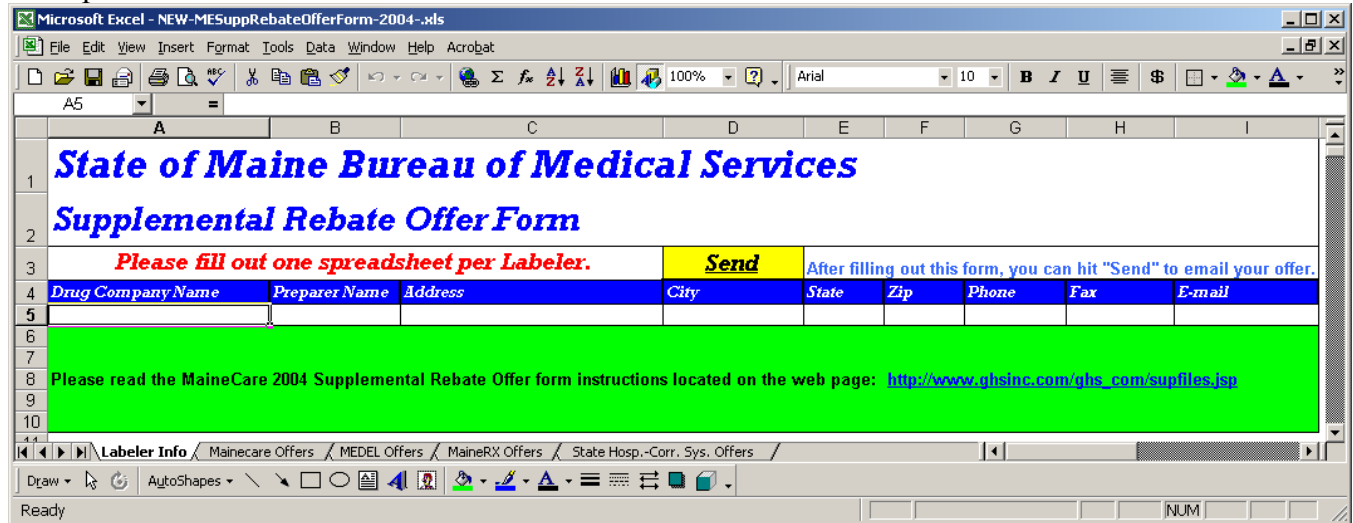


MaineCare 2004 Supplemental Rebate Offer form instructions:

On the MaineCare Supplemental Rebate web page, http://www.ghsinc.com/ghs_com/supfiles.jsp, you will find a new supplemental rebate offer form. This form is in Microsoft Excel format, and must be returned in the same format. In this spreadsheet you will find five worksheets. The first is for you to enter your information as the Labeler. If you are a Manufacturer with multiple Labelers, please submit a separate spreadsheet file for each labeler.

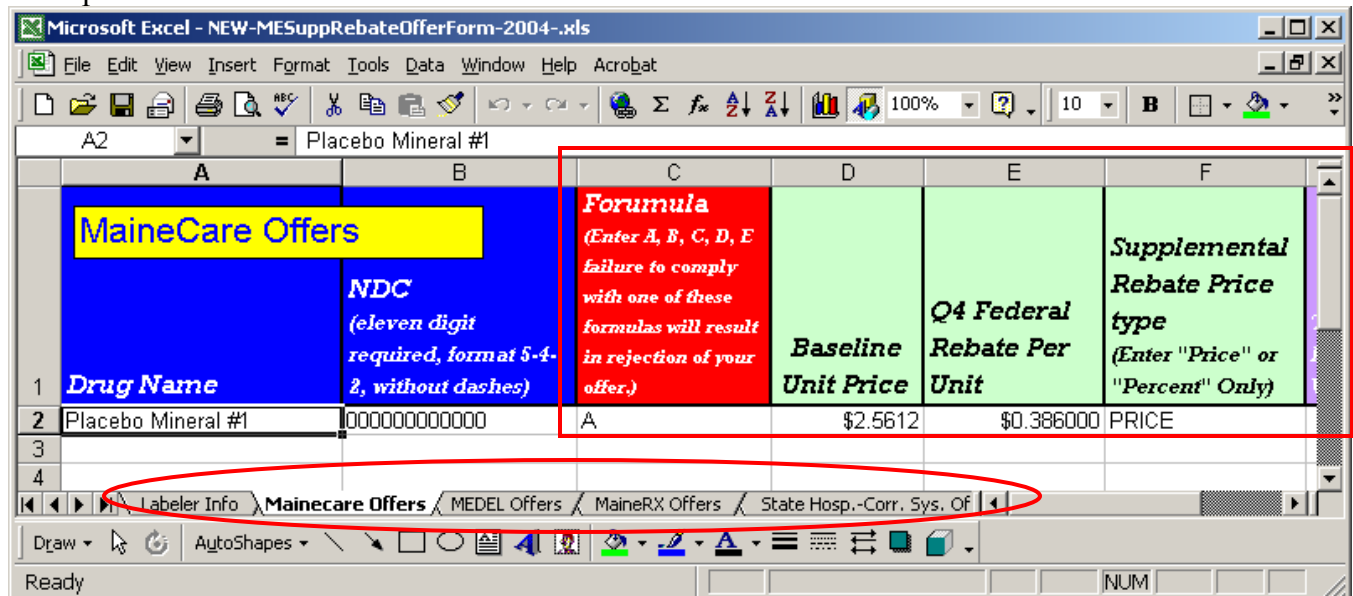
Example:



Please e-mail your completed Offer Form to supprebateoffers@ghsinc.com, no later than the deadline established in the invitation letter.

The remaining four worksheets are for each program specified in the State invitation letter. They are MaineCare, MEDEL, MaineRX, and State Hospital/Correctional System.

Example:



Please fill out the spreadsheet as specified and in its original format. The information will be imported into a database for comparison and analysis. Failure to fill the worksheets out according to specification, alterations to the format, or alternative data types submitted will result in rejection of your offer.

Please notice the columns headed in red and green. The first is for you to indicate the specific formula for which you are using to calculate your supplemental rebate offer.

Formula Legend:

A = WAC * Value – CMS rebate/unit

B = AWP * Value – CMS rebate/unit

C = AWP - Value – CMS rebate/unit

D = AMP * Value – CMS rebate/unit

E = AMP * Value

These formulas specify a baseline price type of AWP, WAC, or AMP. In the first green column, please submit the value of AWP, WAC, or AMP respective to the formula you have chosen. Please make sure the baseline unit price you submit reflects the price type in the formula selected. Alteration of or failure to use one of these formulas will result in rejection of your offer.

“Value” in these formulas is the supplemental rebate offer value being a percentage or guaranteed price. At invoicing all price values including AWP, WAC, AMP, and CMS rebate will be based on the values for the respective rebate invoicing quarter. If formula D and E are used, you must provide the value of AMP.

The next green column is for you to indicate your Q4 2003 CMS rebate price.

We will be verifying all prices against our drug file pricing database and against the CMS rebate data.

The last green column is for you to indicate what type of rebate pricing you are using whether percentage or guaranteed price. Please note that our preferred method is by using a guaranteed price per unit. It is important to specify which one you are using as it greatly affects the formula calculation.

The following purple and orange columns are for you to enter the values you wish to submit for supplemental rebate offers.

Example:

	F	G	H	I	J	K	L	M	N	O
	Supplemental Rebate Price type (Enter "Price" or "Percent" Only)	If using a percentage, please enter a decimal value. Example: 15.1% = .151. If using a guaranteed price, please enter without a \$ sign. Example: \$1.69 = 1.69								
		Tier 1 Rebate Value	Tier 2 Rebate Value	Tier 3 Rebate Value	Tier 4 Rebate Value	Tier 5 Rebate Value	Tier 6 Rebate Value	Tier 7 Rebate Value	Tier 8 Rebate Value	
1										
2	PRICE	0.29000	0.27000	0.25000	0.21000	0.10000	0.09000	0.07000	0.06000	
3										
4										

Please note that our preferred method is by using a guaranteed price per unit.

Tier 1 - 3:

Supplemental Rebate Values:

This offer assumes that your drug would be designated the first, second, or third choice respectively among preferred agents by the use of a step care approach.

Tier 4:

Supplemental Rebate Values:

This offer assumes that your drug would be designated as one of the preferred agents. Step-care will not be used to influence the preferred prescribing choices of physicians.

Tier 5-7:

Supplemental Rebate Values:

This offer assumes that every drug within the category is subject to prior authorization and that your drug would be designated as the first, second or third choice. Step-care will be used to influence the prescribing choices of physicians.

Tier 8:

Supplemental Rebate Values:

This offer assumes that your drug would be designated as one of the agents subject to prior authorization. Step-care will not be used to influence the prescribing choices of physicians. In other words, although the prescriber must go through the prior authorization process to determine if a medicine can be utilized, there is no interference with product selection.

Please e-mail your completed Offer Form to supprebateoffers@ghsinc.com, no later than the deadline established in the invitation letter.