDOEPHEDRINE HCL 60 MG GUAIFENESIN 500 MG SR
68032	0186	PSEUDO HCL 45 GUAIFENESIN 800 DEXTROMETHORPHAN HBR 300 LA
68032	0187	PSEUDOEPHEDRINE HCL 45 MG GUAIFENESIN 800 MG LA
68084	0115	GUAIFENSIN W/D-METHORPHARN HBR TAB 1200-60MG
68047	0180	EXETUSS
68047	0181	EXETUSS-GP
68047	0183	GP EXETUSS-DM
68453	0550	DURATUSS CS TABLETS

The states were previously notified of the FDA's determination that the following NDCs have been subject of a final determination by the FDA that they are new drugs within the meaning of section 201(p) of the Federal Food, Drug and Cosmetic Act, subject to enforcement action, and cannot be marketed without appropriate FDA approval as set forth in 21 CFR 310.502(a)(14). 72 Fed. Reg. 55780 (October 1, 2007). As a result, these NDCs do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and are, therefore, no longer eligible for inclusion in the rebate program. They are being deleted from the Medicaid Drug Rebate master file of covered outpatient drugs and should be deleted from state Medicaid Drug Rebate systems:

00095-0130 ANAPLEX HD COUGH SYRUP
00131-5129 CODIMAL DH SYRUP
00131-5134 CODICLEAR DH SYRUP
00225-0420 KWELCOF
00472-0077 HYCOSIN EXPECTORANT
00472-0958 DETUSSIN LIQUID
00485-0052 ED TLC LIQUID
00485-0053 ED TUSS HC LIQUID
00603-1111 CODITUSS DH (AF) SYR
00603-1283 H-C TUSSIVE-NR SYR 2.5-5-1MG/5ML
00603-1284 HC TUSSIVE SYRUP
00603-1285 H-C TUSSIVE D SYR
00603-1625 QUINDAL-HD 2MG-7.5MG-2MG/5ML SYR
00603-1636 QUINTEX HC SF DF AF
00603-1799 TUSSICLEAR DH SYRUP 3.5MG-100MG/5ML
00603-1853 VI-Q-TUSS LIQ
00682-0420 MARCOF EXPECTORANT (REVISED FORMULA)
10914-0820 HC 3.5 MG / GUA 300 MG SYRUP
10914-0830 HC 2.5 MG / PE 5 MG / DBROM 1 MG SYRUP
10914-0980 HYDROCODONE BITARTRATE 3.5 MG/GUAIFENESIN 100 MG SYRUP
12830-0715 M-CLEAR
12830-0733 M-END REFORMULATED
12830-0742 M-CLEAR JR
12830-0752 M-END MAX
14629-0302 LEVAL 5.0
16477-0956 DONATUSSIN DC SYRUP
23589-0008 ENDAL HD SYRUP
50991-0322 POLY-TUSSIN XP (NEW FORMULA)
50991-0603 POLY-TUSSIN HD
50991-0707 POLY-TUSSIN (NEW FORMULA)
50991-0714 POLY HIST HC
50991-0727 POLY-TUSSIN SYRUP (REVISED FORMULA)
50991-0925 POLY-TUSSIN XP (EXPECTORANT)
52604-0200 ENDAGEN-HD
52604-0300 VANEX-HD
58177-0877 HISTINEX HC
58177-0881 CIII HYDROCODONE BITARTRATE/GUAIFENSIN
58177-0883 HISTINEX PV
58177-0890 CIII HYDRO-TUSSIN HD
58177-0915 HYDRO-TUSSIN HC SYRUP (CIII)
58177-0916 HYDRO-TUSSIN XP

58605-0534	MAXI-TUSS HCX
58809-0442	PHENA-HC
58809-0929	VANACON
59702-0799	ATUSS HS
59702-0813	ATUSS HD CAPSULES
59702-0814	ATUSS HX CAPSULES
63481-0235	HYCOTUSS
64376-0035	PHENYLEPHRINE HD (CIII)
64661-0040	J-TAN D HC
65224-0610	Z-COF HCX
66594-0111	PRO-RED
66594-0222	PRO-CLEAR
66813-0545	ENTEX HC
66813-0933	DYNEX HD
66813-0940	BROVEX HC
66813-0980	SYMTAN
66813-0982	SYMTAN A
66992-0250	VAZOTUSS HC
66993-0222	BROMPLEX HD SYRUP 30/2/1.7MG
67204-0320	ZYMINE LIQUID
67204-0390	ZYMINE HC LIQUID
67537-0940	BROMPHENIRAMINE/HYDROCODONE/PSE LIQUID
68025-0032	ZOTEX HC
68032-0165	HYDROCODONE BITARTRATE 4.5MG POTASSIUM GUAIACOLSULFONATE 300MG
68032-0167	HYDROCODONE BITARTRATE 5MG PHENYLEPHRINE HYDROCHLORIDE 5MG
68047-0131	ENDACOF-HC
68047-0132	ENDACOF-XP
68047-0133	ENDACOF-PLUS
68047-0135	ENDACOF-TAB
68047-0171	EXECOF-XP
68047-0182	EXETUSS-HC
68047-0190	DROTUSS
68047-0191	DROTUSS-CP
68047-0200	HYDROFED
68047-0220	EXECLEAR
68047-0260	PHENDACOF-HC
68047-0261	PHENDACOF-PLUS
68308-0134	D-TANN HC SUSPENSION
68308-0310	NAZARIN HC LIQUID
68453-0129	CODIMAL DH SYRUP CIII
68453-0134	CODICLEAR DH SYRUP
68453-0140	CODICLEAR DH SYRUP CIII
68453-0145	CODIMAL DH
68453-0860	HISTUSSIN HC SYRUP CIII

T-BILL AUCTION RATES

A copy of the current listing of the Treasury Bill auction rates beginning January 07, 2008 is attached. Please note that the Treasury Department has changed the name of this listing from 91-Day to 13-Week.

Please direct your drug rebate data questions to mdoperations@cms.hhs.gov and your drug policy questions to the Division of Pharmacy at DRARxPolicy@cms.hhs.gov.

Karen S. Raschke /s/ for

Edward C. Gendron
Director
Finance, Systems and Budget Group

2 Attachments

cc:
State Drug Rebate Technical Contacts
Regional Administrators

US T-Bill Auction Results
Weekly 13-Week Treasury Bill Auction Rates

Date of Auction	Investment Rate
01-07-08	3.259
01-14-08	3.156
01-21-08	2.424
01-28-08	2.388
02-04-08	2.280
02-11-08	2.301
02-18-08	2.249
02-25-08	2.208
03-03-08	1.823
03-10-08	1.445
03-17-08	1.118
03-24-08	1.220
03-31-08	1.465
04-07-08	1.476
04-14-08	1.078
04-21-08	1.343
04-28-08	1.445
05-05-08	1.639
05-12-08	1.833
05-19-08	1.890
05-26-08	1.905
06-02-08	1.854
06-09-08	1.885
06-16-08	2.089
06-23-08	1.890
06-30-08	1.936
07-07-08	1.900
07-14-08	1.639
07-21-08	1.547
07-28-08	1.726
08-04-08	1.741
08-11-08	1.905
08-18-08	1.885
08-25-08	1.741
09-01-08	1.716
09-08-08	1.721
09-15-08	1.067
09-22-08	1.445
09-29-08	1.100
10-06-08	0.467
10-13-08	0.508
10-20-08	1.271

**MDRI Detailed Manufacturer Contact Information
01/01/2009**

Date Range: 05/05/2008 to

Labeler Name: VERUS

Effective Date: 09/12/2008

NDC: 13436

Transmission Option: 1

Termination Date:

Legal Information

TOI WILSON
SCIELE PHARMA, INC.
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Invoice Information

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Technical Information

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Labeler Name: APACE KY LLC DBA APACE
PACKAGING, LLC

Effective Date: 09/25/2008

NDC: 15338

Transmission Option: 1

Termination Date:

Legal Information

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Invoice Information

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Technical Information

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Labeler Name: PROBACTIVE BIOTECH. INC.

Effective Date: 06/17/2008

NDC: 23110

Transmission Option: 1

Termination Date:

Legal Information

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Invoice Information

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Labeler Name: EKR THERAPEUTICS, INC.

Effective Date: 06/27/2008

NDC: 24477

Transmission Option: 1

Termination Date:

Legal Information

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Invoice Information

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Technical Information

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Labeler Name: ARISTOS PHARMACEUTICALS, INC.

Effective Date: 06/09/2008

NDC: 24486

Transmission Option: 1

Termination Date:

Legal Information

DAVE CLEMENT
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Technical Information

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2000 REGENCY PARKWAY,

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Labeler Name: SAGENT PHARMACEUTICALS, INC.

Effective Date: 08/06/2008

NDC: 25021

Transmission Option: 2

Termination Date:

Legal Information

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(847) 312-0511
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Invoice Information

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Technical Information

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W127 N7564 FLINT DRIVE
SUITE 200
800 WOODLAND PRIME
MENOMONEE FALLS, WI
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Labeler Name: MEDICURE

Effective Date: 05/15/2008

NDC: 25208

Transmission Option: 2

Termination Date:

Legal Information

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SOMERSET, NJ 08873
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Invoice Information

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(650) 726-9544

Technical Information

LYNNE MARTON
MEDICURE
349 BURNING TREE CT.
HALF MOON BAY, CA 94019
(650) 726-9544

Labeler Name: ANESIVA, INC.

Effective Date: 09/23/2008

NDC: 28000

Transmission Option: 1

Termination Date:

Legal Information

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Invoice Information

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Technical Information

JOHN TRAN
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650 GATEWAY BLVD.
S SAN FRANCISCO, CA

(650) 246-6959

Labeler Name: UNICHEM PHARMACEUTICALS, INC. **Effective Date:** 08/25/2008
NDC: 29300 **Transmission Option:** 2 **Termination Date:**

Legal Information

RAJEEV LAMBA
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Technical Information

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 SUITE 200
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 MENOMONEE FALLS, WI

 (414) 434-4630

Labeler Name: MEDISCA, INC. **Effective Date:** 08/15/2008
NDC: 38779 **Transmission Option:** 2 **Termination Date:**

Legal Information

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 PLATTSBURG, NY 12901
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Invoice Information

MARIANA VETRO
 MEDISCA, INC.
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 PLATTSBURG, NY 12901
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Technical Information

MARIANA VETRO
 MEDISCA, INC.
 661 ROUTE #3
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 PLATTSBURG, NY 12901
 (800) 665-6334 x257

Labeler Name: BROOKSTONE PHARMACEUTICALS, LLC **Effective Date:** 09/30/2008
NDC: 42192 **Transmission Option:** 3 **Termination Date:**

Legal Information

ALLEN FIELDS
 BROOKSTONE PHARMACEUTICALS, LLC
 PHARMACEUTICALS
 9005 WESTSIDE POARKWAY
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Invoice Information

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Technical Information

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 BROOKSTONE

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 ALPHARETTA, GA 30009
 (678) 325-5189

Labeler Name: EMMAUS MEDICAL, INC. **Effective Date:** 08/12/2008
NDC: 42457 **Transmission Option:** 2 **Termination Date:**

Legal Information

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Invoice Information

THOMAS HART
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Technical Information

THOMAS HART
 EMMAUS MEDICAL, INC.
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 SUITE 136
 TORRANCE, CA 90501-1884
 (310) 214-0065 x2015

Labeler Name: ALMUS PHARMACEUTICALS USA LLC **Effective Date:** 09/05/2008
NDC: 42688 **Transmission Option:** 1 **Termination Date:**

Legal Information

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Invoice Information

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 CARDINAL HEALTH
 7000 CARDINAL PLACE
 DUBLIN, OH 43017
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Technical Information

MARK PILKINGTON
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 7000 CARDINAL PLACE
 DUBLIN, OH 43017
 (614) 757-7896

Labeler Name: PIERRE FABRE MEDICAMENT

Effective Date: 05/14/2008

NDC: 64370

Transmission Option: 2

Termination Date:

Legal Information

CHRIS KELLY
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PHARMACEUTICALS
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Invoice Information

KIM DEWITT
PIERRE FABRE PHARMACEUTICALS

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2ND FLOOR
PARSIPPANY, NJ 07054
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Technical Information

KIM DEWITT
PIERRE FABRE

9 CAMPUS DRIVE
2ND FLOOR
PARSIPPANY, NJ 07054
(973) 898-1042 x104

Labeler Name: CHAIN DRUG CONSORTIUM, LLC

Effective Date: 07/29/2008

NDC: 68016

Transmission Option: 2

Termination Date:

Legal Information

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CHAIN DRUG CONSORTIUM, LLC
LLC
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SUITE 338
PITTSBURGH, PA 15238
(412) 828-2061

Invoice Information

LOU HELFRICH
CHAIN DRUG CONSORTIUM, LLC

1020 WILLIAM PITT WAY
SUITE 338
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(412) 828-2061

Technical Information

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