

Dear Pharmaceutical Manufacturer:

The Georgia Department of Community Health (DCH) will review the therapeutic classes and products listed in the attached Georgia\_Classes\_For\_Review\_May\_2026.pdf.

In preparation for this review, on behalf of the Georgia Department of Community Health, Prime Therapeutics is requesting supplemental rebate offers for these products.

Please find attached the following:

1. Georgia Medicaid Supplemental Rebate Agreement template
2. Georgia May 2026 Classes to be Reviewed
3. Georgia May 2026 Offer Forms

The preferred contract price/discount for Georgia Medicaid is the 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 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.

All supplemental rebate offers must be submitted via the Provider Synergies Secure FTP site at (<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 DCH 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:**

**5:00 p.m. EST on Wednesday, February 4th, 2026**

**Late offers will not be accepted and will be strictly enforced based on the discretion of the Georgia Department of Community Health.**

\*\*\* Final changes to the PDL/PADL will be posted to the DCH website by July 1, 2026: [Preferred Drug Lists | Georgia Department of Community Health](https://www.dch.ga.gov/Preferred-Drug-Lists)

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 Nicole Robinson ([nicole.robinson@primetherapeutics.com](mailto: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](mailto:nicole.robinson@primetherapeutics.com)). Usernames and passwords will not be provided over the telephone.

- Please direct all other questions concerning Georgia Medicaid to Nina Bandali via email ([nina.bandali@primetherapeutics.com](mailto:nina.bandali@primetherapeutics.com)).

## OFFER FORM INSTRUCTIONS

- 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 GAM [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 14 characters, abbreviating or truncating if necessary.
- Offer language in the offer form is limited to 220 characters.
- 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.
- NOTE: Any submitted notes by the manufacturer are not considered part of the final contract language and will be used only at the discretion of DCH.

## TIMELINE:

**January 14, 2026 – February 4, 2026:** Bid solicitation period

**February 4, 2026, by 5:00pm EST:** Supplemental rebate offers due

**July 1, 2026 – June 30, 2027:** Term dates for the supplemental rebate agreement

**July 1, 2026:** Final changes will be posted to the DCH DURB website at: [Preferred Drug Lists | Georgia Department of Community Health](#)

Thank you for your consideration.



**Cole Anderson**

Health Informatics Analyst, PDL Analytics

Prime Therapeutics

**web:** [PrimeTherapeutics.com](http://PrimeTherapeutics.com)

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