## PRICING SCHEDULE INSTRUCTIONS AND TERMS

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| 1 | Offeror is required to propose pricing for their proposed method of approach by rate as outlined by this pricing schedule. The rate shall be inclusive of all costs associated with the delivery of the services and includes staff time, mileage, insurance, and administrative cost. No additional fees will be paid by AHCCCS. |
| 2 | Guarantees quoted will be for the full term of the contract in addition to the term of all executed contract amendments. |
| 3 | The Administration/Transaction Fee is one fee that may be charged when a claim is adjudicated as a paid/accepted claim, including zero paid claims to IHS and 638 Tribal Pharmacies. The Fee is not paid for rejected or denied claims. The Administration/Transaction Fee is the only Fee that may be billed under this contract. |
| 4 | Claims utilization data is available in Exhibit B - AHCCCS Fee-For-Service Prescription Claims Utilization Data from 7/1/2022 through 6/30/2023. |
| 5 | **Federal Rebates:** AHCCCS submits claims utilization data to manufacturers to collect rebates under the Federal Rebate Program.. |
| 6 | **Supplemental Rebates**<br><br>AHCCCS designates specific medications on the AHCCCS Drug Lists as Preferred Drugs. AHCCCS Contractors and FFS must inform their Pharmacy Benefit Managers of medications that have been designated as Preferred Agents. The contracted PBM is required to institute point-of-sale edits that communicate the preferred drug of a therapeutic class back to the pharmacy whenever a claim is submitted for a non-preferred drug. Preferred drugs recommended by the AHCCCS P&T Committee and approved by AHCCCS will become effective on the first day of the first month of the quarter following the P&T Meeting unless otherwise communicated by AHCCCS. AHCCCS will provide preferred drug NDC files weekly to the awarded Contractor in order to update the PBM systems to reflect and adjudicate the most current preferred drug information back to network pharmacies. The FFS Program and its contracted PBM shall approve the preferred drugs listed for the therapeutic classes contained on the AHCCCS Drug Lists, as appropriate, before approving a non-preferred drug unless:<br><br>6.1 The member has previously completed step therapy using the preferred drug(s), or<br><br>6.2 The member's prescribing clinician supports the medical necessity of the non-preferred drug over the preferred drug for the particular member. |
| 7 | **Collection of Rebates by the contracted PBM:**<br><br>7.1 If the contracted PBM has an existing rebate agreement with the manufacturer, all outpatient drug claims, including those for physician/provider-administered drugs, for which AHCCCS is obtaining supplemental rebates, must be exempt from such rebate agreements.<br><br>7.2 The PBM is prohibited from negotiating or collecting on any rebate contracts with drug manufacturers for preferred or other pharmaceutical products when AHCCCS has a supplemental rebate contract for the product and/or class. A listing of products covered under supplemental rebate agreements is available on the AHCCCS website under the Pharmacy information section.<br><br>7.3 If the PBM has an existing rebate agreement with a manufacturer, all outpatient drug claims, including physician/provider administered drugs for which AHCCCS is obtaining supplemental rebates, must be exempt from such rebate agreements. For non-preferred drugs that AHCCCS is not collecting a supplemental rebate, the Offeror may propose a "per paid claim" rebate guarantee inclusive of both generic and brand name prescription claims. All generic claims are included regardless of exclusivity status of the drug. The rebate guarantee shall not be based on the day's supply or market share of the drug. Annual guarantee rates should be stated medications dispensed by retail, mail order and specialty pharmacies. |

| Pricing Schedule | | AHCCCS<br>801 East Jefferson, MD 5700<br>Phoenix, AZ 85034 |
|---|---|---|
| **Name of Offeror:** | OptumRx | |

**Instructions:** The Offeror shall complete the following pricing schedule using a discounted Wholesale Acquisition Cost (WAC) or a discounted Average Wholesale Price (AWP) methodology for 1.0 and 2.0 below. The 340B FQHC/FQHC LookAlike, IHS/638 All Inclusive Rate and IHS/638 Pharmacy Specialty Medication Prescriptions Claims are pass through pricing to AHCCCS.

**CONFIDENTIAL, PROPRIETARY AND TRADE SECRET INFORMATION OF OPTUM RX**

***1.0 Traditional Pricing Model for Prescriptions Dispensed for an 84-Day Supply or Less by the AHCCCS/PBM Network Pharmacies****

| Pharmacy Type | Brand Name Drug Reimbursement Rates | Generic MAC Drugs Reimbursement Rates | Non-MAC Generic Drugs Reimbursement Rates | Guaranteed Overall Annual Effective Brand Discount Rate | Guaranteed Overall Annual Effective Generic Discount Rate | Guaranteed Overall Annual Effective Generic Dispensing Rate | Guaranteed Average Overall Annual Effective Dispensing Fee Rate | Minimum Per Prescription Rebate Guarantee |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | | | |

***Rates shown above include NON-IHS/Tribal 638 Pharmacy Claims.*

*Prescription Claims for the AIR and IHS/638 Tribal Specialty Drugs are not included in the guarantees and pricing on the above table.*

***2.0 Traditional Pricing Model for Prescriptions Dispensed for an 84-Day Supply or Greater by the AHCCCS/PBM Network Pharmacies****

## AHCCCS Solicitation YH18-0020 ATTACHMENT A -Pricing Schedule

| Pharmacy Type | Brand Name Drug Reimbursement Rates | Generic MAC Drugs Reimbursement Rates | Non-MAC Generic Drugs Reimbursement Rates | Guaranteed Overall Annual Effective Brand Discount Rate | Guaranteed Overall Annual Effective Generic Discount Rate | Guaranteed Overall Annual Effective Generic Dispensing Rate | Guaranteed Average Overall Annual Effective Dispensing Fee Rate | Minimum Per Prescription Rebate Guarantee |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | | | |

****Rates shown above include NON- IHS/Tribal 638 Pharmacy Claims.***

***Prescription Claims for the AIR and IHS/638 Tribal Specialty Drugs are not included in the guarantees and pricing on the above table.***

| *ADMINISTRATION/TRANSACTION FEE* |
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| **The Administration Fee/Transaction Fee is one fee and the only billable fee for this RFP for all services provided.** |
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| **The Offeror shall provide an Administration/Transaction Fee based on the claims adjudication of approximately 336K Non-IHS 638 Tribal Pharmacy paid prescription claims.** |
| **The Offeror's Administration/Transaction Fee is not based on inclusion of the IHS/638 Pharmacy AIR paid and accepted claims volume** |
| **The Offeror's Proposed Administration/Transaction Fee under these conditions is:** [redacted] |
| |
| **The Offeror shall provide an Administration/Transaction Fee based on the claims adjudication of approximately 1.1 M paid/accepted prescription claims.** |

| The Offeror's Administration/Transaction Fee is based on inclusion of the IHS/638 Pharmacy AIR paid and accepted claims volume | |
|---|---|
| The Offeror's Proposed Administration/Transaction Fee under these conditions is: | [redacted] |
| [redacted] | |