

[Date]

[Manufacturer]

[Contact address per contract]

Re: Contract between the State of Iowa and [manufacturer] dated [_____]

Dear [Manufacturer]:

The State of Iowa hereby provides notice that the State, acting by and through the Iowa Department of Health and Human Services, is exercising its right under Section 7.2 which states this Agreement may be terminated by the Department, in whole or as to any Covered Product(s) or NDC(s) without cause as of the end of the calendar Quarter upon ninety (90) days written notice to the Manufacturer.

The effective date of termination of this Agreement will be _____. (the "Effective Date"). All pricing currently in place with the State of Iowa for the following products covered by the Agreement with the following NDCs will expire on the Effective Date.

Product NDC	Product Name

If you have any questions regarding this issue, please contact Cherieann Harrison, Supplemental Drug Operation Supervisor, via email at CHarrison@changehealthcare.com or by phone at (207) 622-7153.

Regards,

Cherieann Harrison
Supplemental Drug Rebate Operation Supervisor

cc: Susan Parker, Pharm.D., Pharmacy Consultant, Iowa Department of Health and Human Services