Dear Pharmaceutical Manufacturer,

Please be advised that Schedule 1 for the National Medicaid Pooling Initiative (NMPI) has been modified to include the below products in their respective categories. Due to this market change, you have the opportunity to submit an offer for the NMPI agreement.

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| ***MANUFACTURER*** | ***BRAND NAME*** | ***THERAPEUTIC CLASS*** |
| ABBVIE US LLC | FETZIMA DOSE PACK (ORAL) | ANTIDEPRESSANTS, OTHER |
| ABBVIE US LLC | RINVOQ LQ SOLUTION (ORAL) | CYTOKINE AND CAM ANTAGONISTS |
| ACTELION PHARMA | OPSYNVI TABLET (ORAL) | PAH AGENTS, ORAL AND INHALED |
| ALEXION PHARMAC | VOYDEYA TABLET (ORAL) | PNH AGENTS |
| AQUESTIVE THERA | LIBERVANT FILM (BUCCAL) | ANTICONVULSANTS |
| BIOCON BIOLOGIC | SEMGLEE (YFGN) VIAL (SUBCUTANEOUS) | HYPOGLYCEMICS, INSULIN AND RELATED AGENTS |
| BIOGEN-IDEC | TOFIDENCE (INTRAVEN) | CYTOKINE AND CAM ANTAGONISTS |
| BOEHRINGER ING. | CYLTEZO KIT (INJECTION) (CF) 100 MG/ML | CYTOKINE AND CAM ANTAGONISTS |
| BOEHRINGER ING. | CYLTEZO PEN KIT (INJECTION) (CF) 100 MG/ML | CYTOKINE AND CAM ANTAGONISTS |
| BOEHRINGER ING. | SPEVIGO SYRINGE (SUBCUTANE.) | CYTOKINE AND CAM ANTAGONISTS |
| CELLTRION USA, | YUFLYMA KIT (INJECTION) (CF) 100 MG/ML | CYTOKINE AND CAM ANTAGONISTS |
| CELLTRION USA, | ZYMFENTRA PEN (SUBCUTANE.) | CYTOKINE AND CAM ANTAGONISTS |
| CELLTRION USA, | ZYMFENTRA SYRINGE (SUBCUTANE.) | CYTOKINE AND CAM ANTAGONISTS |
| CHARTWELL RX LL | ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION) | BRONCHODILATORS, BETA AGONIST |
| COHERUS BIOSCIE | UDENYCA ONBODY (SUBCUTANEOUS) | COLONY STIMULATING FACTORS |
| DAY ONE BIOPHAR | OJEMDA SUSP RECON (ORAL) | ONCOLOGY, ORAL - SKIN |
| DAY ONE BIOPHAR | OJEMDA TABLET (ORAL) | ONCOLOGY, ORAL - SKIN |
| ELI LILLY & CO. | OMVOH SYRINGE (SUBCUTANE.) | CYTOKINE AND CAM ANTAGONISTS |
| FRESENIUS KABI | TYENNE VIAL (INTRAVENOUS) | CYTOKINE AND CAM ANTAGONISTS |
| GENENTECH, INC. | XOLAIR SYRINGE/AUTOINJ (SUB-Q) | IMMUNOMODULATORS, ASTHMA |
| MERCK SHARP & D | WINREVAIR KIT (SUBCUTANEOUS) | PAH AGENTS, INJECTABLE |
| NEUROCRINE BIOS | INGREZZA SPRINKLE (ORAL) | MOVEMENT DISORDERS |
| NOVARTIS | VIJOICE PACKET (ORAL) | ENZYME INHIBITORS, SYSTEMIC |
| PFIZER LABS. | BEQVEZ KIT (INTRAVEN) | HEMOPHILIA TREATMENT |
| QUALLENT PHARMA | ADALIMUMAB-ADBM KIT (INJECTION) (CF) 100 MG/ML | CYTOKINE AND CAM ANTAGONISTS |
| QUALLENT PHARMA | ADALIMUMAB-ADBM PEN KIT (INJECTION) (CF) 100 MG/ML | CYTOKINE AND CAM ANTAGONISTS |
| TAKEDA PHARMACE | EOHILIA SUSP PACKT (ORAL) | GLUCOCORTICOIDS, ORAL |
| TEVA PHARM | ALVAIZ TABLET (ORAL) | THROMBOPOIESIS STIMULATING PROTEINS |
| TEVA USA | SIMLANDI KIT (INJECTION) (CF) 100 MG/ML | CYTOKINE AND CAM ANTAGONISTS |

Please upload your offer form to our secure FTP site ([https://secureftp.providersynergies.com](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsecureftp.providersynergies.com%2F&data=05%7C02%7Cwilliam.trivett%40primetherapeutics.com%7Cfb5b937d902e403c163708dc905ef75d%7C34c95ba75ec64527bc5eb33b58104992%7C0%7C0%7C638543986182816005%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=9cDv7ISTpNUt%2FUzURCdje%2FbHRIuDXDA%2BCIzbkrb8WRM%3D&reserved=0)) by close of business on Friday, 28 June 2024.  Please use the attached offer form or refer to our <https://www1.magellanrx.com/preferred-drug-list-programs/manufacturer-hub/nmpi-national-medicaid-pooling-initiative/> website to access the required form.

New contracts in this category will be implemented on July 1, 2024.  Please contact Nina Bandali [nina.bandali@primetherapeutics.com](mailto:nina.bandali@primetherapeutics.com) if you have any questions.  Thank you very much for your participation in the NMPI program.

Best Regards,