Dear Pharmaceutical Manufacturer:

On March 12, 2027, the Florida Medicaid Pharmacy & Therapeutics (P&T) Committee will review the products on the attached document. The product list can also be found here: https://www.primetherapeutics.com/en/single-state-programs. In preparation for this review, Prime Therapeutics is, on behalf of Florida Medicaid, requesting supplemental rebate offers for these products.

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 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 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

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

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 Prime Therapeutics Secure FTP site by:

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

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 (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. 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.

· 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 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,