



Dear Pharmaceutical Manufacturer:

On Tuesday, October 12, 2010, the Mississippi Division of Medicaid Pharmacy & Therapeutics (P&T) Committee will review the products in the therapeutic classes posted at:

<http://www.providersynergies.com/services/medicaid/default.asp?content=Mississippi>

On behalf of Mississippi Medicaid, Provider Synergies L.L.C. invites you to submit offers for supplemental rebates for these products.

The calculation used to determine the Supplemental Unit Rebate Amount (SURA) 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:

<http://www.providersynergies.com/services/medicaid/default.asp?content=Mississippi>

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/pssecure.html) by:

5:00 p.m. Eastern Time on Monday, September 13, 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 **Skye Rory** via email (earory@magellanhealth.com) or telephone (513.794.5286.)
- Please direct questions regarding the Secure FTP site to **Mike Phelps** via email (mdphelps@magellanhealth.com) or telephone (513.794.5287.) Requests for user names and passwords may also 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 MSM [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

<http://www.providersynergies.com/services/documents/Manufacturer Contact Form.xls>

Clinical data pertinent to the drugs being reviewed may be submitted to Provider Synergies in electronic format only. Information should be sent to **Chris Andrews, PharmD** via e-mail (cjandrews@magellanhealth.com), CD-ROM or DVD (address to **Chris Andrews, PharmD**, 10101 Alliance Road, Suite 201, Cincinnati, Ohio 45242).

**Supplemental rebate offers are due no later than 5:00 p.m. Eastern Time on:
Monday, September 13, 2010**

Supplemental rebates for those products selected for the Preferred Drug List will begin to accrue 01 January 2011. The term of the contract is 1 year.

Best regards,

Michele Dickson
Associate Health Care Analyst
Provider Synergies, LLC/Magellan Health Services, Inc
10101 Alliance Road Ste. 201
Cincinnati, Ohio 45242
Phone: (513)794-5298
mkdickson@magellanhealth.com

Notice: This message, together with any attachments, contains information of Provider Synergies, L.L.C. that may be confidential, proprietary and/or protected by law. If you are not the intended recipient, please be advised that any reliance upon the statements made herein is unwarranted and that any review, use, storage, dissemination, distribution and/or reproduction of this e-mail in whole or in part is strictly prohibited. All personal messages express views solely of the sender and not Provider Synergies, L.L.C.