

**ATTACHMENT A-2  
ATTESTATION OF INCLUSION/EXCLUSION OF MEDICAID MCOS**

The State of \_\_\_\_\_ acting by and through the \_\_\_\_\_ (hereinafter collectively referred to as "**Participating Medicaid Program**"), hereby represents and warrants the following with respect to Medicaid MCOs (**must check one**):

Effective for utilization dispensed to Participating Medicaid MCO members on or after \_\_\_\_\_ (date\*), the Participating Medicaid Program will include utilization of Participating Medicaid MCO(s) for State Supplemental Drug Rebates under this Agreement for:

all preferred Supplemental Covered Products, OR

limited to the following Supplemental Covered Product(s) or Product Category(ies):

1. \_\_\_\_\_
2. \_\_\_\_\_

I certify on behalf of the Participating Medicaid Program listed below that the State Medicaid Plan permits the inclusion of Medicaid MCO utilization in State Supplemental Drug Rebates, and that the State's contracts with Participating MCOs do not prohibit such inclusion. I further certify on behalf of the Participating Medicaid Program listed below that the State has reasonably determined that: (i) the utilization of any Participating Medicaid MCO submitted hereunder is eligible for National Rebates under 42 U.S.C. § 1396r-8 and (ii) each such Participating Medicaid MCO shall align their respective formulary(ies) and/or preferred drug list(s), as applicable, assuring access to preferred Supplemental Covered Product is no more restrictive than the Participating Medicaid Program Medicaid PDL, for any period with respect to which the Participating Medicaid Program will invoice for Supplemental Rebates for utilization under this Agreement. It is the intent and expectation of the Participating Medicaid Programs that Supplemental Rebates hereunder shall be excluded from Manufacturer's calculation of Best Price or AMP. ***If this option is checked, the State must have documented the above determination via applicable regulation, law, contract, or other formal state agency issuance and the State must attach hereto: (1) a copy of such documentation, as well as (2) a copy of the applicable Participating Medicaid Program's Medicaid Plan (and/or amendment thereto) permitting the election of this option.***

The Participating Medicaid Program will exclude utilization from all of its Medicaid MCOs under this Agreement.

The Participating Medicaid Program has no Medicaid MCOs.

MANUFACTURER CONSENT SHALL NOT BE REQUIRED FOR A STATE TO AMEND THIS ATTACHMENT A-2

***So Certified:***

State Participating Medicaid Program: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\* *Effective date for including Participating MCO utilization shall not predate the date this Attachment A-2 is executed by the State*