

**Miller, Thomas**

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**From:** Miller, Thomas  
**Sent:** Thursday, June 03, 2010 10:36 PM  
**To:** Miller, Thomas  
**Subject:** Request for Supplemental Rebate Offers for Connecticut State Pharmacy Assistance Program - 9/2/2010 P&T Meeting  
**Attachments:** CTQ SPAP 20100902 Classes to be Reviewed.pdf; CTQ\_SPAP\_Offer\_Form\_2010\_v3.xls; Manufacturer Contact Form.xls

Thursday, June 3, 2010

Dear Pharmaceutical Manufacturer:

On September 2, 2010, the Connecticut Medicaid Pharmacy & Therapeutics (P&T) Committee will review the products on the attached document.

<CTQ\_SPAP\_Classes\_To\_Be\_Reviewed\_September\_2\_2010.pdf>.

This file is also available on our website at this web address:

[CTQ\\_SPAP Classes To Be Reviewed September 2 2010.pdf](#)

On behalf of Connecticut SPAP, Provider Synergies invites you to submit supplemental rebate offers for these drug products.

The contract price/discount for Connecticut SPAP is Guaranteed Net Unit Price (GNUP) based on Wholesale Acquisition Cost (WAC). No other pricing calculation type will be accepted.

GNUP is calculated as:

**GNUP = WAC Price per Unit - Federal Unit Rebate Amount - Supplemental Rebate Amount.**

The GNUP represents the value that will determine your supplemental rebate amount each quarter, along with the WAC price and Federal URA in effect for that quarter, throughout the term (1 year) of the contract. It is also the value that will appear on your contract as the contract price.

Please submit supplemental rebate offers only for the drug products on the list from the link referenced above. All supplemental rebate offers must be submitted via the Provider Synergies Secure FTP site (<https://www.secureftp.providersynergies.com/pssecure.html>) using the Offer Form available for download at:

[CTQ\\_SPAP\\_Offer\\_Form\\_2010\\_v3.xls](#)

Please save the Offer Form file to your local PC and follow the instructions for the completion and submission of the form. Only those offers submitted to Provider Synergies through our Secure FTP site and using [this Offer Form](#) will be presented to the state for review and consideration.

All **best** and **final** supplemental rebate offers must be submitted to the Provider Synergies Secure FTP site ([www.secureftp.providersynergies.com](http://www.secureftp.providersynergies.com)) by:

**2:00 p.m. Eastern Time on Thursday, June 24, 2010.**

Offers received after that time, offers not submitted via our Secure FTP site, or offers submitted in a format other than the Offer Form referenced above, **will not** be considered for this review.

The following information is provided to assist you in completing and submitting your Offer Form, in addition to the instructions included on the Offer Form itself:

- Please direct questions regarding how to complete the Offer Form to **Thomas A. Miller** via email ([tamiller@magellanhealth.com](mailto:tamiller@magellanhealth.com)) or telephone (513.794.5298).
- Please direct questions regarding the Secure FTP site to **Mike Phelps** via email ([mdphelps@magellanhealth.com](mailto:mdphelps@magellanhealth.com)) or telephone (513.794.5287) Requests for user names and passwords should be submitted via e-mail to **Mike Phelps**. User names and passwords will not be provided over the telephone.
- Do not change the column heading names, add or delete columns or rows, or modify any formats on the Offer Form. Doing so may render your Offer Form information unrecognizable by our systems.
- Prior to submitting, please rename the Offer Form file as CTQ [Your Company] Offer Form.xls. Using any other naming convention or saving the file as a type other than .xls may render your Offer Form information unrecognizable by our systems.
- A confirmation of receipt will be sent to the e-mail address designated on the Preparer Information tab of each Offer Form when the file is downloaded from the Secure FTP site to our internal servers (*not* when the file is uploaded). Allow at least 4 hours from the time of submission to the FTP site for the generation of the confirmation of receipt.
- Please do not submit changes to manufacturer contact information with your Offer Form submissions. Such changes should be made using the Contact Information Form available at

**[Manufacturer Contact Form.xls](#)**

Clinical data pertinent to the drugs being reviewed may be submitted to Provider Synergies in electronic format only. Please send information on CD-ROM to **Chris Andrews, PharmD** at this address: (Provider Synergies, 10101 Alliance Rd, Ste 201, Cincinnati, OH 45242) You may also contact **Chris Andrews, PharmD** at his e-mail address: [cjandrews@magellanhealth.com](mailto:cjandrews@magellanhealth.com).

**Supplemental rebate offers are due no later than 2:00 p.m. Eastern Time on:  
Thursday, June 24, 2010.**

Supplemental rebates for those products selected for the Preferred Drug List will begin to accrue October 1, 2010. The term of the contract is 1 year.

Please direct additional questions regarding the Connecticut SPAP PDL to:  
[PSCConnecticutPDLQuestions@magellanhealth.com](mailto:PSCConnecticutPDLQuestions@magellanhealth.com)

Many Thanks,

**Thomas A. Miller**

Provider Synergies L.L.C.  
10101 Alliance Rd., Suite 201  
Blue Ash, OH 45242  
Telephone: (513) 794-5298  
FAX: (513) 697-5762  
Email: [tamiller@magellanhealth.com](mailto:tamiller@magellanhealth.com)

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**Thomas A. Miller**

**Associate Healthcare Analyst**

**Provider Synergies, L.L.C.**

**Email: [tamiller@magellanhealth.com](mailto:tamiller@magellanhealth.com)**

**Phone: (513) 794-5298**

**FAX: (513) 697-5762**

**Address: 10101 Alliance Rd, Ste 201  
Blue Ash, OH 45242**

**Main Phone Number: (513) 774-8500**

**Website: [www.providersynergies.com](http://www.providersynergies.com)**

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**Thank you.**