Dear Pharmaceutical Manufacturer:

On March 12, 2027, the Florida Medicaid Pharmacy & Therapeutics (P&T) Committee will be reviewing the products listed on the document posted at:

https://www.primetherapeutics.com/en/single-state-programs

In addition to those products, the Florida P&T Committee will also conduct a review of some of the "mass review" drug products in those therapeutic classes that are typically not included in the therapeutic classes established by Prime Therapeutics. The purpose of this review is to consider such drug products for inclusion on the Florida Medicaid Preferred Drug List (PDL). Florida statute authorizes the Agency for Health Care Administration to negotiate supplemental rebates from manufacturers that are in addition to those required by Title XIX of the Social Security Act and at no less than 14 percent of the Average Manufacturers Price as defined in 42 U.S.C. s.1936 on the last day of a quarter, unless the Federal or supplemental rebate, or both, equals or exceeds 29 percent. Agreement to pay the minimum supplemental rebate percentage will guarantee a pharmaceutical manufacturer that the Medicaid P&T Committee will consider a product for inclusion on the PDL. However, a manufacturer is not guaranteed placement on the PDL by simply paying the minimum supplemental rebate for its product(s). Agency PDL decisions are made on the basis of the clinical efficacy of the drug, recommendations of the Medicaid P&T committee, and the relative cost of competing products.

In preparation for this review, Prime Therapeutics is, on behalf of the Florida Agency for Health Care Administration, 1) providing this notification to those pharmaceutical manufacturers having contact information on file with Prime Therapeutics, and 2) soliciting supplemental rebate offers to ensure the eligibility requirements are met for those products that the P&T committee will likely review for consideration of inclusion on the PDL.

A representative list of products and therapeutic classes for which the P&T committee will likely review for PDL consideration at this meeting is attached to this email and is posted here:

https://www.primetherapeutics.com/en/single-state-programs

Only offers for products that are considered "drugs" by the Federal Medicaid Drug Rebate Program will be considered. Offers for non-drug items, e.g., medical devices, supplies, syringes, needles, dressings, blood glucose monitors, inhalation devices, nutritional supplements, etc. are not within the scope of this review.

Important Note!

1. **Abbreviations/acronyms/symbols are required to be spelled out in the offer language to populate upon contract generation**.
2. The solicitation for Florida's P&T included an attachment "Offer language guidance" with instructions:
   1. All submitted offers are for Preferred Status. Submitted offers should not include language such as "for preferred status," "on PDL," "on formulary," or "not disadvantaged."
   2. Submitted offers must be written in simple, direct, and clear language that are free of corporate lingo, class names inconsistent with the therapeutic class, and abbreviated drug names, such that invoicing and operational teams, and Participating States can easily understand.
3. Florida's Supplemental rebate contract already states: "No Product, including any New Product on the Preferred Drug List, shall be discouraged or disadvantaged in any way relative to any other brand name pharmaceutical products on the Preferred Drug List."
   Therefore, not disadvantaging is already an inherent part of supplemental rebates contracting of branded products unless the offer language allows for a disadvantage (step trial, specific criteria, define market basket if not all products in the therapeutic class, etc).
4. 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. To be eligible for (but not guaranteed) preferred placement on Florida's preferred drug list, the total rebates

(Federal +Supplemental) must be a minimum of 29.1% of AMP. Please make sure the offer meets this minimum requirement.

5. 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. To be eligible for (but not guaranteed) preferred placement on Florida's preferred drug list the total rebates (Federal +Supplemental) a product must be at the minimum 29.1% off of AMP. Please make sure the offer meets this minimum requirement.

The preferred contract price/discount for Florida Medicaid is Guaranteed Net Unit Price (GNUP) based on Wholesaler 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 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 Prime Therapeutics Secure FTP site (https://secureftp.providersynergies.com/) using the Offer Form available for download at:

https://www.primetherapeutics.com/en/single-state-programs

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

Please save the Offer Form file to your local PC and follow the instructions for the completion and submission of the form. Prior to submitting, please re-name the Offer Form file as FLM [Your Company] Offer Form.xls. Please limit your company's name to 15 characters, abbreviating or truncating as necessary. 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.

Only those offers submitted to Prime Therapeutics 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 Prime Therapeutics Secure FTP site (https://secureftp.providersynergies.com/) by:

2:00 p.m. EST on November 20, 2026

Offers received after this date and 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 William Trivett (william.trivett@primetherapeutics.com).

· For detailed written instructions on how to access and upload your Offer Form to the Secure FTP site, please contact Nicole Robinson (nicole.robinson@primetherapeutics.com). Requests for new usernames and passwords, or requests to re-set existing usernames and passwords may also be submitted by e-mail to Nicole Robinson (nicole.robinson@primetherapeutics.com. Usernames and passwords will not be provided over the telephone.

· For all other offer or language questions please reach out to Prime PDL Leadership primepdlleadership@primetherapeutics.com

· 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. Please limit your company's name to 15 characters, abbreviating or truncating as necessary. 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

https://www.primetherapeutics.com/en/single-state-programs

Clinical data pertinent to the products for these reviews may be submitted to Prime Therapeutics in electronic format only to the attention of Maryam Tabatabai**,** PharmD via e-mail maryam.tabatabai@primetherapeutics.com).

Supplemental rebates for those products selected for the Preferred Drug List will begin to accrue July **1, 2027.** The term of the contract is 1 year (7/1/2027 – 6/30/2028).

Thank you,