


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Mycas</i>	DATE <i>8-28-08</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOC NUMBER  <i>000117</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



1009 Slater Road,  
Suite 210-B  
Durham, NC 27703, USA  
Tel.: 1-919-941-7878  
Fax: 1-919-941-7881  
Website: [www.accord-healthcare.com](http://www.accord-healthcare.com)

08/20/08

South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

**Re: Labeler Code 16729 – Coverage under CMS Drug Rebate Agreement**

Sir/Madam,

Accord Healthcare Inc. is a firm registered with the Food and Drug Administration as the ANDA holder and marketer of prescriptive generic drug products.

This is to inform your office that Accord Healthcare Inc. has signed up for the CMS Drug Rebate Agreement for the labeler code 16729.

In the event that this information was not transmitted to the State Health Department by the CMS, please treat this letter as a request to allow prescriptions dispensed under labeler code 16729 to be eligible for reimbursement under Medicare and Medicaid programs.

If there are any queries, please contact me at 919-941-7878 or email me at [Samir\\_mehta@intaspharma.com](mailto:Samir_mehta@intaspharma.com).

Thank You,

A handwritten signature in dark ink, appearing to read "S. Mehta", is written over the typed name and title.

Samir Mehta  
President  
Accord Healthcare Inc.  
1009 Slater Road  
Suite 210B  
Durham NC 27703