

Dear Pharmaceutical Manufacturer:

On December 8, 2023, the Florida Medicaid Pharmacy & Therapeutics (P&T) Committee will review the products on the attached document [http://www.providersynergies.com/services/documents/FLM\\_Classes\\_For\\_Review\\_202312.pdf](http://www.providersynergies.com/services/documents/FLM_Classes_For_Review_202312.pdf). In preparation for this review, Magellan Rx is, on behalf of Florida Medicaid, requesting supplemental rebate offers for these products.

All offer forms submitted must include a GNUP (Guaranteed Net Unit Price) in number format in the GNUP column. Offers with blanks in the GNUP column will be considered incomplete. Please only include items on the form that you intend to provide an offer on. Incomplete forms will be rejected.

The preferred contract price/discount for Florida Medicaid is Guaranteed Net Unit Price (GNUP) based on Wholesale Acquisition Cost (WAC). 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.

All supplemental rebate offers must be submitted via the Magellan Rx's Secure FTP site (<https://secureftp.providersynergies.com/>) using the Offer Form available for download at:

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

Only those offers submitted to Magellan Rx through our Secure FTP site and using **this** Offer Form will be presented to the state 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 Magellan Rx Secure FTP site by:

**2:00 p.m. EST on October 4, 2023**

#### **NOTICE REGARDING MANAGED CARE PHARMACY BENEFIT**

Please note the requirement that impacts the Florida Medicaid program and the Preferred Drug List (PDL). As a result of the requirement that all Medicaid programs follow the Florida Medicaid Fee-For-Service (FFS) PDL, including all prior authorization procedures and criteria, any and all supplemental rebates resulting from offers pursuant to this and subsequent solicitations will be applied to all outpatient drug utilization by Florida Medicaid recipients, regardless of whether the recipient receives the pharmacy benefit through the FFS program or through a non-FFS Medicaid program.

The current Supplemental Rebate Agreement includes outpatient pharmacy claims paid by non-FFS Medicaid programs in the definition of utilization that is eligible for supplemental rebates. Offers including language that prohibits the inclusion of non-FFS Medicaid pharmacy utilization in that which is eligible for supplemental rebates will not be accepted

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 William Trivett ([trivettw@magellanhealth.com](mailto:trivettw@magellanhealth.com)).
- For detailed written instructions on how to access and upload your Offer Form to the Secure FTP site, please contact Dan Halpin ([halpind@magellanhealth.com](mailto:halpind@magellanhealth.com)). Requests for new usernames and passwords, or requests to re-set existing usernames and passwords may also be submitted by e-mail to Dan Halpin ([halpind@magellanhealth.com](mailto:halpind@magellanhealth.com)). Usernames 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 re-name the Offer Form file as FLM [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. Please limit your company's name to 15 characters, abbreviating or truncating if necessary.
- 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/medicaid/default.asp?content=ManufacturerContactForm>

Clinical data pertinent to the products for these reviews may be submitted to Magellan in electronic format only to the attention of Maryam Tabatabai, PharmD via e-mail ([mtabatabai@magellanhealth.com](mailto:mtabatabai@magellanhealth.com)).

Supplemental rebates for those products selected for the Preferred Drug List will begin to accrue **January 1, 2024**. The term of the contract is 1 year.

Thank you,