

Dear Pharmaceutical Manufacturer:

On May 11, 2022 the Arkansas Medicaid Pharmacy and Therapeutics Committee will review the products on the attached document <ARM_Classes_For_Review_May_2022.pdf>.

In preparation for this review, Magellan Rx Management (MRx), on behalf of **Arkansas Medicaid**, is soliciting supplemental rebate offers in support of the **Arkansas Medicaid State Supplemental Rebate Program** (aka Preferred Drug List) for the classes listed below. Instructions, timelines, and contact information follow.

The preferred contract price/discount for Arkansas Medicaid is the Guaranteed Net Unit Price (GNUP) based on WAC. The supplemental rebate formula for the GNUP contract is as follows:

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

The GNUP represents the value that will determine the supplemental rebate amount each quarter, along with the WAC price and Federal Unit Rebate Amount in effect for that quarter, throughout the term of the contract. The GNUP is also the value that will appear on the supplemental rebate contract.

The GNUP is the value that will appear on Attachment B of the supplemental rebate contract. If you require clarification for this negotiating method, please call Kristen Haloski prior to the bid due date.

Final pricing is due to Magellan Rx Management by close of business on **03/28/2022**.

Please note the following deadlines:

Final supplemental rebate offers must be submitted to Provider Synergies LLC, an affiliate of Magellan Medicaid Administration, Inc. through the Secure FTP site found at <https://secureftp.providersynergies.com/> by close of business on **Monday, March 28, 2022**. Supplemental rebates will begin to accrue **on July 1, 2022 and end June 30, 2025** for those drugs selected as preferred.

PLEASE NOTE THE FOLLOWING

- All supplemental rebate offers must be submitted via the Provider Synergies Secure FTP site (<https://secureftp.providersynergies.com/>) using the Offer Form attached, which is also available for download at: <http://www.providersynergies.com/services/medicaid/default.asp?content=Arkansas>
- Only those offers submitted to Provider Synergies through our Secure FTP site and using **this** Offer Form will be presented to the division for review and consideration.
- **Please save the Offer Form file to your local PC and follow the instructions for the completion and submission of the form. All best and final supplemental rebate offers must be submitted to the Provider Synergies Secure FTP site by:**

Monday, March 28, 2022

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:

CONTACT INFORMATION

- For detailed written instructions on how to access and upload your Offer Form to the Secure FTP site, please contact Cole Anderson. Requests for new user names and passwords, or requests to

re-set existing user names and passwords may also be submitted by e-mail to Cole Anderson (andersonc2@magellanhealth.com). User names and passwords will not be provided over the telephone.

- Clinical data pertinent to the drugs being reviewed may be submitted to MRx in electronic format only. Information should be sent to Maryam Tabatabai, PharmD, MMA Director of Drug Information, via e-mail (mtabatabai@magellanhealth.com).
- Please direct all other questions concerning the Arkansas Medicaid State Supplemental Rebate Program (PDL) to Kristen Haloski via email (<mailto:kmhaloski@magellanhealth.com>).
- Please direct questions regarding the Arkansas Medicaid Drug Review Committee (DRC) meetings and schedules to Cinnamon (Cindi) Pearson, PharmD, Arkansas Medicaid DRC Chairperson, via e-mail (Cinnamon.Pearson@dhs.arkansas.gov).

OFFER FORM INSTRUCTIONS

- Do not change the column heading names, or add additional columns, blank rows, or contingencies to the Offer Form. Doing so may cause your Offer Form data to be rejected or not recognized by our systems.
- Prior to submitting, please re-name the Offer Form file as ARM Your Company Offer Form.xls. For example "ARM XYZ Corporation Offer Form.xls". Using any other file nomenclature may cause your Offer Form to be rejected or not recognized by our systems.
- A confirmation of receipt will be sent to the e-mail address designated on the Contact 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 to the FTP site). Allow at least four 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 www.providersynergies.com/services/medicaid/default.asp?content=ManufacturerContactForm.

On behalf of Arkansas Medicaid and Magellan Rx Management, thank you for your continued participation and support of this program.

Best Regards,