

Schedule 2
Supplemental Rebate Matrix – PDL Matrix Form
[Manufacturer]

LABEL NAME	NDC	POSITION	CALC. TYPE	DISCOUNT PER UNIT	PRODUCT CATEGORY
PRODUCT A		1 Preferred			CATEGORY A
PRODUCT A		2 Preferred			CATEGORY A
PRODUCT A		3 Preferred			CATEGORY A
PRODUCT A		>3 Preferred			CATEGORY A

Alternative Calculation Type ['CALCULATION TYPE'] (if different than **WAC Based GNUP** defined in Schedule 3): State Supplemental Rebate amount per Unit = **[FORMULA]**

Positioning for Product A and associated NDCs, the following terms shall apply:

- 1 Preferred: 1 of 1 Products on the Preferred Drug List as defined by Schedule 1.
- 2 Preferred: 1 of 2 Products on the Preferred Drug List as defined by Schedule 1.
- 3 Preferred: 1 of 3 Products on the Preferred Drug List as defined by Schedule 1.
- >3 Preferred: 1 of Many Products on the Preferred Drug List as defined by Schedule 1.

State Supplemental Rebate Matrix

BID CERTIFICATION

By submitting the attached bid(s) and having a duly authorized representative of Manufacturer sign below, Manufacturer certifies:

- a. That the bid(s) submitted are firm offers that Manufacturer will not retract unless rejected as insufficient by Magellan Medicaid Administration; and
- b. That Manufacturer will enter into binding contract(s) incorporating the Manufacturer's bid(s) that are accepted; and
- c. That Manufacturer understands and agrees that the acceptance of its bid(s) does not require any individual Participating State to include Manufacturer's bidded product(s) on its preferred drug list; and
- d. That the signature below is that of a duly authorized representative of Manufacturer with the authority to execute agreements binding Manufacturer.

Effective: [DATE]

[Manufacturer]

Manufacturer Name

Signature

Date

Printed Name

Title