

Date:

**Notice of Decision Regarding
Disputed Drug Rebates**

RE: Dispute for (Labeler Number) for (Quarter).

This letter serves to confirm the decision the State of Iowa has reached related to the rebate disputes with (Labeler Name) for (Labeler Number), (Quarters).

The State does not agree that the documentation submitted provides enough detail to warrant the proposed unit adjustments for the following NDC's:

Therefore, the rebates owed for the following NDCs for (Quarter) are as follows:

Pursuant to the National Drug Rebate Agreement and the Iowa Medicaid Supplemental Drug Rebate Agreement, the manufacturer may appeal this decision through the State hearing mechanism available under the Medicaid Program. Pursuant to State administrative rules (441 Iowa Administration Code sections 7.5 (4) and 7.8 (1)), any appeal must be made in writing within 30 days of the date of this Notice of Dispute Decision Regarding Disputed Drug Rebates. Any further discussions between the State and the Manufacturer regarding this matter will not extend this deadline.

Failure by the Manufacturer to pay any additional rebates required pursuant to this notice or to appeal this notice through the State hearing process within 30 days of this notice shall be considered by the State to be a breach of the drug rebate agreements. In the event of such a breach, the State may notify the Federal Centers for Medicare & Medicaid Services and the Iowa Pharmaceutical and Therapeutics Committee of the breach and may act to recover rebates based on this notice.

If you need any assistance or have further questions, please contact the Iowa Medicaid Dispute Resolution Team at PBA_iarebate@changehealthcare.com or you may call 1-207-622-7153.