

Date:

Dispute Resolution Notification

RE: Final Appeal Decision

A final decision was issued by the Department of Health and Human Services on _____ [date] regarding drug rebates due from _____ [manufacturer] for the period of ____ - ____ [dates] pursuant to federal and state drug rebate agreements.

Failure to pay any delinquent rebate balance due pursuant to the decision issued on 00/00/0000 or to seek judicial review within 30 days will be considered a breach of the drug rebate agreements. In the event of such 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 collect rebates due based on the final decision. Any petition for judicial review will not automatically stay Department action based on breach of the drug rebate agreements.

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.