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Header 1

List View

- General Information**
- Contact
- Default Values
- Discount
- Document Information
- Clarification Request

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Alias/DBA:

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Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**State of West Virginia
 Solicitation Response**

Proc Folder: 1902568
Solicitation Description: PDL/PPL/HCPADL/ SMAC SERVICES
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
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Solicitation Number: CRFQ 0511 BMS2600000002
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FOR INFORMATION CONTACT THE BUYER

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Vendor Signature X **FEIN#** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	PDL/PPL/HCPADL/ SMAC Startup Costs- Year 1				100013.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Lump Sum Cost for Initial Startup Costs
2 Month Startup.
Service Period: 11/1/2026-12/31/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Annual Not To Exceed Costs - Year 1				450062.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Annual Not To Exceed Costs-Year 1 (10 Months)
Service Period: 01/01/2027-10/31/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Additional Services Hourly Rate - Year 1				19592.88

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Additional Services (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26)-I Year One (1) Hourly Rate (10 months).
Service Period: 01/01/2027-10/31/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Optional Services (HCPADL) Not to Exceed Costs - Year 1				44667.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List) Not To Exceed Costs-Year 1 (10 Months)
Service Period: 01/01/2027-10/31/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Annual Not To Exceed Costs - Optional Renewal Year 1				562225.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Annual Not To Exceed Costs-Year 2 (Optional Renewal Year 1) (12 Months)
 Service Period: 11/01/2027-10/31/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Additional Services Hourly Rate - Optional Renewal Year 1				20180.66

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Additional Services Year 2 (Optional Renewal Year 1) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).
 Service Period: 11/01/2027-10/31/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Optional Services (HCPADL) - Not to Exceed Costs -OR Year 1				51219.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List) Not To Exceed Costs-Year 2 (Optional Renewal Year 1)(10 Months)
 Service Period: 11/01/2027-10/31/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Annual Not To Exceed Costs - Optional Renewal Year 2				574285.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Annual Not To Exceed Costs-Year 3 (Optional Renewal Year 2) (12 Months)
 Service Period: 11/01/2028-10/31/29

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Additional Services Hourly Rate - Optional Renewal Year 2				20786.08

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Additional Services Year 3 (Optional Renewal Year 2) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).
 Service Period: 11/01/2028-10/31/2029

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Optional Services (HCPADL) Not To Exceed Costs - OR Year 2				52736.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List) Not To Exceed Costs - Year 3 (Optional Renewal Year 2) (10 Months)
Service Period: 11/1/2028-10/31/2029

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Annual Not To Exceed Costs - Optional Renewal Year 3				586707.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Annual Not To Exceed Costs-Year 4 (Optional Renewal Year 3) (12 Months)
Service Period: 11/01/2029-10/31/2030

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Additional Services Hourly Rate - Optional Renewal Year 3				21409.96

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Additional Services Year 4 (Optional Renewal Year 3) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).
Service Period: 11/01/2029-10/31/2030

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Optional Services HCPADL) Not To Exceed Costs - OR Year 3				54318.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List)
Not To Exceed Costs-Year 4 (Optional Renewal 3) (10 Months)
Service Period: 11/01/2029-10/31/2030



State of West Virginia Purchasing Division on behalf of the West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS)

**Proposal response for Preferred Drug/Product List/High-Cost Physician-
Administered Drugs List and State Maximum Allowable Cost Services**

Centralized Request for Quote BMS2600000002

Submitted by: MedImpact Healthcare Systems, Inc.
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June 30, 2026



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Executive Summary

MedImpact Healthcare Systems, Inc. (MedImpact) is pleased to offer the State of West Virginia Purchasing Division on behalf of the West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS) a **comprehensive and credible pharmacy solution that delivers Preferred Drug List (PDL), Preferred Product List (PPL), and State Maximum Allowable Cost (SMAC), along with optional High-Cost Physician Administered Drug List (HCPADL) support.**

We understand the Agency's priority to **control rising pharmacy costs, maximize supplemental rebate revenue, and ensure access to clinically appropriate, high-quality therapies for Medicaid and WV CHIP members.** In response, MedImpact delivers a solution grounded in clinical excellence, financial discipline, and operational efficiency that supports the Agency in achieving sustainable cost control while maintaining full compliance with federal and state requirements.

A Proven, Value-Driven Approach

MedImpact's approach centers on a single guiding principle: **achieving the lowest net cost while delivering the highest clinical value.** We combine evidence-based clinical evaluation with advanced financial modeling to ensure formulary decisions reflect not only efficacy, but total cost of care and long-term program sustainability.

Through our deep experience with the **Sovereign States Drug Consortium (SSDC)**, we help the State fully leverage pooled purchasing power while tailoring rebate strategies specifically to West Virginia's program needs.



This capability is further strengthened by the leadership of our **Medical Director, Dr. Lauren Biczak**, who played an integral role in the formation of the SSDC rebate pool and continues to collaborate closely with member states to optimize rebate strategies and maximize value. Our team evaluates each rebate opportunity based on true net value, ensuring decisions maximize savings without compromising clinical integrity or increasing provider burden.

As the largest privately held, independent PBM, MedImpact operates free from manufacturer, pharmacy, or distributor ownership. This independence ensures that **all recommendations are made solely in the best interest of the State**, driven by clinical evidence and financial value rather than conflicting incentives.

We provide complete transparency into pricing methodologies, rebate strategies, and program performance, enabling the Agency to make informed, confident decisions supported by clear data and actionable insights.

Deep Medicaid Expertise and Proven Results

With more than three decades of experience supporting Medicaid programs, including direct FFS contracts in Kentucky, Mississippi, Colorado, and Massachusetts, MedImpact brings a **demonstrated ability to deliver results at scale.**

Our dedicated Medicaid team combines clinical, financial, and operational expertise, supported by:

- 248 years of collective Medicaid pharmacy experience
- A multidisciplinary team of clinicians, pharmacists, analysts, and program leaders
- Proven success optimizing PDL, rebate, and pricing strategies across diverse state programs

Integrated Solution Driving Measurable Outcomes

MedImpact's **fully integrated solution delivers optimized rebate revenue and the lowest possible net drug cost** while ensuring clinically sound formulary decisions grounded in rigorous, evidence-based reviews. Our approach includes transparent, market-aligned SMAC pricing that balances cost containment with pharmacy network stability, supported by advanced analytics and reporting capabilities that enable proactive performance monitoring and continuous improvement. We provide efficient program management and seamless stakeholder coordination across Agency partners, vendors, and committees, along with specialized management of high-cost therapies through structured HCPADL (optional) support. Together, these capabilities enable the State to achieve sustainable cost control while improving member outcomes and maintaining provider access.

A Collaborative Partnership Focused on Results

MedImpact approaches this engagement as a long-term partnership. We work closely with the Agency to align strategies, anticipate market changes, and continuously refine the program to meet evolving needs.

Our combination of **independence, transparency, clinical leadership, and proven Medicaid experience** positions MedImpact as the partner best equipped to help West Virginia achieve its pharmacy program goals by delivering measurable financial savings, improved clinical outcomes, and operational excellence.

3. QUALIFICATIONS

3.1 A minimum of three (3) years of experience, within the last ten (10) years in implementing and managing PDL and SMAC services, for a minimum of three (3) individual state Medicaid pharmacy programs. Documentation to support meeting the requirement includes, but is not limited to, listing of contracted States where this service is provided.

MedImpact provides the State of West Virginia with more than 34 years of pharmacy benefit management (PBM) experience, including Preferred Drug List (PDL) and State Maximum Allowable Costs (SMAC) services, as well as other pharmacy services. Since 1992, MedImpact has continuously provided Medicaid services similar in size and scope to those outlined in this RFQ, beginning with the implementation of Community Health Group (a California-based managed Medicaid plan). We embrace a long-term view of customer services delivery and management of customer drug expenditure and trend; proven by the fact that our first Medicaid customer from 1992 is still a customer.

In 2017, we evaluated the evolving Medicaid PBM landscape that was carving out PBM services from managed care plans and implementing single PDLs. Following this review, we determined MedImpact's solutions were well-aligned with Fee for Service (FFS) and began investing heavily in direct Medicaid agency programs. Our efforts have resulted in four FFS Medicaid contracts, two in Kentucky, one in Mississippi, and one in Colorado that are operational. Additionally, we are in the process of implementing MassRx for the Commonwealth of Massachusetts. Collectively, these Medicaid FFS contracts encompass comprehensive Medicaid pharmacy and drug rebate services including implementation, PDL and formulary development, Medicaid drug rebate programs, supplemental rebate, Maximum Allowable Cost (MAC) services, Pharmacy & Therapeutics (P&T) drug utilization board management, RetroDUR, CMS certification, operational readiness, and other PBM services.

Table 1 provides a summary matrix of our Medicaid customers.

Customer	Scope and Scale of Medicaid Services	Dates of Service
Medicaid FFS Customers		
Commonwealth of Kentucky Division of Medicaid Services (DMS)	MedImpact performs full-service FFS Medicaid PBM services for 1.6 million lives, serving six MCOs. Under a services agreement with the Division of Medicaid Services, MedImpact performs PDL, MAC, and formulary management, claims processing, prior authorization (PA), grievance, appeals, reporting/analysis, network administration, implementation of DMS, DUR edits, pharmacy audits, member call center, integration with MMIS (eligibility, encounters, third-party liability [TPL], provider files), and all current MCOs.	07/01/2021 - present
State of Mississippi Division of Medicaid	MedImpact performs PDL, MAC, and supplemental rebate administration as well as P&T Committee/DUR Board support for the State of Mississippi Medicaid FFS. This contract contains work with our partner, Mercer, to perform rate-setting and other consultative work around 340B, program assessment, DME, physician-administered drugs, and various program audits.	07/01/2023 - present



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Customer	Scope and Scale of Medicaid Services	Dates of Service
Commonwealth of Kentucky Department for Medicaid Services	MedImpact performs full-service FFS Medicaid PBM for 100,000 FFS lives including PDL and supplemental rebate, claims processing, prior authorization, reporting/analysis, network administration, CMS rebate, TPL, and MMIS integration.	01/01/2024 - present
Colorado Department of Health Care Policy & Financing	MedImpact performs full-service FFS Medicaid PBM services for 1.5 million lives including PDL and formulary management, CMS and supplemental rebates, claims processing, prior authorization, reporting/analytics, TPL real-time benefit tool (RTBT),	PDL and Rebates: 10/01/2025 – present PBM Services: 02/01/2026 - present
Medicaid Managed Care Customers		
Advanced Health - Doctors of the Oregon Coast South	MedImpact performs full-service Medicaid PBM, with the exception of PA services, which are self-delegated.	10/01/1998 - present
AllCare Health f/k/a Mid Rogue IPA	MedImpact performs full-service Medicaid PBM, with the exception of PA services.	03/17/2003 - present
Banner University Health Plans	MedImpact performed full-service PBM, with the exception of PA services, for Medicaid and Medicare clients.	01/01/2013 – 12/31/2021
Cascade Health Alliance	MedImpact performs full-service Medicaid PBM, with the exception of PA services.	12/01/2002 - present
CenCal Health	MedImpact provided comprehensive Medicaid PBM services. Services included claims processing for specialty drugs, PA, DUR, provider services for pharmacy, pharmacy network contracting and management, and collaboration on formulary development.	08/01/2004 – 12/31/2021
Central California Alliance for Health	MedImpact performs comprehensive Medicaid PBM services, including claims processing for specialty drugs, PA, DUR, provider services for pharmacy, pharmacy network contracting and management, and collaboration on formulary development.	01/01/2013 - present
Community Health Group	MedImpact provides comprehensive Medicaid PBM services. Services include claims processing for specialty drugs, PA, DUR, provider services for pharmacy, pharmacy network contracting and management, and collaboration on formulary development.	11/11/1992 - present



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Customer	Scope and Scale of Medicaid Services	Dates of Service
Cook County Health & Hospitals System	MedImpact performed full-service PBM services, with the exception of P&T Board services.	04/01/2019 – 06/30/2023
Denver Health Medical Plan	MedImpact performs all standard Medicaid PBM support services, with the exception of PA.	01/01/2012 - present
HealthPartners	<p>MedImpact manages multiple lines of business including Medicaid, HMO, Marketplace, and Medicare lives.</p> <p>MedImpact provides PBM services including benefit creation, pharmacy network management including custom specialty and mail-order network, claims processing, drug utilization management programs and support, clinical guidance and support for custom formulary, regulatory compliance support, opioid overutilization management programs, Medicare Part D Stars programs, and a fully dedicated customer team.</p>	01/01/2008 - present
Kaiser Permanente	MedImpact manages multiple lines of business across seven regions to include HMO, Marketplace, Medicaid, and PPO plans. In total, MedImpact manages more than 10 million Kaiser Permanente lives, nearly 950,000 of which are Medicaid. MedImpact provides PBM services that include benefit creation, pharmacy network management to include client-owned and operated pharmacies, claims processing, drug utilization management programs and support, clinical guidance and support for custom formulary, regulatory compliance support, opioid overutilization management programs, IT enhancements to meet unique state Medicaid connectivity requirements, custom rebate billing and reporting, and a fully dedicated client team.	10/01/1999 - present
McLaren Health Plan	MedImpact provides comprehensive Medicaid PBM services. Services include claims processing of specialty drugs, PA, DUR, member and provider services for pharmacy, pharmacy network contracting and management, and collaboration on formulary development and PDL.	01/01/19 - present
MDWise	MedImpact provides comprehensive Medicaid PBM services. Services include claims processing of all types including specialty drugs, PA, DUR, member and provider services for pharmacy, pharmacy network contracting and management, and collaboration on formulary development and PDL.	01/01/19 - present
Partnership Health Plan of California	MedImpact provided comprehensive Medicaid PBM services. Services included claims processing of specialty drugs, DUR, provider services for pharmacy, pharmacy network contracting and management, and collaboration on formulary development.	04/01/1996 – 12/31/2021
PrimeWest Health	MedImpact performs full Medicaid PBM services for covered individuals. Services include prior authorization, formulary, call center, claims processing, and others.	01/01/2016 - present



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Customer	Scope and Scale of Medicaid Services	Dates of Service
Rady Children's Hospital	MedImpact performed full Medicaid PBM services, including PA, formulary, call centers, claims processing, and others.	07/01/2018 – 12/31/2021
Santa Clara Family Health Plan	MedImpact performs comprehensive Medicaid PBM services for covered individuals. Services include claims processing of specialty drugs, PA, DUR, provider services for pharmacy, pharmacy network contracting and management, collaboration on formulary development.	03/20/2006 - present
Umpqua Health Alliance - Douglas County	MedImpact performs comprehensive Medicaid PBN services for covered individuals. Services include claims processing of specialty drugs, PA, DUR, provider services for pharmacy, pharmacy network contracting and management, and collaboration on formulary development.	05/01/2001 - present
VNS Choice Health Plans	MedImpact performs comprehensive Medicaid PBM services for covered individuals. Services include claims processing of specialty drugs, PA, DUR, network management, formulary management, and state mandated reporting.	01/01/2015 - present

Table 1: Scope and Scale of Medicaid Services

As demonstrated in the table above, our extensive experience across a diverse client base underscores our proven ability to successfully deliver the full scope of services outlined in this RFQ.

We have the qualifications and experience to provide the services specified in this RFQ. We are the 6th largest pharmacy benefits manager (PBM) and the largest privately held PBM in the industry. We are committed to our customers, and we serve more than 18 million lives, including 29 Medicaid customers representing 3.5 million lives. Our past experience on projects of similar size and scope demonstrates our knowledge and understanding of Medicaid PDL and supplemental rebate as well as other PBM services and serving the needs of a rural health care delivery system.

3.2 Vendor shall provide staff with experience in the administration of a PDL, PPL, and SMAC programs. The Bureau reserves the right to approve or deny any staffing changes upon contract award.

MedImpact has more than three decades of experience in PBM and Medicaid program support. Our staffing model is designed to provide the State with a dedicated, highly experienced team that ensures compliance, cost containment, and superior outcomes for FFS) Medicaid members and state clients. Accordingly, MedImpact understands and agrees that any changes to designated key staff positions, including the Account Manager/Clinical Pharmacist, Physician Advisor, Rebate Manager, and SMAC Pricing Manager, will be subject to prior review and approval by the Bureau.

MedImpact provides the State with a Medicaid team of PDL, supplemental drug rebate, high-cost physician administered drugs, and maximum allowable cost (MAC) experts with hands-on Medicaid PBM experience implementing and operating pharmacy systems and providing related services. We bring the wide and varied experience of our entire company in delivering pharmaceutical solutions. Our staff are pharmacy thought leaders and national innovators, leaders with Centers for Medicare and Medicaid



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Services (CMS) and NCPDP certification experience, and experts in health plan leadership, as well as experts with an understanding of the nuances that govern Medicaid federal and State regulations. Our overall FFS Medicaid leadership team has **248 years of combined Medicaid Pharmacy experience, and each is a leader in their respective fields.** Table 2 highlights their experience.

248 Years of Collective Medicaid Pharmacy Experience		
Leader Name	Position	Years of Medicaid Pharmacy Experience
Scott Helmus	Senior Vice President, Government Programs and Services	30 years of Medicaid pharmacy experience
Catal Breen	Principal, Medicaid Pharmacy Operations	31 years of Medicaid pharmacy experience
Kevin Chang, PharmD, BCPS	Principal, Medicaid Account Services	10 years of Medicaid pharmacy experience
Felicia DiPaolo	Director of Rebates Medicaid	25 years of Medicaid pharmacy experience
Kimberly Sousa	Principal, State Medicaid Account Services	26 years of Medicaid pharmacy experience
Dr. Lauren Biczak, DO	Chief Medical Officer	30 years of Medicaid pharmacy experience
Dan Inboden, PharmD, MBA, BCPS	Principal, PDL and Supplemental Rebate Operations	16 years of Medicaid pharmacy experience
Dean Beuglass, R. Ph.	Managing Principal, Medicaid Solutions	25 years of Medicaid pharmacy experience
Chris Moyer	Director, Government Programs and Services	30 years of Medicaid pharmacy experience
Robert Coppola, PharmD, MBA	Vice President, Government Sales	25 years of Medicaid pharmacy experience

Table 2: 248 Years of Collective Medicaid Experience for the FFS Medicaid Leadership Team

Core Staffing Structure

- **FFS Medicaid Team:** Approximately 100 experienced professionals are dedicated exclusively to FFS Medicaid operations, supported by MedImpact’s broader workforce of 2,200 employees nationwide.
- **Leadership and Subject Matter Experts:** Senior leaders with decades of combined experience in Medicaid PBM and direct State engagement. Each leader provides specialized expertise in program design and compliance, drug rebate management, clinical interventions, and PDL **financial modeling, oversight, and compliance.**
- **Operational Support Staff:** Analysts and financial modelers who incorporate deep knowledge and experience with SMAC, National Average Drug Acquisition Cost (NADAC), and Federal Upper Limits (FUL) benchmarks into program cost modeling and impact reporting. These staff members conduct regular reviews and support cost containment and rebate optimization strategies.
- **Reporting and Compliance Specialists:** Professionals dedicated to producing detailed financial and utilization reports. Their work ensures PDL compliance, monitors prescribing trends, and supports cost containment initiatives.
- **Technology and Systems Support:** IT and data management staff who maintain reporting suites, scenario planning tools, and integration with State systems. They ensure transparency, accuracy, and timely delivery of operational data.



Benefits to the State

- **Comprehensive Expertise:** A multidisciplinary team ensures that all aspects of Medicaid pharmacy benefit management are addressed.
- **Transparency and Accountability:** Detailed reporting and compliance monitoring provide the State with clarity and confidence in program operations.
- **Cost-Effective Solutions:** Integration of SMAC and other pricing benchmarks into financial modeling supports informed, cost-effective decisions.
- **Sustainable Program Support:** The staffing model is designed to deliver long-term value, aligning with regulatory requirements and budgetary goals.

MedImpact's staffing approach provides the State with an experienced and specialized team. By leveraging expertise across Medicaid operations, financial modeling, compliance, and technology, MedImpact ensures that the State's Medicaid program achieves sustainable cost management while maintaining high-quality pharmacy benefits for its members.

When adequate clinical data is unavailable, particularly for newly approved products or rare-disease therapies, **our team consults expert guidance from national authorities.** These resources help us assess benefit and risk, anticipate provider response, and determine appropriate placement within the therapeutic class. We also incorporate insights from MedImpact's extensive Medicaid client base, providing perspective on how similar populations respond to emerging therapies.

3.2.1 Account manager who is a registered pharmacist with a minimum of three (3) years' experience as a registered pharmacist, actively licensed with the Board of Pharmacy for the state in which they are employed and in good standing, and including a minimum of one (1) year experience in the administration of Medicaid FF S and/or Medicaid MCO services included in 3.2.

MedImpact's proposed **Account Manager, Vicky Zhang, PharmD**, is a licensed pharmacist with extensive Medicaid experience, including in PA, appeals, lock-in programs, and audit support. She is a managed care expert who connects clinical knowledge, analytical data, and operations to improve efficiency, minimize gaps in care, optimize cost-effective formulary, and maximize benefit designs. She also focuses on customer acquisition and works on ongoing innovative healthcare solutions that improve quality and outcomes while decreasing the total cost of care. Dr. Zhang is a skilled project manager, collaborator, and presenter.

Dr. Zhang received her Doctor of Pharmacy degree from Ohio State College of Pharmacy and her Bachelor of Science from Towson State University. She has served as a Clinical Account Executive Medicaid FFS at MedImpact since 2023. In this role, among other functions, she provides strategic clinical oversight for Medicaid Fee-for-Service accounts, ensuring alignment with contractual obligations and client goals, and acts as the primary clinical liaison between internal teams and customer stakeholders to deliver high-quality pharmacy benefit solutions. Her resume is located on page 18.

3.2.2 Physician, who serves as a Medical Director in good standing with the governing board in the state in which they are employed with three (3) years' experience in supporting a pharmacy benefits program.

Dr. Lauren Biczak, DO brings a wide array of experience in pharmacy program oversight to the State, having formerly served as a Medical Director, a Chief Medical Officer, and a State Medicaid Medical Director. Dr. Biczak has decades of experience serving initially as a Medical Director for Maine Medicaid (MaineCare) and supported many other state Medicaid programs, including West Virginia and a multi-state supplemental rebate pool. Her experience spans Medicaid policy formulation, drug utilization review, utilization management, clinical and fiscal aspects of PDL and pharmacy and medical benefit design and management, including value-based contracting. She is a Board-Certified practicing physician who brings a unique understanding of frontline clinical work, including working directly in Electronic Medical Record

systems, combined with her policy and working knowledge of issues that impact government health programs and Medicaid in particular. She has served many years dedicated to partnering with states in their care of their members, including helping the States develop the most clinically effective PDL possible while diligently working to reduce State costs.

Dr. Biczak has a deep understanding of the needs and challenges faced by the vulnerable members served by the West Virginia Medicaid program. Her experience working on the Medicaid pharmacy program in West Virginia will inform her role supporting BMS. Her skills include fiscal analysis, policy development, clinical evaluation of complex medical issues, review of evidence-based medical information, and negotiation of supplemental drug rebates, including value-based agreements. She is adept at providing strategic clinical and policy insights and has extensive experience in making and overseeing PA determinations, developing criteria, and engaging in peer-to-peer interactions. She has also presented at various national meetings and committees.

Dr. Biczak is Board Certified in both Internal Medicine and Infectious Disease. She maintains an active medical license in three states. For her contributions to the field, Dr. Biczak has also been recognized as a Fellow of the Infectious Disease Society of America.

As Medical Director, MedImpact Government Programs and Services, a role she assumed in March 2025. She performs a variety of critical functions. These include overseeing all clinical aspects of the Fee-for-Service pharmacy line of business; performing drug rebate (Federal and supplemental) analysis and supplemental rebate negotiation; developing PDLs; overseeing prior authorization; performing an ongoing active role in direct customer and public engagement for clinical and programmatic support (which included being an active participant and speaker at State Medicaid Pharmacy and Therapeutics Committee and Drug Utilization Review (DUR) meetings); Her oversight of the clinical aspects of the pharmacy program activities for multiple State Medicaid agencies over the years have included the development of PA, pro-DUR and retro-DUR criteria; overseeing retro-DUR interventions and clinical PA activities; and managing clinical and rebate negotiation staff. She regularly attends, contributes, and delivers presentations on relevant topics at the routine operational meetings with the Medicaid agencies she supports. Customers find her input at these meetings helpful, insightful, and actionable given her significant Medicaid policy and clinical experience.

3.2.3 Rebate Manager with a minimum of three (3) years' experience in the administration of a Medicaid Federal drug rebate and supplemental drug rebate program.

Heather Brown, Manager of Medicaid Rebates, will assume this leadership role for West Virginia's Medicaid FFS SMAC program. She has more than 15 years of Medicaid rebate experience, having worked with more than 20 state customers, and will lead the West Virginia Rebate Support Team at MedImpact. Ms. Brown has successfully led a rebate operations team of 30 supporting rebate personnel and has significant experience in rebate invoicing, dispute resolution, payments, collections, and state client and client vendor support. In her role as Manager of Medicaid Rebates, she has performed the following functions, among others: leading and performing all rebate system testing; creating and implementing all system user and training documents; training new rebate employees on rebate-related applications; identifying and facilitating rebate process improvements; and collaborating with reporting team for development and testing of rebate reports.

Among other roles, Ms. Brown has interacted with customers, managing their reporting, analysis, assessments, business processes, quality, standardization, and optimization. She has performed impact analyses and coordinated enhancements and parameter/rule changes to optimize rebate revenue. In addition, she has reviewed record layouts, content, and claims workflow to ensure the efficiency of the rebate process and coordinated between Operations and IT groups as the state liaison, creating business requirements to confirm system compliance. She also has created IT tickets to manage file issues for invoicing cycles and tracked and reported SLAs both internally and to the customer to ensure that all were met. Ms. Brown's resume is located on page 26.

3.2.4 SMAC pricing manager with a minimum of one (1) year experience in the administration of a Medicaid FFS SMAC pricing program.

Chan Kim, MedImpact's proposed SMAC Pricing Manager, has been with the company since 2024 and has performed a variety of functions, including in this role as a Pricing Manager. In this capacity, Mr. Kim oversaw a state Medicaid client's Maximum Allowable Cost (MAC) pricing model; managed and analyzed complex spreadsheets, reports, and large pharmacy transaction datasets to highlight opportunities.; recommended changes to the MAC list to enhance revenue and/or mitigate risk; and delivered MAC performance reports for state Medicaid stakeholders, covering metrics such as annual claims volume, payouts, and savings.

In his current role as a MedImpact Program Manager, he has continued to perform the role of pricing analyst. Additional responsibilities include developing Fee-for-Service (FFS) programs for state Medicaid clients to support compliant claims adjudication, required customer reporting, and customized Medicaid rebate/provider data requirements and maintaining documentation for assigned programs such as program descriptions, procedures, work instructions, etc. related to Maximum Allowable Cost (MAC) pricing, pricing data quality assurance, and Medicaid Drug Rebate Program (MDRP) governance.

Finally, he acts as the Subject Matter Expert (SME) in assigned programs that include (but are not limited to) MAC pricing models, MDRP governance protocols, and drug reimbursement quality assurance. Mr. Kim's resume is located on page 28.

4. MANDATORY REQUIREMENTS

4.1 Mandatory Contract Service Requirements and Deliverables: Contract Services must meet or exceed the mandatory requirements listed below.

4.1.1 Vendor shall provide program management and coordination by meeting on a schedule to be mutually agreed upon by all parties, as referenced in Section 4.1.4 and 4.1.5 below, or at the Agency's request, and providing the data files required for the management and coordination of Contract Services with the Agency and/or the Agency FFS fiscal agent, the Medicaid MCO vendors (if applicable), the Pharmaceutical and Therapeutics (P&T) Committee, the SSDC and its Vendor, the prior authorization Vendor, and any other business partner associated with PDL, PPL, SMAC and HCPADL (Optional) programs. The data files will be loaded in the Claims Processing System and pertinent information will be posted on the Agency Pharmacy website.

MedImpact establishes a structured program management and coordination framework that ensures timely communication, accurate data exchange, and seamless collaboration with all stakeholders to meet or exceed all RFQ mandatory requirements.

- **Meeting Coordination:** MedImpact will convene program management meetings on a mutually agreed-upon schedule with the Agency and its partners. We will also accommodate ad hoc meetings at the Agency's request to address urgent issues or emerging priorities. Meetings will be supported by clear agendas, documented action items, and follow-up reporting to ensure accountability and transparency.
- **Data File Provisioning:** MedImpact will provide all required data files to support the accurate management and coordination of Contract Services. These files will be formatted to Agency specifications and delivered securely to the Agency, its FFS fiscal agent, Medicaid MCO vendors, the P&T Committee, the Sovereign States Drug Consortium (SSDC) and its Vendor, the prior authorization (PA) vendor, and other designated business partners.
- **System Integration:** All data files will be prepared and delivered for loading into Agency or partner systems. MedImpact's technology team will ensure compatibility, accuracy, and timeliness of data transfers. Pertinent information will be posted on the Agency Pharmacy website in accordance with Agency requirements, ensuring transparency and accessibility for stakeholders.
- **Stakeholder Collaboration:** MedImpact's program management staff will serve as the central coordination point for all entities associated with PDL, PPL, SMAC, and High-Cost Physician Administered Drug List (HCPADL) (Optional) programs. Our team will facilitate communication, resolve issues, and ensure alignment across vendors and committees.

This approach provides the Agency with:

- Reliable program management supported by structured meeting schedules and responsive coordination
- Accurate and timely data files that integrate seamlessly into targeted systems.
- Transparent and timely posting of pertinent information to the Agency Pharmacy website
- Effective collaboration across all stakeholders, ensuring smooth operation of PDL, PPL, SMAC, and HCPADL (Optional) programs

MedImpact's program management and coordination framework ensures that the Agency receives consistent, accurate, and timely support. By combining structured meeting practices, secure data provisioning, and proactive stakeholder engagement, MedImpact will deliver a reliable and compliant solution that supports the Agency's Medicaid pharmacy benefit program objectives.

4.1.2 Vendor shall comply with all federal regulations, including confidentiality of rebate related data which can be found at https://www.ssa.gov/OP_Hoime/ssact/title19/1927.htm and the State Plan filed and approved by the Centers for Medicare and Medicaid Services (CMS) as stated in <https://bms.wv.gov/bms-cms/state-medicaid-plan>.

MedImpact is committed to meeting and exceeding all federal and state regulatory requirements to meet all Contract Service requirements and govern the management, protection, and use of rebate related data. We recognize that compliance is not a static obligation but an ongoing responsibility that requires continuous attention, structured oversight, and disciplined execution. To that end, we have established a comprehensive compliance framework that ensures alignment with the confidentiality provisions outlined in Section 1927 of the Social Security Act, as well as the requirements set forth in the State Medicaid Plan approved by the Centers for Medicare and Medicaid Services.

We maintain strict adherence to the federal confidentiality standards that apply to rebate-related data. Section 1927 of the Social Security Act provides clear direction regarding the handling, disclosure, and protection of information associated with the Medicaid Drug Rebate Program. Our internal policies incorporate these federal requirements and translate them into actionable data security policies and procedures that guide staff behavior, system configuration, and data management practices. All personnel with access to rebate-related information receive mandatory training on confidentiality obligations, data-handling protocols, and incident reporting procedures. This training is refreshed on a regular (annual) schedule to ensure that staff remain informed of regulatory updates and organizational expectations.

Our systems, including MedContract, use IBM Identity Access Management to enforce role-based security. Based on job function, we limit system access to the minimum necessary users. Access is further segmented by function and client through configurable data entitlements, ensuring only authorized personnel view protected and confidential information.

Our compliance program also incorporates a robust set of administrative, technical, and physical safeguards designed to protect sensitive data throughout its lifecycle. These safeguards include controlled access to systems, role-based permissions, encryption of data in transit and at rest, and continuous monitoring of system activity. We maintain documented processes for data intake, storage, transmission, and disposal, each of which is aligned with federal confidentiality requirements. Any potential breach or deviation from established procedures triggers an immediate review by our compliance and security teams, followed by corrective action and reporting as required by law.

In addition to federal requirements, we ensure full alignment with the State Medicaid Plan filed and approved by the Centers for Medicare and Medicaid Services as well as specific West Virginia administrative policies. The State Plan establishes the operational and policy framework under which Medicaid services are administered, while the State policies provide more details that meet the laws and intent of the State more specifically. Our West Virginia Account team monitors updates to the State Plan as well as West Virginia policies and laws and incorporates changes into our operational procedures in a timely manner. This includes reviewing policy amendments, implementing revised workflows, and updating internal documentation to reflect new or modified requirements. We maintain close coordination with state program leadership to ensure that our interpretation of State Plan provisions remains accurate and consistent with State expectations.

To support ongoing compliance, we conduct periodic internal audits that evaluate adherence to federal regulations and State Plan requirements. These audits assess the effectiveness of our controls, identify opportunities for improvement, and verify that staff are following established procedures. Findings from these reviews are used to strengthen our compliance posture and reinforce a culture of accountability across the organization.

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Through this structured and proactive approach, we ensure that all rebate-related data is managed with the highest level of confidentiality, integrity, and regulatory alignment. Our commitment to compliance is foundational to our operations and reflects our dedication to supporting the State's Medicaid program with accuracy, transparency, and trust.

4.1.3 Vendor shall assist the Agency with writing State Plan Amendments related to the Contract Services programs.

MedImpact brings deep knowledge of federal Medicaid requirements, CMS guidance, and industry best practices to provide critical support to the Agency in drafting compliant, clear State Plan Amendments that directly advance the goals of the Agency's Contract Services programs or other services identified in this solicitation. We recognize that State Plan Amendments are more than administrative updates. They serve as formal instruments through which a state defines the relationship of its Medicaid program with regard to the federal government thus laying the foundational terms of how its Medicaid program operates. A State Plan Amendment functions as a negotiated adjustment to the state's operational blueprint, allowing the state to refine program design, payment methodologies, or service structures in a way that remains aligned with federal expectations while addressing emerging policy or operational needs. The MedImpact team has worked with multiple states in defining or refining State Plan Amendments including the details of supplemental rebate programs including the Supplemental Rebate Agreements. However, of note, CMS has recently clarified that SRAs no longer need CMS approval, although they will review them upon request.

During implementation, we will review West Virginia's current State plan and assist West Virginia with any necessary State Plan amendment changes and assist with the development of a new Supplemental Rebate Agreement (SRA). Dr. Biczak has assisted with drafting SRAs for states as they evolved from initial PDLs to multi-state arrangements and eventually to SRAs that included optional provisions for negotiating rebates on diabetic supplies, particularly for those enabling value-based contracts with unique terms. MedImpact will review current West Virginia policies, laws, and State Agencies rules, as well as the existing State Plan, to ensure we are aware of any specific items that might need to be considered during the SRA drafting process.

In delivering this support, we apply a disciplined and collaborative approach that ensures our contributions to your submitted State Plan or State Plan Amendments are accurate, responsive to your strategic position, and consistent with CMS requirements. Our customer support process includes early engagement with State Pharmacy program leadership to clarify policy intent, translation of complex program concepts into clear and defensible amendment language.

By combining policy expertise with precise technical writing, we will help the Agency produce State Plan Amendments that effectively represent the objectives of the Contract Services programs and support timely federal approval.

4.1.4 Vendor shall be available for physical and/or virtual appearances, at no additional cost to the Agency before the West Virginia Legislature or other interested parties as requested by the Agency at a maximum of six (6) times per calendar year.

MedImpact will provide qualified personnel that are available for both physical and virtual appearances at no additional cost to the Agency, providing clear and timely support whenever engagement with the West Virginia Legislature or other designated stakeholders as requested. We will coordinate closely with Agency staff to schedule and prepare for up to six appearances per calendar year, delivering concise subject matter expertise, accurate program information, and responsive follow up to reinforce the Agency's objectives. Our proposed Medical Director Dr. Lauren Biczak in particular has significant experience in appearing before legislative bodies and Senior State officials and will be available to participate in these appearances.



4.1.5 Vendor shall facilitate status meetings with the Agency including meeting agendas and minutes. Meeting minutes must be provided to the Agency within ten (10) business days of each meeting by email, including the P&T Committee meetings, which are to be held quarterly. Status meetings will be held on an agreed upon schedule, currently bi-weekly, by the Agency and the Vendor via conference call.

MedImpact provides comprehensive contract support services including meeting agenda development, clear and concise documentation, and timely distribution of meeting minutes to meet the Agency's requirements. The result is structured and efficient status meetings and meaningful documentation. We will collaborate with Agency staff to confirm discussion topics in advance, ensuring that each meeting is purposeful and aligned with project priorities. Following these meetings, our designated resource will prepare detailed minutes that accurately capture decisions, action items, and follow-up responsibilities. These minutes will be edited and delivered by email within ten business days, including those associated with the quarterly P&T Committee meetings, to maintain transparency and continuity across all stakeholders.

To promote consistency and accountability, we will conduct these sessions via conference call and adhere to the current bi-weekly meeting schedule unless otherwise directed by the Agency. Our approach emphasizes preparation, responsiveness, and clear communication, allowing the Agency to rely on us as an organized and proactive partner. By maintaining well-documented meeting records and ensuring timely distribution, we will help the Agency sustain momentum, monitor progress, and make informed decisions throughout the life of the contract.

4.1.6 Vendor shall provide staff to meet the needs of the Agency and Agency partners to assist in managing Contract Services programs via phone, email, and face to face meetings as needed at no additional cost to the Agency.

MedImpact is committed to providing experienced staff to meet the needs of the Agency and its partners throughout implementation and ongoing operations. Our proposed account team will be available to support Contract Services including PDL, PPL, high-cost physician-administered drugs, and SMAC services as requested. These staff members will be available to the Agency and Agency partners via phone, email, or face to face at no additional cost to the Agency. We recognize the importance of maintaining strong partnerships with the Agency and its stakeholders and will ensure timely access to knowledgeable resources capable of addressing both routine and complex operational matters.

Staffing Management

MedImpact approaches every opportunity with the understanding that each program has unique requirements and stakeholder expectations. Drawing upon more than 30 years of experience administering pharmacy benefits for state Medicaid programs, we have developed a comprehensive staffing model designed to support the Agency throughout the life of the contract.

Our staffing model is built to adapt to changing program needs, regulatory requirements, workload fluctuations, and stakeholder expectations. We will continuously evaluate staffing levels, operational metrics, and service demands to ensure adequate resources are available to support the Agency and its partners. During implementation and throughout operations, MedImpact will work closely with the Agency to validate staffing assumptions, monitor service volumes, and make adjustments as needed to maintain high levels of service and responsiveness.

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Through key staff and other additional support staff and a collaborative partnership approach, MedImpact provides the Agency with the expertise, accessibility, and support necessary to successfully manage contract services.

4.1.6.1 Vendor should include with the bid but must be provided prior to award, the names and resumes for staff assigned to this contract including, but not limited to account manager, clinical pharmacist, physicians, rebate manager, and SMAC pricing manager.

MedImpact provides the names, roles, qualifications and resumes for our proposed staff assigned to this contract including, but not limited to, Account Manager/Clinical Pharmacist, Physician, Rebate Manager, and SMAC Pricing Manager. To support this contract, MedImpact has assembled a team of highly qualified professionals with extensive Medicaid experience. Our proposed staffing approach ensures that the Agency has direct access to dedicated subject matter experts with the expertise necessary to support program success.

These individuals bring proven experience supporting state Medicaid programs to the project and will collaborate with the Agency to ensure responsive service, effective program management, and achievement of contract objectives throughout implementation and ongoing operations. Resumes for all proposed staff are included to demonstrate the depth of experience and qualifications MedImpact will dedicate to this engagement. Please see response to proposal section 4.1.6.2 for Key Staff resumes.



4.1.6.2 Vendor shall provide an account manager that will be available during business hours of 8:00 A.M. to 5:00 P.M. Eastern Standard Time (EST), Monday through Friday, excluding West Virginia (WV) state holidays. <https://personnel.wv.gov/media/21626>This person is responsible for the overall operations of the contracted deliverables included in this contract.

Proposed Account Manager and Clinical Pharmacist, **Vicky Zhang, PharmD**, will be available during the Agency's business hours of 8:00 A.M. to 5:00 P.M. EST, Monday through Friday, excluding West Virginia state holidays. Dr. Zhang will serve as the Agency's primary point of contact and will be responsible for the overall management, coordination, and oversight of all contracted services and deliverables. Supported by MedImpact's experienced operational, clinical, financial, and technical teams, the Account Manager will ensure responsive communication, effective issue resolution, and successful contract performance throughout the term of the contract.

Vicky Zhang, PharmD

Dr. Vicky Zhang, PharmD, is a licensed Pharmacist with extensive Medicaid experience, including prior authorization, appeals, lock-in programs, and audit support. She is a Medicaid expert who connects clinical knowledge, analytical data, and operations to improve efficiency, minimize gaps in care, optimize cost-effective formulary, and maximize benefit designs. She also focuses on client acquisition and working on ongoing innovative healthcare solutions that improve quality and outcomes while decreasing the total cost of care. Dr. Zhang is a skilled project manager, collaborator, and presenter.

EDUCATION

Doctor of Pharmacy | Ohio State University College of Pharmacy

Bachelor of Science | Towson University

LICENSES

Pharmacist licenses in Ohio, Massachusetts, and Mississippi

EXPERIENCE

MedImpact Healthcare Systems, Inc

Clinical Account Executive Medicaid FFSJune 2023 - Present

- Provides strategic clinical oversight for Medicaid Fee-for-Service accounts, ensuring alignment with contractual obligations and client goals
- Acts as the primary clinical liaison between internal teams and client stakeholders to deliver high-quality pharmacy benefit solutions
- Conducts in-depth analysis of utilization patterns, cost drivers, and clinical outcomes to identify opportunities for improvement
- Develops actionable insights and present findings to leadership and clients to support evidence-based decision-making
- Partners with Account Executives to design and implement targeted interventions that optimize plan performance, improve member health outcomes, and achieve lowest net cost strategies
- Ensures recommendations comply with state and federal regulations
- Applies clinical expertise to support prior authorization, formulary management, and utilization management processes
- Provides guidance and documentation to meet HEDIS, NCQA, and URAC standards



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- Leads initiatives that enhance clinical program quality, support accreditation readiness, and promote continuous improvement in care delivery
- Oversees prior authorization and appeals processes for Medicaid programs, ensuring compliance with state and federal regulations
- Supports lock-in program strategies and audit readiness for pharmacy benefit operations

RxAdvance PBM

Vice President of Clinical SolutionsApril 2021 - April 2023

- Oversaw formulary development and management, drug information, clinical programs, and PBM service implementation for all lines of business (Medicaid, Medicare, and Commercial)
- Chaired the Pharmacy and Therapeutics (P&T) Committee and served as the key decisionmaker for formulary management to promote clinically sound and cost-effective therapies
- Served as a thought leader on the Pricing and Trade Committee to develop strategies for formulary management and rebate contracts
- Trained and provided guidance to the team on the analysis of clinical, health outcomes, and real-world evidence to develop and optimize clinically appropriate and cost-effective formularies
- Built and maintained strong positive relationships with key formulary decisionmakers of clients (Amazon, Health Team Advantage, Magnolia Health Plan, Nebraska Total Care, etc.) and strategic partners (OptumRx, Centene Corporation, Envolve Pharmacy Solutions)
- Led the design and creation of an in-house MTM program and MTM platform with the help of a consulting group
- Conducted market and clinical research and collaborated with data analytics team to design predictive models and develop innovative clinical programs across medical and pharmacy
- Led PBM service implementation for all lines of business including Medicare, Commercial, and Medicaid
- Prepare and present proof of concept and use case demonstrations to external executive leaders (Humana, CareSource, Centene Corporation, Envolve Pharmacy Solutions, Walgreens Boots Alliance, Amazon, etc.)
- Presented quarterly department updates to C-suite leadership and monthly updates to executive leadership
- Influenced the re-establishment of the core clinical team in the U.S. resulting in structure, productivity, and engagement
- Reorganized staff in India and developed team leads to enhance process and workflow, resulting in increased independence and improved the quality of work across all clinical functional areas
- Utilized critical thinking skills to identify root causes for quality improvement and provide related action steps

Director of Clinical ProgramsJuly 2020 - March 2021

- Led a global team of 15 clinical pharmacists and analysts responsible for clinical policy development and maintenance, clinical report creation, electronic prior authorization (PA) implementation and operations
- Acquired key client by developing and implementing a customized commercial formulary for a national employer group within an expedited three-month delivery timeframe
- Nurtured customer loyalty through frequent communication and support including Request for Proposal (RFP) follow-up, industry insights and trends, implementation support, marketing resources and expertise on processes and operations
- Facilitated demonstrations and presentations to potential clients communicating the unique benefits of RxAdvance platform and clinical programs
- Utilized unique ability to successfully bridge the communication between clinical operation and technology resulting in improved collaboration and clinical innovative strategies



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- Contributed insight and expertise that was critical for technology team to overcome obstacles in the development of complex platform enhancements for clinical edits, utilization management and Drug Utilization Review (DUR) reports
- Built policies and procedures and operational processes to achieve PBM v2.2 URAC accreditation in 2019
- Supported FWA program system oversight and communicated any suspected fraud discovered

Lead Clinical Innovation Pharmacist.....Oct. 2019 - June 2020

- Led a global team of 15 clinical pharmacists and analysts responsible for clinical policy development and maintenance, clinical report creation, electronic prior authorization implementation and operation
- Acquired key client by developing and implementing a customized commercial formulary for a national employer group within an expedited 3-month delivery timeframe
- Facilitated demonstrations and presentations to potential clients communicating the unique benefits of RxAdvance platform and clinical programs
- Built policies and procedures and operational processes to achieve PBM v2.2 URAC accreditation in 2019

Clinical Innovation Pharmacist..... July 2018 - Sep 2019

- Led implementation of utilization management, electronic prior authorization, and MTM for 8 Medicaid plans and one health exchange market (more than five million lives) within a year in an agile manner
- Developed overall strategic concept and key features of a cloud-based specialty program to enhance disease management.
- Created data extract logic for DUR reports in partnership with technology team for multiple Medicaid plans based on clients' needs, states' benefit design and regulations
- Built strong relationships with Medicaid clients and strategic partners through exceptional implementation services including project management, requirements gathering, coding and testing oversight and problem solving
- Demonstrated competency in delivering effective client training, go-live, and post-implementation transition support
- Partnered with technology in owning end-to-end process to create and deliver requirements, provide user acceptance testing and training for clinical modules of the platform

4.1.6.3 Vendor shall provide an account manager who shall attend P&T Committee and Drug Utilization Review (DUR) Board Meetings to offer advice to the Agency on clinical and financial issues relating to the Contract Services. The P&T Committee and DUR Board are each scheduled to meet four (4) times annually in Charleston, WV or virtually as deemed necessary.

Account Manager and Clinical Pharmacist Vicky Zhang will attend all scheduled P&T Committee and DUR Board meetings, whether held in person or virtually. She will provide guidance on clinical and financial matters related to contract services and serve as a consistent point of contact for the Agency. Dr. Zhang is committed to supporting the Agency through active participation in P&T Committee and DUR Board meetings. Vicky Zhang's resume can be found on page 18.



4.1.6.4 Vendor shall provide for the services of a Physician who serves as the Medical Director as outlined in Sections 3.2.2. of this RFQ. The physician shall be actively licensed with the Board of Medicine or Osteopathic Medicine for the state in which they are employed. The physician shall attend the quarterly P&T Committee meetings and DUR Board Meetings in-person or virtually to offer advice to the Agency on clinical issues relating to Contract Services. The physician shall be available by telephone and/or email to the Agency during business hours of 8:00 A.M. to 5:00 P.M. EST, Monday through Friday, excluding WV state holidays.

Lauren Biczak, DO is proposed as the Medical Director. Dr. Biczak is a physician and is actively licensed with the Osteopathic Medicine for the States of Florida, Maine, and Mississippi. Dr. Biczak will attend quarterly P&T Committee and DUR Board meetings, either in person or virtually, to provide clinical expertise and recommendations related to contract services.

Dr. Biczak has extensive experience working with the SSDC multi-state rebate pool member states and the SSDC pool since its inception in 2006. As a staff member with the State of Maine when the States of Maine, Iowa, and Vermont joined efforts to create the pool, she played an integral role in the formation of the SSDC pool. She continues to collaborate closely with other member states, including Kentucky and Mississippi. Dr. Biczak brings deep expertise in supplemental rebate contracting and is highly skilled in evaluating rebate proposals to maximize value and strategic advantage for each state she supports.

She will also be available to the Agency by telephone and email during business hours, 8:00 A.M. to 5:00 P.M. EST, Monday through Friday, excluding West Virginia state holidays. Dr. Biczak will support the Agency by providing timely consultation on clinical policies, utilization management programs, drug therapy decisions, and other pharmacy benefit matters.

Lauren Biczak, DO, FIDSA – Medical Director

Dr. Lauren Biczak, DO brings a wide array of experience in pharmacy program oversight to the State, having formerly served as a Medical Director, a Chief Medical Officer, and a State Medicaid Medical Director. Dr. Biczak has decades of experience serving initially as a Medical Director for Maine Medicaid (MaineCare) and has supported many other state Medicaid programs, including West Virginia and a multi-state supplemental rebate pool. Her experience spans Medicaid policy formulation, drug utilization review, utilization management, clinical and fiscal aspects of PDL and pharmacy and medical benefit design and management, including value-based contracting. She is a Board-Certified practicing physician who brings a unique understanding of frontline clinical work to this project, including working directly in Electronic Medical Record systems, combined with her policy and working knowledge of issues that impact government health programs and Medicaid in particular. She has served many years dedicated to partnering with states in their care of their members, including helping the States develop the most clinically effective PDL possible while diligently working to reduce State costs.

Dr. Biczak has a deep understanding of the needs and challenges faced by the vulnerable members served by the West Virginia Medicaid program. Her experience working on the Medicaid pharmacy program in West Virginia will inform her role supporting the Agency. Her skills include fiscal analysis, policy development, clinical evaluation of complex medical issues, review of evidence-based medical information, and negotiation of supplemental drug rebates, including value-based agreements. She is adept at providing strategic clinical and policy insights and has substantial experience in making and overseeing PA determinations, developing criteria, and engaging in peer-to-peer interactions. She has also presented at various national meetings and committees.

Dr. Biczak is Board Certified in both Internal Medicine and Infectious Disease. She maintains an active medical license in three states. For her contributions to the field, Dr. Biczak has also been recognized as a Fellow of the Infectious Disease Society of America.

As Medical Director, MedImpact Government Programs and Services, a role she assumed in March 2025, she performs a variety of critical functions. These include overseeing all clinical aspects of the Fee-for-Service pharmacy line of business; performing drug rebate (Federal and supplemental) analysis and supplemental rebate negotiation; developing PDLs; overseeing prior authorization; performing an ongoing active role in direct customer and public engagement for clinical and programmatic support (which included being an active participant and speaker at State Medicaid P&T Committee and DUR meetings); Her oversight of the clinical aspects of the pharmacy program activities for multiple state Medicaid agencies over the years have included the development of PA, pro-DUR and retro-DUR criteria; overseeing retro-DUR interventions and clinical PA activities; and managing clinical and rebate negotiation staff. She regularly attends, contributes, and presents on relevant topics at the routine operational meetings with the Medicaid agencies she supports. Customers find her input at these meetings helpful, insightful, and actionable given her significant Medicaid policy and clinical experience.

EDUCATION

Clinical and Research Fellow, Infectious Disease Program | University of Connecticut-Hartford Campus

Internal Medicine Residency | Osteopathic Hospital of Maine

Rotating Internship | Osteopathic Hospital of Maine

Doctor of Osteopathy | University of New England College of Osteopathic Medicine

Bachelor of Arts | University of Maine at Orono

CERTIFICATIONS

State of Florida, License # OS 17504, Expiration 03/31/28

State of Maine, License # DO1167, Expiration 07/31/26

State of Mississippi License # 24567, Expiration 6/30/27

State of Alabama License # DO1465 Did not renew voluntarily; expired 12/31/18

American Osteopathic Board of Internal Medicine, Certificate # 1013

Internal Medicine, 03/1990 (not time limited)

Infectious Disease, 1991 (not time limited)

Recognized as a Fellow by the Infectious Disease Society of America (FIDSA)

EXPERIENCE

MedImpact Healthcare Systems, Inc

Medical Director, Government Programs and Services March 2025 – Present

- Oversees all clinical aspects of the fee for service pharmacy line of business (Many activities also include the State's Medicaid managed care providers)
- Performs drug rebate (Federal and supplemental) analysis and supplemental rebate negotiation
- Develops PDLs
- Reviews and interprets evidence-based medical information
- Oversees PA program



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- Performs ongoing active role in direct customer and public engagement for clinical and programmatic support, which includes being an active participant and speaker at state Medicaid P&T Committee and DUR meetings
- Oversees clinical aspects of the pharmacy benefits for the Medicaid Agencies in multiple states
- Oversees the development of PA, pro- DUR and retro-DUR criteria and oversees retro-DUR interventions and clinical PA activities
- Manages clinical and rebate negotiation staff
- Participates in all aspects of business development activities, including the response to RFQs and participation in demonstrations
- Participates in and often is invited to present at multiple National Medicaid Forums (ADURS, AMPAA, etc.)

Neil Hoosier & Associates

Physician ReviewerMay 2024 – Present

- Conducted physician-level reviews, ensuring Medicare second-level appeal decisions rendered by Medicare Quality Improvement Contractors are consistent and adhere to policy
- Evaluated language used in letters to beneficiaries and providers to ensure they are clear, accurate, and provide appropriate Medicare policy references
- Identified and resolved discrepancies in Medicare appeal decisions to ensure fairness in the application of policy
- Provided feedback to CMS on specific areas in which opportunities exist to improve or clarify existing Medicare policy

Memorial Healthcare System

Infectious Disease Attending Staff PhysicianJan 2022 – Present

- Directs patient care
- Conducts inpatient consults, management, and follow-up care at three hospitals
- Actively involved in Memorial Hospital System teaching service
- Instructs students, interns, residents, and Infectious Disease Fellows in the clinical setting
- Provides didactic lectures on relevant topics

Change Healthcare/OptumRx

Chief Medical OfficerMay 2007 – Dec 2023

- Responsible for pharmacy and medical utilization management and benefit design for both Medicaid and commercial plans
- Performed drug rebate (Federal and supplemental) analysis and supplemental rebate negotiation,
- Participated in PDL development
- Reviewed and interpreted evidence-based medical information
- Designed and oversaw PA and care management program
- Performed an ongoing active role in direct customer and public engagement for clinical and programmatic support, which included being an active participant and speaker at State Medicaid P&T Committee and Drug Utilization Review meetings
- Oversaw clinical aspects of the pharmacy benefits for the Medicaid Agencies in multiple states
- Developed PA, pro-DUR, and retro-DUR criteria and oversaw retro-DUR interventions and clinical PA activities
- Managed senior clinical staff
- Oversaw the development and was the senior editor of evidence-based *Therapeutic Class and New Drug Reviews*
- Participated in and supported clinical discussions and presentation of clinical topics at the annual SSDC meetings



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- Participated in all aspects of business development activities, including the response to RFQs and participation in demonstrations
- Continued to participate in duties as outlined under Associate Medical Director below

Associate Medical Director..... Jan 2007 – May 2012

- Oversaw clinical and fiscal aspects of PDL design, including supplemental rebate negotiation, and integration with Federal Rebates and State Maximum Allowable Cost activities
- Oversaw clinical aspects of pharmacy services for multiple state Medicaid programs, including narcotic restriction programs and high-cost specialty pharmacy management
- Oversaw all clinical activities at Pharmacy Benefit Services division of Change Healthcare, including the medical and radiology benefit utilization management services

Maine Department of Health & Human Services

Medical Director, Bureau of Medical Services (Medicaid Agency) Aug 2000 – Jan 2007

- Served as a voting member of the DUR Committee
- Participated in clinical and fiscal aspects of PDL design and management activities
- Participated in medical and pharmacy clinical determinations, including testimony at fair hearings
- Participated as a member of the Senior Management Team and was actively involved in all aspects of health care management activities including benefit design, including the pharmacy benefit, pay-for-performance initiatives, budgetary issues, interpretation of Federal Medicaid law, and quality projects
- Consulted for coverage and medical necessity determinations, PA, and development of agency rules
- Consulted for policy development, as well as coding and reimbursement determinations, spanning both medical and pharmacy aspects of the program
- Served as the liaison for the Department with professional associations, often speaking at meetings and conventions on the Department's behalf
- Responded on behalf of the Commissioner of Health and Human Services and the Governor to concerns and complaints from providers, legislators, and members
- Testified at legislative hearings when requested by the Commissioner of Health and Human Services
- Developed reports to support quality and programmatic activities
- Participated in multiple quality-related workgroups and committees
- Chaired Covered Services Team and reviewed new services for coverage determinations
- Created Code Committee, which oversaw decision analysis around new or changed codes and dealt with complex coding issues

Various Employers

Infectious Disease Clinical Practice July 1990 – Dec 2021

- Directed patient care: Inpatient consults and follow-up care at two hospitals
- Actively involved in Maine Medical Center teaching service
- Taught students, interns, residents, and fellows (including Infectious Disease Fellows) in the clinical setting
- Because Maine Medical Center is the major medical center in the region, this group served as the Infectious Disease resource for the States of Maine and New Hampshire and was regularly involved in accepting transfer patients with complex infectious disease problems from other hospital systems.
- Conducted direct patient care in outpatient settings, including patients with HIV/hepatitis C/travel and tropical medicine until Oct 2019

Maine Department of Human Services

Maine Medicaid MMIS Remediation Project Business Lead 2005 – 2007

- Served as the business project lead for remediation of the State's Medicaid claims payment system (MMIS)



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- Oversaw both business and technical plans to improve claim throughput, reduced the backlog of suspended claims, and implemented a system to both provide and then systematically recover interim payments



4.1.6.5 Vendor shall provide for the services of a rebate manager. This individual shall be available to the Agency by telephone and email during business hours of 8:00 A.M. to 5:00 P.M. EST, Monday through Friday, excluding WV state https://personnel.wv.gov/media/21626. This individual is responsible for, at a minimum, completion and management of rebate contract, reporting of contract status, contract disputes, and pricing and contract files and reports for rebate invoicing.

Heather Brown will serve as our rebate manager and will be available to the Agency by telephone and email during business hours of 8:00 A.M. to 5:00 P.M. EST, Monday through Friday, excluding West Virginia state holidays. Ms. Brown will serve as the Agency's primary resource for rebate administration and oversight and will be responsible for managing rebate agreements, monitoring contract performance, resolving contract disputes, maintaining pricing and contract files, and reporting activities to support rebate invoicing.

Heather Brown – Rebate Manager

Ms. Brown, Manager of Medicaid Rebates, has more than 15 years of Medicaid rebate experience, working with more than 20 state clients. Prior to joining MedImpact in August of 2020, Ms. Brown successfully led a rebate operations team of 30 supporting rebate personnel and has extensive experience in rebate invoicing, dispute resolution, payments, and collections. At Magellan Rx Management, as Rebate Client Manager, Ms. Brown supported many state customers.

EDUCATION

Associate of Science | J. Sargeant Reynolds Community College

EXPERIENCE

MedImpact Healthcare Systems, Inc

Manager, Medicaid Rebates.....2020 – Present

- Leads and performs all rebate system testing
- Responsible for creating all system user and training documents
- Responsible for training new rebate employees on rebate-related applications
- Identifies and facilitates rebate process improvements and system enhancements
- Collaborates with reporting team for development and testing of rebate reports

Magellan RX Management

Rebate Client Manager.....2019 – 2020

- Interacted with customers and managed their reporting, analysis, assessments, enhancements, business process, quality, standardization, and optimization
- Performed impact analyses and coordinated enhancements and parameter/rule changes to optimize rebate revenue
- Reviewed record layouts, content, and claims workflow to ensure efficiency of the rebate state rebate process
- Coordinated between Operations and IT groups as the state liaison and created business requirements to confirm system compliancy with state and federal rules and regulations
- Created IT tickets to manage file issues for quarterly invoicing cycles and assured tickets received proper prioritization
- Tracked and reported SLAs both internally and to the customer to ensure that all SLAs were met

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Pharmacy Rebate Supervisor.....2014 – 2019

- Oversaw all customer contracts to ensure that both customer and federal deadlines were met.
- Developed and reviewed goals for team members
- Identified and interviewed potential candidates for open positions within the department and established training schedules
- Managed a team of 15 to 30 individuals and communicated pertinent information through written and verbal correspondence
- Assisted with establishing policies, procedures, and training manuals for the department
- Played an essential role in the implementation and migration of customers
- Contributed to developing and enhancing the rebate system and reporting tools

Rebate Analyst.....2006 – 2014

- Reconciled financial data from the rebate system with the state reports to ensure accuracy of all financial transactions
- Performed quarterly invoicing for CMS, FFS, diabetic, supplemental, MCE, and commercial rebate programs
- Compiled reports requested by clients, such as 64.9r reports, “as of” reports, and rebate tracking reports
- Analyzed disputed data and negotiated with drug manufacturers to fairly and accurately resolve millions of dollars in dispute
- Contacted pharmacy and medical providers to verify products were dispensed to recipients as needed for dispute resolution
- Researched disputed pharmaceutical products to accurately prepare rebate resolution proposals



4.1.6.6 Vendor shall provide for the services of a SMAC pricing manager. This individual shall be available to the Agency by telephone and email during business hours of 8:00 A.M. to 5:00 P.M. EST, Monday through Friday, excluding WV state holidays, <https://personnel.wv.gov/media/21626>. This individual is responsible, at a minimum, for management of the SMAC program, oversight of the selection of generics, other drugs, and products to which SMAC prices will be applied, calculation and reporting of SMAC pricing as well as savings, providing documentation for price posting, and advising and resolving SMAC pricing disputes. The Vendor shall provide the Agency by email with weekly pricing disputes and recommendations at a schedule to be mutually agreed upon by the Vendor and the Agency.

Chan Kim, our proposed SMAC pricing manager will be responsible for managing the SMAC program, overseeing the selection of applicable products, maintaining SMAC pricing methodologies, calculating and reporting pricing and savings, supporting price posting activities, and addressing SMAC pricing inquiries and disputes. In addition, MedImpact will provide the Agency with regular reports of pricing disputes and recommendations on a mutually agreed-upon schedule.

Chan Kim – SMAC Pricing Manager

Mr. Kim is an experienced healthcare operations and Medicaid pharmacy professional with expertise in FFS Medicaid program management, pharmacy pricing, and data analytics. In his current role as Program Manager at MedImpact, he serves as a subject matter expert on MAC pricing, Medicaid Drug Rebate Program (MDRP) governance, and drug reimbursement quality assurance, supporting state Medicaid customers with compliant program administration, reporting, and operational oversight. His background also includes healthcare operations positions with CVS Health, OCHIN, CareSource, and the University of Florida, where he contributed to pharmacy automation, provider credentialing, regulatory compliance, and data management initiatives.

EDUCATION

Master of Healthcare Administration | University of Florida

Bachelor of Arts | University of Florida

CERTIFICATIONS

Lean Six Sigma Green Belt

Council for Six Sigma Certification

EXPERIENCE

MedImpact Healthcare Systems, Inc

Program Manager, FFS Medicaid..... Nov 2025 – Present

- All responsibilities related to Pricing Analyst position from April 2024 to October 2025, plus:
- Developed FFS programs for state Medicaid clients to support compliant claims adjudication, required client reporting, and customized Medicaid rebate/provider data requirements
- Maintained documentation for assigned programs such as program descriptions, procedures, work instructions, etc. related to MAC pricing, pricing data quality assurance, MDRP governance.
- Acted as the SME in assigned programs that included (but were not limited to) MAC pricing models, MDRP governance protocols, and drug reimbursement quality assurance

Pricing Analyst..... April 2024 – Oct 2025

- Oversaw state Medicaid client’s MAC pricing model



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- Managed and analyzed complex spreadsheets, reports, and large pharmacy transaction datasets to highlight opportunities
- Recommended changes to the MAC list to enhance revenue and/or mitigate risk.
- Delivered MAC performance reports for state Medicaid stakeholders, covering metrics such as annual claims volume, payouts, and savings
- Supported other departments and assisted pharmacy providers with pricing, reimbursement, and other data-related questions

CVS Health

Retail Operations Strategy InternMay 2023 – Aug 2023

- Designed a pilot strategy for pharmacy automation to optimize machine utilization and reduce cost to fill for in-store prescriptions annually by \$0.51 per prescription across 151 million prescriptions

OCHIN

Credentialing Intern Sept 2022 – May 2023

- Managed credentialing and enrollment inquiries for more than 1,200 providers across 15 health organizations

CareSource

Operations InternMay 2022 – Aug 2022

- Researched managed care regulations and policies for eight states, creating an SLA spreadsheet in Excel for five health plans per state, standardizing grievance and appeals procedures for compliance

University of Florida

Operations Intern March 2020 – July 2021

- Compiled, sorted, and verified accuracy of Excel datasets measuring the impact of nutrition related outreach in at-risk communities across 40 Florida counties



4.1.6.7 Vendor shall complete background checks <http://www.gpo.gov/fdsys/pkg/FR-2011-02-02/pdf/2011-1686.pdf> for current and potential employees to ensure that staff meets the minimum requirement under state and federal statute and/or regulations. See Attachment A (West Virginia Business Rules) and B (West Virginia Medicaid State Plan) for State Requirements. Vendor shall not employ persons who are excluded from Medicare or Medicaid participation by the Federal Office of the Inspector General or any state Medicaid program. The exclusion database can be found at: <https://exclusions.oig.hhs.gov/>.

MedImpact is committed to employing qualified personnel who meet all applicable federal and state requirements for participation in Medicaid programs. MedImpact conducts comprehensive pre-employment background screenings and verification activities for current and prospective employees in accordance with applicable federal and state laws, regulations, and company policies. These screening processes are designed to ensure that personnel assigned to the Agency contract satisfy all required standards of integrity, professionalism, and eligibility to perform services under the contract.

Background Checks and Testing

All final candidates must pass a background check prior to hire, which includes:

- Seven years federal criminal
- Seven years state(s) criminal
- Office of Inspector General (OIG) verification
- General Services Administration (GSA) verification
- Previous employment verification
- Education verification
- All certifications and licensure verification (rechecked annually)

Furthermore, MedImpact is committed to protecting the safety, health, and well-being of all individuals. We recognize that alcohol abuse and drug use can pose a significant threat to our goals. Therefore, we require all prospective employees to submit to a pre-employment drug test prior to working at MedImpact. MedImpact also may require employees to submit to drug, alcohol, or controlled substances testing if reasonable suspicion exists that they are violating the company's Drug-Free Workplace Policy.

MedImpact will comply with all background check, screening, and workforce eligibility requirements identified in applicable federal regulations, the West Virginia Business Rules, the West Virginia Medicaid State Plan, and any additional requirements established by the Agency. Should MedImpact identify an individual who becomes ineligible for participation in federal healthcare programs, MedImpact will take immediate corrective action.

Through these established hiring, screening, and monitoring practices, MedImpact ensures that all personnel supporting the Agency maintain required qualifications, integrity, and eligibility.

4.1.6.8 Changes in staff positions of account manager, clinical pharmacist, physicians, rebate manager and SMAC pricing manager shall be approved by the Agency prior to the change.

MedImpact recognizes the critical role that key staff play in the successful administration of the Agency's program. Accordingly, MedImpact affirms that any changes to designated key staff positions, including the Account Manager/Clinical Pharmacist, Physician Advisor, Rebate Manager, and SMAC Pricing Manager, will be subject to prior review and approval by the Agency before the change is implemented.

MedImpact is committed to maintaining continuity of service and minimizing disruption to program operations. Should a change in key staff become necessary due to resignation, promotion, reassignment, or other unforeseen circumstances, MedImpact will notify the Agency as soon as practicable and provide qualified replacement candidates with required credentials for the Agency review and approval.

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MedImpact will work collaboratively with the Agency throughout the transition process to ensure seamless knowledge transfer and uninterrupted support.

4.1.6.9 Vendor participation changes for any given meeting shall be approved by the Agency at least five (5) business days prior to the scheduled meeting date.

MedImpact understands the importance of maintaining continuity and ensuring that the Agency is fully informed regarding the personnel participating in meetings. MedImpact will provide the Agency with proposed changes to meeting participants for review and approval at least five business days prior to the scheduled meeting date.

MedImpact will communicate proposed participant changes in writing, including the reason for the change and the qualifications of the proposed replacement attendee, as applicable. Through proactive communication and careful staffing management, MedImpact will ensure continuity of support and meaningful participation in all meetings related to the Agency contract.

4.1.6.10 If contracted positions are not readily available, the Vendor shall provide a qualified backup to address any immediate needs requested by the state at no additional cost to Agency.

MedImpact will provide qualified backup personnel to support the Contract when assigned staff members are unavailable. We understand the importance of maintaining uninterrupted support to the Agency to ensure the success of the Program. Through established succession planning, cross-training, and knowledge transfer practices, MedImpact ensures that appropriately trained and experienced resources are available to respond to immediate operational, clinical, administrative, or contract-related needs without disruption to service delivery.

These backup resources will be provided at no additional cost to the Agency and will remain available until the primary resource returns or a permanent replacement is approved and assigned. MedImpact's staffing model is designed to ensure continuity of operations, timely responsiveness, and consistent service levels throughout the term of the contract, regardless of staffing changes or unforeseen circumstances.

4.1.7 Vendor shall agree that any and all data provided to the Vendor by the Agency or the Agency's partners, and any and all data collected, created, summarized, and/or aggregated, deliverables submitted to the Agency or the Agency's partners, and reports created under the contract pursuant to this RFQ, are the sole property of the Agency, intended for the purposes of supporting the Medicaid and Pharmacy programs in any manner deemed appropriate by the Agency. None of these materials may be used by the Vendor at any time or in any manner without express written Agency approval.

MedImpact agrees that any and all data provided to MedImpact by the Agency or the Agency's partners, and any and all data collected, created, summarized, and/or aggregated, deliverables submitted to the Agency or the Agency's partners, and reports created under the contract pursuant to this RFQ, are the sole property of the Agency, intended for the purposes of supporting the Medicaid and Pharmacy programs in any manner deemed appropriate by the Agency. Furthermore, MedImpact will not use or share the Agency's data with any entity without the Agency's express written consent.

We have strict data governance policies and procedures in place to ensure that the Agency's data remains confidential and is only shared in accordance with the agreed-upon contract terms and scope of work. Any request for data sharing is subject to written approval from the Agency, and our compliance teams ensure that all agreements are upheld.



4.1.8 Vendor shall develop and provide support for clinically sound and cost-effective recommendations to the Agency and the Agency P&T Committee to refine and manage the PDL and PPL.

MedImpact will provide support for clinically sound and cost-effective recommendations to the Agency and the Agency P&T Committee to refine and manage the PDL and PPL. Our approach to formulating and delivering clinical recommendations blends evidence-based rigor, practical Medicaid experience, and real-time modeling. Our recommendations will help the Agency achieve a clinically sound, patient-friendly PDL and PPL, while offering full transparency and data access to support confident, informed decisions

PDLs and PPLs are cornerstones for Medicaid programs to rein in costs while ensuring that members can receive medically necessary medications on a timely basis. Ideally, this is at least partially accomplished by establishing and making known the most cost-effective therapies for a given disease state. Determining the most clinically efficacious and cost-effective therapies is not a simple matter in today's world of rapidly evolving drug therapies, some of which are extremely expensive. However, an inexpensive medication that is only poorly effective is not a bargain, and an expensive medication that cures or controls a chronic disease may be well worth the cost in terms of a decrease in morbidity or mortality as well as potentially abating future costs that might result if the disease state is inadequately treated. The advances in therapy for cystic fibrosis are an excellent example of fairly expensive therapies that reduce pain and suffering as well as abating medical costs down the line. Ultimately, the PDL decisions come down to considering the value of a medication. Rarely is one medication so clearly superior in efficacy and cost effectiveness to make a decision for preferred status obvious. While PPL decisions may be a bit less complicated due to the lack of federal rebates or possibly less complicated value decisions, the principles for recommendations for the preferred products are similar.

Modern Medicaid programs and their clinical committees must wrestle with determining the relative **value** of similar medications. Is a once daily formulation worth three times the cost of a twice daily therapy? Is the value the medication provides worth the cost? Given the limited resources available to Medicaid programs, choices need to be considered based on evidence-based information (when available) and on fiscal realities after the clinical determinations. The fiscal aspects are rendered even more complicated due to the various pricing strategies of similar medications and the impact of both federal and potential supplemental rebates. An added level of complexity is involved when the offer of some supplemental rebates comes with requirements to minimize or loosen utilization criteria. Again, the value of the rebates must be weighed against more limited utilization controls. It is in this area that the experience of the MedImpact team as trusted advisors to the Agency in PDL considerations will be crucially important. Gathering the highest dollar value of supplemental rebates is not the goal. Assuming similar efficacies, it is the net cost of a medication that is more critical than the size of the supplemental rebate. MedImpact's team has many years of experience in advising Medicaid programs about the relative value of medications, evaluating the available medical evidence and considering both federal and supplemental rebate options. Combining clinical, fiscal and specific Medicaid experience, MedImpact will advise the Agency about the available choices, outline the pros and cons of those choices and cost model different scenarios for the Agency's consideration. Ultimately lowering the net cost of therapy for a disease state while allowing excellent clinical outcomes and aligning with West Virginia's priorities is the goal.

MedImpact, in addition to PDL placement recommendation, will provide advice or draft PA criteria, quantity limits, step therapy and considerations regarding the grandfathering of current users. MedImpact will use its experience and powerful cost modeling tools to provide critical information to aid the Agency in making these complex PDL decisions. We perform formal drug utilization and financial analysis of the PDL on a quarterly basis. Our research is extensive and is used to prepare both drug utilization and financial analysis as evidence of our recommendations to the Agency and P&T Committee members. Our team is experienced at presenting this complex information in an understandable format for both Agency and Committee members.

4.1.9 Vendor shall facilitate meetings, present clinical and accurate cost information, develop, and distribute meeting materials including but not limited to, agendas, minutes, reports, and handouts for all P&T Committee meetings and provide ad hoc reports or other requested clinical and/or financial information as requested for the DUR Board meetings throughout the year as approved by the Agency. P&T Committee meeting materials shall be made available electronically to a minimum of seven (7) and a maximum of fifteen (15) P&T Committee members and a minimum of six (6) Agency staff members, two (2) weeks prior to the meeting.

The MedImpact account team supporting the Agency initiates preparation for P&T Committee meetings well in advance, ensuring sufficient time once materials are drafted to meet with the Agency, review document drafts, and discuss any recommended revisions.

Our experienced clinicians will work to anticipate likely questions and prepare ad hoc reports or cost estimations of potential options that are likely to be suggested by the manufacturers or the Committee members. The goal is to prepare the Agency to make informed decisions, share these shared product positions with the Agency up front, and then prepare materials to make the recommendations understandable to Committee members-both clinically and fiscally. Once approved, the final agenda and meeting materials, including ad hoc reports or other clinical and/or financial information regarding PDL recommendations are distributed, or, if containing sensitive or proprietary information, prepared for presentation at the meeting. A timeline is maintained to ensure all parties know when to expect draft documents and expected turnaround times for approval.

MedImpact will facilitate the P&T Committee meetings and ensure that the electronic meeting materials for the P&T Committee meeting are available to up to 15 Committee members as well as to a minimum of six Agency staff members. These materials will be made available electronically at least two weeks prior to the meeting date. Understanding that the decisions made by the DUR Board, often related to recommendations made by the P&T Committee decisions, MedImpact also prepares similar financial, clinical or ad hoc reports as requested or needed to support the related issues at the DUR Board meetings. All materials will be approved by the Agency before distribution or presentation. MedImpact also ensures the Agency is aware of any issues likely to arise so that they can be discussed ahead of time.

MedImpact captures detailed meeting minutes and records the meeting, if the Agency is agreeable, to produce the most complete meeting documentation. The Committee's recommendations are noted at the meeting. Based on the information reviewed during the Committee meeting and confirmed by the notes and recording, MedImpact ensures all approved recommendations are reflected in the next PDL document, according to the agreed upon timelines.

4.1.9.1 The Vendor shall coordinate with the agency to ensure the use of the most current PDL and PPL

MedImpact will coordinate with the Agency to ensure the use of the most current PDL and PPL.

PDLs and PPLs are complicated documents with many changes often being made at one time. Excellent document control processes and version control are essential to ensure the most currently approved information is what is in the most recent PDL and PPL. MedImpact's team has many years of managing PDL and PPL documents and understands the critical importance of ensuring the details are tracked and changed in accordance with the decision made. Our proven platforms, processes, and solutions make us the ideal partner for the State Agency in delivering accurate and up-to-date PDL and PPL documents and data sets. We will effectively coordinate PDL, PPL, and clinical utilization management criteria with the Agency and its supporting vendors to ensure all parties use the most current PDL and PPL to deliver contracted services.

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MedImpact's goal is to provide the Agency and its authorized partners with the clarity, control, and confidence they deserve in a PBM partner and this extends to the management of the documents that are critical to this SOW. We embrace a long-term view of customer services delivery and management of customer drug spend and trend.

4.1.10 Vendor shall develop and provide to a minimum of six (6) Agency staff members, Quarterly P&T Committee meeting agendas electronically for each P&T Committee meeting at a minimum of thirty-five (35) calendar days prior to meetings. Content shall be approved by Agency in advance for release. Vendor shall also send the draft version of the PDL to the Agency for review and comment with "Draft" status clearly marked thirty five (35) calendar days prior to meeting electronically.

MedImpact develops and provides the Agency electronic meeting agendas for each P&T Committee meeting and submits the drug classes scheduled for review at least 35 days prior to the meeting date, in full compliance with this requirement. In preparation for these meetings, the MedImpact team begins documentation capture and preparation for P&T Committee meetings well in advance, ensuring there is time for the Agency to review drafts of the agenda, draft PDL, and other supporting documents. Drafts of the meeting agenda and PDL will be sent to the Agency for review and comment 35 calendar days prior to the scheduled meeting. Draft documents for review will be clearly labeled "Draft." Once reviewed and approved, the agenda and corresponding documents will be shared electronically with the Agency and attendees of the quarterly P&T committee meetings, according to approved timelines and procedures. The draft PDL will be in a format suitable for posting in accordance with the Agency's approval and instructions.

4.1.11 Vendor physician(s) and registered pharmacist(s) shall review therapeutic classes including new medications or indications as approved by the Food and Drug Administration (FDA) and present recommendations to the P&T Committee and Agency for appropriate revisions to the PDL in a live format to be mutually agreed upon by Vendor and the Agency, currently on a quarterly basis.

Working in conjunction with Dr. Zhang, Dr. Lauren Biczak collaborates to lead our clinical guidance efforts. MedImpact's clinical team conducts formal drug utilization and financial analysis of the PDL on a quarterly basis. During these reviews, we research, develop, compile, and prepare drug utilization and financial analyses. This ensures drugs on the PDL and new to the market are reviewed on a regular basis. We communicate to the Agency any findings or concerns that can be included in the P&T Committee meeting agenda for review, decisioning, and, upon approval, revision of the published PDL.

MedImpact applies a rigorous, multi-layered clinical review process to evaluate the safety and efficacy of drugs considered for placement on the PDL. We provide superior drug information services, including therapeutic drug class reviews, monographs, pipeline research, and analysis. The MedImpact team, in conjunction with the knowledge and expertise of our clinical teams, leverages this data to analyze and create custom documents in support of the State's specific needs. All findings and resources that substantiate our recommendations are then prepared to be presented to the Agency during the pre-P&T content review meeting with state Staff. Developed content includes drug monographs, therapeutic class reviews (TCRs), and program cost models. MedImpact prepares TCR and New Drug Reviews (NDRs or monographs) with an emphasis on the elements that are most important to the P&T Committee to consider in determining the relative efficacy, safety and hence, "value" of the available drugs within a therapeutic class. Both NDRs and TCRs focus on evidence-based information as well as guidelines from recognized specialty societies or entities (e.g., National Institutes of Health). Considerations of the best place in therapy and direct comparison tables between drugs are included when appropriate. TCRs and NDRs are prepared in advance, on a timeline established between MedImpact and the State, so the State can review this information prior to any formal Committee meetings.

4.1.12 Vendor shall provide meeting documents, including but not limited to agenda, clinical monographs, cost sheets, therapeutic drug reviews, pricing information and other pertinent information electronically to the Agency and P&T Committee members fourteen (14) calendar days prior to meetings.

MedImpact has established planning and meeting material protocols that consist of administrative and clinical support, consultation, and recommendations related to PBA services. MedImpact will participate in and support Agency meetings, delivering meeting agendas, clinical monographs, therapeutic class reviews, pricing information, cost sheets and other pertinent information electronically to the Agency and P&T Committee members, at least 14 calendar days prior to meetings, as requested by the Agency. This schedule permits an active partnership and establishes the groundwork for a successful and effective P&T Committee meeting.

MedImpact will develop and deliver comprehensive, meeting-ready documentation to the Agency and all P&T Committee members no later than 14 calendar days prior to each scheduled meeting, ensuring sufficient time for thorough clinical and financial review in advance of deliberations and decision-making.

Each meeting package will be tailored to the specific agenda and will include all required materials, including a detailed agenda, clinical monographs, therapeutic class reviews, cost and pricing analyses, and any additional supporting documentation relevant to formulary and program considerations. These materials are developed through MedImpact's rigorous, multi-layered clinical and financial evaluation process, which ensures that all content reflects the most current evidence, market intelligence, and program-specific considerations.

At the core of this process is MedImpact's commitment to supporting the Agency's clinical and fiscal objectives through unbiased, evidence-based analysis. We prepare comprehensive therapeutic class reviews and new drug monographs that evaluate safety, efficacy, comparative effectiveness, and place in therapy, along with detailed cost models and pricing information that assess net cost, market dynamics, and rebate implications. Our partnership with the University of Massachusetts Clinical Program Services enhances this process by providing independent, evidence-based clinical data, which our internal clinical experts further analyze and translate into customized materials aligned with the Agency's population and program goals.

All meeting documents are organized into a clear, concise, and user-friendly format to facilitate efficient review by Committee members. Materials are delivered electronically through secure, Agency-approved channels, ensuring accessibility while maintaining compliance with data security standards. MedImpact also aligns the development and distribution of all meeting materials with a pre-established production calendar, guaranteeing consistent, on-time delivery that meets the 14-day advance requirement.

This disciplined and transparent approach ensures that the Agency and P&T Committee members are fully informed ahead of each meeting, with access to complete, accurate, and actionable clinical and financial information necessary to facilitate sound formulary and program decisions.

4.1.13 Vendor shall provide meeting minutes electronically for all P&T Committee meetings. Meeting minutes will follow the current format as found on the Agency website, which can be found at: <https://bms.wv.gov/page/pharmaceutical-and-therapeutics-pt-committeemeetings>. Minutes are due to the Agency for review no later than ten (10) business days after each P&T Committee meeting.

MedImpact will provide the Agency with electronic meeting minutes for all P&T Committee meetings. We routinely record meetings and will continue to do so, with the permission of the Agency. Minutes are also taken and both these sources are used to develop the meeting minutes that will be presented in the current format as found on the Agency website. The minutes are delivered electronically to the Agency in draft format, and the approved versions will be available for review and approval by the Committee at the

next P&T Committee meeting. MedImpact commits to delivering accurate meeting minutes and obtaining Agency approval and document delivery on the agreed-upon timeline, which will be no later than 10 days after each meeting. Our meeting minutes are clear, concise, and capture all pertinent information discussed at each meeting, following the approved formats.

4.1.14 Vendor shall provide the Agency and the P&T Committee with therapeutic class reviews that compare drugs and products, at a minimum, for efficacy, safety, side effects, dosing, indications, prescribing trends, and cost efficiencies of each drug or product class. These reviews will be delivered as monographs. Vendor should submit a monograph example with their quotation and must be submitted prior to award electronically or on paper.

The MedImpact team is committed to clinical excellence. This commitment extends to the development of therapeutic class reviews and other documents that compare products on key characteristics, including, at a minimum, efficacy, safety, side effects, dosing, indications, prescribing trends, and cost effectiveness considerations. The therapeutic class reviews are delivered as monographs. Information about relevant guidelines and given drugs' place in therapy are included with a focus on key differentiators between the drugs in the class. The focus is to supply the necessary clinical information that will enable the Agency and Committee to have the information needed to understand the relative value of the medications in the class.

For your reference, **Exhibit 1** provides a sample monograph.

4.1.14.1 Vendor shall provide to the Agency and the P&T Committee members concise and systematic reviews of each therapeutic drug or product class or specific drugs or products to be presented for review by the Agency or P&T Committee, including monographs, pricing information, and other pertinent information, no later than fourteen (14) calendar days prior to each P&T Committee meeting electronically.

MedImpact will provide concise, systematic reviews of each therapeutic drug or product class and specific drugs or products that will be presented for review electronically to the Agency and P&T Committee members at least 14 days in advance of each P&T Committee meeting.

MedImpact collaborates with the Agency to establish an annual therapeutic class review (TCR) schedule that prioritizes clinically significant and emerging drug categories. Once established, our clinical team develops in-depth TCRs and new drug monographs for each scheduled class, which include concise comparative analyses of efficacy, safety, and clinical guidelines.

Each drug is assessed for real-world applicability, not just theoretical equivalence. Key considerations include dosing convenience, titration protocols, administration route, side effect profiles, and member adherence challenges. Where more than one drug demonstrates equal therapeutic value, we recommend multiple agents for preferred status when appropriate. Key considerations for a drug may go beyond just efficacy and might include less obvious considerations such as:

- Availability of high-concentration formulations
- Citrate-free options
- Device type (auto-injector versus push-to-inject)
- Needle size and gauge
- Non-cylindrical designs for patients with limited dexterity
- Latex content in packaging
- Time allowed outside refrigeration

This level of detail enables the Committee to evaluate multiple co-preferred options based on meaningful clinical attributes, and not just therapeutic equivalence.

4.1.14.2 Vendor shall recommend preferred or non-preferred status for each drug or product within each class to the Agency and the P&T Committee based on current clinical and cost data.

MedImpact will provide recommendations on preferred or non-preferred status for each drug or product within each class to the Agency and the P&T Committee based on current clinical and cost data.

MedImpact is continuously considering new drugs and new drug information and analyses as tools to keep the PDL up to date with the most recent relevant information. Occasionally a new entrant to a category or new medical information is important enough that MedImpact will recommend consideration of PDL changes at the next quarterly meeting. When this occurs, MedImpact will provide the Agency with the relevant clinical and fiscal information to make an informed recommendation to the Committee. On a more routine basis, during P&T Committee meetings, Dr. Biczak and Dr. Zhang, PharmD, present these findings, summarize the rationale for MedImpact's recommendations, and guide Committee members through key clinical considerations that support designation of preferred or non-preferred status. All planned discussion points are reviewed with the Agency prior to the meeting and any supporting material would also be approved prior to the meeting.

4.1.14.3 Vendor shall update and keep current all therapeutic drug and product class monographs using peer-reviewed reference materials and must grade the strength of evidence used. Monographs shall be updated annually, at minimum.

MedImpact maintains a current and regularly updated list of all therapeutic drug and product class monographs using peer-reviewed reference materials and must grade the strength of evidence used. Monographs shall be updated annually, at minimum.

MedImpact applies a rigorous, multi-layered clinical review process to evaluate the safety and efficacy of drugs considered for placement on the PDL. We have partnered with the University of Massachusetts Clinical Program Services to ensure that therapeutic drug and product class reviews are unbiased, thorough, and fairly portray available evidence. The strength of the evidence is graded particularly if specific therapeutic options are suggested by society guidelines. The internal MedImpact clinicians then ensure that the information provided is accurate and meets the needs of the Agency and P&T Committee members.

Although TCRs and new drug monographs remain essential tools, our clinical assessments go far beyond document preparation. We analyze clinical evidence, assessing the strength of each published, peer reviewed reference material item, within the context of Medicaid-specific needs, to ensure that each recommendation reflects sound clinical judgment and supports member safety and outcomes.

Our clinical pharmacists evaluate data from a wide range of respected sources including IPD Analytics, PubMed, UpToDate, ICER, Cochrane Reviews, Micromedex, and Academy of Managed Care Pharmacy (AMCP)-compliant product dossiers. **We prioritize evidence from direct comparison studies, clinical guidelines, and real-world outcomes. Our reviews focus on therapeutic value, adverse event profiles, clinical trial endpoints, and treatment placement within standard care pathways.**

4.1.14.4 Vendor shall review new drugs, new drug formulations, or products using a schedule agreed upon by the Vendor and the Agency quarterly at minimum.

As a best practice, MedImpact reviews new drugs, new drug formulations, or products in preparation for market availability so swift and decisive action may be recommended to our customers. We track new to market or changed NDCs as a regular part of our weekly PDL management process, and review recommendations for new or changed NDCs on a weekly basis or other schedule mutually agreed upon with the Agency.

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Although routine information will be relayed on an agreed-upon schedule, any time sensitive information (drug shortages, new FDA warnings, etc.) will be relayed to the Agency as soon as available.

4.1.14.5 Vendor shall advise the Agency, as needed, and the P&T Committee at regularly scheduled meetings, on comparative value of new drugs or drug formulations or products that fall into categories already established on the PDL, HCPADL (Optional), and PPL.

MedImpact will advise the Agency, and the P&T Committee at regularly scheduled meetings, on comparative value of new drugs or drug formulations or products that fall into categories already established on the PDL, HCPADL (Optional), and PPL.

We conduct structured, ongoing analysis of the PDL to ensure drug placement reflects current clinical evidence, prescribing trends, and fiscal performance and share our findings, observations, and emerging utilization trends. We monitor the PDL and applicable associated criteria for shifts in product use or indication, market share change, drug pricing, utilization patterns, and the product therapeutic class clinical landscape. We recognize that both brand and generic drugs are subject to frequent changes in dosing, formulation, indication, and real-world use and may impact PDL performance and state fiscal health. For drugs demonstrating similar efficacy across clinical studies, we shift the evaluation to comparative value, analyzing total cost, expected health outcomes, and the anticipated impact on the Agency.

Each MedImpact recommendation regarding a drug's PDL status considers safety and efficacy as well as comparative effectiveness against other agents in the class. We continually evaluate program therapeutic classes and individual drugs for qualified inclusion, addition to or removal from an existing list and potential change to preferred/non-preferred status from the PDL, PPL, and HCPADL (Optional).

4.1.14.6 Vendor shall incorporate multisource drugs into the PDL, maximizing the use of the most cost-effective drugs for inclusion on the PDL

MedImpact incorporates multisource drugs into the PDL, maximizing the use of the most cost-effective drugs for inclusion on the PDL. We will provide ongoing management of the PDL to ensure new drugs or PDL changes are implemented. Ongoing management will include a decision-making process that produces a list of covered drugs that are cost effective and based on sound clinical evaluations of the available evidence. MedImpact determines cost effectiveness by reviewing drug cost, net cost after both federal and supplemental rebates (if available), and actual outcome of treatment under real life conditions, including considerations of total healthcare costs through utilization of pharmacoeconomic principles. We base recommendations and therapeutic designations on the objective evaluation of the products' relative therapeutic efficacy, safety, beneficiary outcome, and cost effectiveness.

We regularly evaluate drugs by cost and value of the outcomes they bring to Medicaid members. We are keenly aware that the drug with the lowest price is not always the least expensive drug. This is often the case when a generic equivalent is first introduced to the market and the Agency may have a supplemental rebate agreement for the branded drug in addition to federal rebates. We consider rebates among many other factors, such as the impact of potentially being able to loosen PA criteria or even eliminate the need for a PA if a generic is substantially less expensive. All of these factors as well as any SPA-approved price elements factor into our recommendations regarding when to prefer a multi-source product in a therapeutic category. The volatile and evolving product market price model for newly available agents is an important factor in product selection, status change(s) in category, and PDL fiscal performance. By continuously assessing drug costs, net costs after rebates, clinical outcomes, and total cost of care, we ensure that formulary decisions prioritize the most financially advantageous and clinically appropriate options, including generics when they deliver true net savings. Our disciplined PDL management process integrates pharmacoeconomic analysis, rebate strategy, and clinical expertise to support informed decisions on when to prefer multisource drugs while maintaining flexibility to optimize

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net cost across therapeutic classes. This approach enables the Agency to leverage more effectively multi-source opportunities, strengthen cost control, and maintain high standards of care for its members.

4.1.14.7 Vendor shall advise the Agency of new drugs appearing on the weekly reference drug data file including, but not limited to, the drug name, PDL category (if applicable), its indication, the overall value of the drug and its impact to the Agency pharmacy program

MedImpact provides a weekly new drug product report to alert the Agency of new drugs appearing on the weekly reference drug data file. The report includes the drug name, PDL category (if applicable), approved indication(s), overall projected value of the drug relative to program goals and its projected fiscal impact on the Agency pharmacy program.

We track all new-to-market drugs to assess impacts to utilization management, program spend, and overall market impact. When a new drug is released, the amount of clinical trial data available may be limited and must be assessed for credibility and data relevance. Available evidence and peer-reviewed literature volume changes over time as studies are completed and real-life use of a drug product help determine its appropriate place in therapy and program coverage status. It is important that we track and share with the Agency these evolutions in depth and scope of available information to ensure the drugs on the PDL are reviewed and adjusted timely using clinically appropriate data points to ensure an effective and responsible State PDL.

4.1.14.8 Vendor will provide to the Agency and the members of the P&T Committee SSDC-negotiated supplemental rebates and financial analysis information for each therapeutic class or specific drugs or products under review by the Agency and the P&T Committee. Drug and product rebate information shall be kept confidential as required by 42 USC 1396r-8(b)(3)(D) <https://www.govinfo.gov/app/details/USCODE-2Q23-title42/USCODE-2023-title42-chap7-subchapXIX-sec1396r-8> or future update(s).

MedImpact will provide to the Agency and the members of the P&T Committee SSDC-negotiated supplemental rebates and financial analysis information for each therapeutic class or specific drugs or products under review by the Agency and the P&T Committee.

MedImpact serves as an independent advocate for West Virginia Medicaid, leveraging our extensive knowledge of the State's PDL, PPL, member population, and program priorities to ensure that SSDC negotiated pricing delivers maximum value to the State. Our team continuously evaluates current formulary products, pipeline medications, and newly launched therapies to identify opportunities where SSDC-negotiated rebate offers can improve net cost, enhance clinical value, and support the Agency's objectives.

Rather than relying solely on consortium-level negotiations, MedImpact performs a West Virginia-specific analysis of SSDC pricing opportunities. We model the impact of negotiated rebate offers against the State's existing PDL and PPL, utilization patterns, clinical programs, and budget objectives to determine whether a proposed agreement will generate meaningful savings and support optimal member outcomes. This approach enables the Agency to make informed formulary decisions based on both clinical appropriateness and total cost of care, rather than rebate value alone.

When opportunities for improvement are identified, MedImpact provides actionable recommendations that help the Agency maximize the value of SSDC-negotiated agreements. These analyses support annual, comprehensive reviews of the PDL and PPL, as well as ongoing evaluations of new pricing information and contract opportunities as they become available. By combining the purchasing leverage of the SSDC with MedImpact's data-driven modeling and formulary expertise, West Virginia benefits from recommendations tailored to its unique Medicaid population, clinical goals, and financial priorities.

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Our supplemental rebate process is based upon the following key principles:

- Independent and conflict-free support for the Agency
- Transparent contract status, cost modeling practices, and contract management activities
- On-demand access to all components of the process
- System flexibility to create a tailored supplemental rebate process

Our applications offer the ability to import the SSDC offers and then prepare the cost models to support the decision making of the Agency. It is then capable of noting the final accepted offers and developing the appropriate cost sheets for presentation to the Committee.

This collaborative approach ensures that West Virginia receives not only the advantages of consortium-negotiated pricing, but also strategic guidance focused specifically on achieving greater savings, maintaining access to clinically appropriate therapies, and optimizing the overall performance of the State's pharmacy benefit program.

4.1.14.8.1 Vendor will provide financial information for the P&T Committee for each drug or therapeutic product class at least annually, and new drugs or products as they are reviewed by the Agency or P&T Committee at least quarterly, in a format that contains at a minimum, drug or product class, drug or product name, brand or generic status, current PDL or PPL status, average quantity dispensed per prescription, net cost after all rebates per prescription.

MedImpact will provide financial information for the P&T Committee for each drug or therapeutic product class at least annually. We provide financial information about new drugs or products as they are reviewed by the Agency or P&T Committee in a format that contains at a minimum, drug or product class, drug or product name, brand or generic status, current PDL or PPL status, average quantity dispensed per prescription, net cost after all rebates per prescription.

MedImpact's reviews will coincide with the review schedule as agreed upon with the Agency. Generally, for member states of the SSDC, this will involve an evaluation of the entire PDL at a fall meeting with additional meetings through the year to address new drugs or markedly changed classes. All classes will be reviewed at least annually. Dr. Lauren Biczak, medical director, and Vicky Zhang, clinical pharmacist, will attend P&T Committee meetings and will present financial information for each drug, including details of the cost sheets, review of drug implications, upcoming pipeline drugs, and specific recommendations for West Virginia. We understand that many of these items will be discussed during the executive portion of the meeting. Dr. Biczak will be prepared for these discussions. Our presentation materials include all relevant elements as mentioned above in a format that allows comparison of drugs as well as the potential impact of changes including projected market shifts. Both gross and net costs are modelled as well as detailed information on the federal and supplemental rebate amounts and rebate offset amounts that may impact the portion of rebates that will be due to the State rather than to the federal government.

A sample of our cost sheet is provided as **Exhibit 2** for your review.

4.1.14.8.2 Vendor shall incorporate SSDC negotiated pricing into its PDL and PPL business models, analyze SSDC pricing, and produce recommendations for a PDL and PPL using SSDC negotiated pricing on an annual basis for review of the entire PDL and any incremental pricing information as it becomes available.

MedImpact incorporates SSDC negotiated pricing into our PDL and PPL business models, analyze SSDC pricing, and produce recommendations for a PDL and PPL using SSDC negotiated pricing on an annual basis for review of the entire PDL and any incremental pricing information as it becomes available.

Our supplemental rebate application, in addition to other capabilities, supports the import of SSDC negotiated pricing for use in the development of product evaluation cost models. SSDC negotiation pricing Information is used in the preparation of the review of the entire PDL annually with any other

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changes, including new entrants to a category or changes to pricing or offers being incorporated into models at quarterly meetings. MedImpact's tool uses actual West Virginia utilization data as well as any West Virginia state specific pricing elements, when appropriate, in creating these cost models.

MedImpact will support and optimize West Virginia's supplemental rebate program by advising the State in considering the various offers negotiated by the SSDC. In addition, MedImpact will ensure that the specific terms of agreements are consistent with the goals of the State and address West Virginia's unique needs. The SSDC allows member states to tailor their supplemental drug rebate agreements to best serve their members, and MedImpact will assist the State in finalizing their contracts, at times with terms unique to West Virginia. All changes that MedImpact recommends for consideration will be relayed to the Agency, and then the Agency can determine whether to discuss with the SSDC team.

4.1.14.8.3 Vendor shall keep SSDC pricing information confidential and SSDC pricing information separate from the Vendor's other lines of business.

MedImpact confirms we will keep SSDC pricing information confidential and separate from all other MedImpact lines of business. We are committed to preserving the confidentiality of manufacturer price and rebate rates including SSDC pricing information, in accordance with all applicable State and federal statutes, including but not limited to HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH). We implement robust security protocols and access controls to protect all sensitive pricing and rebate data from unauthorized access or disclosure. All Medicaid Rebate processing, including pricing data as well as control over individual user access is restricted to and authorized only by our Medicaid Rebate Support Team to maintain separate fire-walled access restrictions. The SSDC pricing information is kept separate from MedImpact's other lines of business.

4.1.14.9 Vendor shall manage the Agency PDL and PPL, including but not limited to, the production of documents and data, including PDL and PPL status files needed for claims processing and PDL updates as recommended by the P&T Committee that are approved by the Agency and the Secretary of the Agency or PPL updates as approved by the Agency.

MedImpact will manage and maintain the Agency PDL and PPL drug lists and all associated documents and will provide files on a mutually agreed upon format and frequency to the Agency. As part of our ongoing drug review and analysis, MedImpact will meet with the Agency to review any proposed PDL and PPL changes and documentation updates in preparation for an upcoming P&T Committee meeting. At this meeting, MedImpact will provide documents that outline the suggested changes and a draft PDL with the proposed changes recommended. Cost sheets and models are provided to inform Committee and Agency decisions. Once the offers and PDL changes are accepted, MedImpact will prepare these recommendations in a clear, well-organized format that allows the Agency to easily document its decisions. After the Agency accepts all recommendations in the documents, modified as needed, we provide updated impacted documents in a format ready for public posting.

4.1.14.10 Vendor must ensure that PDL and PPL are in compliance with all applicable Federal Regulations which can be found at Federal <https://www.medicaid.gov/medicaid/prescription-drugs/drugutilization-review/index.html> and State Regulations which can be found at <https://www.govinfo.gov/content/pkg/CFR-2021-title42-vol4/pdf/CFR-2021-title42-vol4-sec456-703.pdf> statutes and regulations and the State Plan (Attachment B,) approved by CMS.

MedImpact affirms compliance with existing applicable Federal Regulations. We maintain PDL and PPL compliance. We operate in compliance with current regulations and proactively monitor any pending changes that may impact states or their vendors. MedImpact reviews changes, informs customers about pending regulatory changes, and provides solutions as we work to continue to meet our customers' program goals and maintain ongoing full compliance with state and federal regulations. MedImpact also ensures that PDL and PPL activities are aligned with the State Plan.



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In recognition that State and federal statutory requirements can change over time, we commit to tracking potential or actual changes to statutory requirements in order to ensure ongoing compliance with the applicable rules, requirements, and laws. We review with the Agency any regulatory changes identified that have an impact on services provided related to the PDL, PPL or contracted services provided pursuant to this procurement.

Even without actual changes to regulatory requirements, MedImpact is familiar with the State's legislative season and will follow and review House and/or Senate bills that might impact the Medicaid pharmacy benefit (HB/SBs). We have experts who monitor federal agency communications, especially Centers for Medicare and Medicaid Services (CMS) notices, proposed rules, and program modifications. In this way our organization and supporting customer teams have the necessary information related to Medicaid rules and legislation to actively engage with our customers on impending changes. This allows MedImpact to be proactive with recommendations for the State in case action or program changes must be considered.

Whenever possible, MedImpact strives to inform the Agency proactively of potential changes and collaborate to provide efficient and effective updates when required. Actions may involve presenting various solution scenarios to the Agency, preparing communications or site postings related to the change, or other collaborative activities designed to capture the course of action, if required. One recent example of legislation that had a significant change on how the PDL was managed in many states was the removal of the average manufacturer's price (AMP) cap on federal rebates in January of 2024 due to the provisions of the American Rescue Plan (ARP) Act of 2021. Many states had to make significant PDL changes based on some manufacturers discontinuing their drugs to avoid increased rebate payments and other manufacturers altering their price strategies. MedImpact models potential fiscal impacts as early as possible to allow the State time to plan and react to any potential budgetary impacts.

4.1.14.11 Vendor shall prepare the PDL and PPL documents electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11 which are subject to change during the life of this contract, to be displayed on the Agency's <https://bms.wv.gov/page/drug-utilization-review-dur> website for interested parties.

MedImpact prepares the PDL and PPL documents electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. We will ensure the file is compatible with the West Virginia Office of Technology's current operating system, Windows 11. MedImpact operates in compliance with current regulations and proactively monitors any pending changes including changes made by the West Virginia Office of Technology.

4.1.14.12 Vendor shall comply with the standards of the Agency and Agency's business partners for drug and product data-file maintenance including, but not limited to, the use of therapeutic class codes, generic sequence numbers, prior authorization requirements, injectable or other dosage form indicators, replacement or change files as desired, catch-up files, or any other drug and product data file standards required by the Agency and the Agency's business partners.

MedImpact will comply with the standards of the Agency and Agency's business partners for drug and product data-file maintenance. We document for approval the file formats, cadence, and transmission security requirements to ensure understanding between trading partners during the initial phase of the program implementation. In agreement with the Agency and Agency's business partners, the file will include the use of therapeutic class codes, generic sequence numbers (GSNs), PA requirements, injectable or other dosage form indicators. Processes for identifying and requesting replacement or change files, catch-up files, or other drug and product data file content in an off cycle or ad-hoc timeline will be documented in a process control document so all parties are in agreement should it be necessary to replace, update, or provide catch-up files be required. Updates to file formats, product data field additions, or other material permanent changes to drug and product file information exchange will be



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managed through a formal change control process to ensure all parties understand and comply with required updates to maintain program performance.

4.1.14.13 Vendor shall comply with the requirements no later than twenty-four (24) hours after the request is made by the Agency’s business partners for weekly, monthly, and quarterly file deliveries.

MedImpact will deliver files requested by the Agency’s business partners no later than 24 hours after the request is made. This includes replacement or changed files of weekly, monthly, and quarterly file deliveries. During implementation, we will identify all Agency business partners, their needs, and frequency of file deliveries related to scheduled reporting required to support the program.

4.1.14.14 Vendor shall establish and maintain an interface with the Agency and/or the Agency fiscal agent for secure document and file exchanges weekly at minimum. The Agency nor the Agency’s fiscal agent will be responsible for any charges relating to this.

MedImpact establishes and maintains a secure interface for the duration of the contract, with the Agency and/or the Agency fiscal agent for secure document and file exchanges at a minimum of on a weekly basis. MedImpact will establish SFTP connectivity with the Agency and/or the Agency’s fiscal agent to support required data interfaces. Once established and tested, files may be exchanged at any cadence. This connectivity is provided at no cost to the Agency nor to the Agency’s fiscal agent.

4.1.14.15 Vendor shall comply with any the requirements of the Agency and the Agency’s business partners as needed relating to the method of file exchanges, i.e., “pushing” or “pulling” data.

MedImpact will comply with requirements of the Agency and the Agency’s business partners as needed relating to the method of file exchanges. MedImpact supports “pushing” or “pulling” data as required by individual data target entities. During the implementation period, MedImpact will work with the Agency and the Agency’s business partners to understand their needs, methods of delivery, and delivery cadence.

4.1.14.16 Vendor shall apply an effective date and a unique version number for each PDL, PPL, and other business documents.

MedImpact applies an effective date and a unique version number for each PDL, PPL, and other business documents. Each document will be version-controlled, and the version will be indicated on the document to ensure traceability and historical file timeline recordkeeping.

4.1.14.17 Vendor shall ensure the quality of all files delivered to the Agency and the Agency’s business partners to provide error-free data.

MedImpact confirms the accuracy and integrity of all files delivered to the Agency and its business partners through comprehensive quality assurance measures designed to provide complete, accurate, and error-free data.

Furthermore, we review, for completeness and accuracy, files and documents to deliver the highest quality content. Our quality control process may involve visual validation, automated content and calculation verification, or peer-review depending on the document or file type or contents.

4.1.14.18 Vendor shall update the PDL and PPL document after each P&T Committee meeting and when changes are made to the PDL and PPL as requested by the Agency, no later than twenty-four (24) hours after the request is made.



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MedImpact updates the PDL and PPL document after each P&T Committee meeting and when changes are made to the PDL and PPL as requested by the Agency, no later than 24 hours after the request is made. The Committee's recommendations are noted at the meeting. Based on the information reviewed during the P&T Committee meeting and confirmed by the notes and recording, MedImpact ensures all approved recommendations are reflected in the next PDL document, according to the agreed upon timelines.

4.1.14.19 Vendor shall assist in development of step-care therapy and prior authorization (PA) criteria by making suggestions for step care and PA criteria to promote appropriate utilization and to enhance PDL and PPL compliance and achieve optimal savings.

MedImpact assists in development of step-care therapy and PA criteria by making suggestions for step care and PA criteria to promote appropriate utilization and to enhance PDL and PPL compliance and achieve optimal savings.

MedImpact tracks all new drugs to market for PDL recommendations and the potential of adding PA criteria. We provide customized recommendations based on the West Virginia's Medicaid population and drug utilization patterns. The Agency has final approval of all customized recommendations, and MedImpact will collaborate with the Agency to accommodate any changes needed to the recommendations. All identified and approved drugs with prior authorization utilization management edits will be captured in the quarterly PA report. MedImpact will create, maintain, and share a quarterly report of the drugs requiring PA with the Agency's PA contractor.

4.1.14.20 Vendor will update the PDL and PPL document when PA criteria is changed or updated by the Agency and/or the DUR (Drug Utilization Review) Board and issue an updated version for web posting as requested by the Agency and on an as needed basis, no later than one (1) business day after request is made.

MedImpact works to ensure that the PDL and PPL are always up to date. When PA criteria are changed or updated by the Agency and/or the DUR (Drug Utilization Review) Board, MedImpact will update the PDL in an appropriate format that has been approved by the Agency for posting on the website to reflect those changes. After any changes or recommendations have been approved by the Agency, we ensure any changes applied to the PDL are accurate and reflect the decisions made by the Agency and/or the DUR Board. MedImpact will make changes as requested by the Agency on an as needed basis no later than one (1) business day after the request.

4.1.14.21 Vendor shall provide the PDL and PPL data files no later than twenty four (24) hours after request is made in an electronic file format as specified by the Agency.

MedImpact will provide the PDL and PPL data files no later than 24 hours after a request is made in an electronic file format as specified by the Agency. MedImpact will collaborate with the Agency to review existing file formats, validate data elements, and any rules or logic required to develop and deliver PDL and PPL files as specified.

4.1.14.22 Vendor will provide PDL and PPL data files in accordance with a schedule agreed upon by the Agency and the Vendor, weekly at minimum.

This requirement is confirmed. MedImpact will provide PDL and PPL data files, as directed by BMS, in accordance with a schedule agreed upon by the Agency and MedImpact, weekly at minimum.

4.1.14.23 Vendor shall assist the Agency by providing information and responding to inquiries regarding the PDL and PPL in a mutually agreed upon timeframe in a format requested by the Agency.

MedImpact will assist the Agency by providing information and responding to inquiries regarding the PDL and PPL in a mutually agreed upon timeframe in a format requested by the Agency. We will receive and process inquiries and will follow up with the submitter and the Agency in accordance with the agreed upon protocol and timeframe.

4.1.14.24 Vendor will draft letters and/or make telephone calls that respond to inquiries from providers and other interested parties concerning the PDL and PPL within five (5) business days of the receipt of the inquiry.

MedImpact will contact inquiry submitters and other interested parties by telephone or letter, if necessary, to provide status or resolution to inquiries concerning the PDL and PPL. We will follow up within five business days of receipt of the inquiry with a response. Any planned written responses will be presented to the Agency in draft format for approval before being sent.

4.1.15 Vendor shall work with the Agency and/or the Agency fiscal agent and the SSDC to assist in drug supplemental and product rebate contract/agreement administration.

MedImpact is experienced in all aspects of rebates, including supplemental, federal, and product rebates, and will support the Agency, the Agency's fiscal agent, and the SSDC to assist in the administration and management of supplemental drug rebate and product rebate contract/agreements.

MedImpact will support and optimize West Virginia's supplemental rebate program by advising the Agency in considering the various offers negotiated by the SSDC. In addition, MedImpact will ensure that the specific terms of agreements are consistent with the goals of the Agency and address West Virginia's unique needs. The SSDC allows member states to tailor their supplemental drug rebate agreements to best serve their members, and MedImpact will assist the Agency in finalizing contract/agreement terms, including provisions unique to West Virginia when agreed upon by the Agency and the SSDC.

This approach has proven highly effective and been well received by the Commonwealth of Kentucky and the State of Mississippi, both of which are members of the SSDC. Our experienced team possesses a deep understanding of the PDLs of the SSDC states as well as the unique attributes of the individual PDLs of the Medicaid agencies they serve. Our team will model the offers as well as any changes to consider helping inform the Agency as they consider the SSDC offers.

MedImpact proposes partnering with the Agency to evaluate SSDC supplemental rebate offers, perform independent modeling of the options, and consider both the clinical and fiscal aspects of the various choices. MedImpact will suggest additional options when appropriate, which the Agency can relay to the SSDC for consideration. When needed to inform a cost/utilization projection, the MedImpact team uses data from the State Drug Utilization Database to compare the results of similar changes in other states. Our process is completely transparent and all data in the projections are available for the Agency to review. Our supplemental rebate process is based upon the following key principles:

- Independent and conflict-free support focused on West Virginia's needs and priorities
- Assistance with developing PDLs that are clinically appropriate while offering cost-effective choices
- Transparent contract status, cost modeling practices, and contract management support activities
- On-demand access to all data used in the process
- System flexibility to create cost projections that are innovative and tailored specifically to meet the needs of the West Virginia Medicaid population

Our supplemental rebate application and program offer cost modeling capabilities, as well as supplemental rebate contract management including extensive quality control, tracking, and reporting on the status of every Supplemental Rebate contract.

MedContract

MedContract, our supplemental rebate platform, enables the MedImpact team to import the SSDC offers and to cost model the various offers while also considering potential alternative options.

Supplemental Rebate/PDL Evaluation Process

Once the SSDC forwards initial offers to the states, MedImpact partners with the Agency to evaluate the various offers.

MedImpact is committed to developing the most clinically appropriate and cost-effective PDL for the State through extensive clinical and financial analyses based on net pricing. We are also dedicated to minimizing member disruption and provider burden whenever possible. As appropriate, MedImpact may recommend grandfathering select PDL changes and will model various market-shift scenarios.

When designing the PDL and associated PA criteria, there are many factors to consider beyond the details of the offers presented by the SSDC. First and foremost are the clinical value and safety of the drugs under consideration. In addition, West Virginia-specific market dynamics must be evaluated. For example, if a non-preferred product has already achieved significant utilization, it may be advantageous to consider available supplemental rebate opportunities, as market share may have already shifted away from preferred alternatives.

Likewise, it is important to know about upcoming pipeline drugs and new generic or biosimilar entrants to the market. It may not make sense to move a significant number of members to a brand drug because it has a supplemental rebate offer if a generic or biosimilar form of the drug is around the corner. While the state can exit the contract and make the brand drug non-preferred, there is an impact to members and providers to consider.

It is also important to understand upcoming market developments, including pipeline products and anticipated generic or biosimilar launches. In some cases, it may not be prudent to transition a large number of members to a brand product solely because it carries a favorable supplemental rebate offer if a generic or biosimilar alternative is expected to enter the market in the near future. While the Agency can modify formulary preferences as market conditions change, doing so may create unnecessary disruption for members and providers.

These types of considerations, which extend beyond a basic offer review, are what MedImpact's experienced team will bring to the Agency. We develop cost models incorporating a variety of "what-if" scenarios to support data-driven decision-making. MedImpact also continuously monitors upcoming market events that may influence PDL decisions, ensuring recommendations are based not only on current market conditions but also on anticipated changes that could affect the clinical and financial performance of the pharmacy program.

4.1.15.1 All rebate contract/agreements shall be made between the Agency and manufacturers using the Agency and/or CMS approved templates which will be provided by the Agency. Current templates being utilized can be found in the following: Special Product Rebate Contract/Agreement (Attachment D), and Supplemental Drug Rebate Contract/Agreement (Attachment E).

MedImpact will manage all contracts following acceptance of SSDC offers on the Agency and/or CMS approved Supplemental Rebate Agreement (SRA) or the Special Product Rebate Agreement templates. Of note, CMS has recently announced that it is no longer mandatory for it to approve SRA changes.

As part of our rebate operations with West Virginia, MedImpact will assist in ongoing evaluation of the state's rebate agreement and will make suggestions for any changes that might be recommended or changes that are necessary to keep in line with new Federal or State policies, laws or programs. Dr. Biczak has assisted with drafting SRAs for many states as they evolved their various rebate agreements to conform with the changing Medicaid pharmacy landscape (e.g., adding value-based contracting language). MedImpact will also review current West Virginia policies, laws, and State or Agency rules, as well as the existing State Plan, to ensure we are aware of any specific items that might need to be considered during the SRA review or when making other recommendations. For example, some states have laws or rules that do not allow controls on certain categories or medications (such as those for HIV) or that require certain periods of notice before changing the PDL. We will work with the State to ensure all these requirements are consistent with current rebate templates and with any PDL change recommendations.

4.1.15.2 Rebate contracts must be electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11 (which are subject to change during the life of this contract) to be displayed on the Agency's website for interested parties which can be found at <https://bms.wv.gov/>.

MedImpact will ensure that all rebate contracts are maintained and delivered in electronic file formats fully compatible with Google Workspace (G-Suite), Microsoft Office 365, and environments supported by the West Virginia Office of Technology, including Windows 11, and any successor operating systems adopted during the contract term. We will prepare all contract documents in formats that support accessibility, usability, and publication on the Agency's public website for interested parties.

We produce contracts in compatible electronic formats by generating documents in widely accepted, interoperable formats (e.g., Excel-compatible, PDF, and/or text formats as appropriate) that function seamlessly within Google Workspace and Microsoft Office 365. Our approach ensures system compatibility by validating that all contract files are accessible and fully functional within the West Virginia Office of Technology's supported operating systems, including Windows 11, and future updates.

This approach ensures that MedImpact delivers rebate contract files that are fully compatible and accessible, supporting transparency, usability, and compliance with Agency technology standards.

4.1.15.3 Vendor shall work with the SSDC to accurately determine supplemental drug or product rebate contract/agreement data.

MedImpact works collaboratively with the SSDC to accurately determine all supplemental drug and product rebate contract and agreement data. We will establish a structured, transparent process to validate, reconcile, and maintain rebate-related information to ensure completeness, accuracy, and compliance with all applicable program requirements. This process is working well currently with the Commonwealth of Kentucky and the State of Mississippi.

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Our experienced team works closely with stakeholders by engaging in ongoing coordination with SSDC to review existing rebate agreements, interpret contract terms, and clarify data elements necessary for accurate rebate administration. We validate and reconcile supplemental rebate contract data, including drug eligibility, utilization metrics, pricing benchmarks, and rebate terms. Discrepancies will be identified, documented, and resolved in partnership with SSDC. Communications, however, with the SSDC will always be via our communication with the Agency.

Through this disciplined and collaborative approach, MedImpact ensures that all supplemental rebate contract and agreement data is accurately determined, maintained, and aligned with SSDC expectations.

4.1.15.4 Vendor shall produce and facilitate the signing of supplemental drug rebate or product rebate contracts with manufacturers and the Agency representatives within the quarter that the rebate offer is accepted.

MedImpact will produce and facilitate the execution of all supplemental drug rebate and product rebate contracts with manufacturers and Agency representatives within the same calendar quarter in which the rebate offer is accepted. We will implement a structured, timeline-driven contracting process to ensure timely drafting, review, negotiation, and execution in alignment with program requirements.

Through this proactive and controlled approach, MedImpact will ensure all supplemental rebate contracts are accurately produced and fully executed within the required quarter, supporting timely rebate realization and program compliance. MedImpact has a systematic process to track contracts and quality control measures in place to ensure their accuracy.

4.1.15.5 Vendor shall be responsible for oversight and tracking of all contracts and documents at all points from origin to completion.

MedImpact assumes full responsibility for the oversight and tracking of all contracts and associated documents from initiation through final execution and completion. We utilize a comprehensive contract lifecycle management approach that ensures visibility, accountability, and control at every stage of the process. Reports are provided to the agency as frequently as weekly during the busy months after the fall meeting and as often as needed or agreed upon with the Agency at other times.

Through this structured and disciplined approach, MedImpact will ensure complete oversight, accurate tracking, and successful management of all contracts and documents throughout their lifecycle.

4.1.15.6 Vendor shall assume administration of existing supplemental drug and product rebate contract/agreements.

MedImpact assumes full administration of all existing supplemental drug and product rebate contracts and agreements upon contract award. We will execute a structured transition and administration approach to ensure continuity, accuracy, and compliance with all existing terms and program requirements without disruption to rebate operations.

This approach ensures that MedImpact provides a seamless assumption and effective administration of all existing supplemental rebate contracts, preserving program integrity and supporting ongoing financial performance.

4.1.15.7 Vendor shall maintain the Agency supplemental drug and product rebate agreements separately from its other clients, ensuring strict confidentiality and controls that meet Federal Requirements, which can be found at: <https://www.ssa.gov/OP Home/ssact/title19/1927.htm>.

MedImpact will maintain the Agency's supplemental drug and product rebate agreements in a segregated and secure manner, separate from all other customer contracts and data. We will implement stringent

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confidentiality safeguards and internal controls that fully comply with all applicable Federal requirements, including those outlined under Section 1927 of the Social Security Act.

Through this disciplined and security-focused approach, MedImpact will safeguard the confidentiality of the Agency's rebate agreements, ensure strict separation from other client data, and maintain full compliance with all applicable Federal requirements.

4.1.15.8 Vendor shall ensure that both the Agency and manufacturers receive original and/or electronically signed contract/agreement.

MedImpact will ensure that both the Agency and all contracted manufacturers receive fully executed original and/or electronically signed copies of each supplemental drug and product rebate contract and agreement. We will implement a controlled and efficient distribution process to deliver complete, accurate, and legally valid documentation to all required parties.

Through this structured and secure approach, MedImpact will ensure that all parties receive properly executed agreement documentation in a timely manner, supporting compliance, transparency, and effective contract administration. All steps in the contracting process are monitored and reported frequently to the Agency. Procedure and quality checks are performed routinely to ensure accuracy.

4.1.15.9 Vendor shall provide electronic files in both Excel-compatible or equal (.xls) and text (.txt) as specified by the Agency containing calculated drug supplemental unit rebate amounts (SURA) and non-drug unit rebate amounts (NDURA), along with additional specified information to the Agency and/or the Agency fiscal agent. See current Supplement Rate File Data Field information (Attachment C). Any work related to the data exchange will be provided at no additional cost to the Agency or Agency designee.

MedImpact will provide the Agency and/or its fiscal agent with electronic files containing calculated Supplemental Unit Rebate Amounts (SURA) and Non-Drug Unit Rebate Amounts (NDURA) in both Excel-compatible (xls or equivalent) and text (txt) formats, as specified by the Agency. We will produce all files in strict accordance with the Supplement Rate File Data Field specifications outlined in Attachment C and will perform all data exchange activities at no additional cost to the Agency or its designee.

This approach ensures accurate, timely, and fully compliant delivery of SURA and NDURA data files in all required formats while meeting all Agency specifications at no additional cost.

4.1.15.10 Vendor shall provide SURA and NDURA files, and contract/agreement files, and any other requested documents, to the Agency and/or the Agency fiscal agent within fifty (50) calendar days of the end of a quarter, electronically in a file format that is compatible with Google Workspace (G-Suite) and Microsoft Office365 or equal. Must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11 (which are subject to change during the life of this contract).

MedImpact will provide SURA and NDURA files, contract and agreement files, and any additional requested documents to the Agency and/or its fiscal agent within 50 calendar days following the end of each quarter. We will deliver all files electronically in formats fully compatible with Google Workspace (G-Suite), Microsoft Office 365, and environments supported by the West Virginia Office of Technology, including Windows 11, and any successor operating systems implemented during the contract term.

We will ensure timely, accurate, and fully compatible delivery of all required files and documentation in alignment with Agency expectations and technology requirements.

4.1.15.10.1 Reports with the following information shall accompany these files and be due within the same timeframe. Vendor shall provide report data, including but not limited to, current and prior quarter adjustment data; historical data; rebate contract/agreement and amendment data necessary for the Agency to invoice manufacturers on a quarterly basis for supplemental drug rebates and product rebates electronically in a file format that is compatible with Google Workspace (GSuite) or equal and Microsoft Office365 or equal. Must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11 which are subject to change during the life of this contract.

MedImpact will provide comprehensive reports to accompany all required SURA and NDURA files, contract/agreement files, and supporting documentation within 50 calendar days following the end of each quarter. We will produce complete and accurate reports by compiling all required data elements, including current and prior quarter adjustment data, historical data, and rebate contract, agreement, and amendment information necessary to support Agency invoicing of manufacturers. We will deliver all reports electronically in formats fully compatible with Google Workspace (G-Suite), Microsoft Office 365, and environments supported by the West Virginia Office of Technology, including Windows 11, and any successor systems implemented during the contract term.

MedImpact will ensure the Agency receives all necessary data and supporting information to perform quarterly supplemental rebate invoicing and oversight in full compliance with technical and operational requirements.

4.1.15.11 Vendor must coordinate quarterly supplemental drug rebate and product rebate submissions with submission of traditional federal drug rebates.

MedImpact coordinates with the vendor responsible for invoicing to ensure that quarterly supplemental drug rebate and product rebate submissions are transmitted in a timely manner to coordinate with the submission of traditional federal drug rebates. The timing and details of all file exchanges will be documented to allow coordination and clarity of the process for all stakeholders. We will implement a synchronized rebate administration process that integrates all rebate streams and supports efficient invoicing, reconciliation, and reporting.

4.1.15.12 Vendor shall provide quarterly documentation to the Agency and/or its designee to support supplemental drug rebate and product rebate invoicing at National Drug Code (NDC) level electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Quarterly documentation must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract.

MedImpact will provide quarterly documentation to the Agency and/or its designee to support supplemental drug rebate and product rebate invoicing at the National Drug Code (NDC) level. We will deliver all documentation electronically in formats fully compatible with G-Suite, Microsoft Office 365, and environments supported by the West Virginia Office of Technology, including Windows 11, and any successor operating systems implemented during the contract term.

MedImpact will ensure the Agency receives complete, accurate, and fully compatible NDC-level documentation necessary to support quarterly supplemental rebate invoicing and compliance with all technical and operational requirements.

4.1.15.13 Vendor shall ensure the accuracy of all rebate files delivered to the Agency and the Agency's business partners. If any corrections are requested after the files are sent, the Vendor must send a corrected file within one (1) business day of request.

MedImpact maintains the accuracy, completeness, and integrity of all rebate files delivered to the Agency and the Agency's business partners. We will implement rigorous quality assurance and validation processes prior to submission to minimize errors and ensure all files meet program, contractual, and technical requirements. In the event any corrections are requested, we will provide rapid correction and resubmission by generating and delivering corrected files within one (1) business day of receiving a correction request from the Agency or its designee.

4.1.15.14 Vendor shall assist the Agency and/or its designee in dispute resolution activities with manufacturers as they pertain to supplemental drug rebate or product rebate calculations and contract/agreement.

MedImpact will actively support the Agency and/or its designee in resolving disputes with manufacturers related to supplemental drug rebate and product rebate calculations, as well as associated contract and agreement terms. We apply a structured, evidence-based dispute resolution process to ensure timely, accurate, and favorable outcomes for the Agency.

4.1.15.15 Vendor shall communicate with Agency and manufacturers to resolve disputes arising from supplemental drug rebate or product rebate calculations or contract/agreement issues within three (3) business days of receipt of the dispute.

MedImpact will communicate promptly and effectively with the Agency and manufacturers to resolve disputes related to supplemental drug rebate and product rebate calculations, as well as contract and agreement issues, within three business days of receipt. Our structured and responsive dispute management process will ensure timely engagement, thorough analysis, and efficient resolution.

This proactive, responsive, and well-coordinated approach will ensure disputes are addressed promptly within the required timeframe, supporting accurate rebate administration, strong manufacturer relationships, and overall program integrity.

4.1.15.16 Vendor shall communicate directly with manufacturers regarding unpaid supplemental drug rebates or product rebates upon request by the Agency.

Upon request, MedImpact supports the Agency in addressing unpaid supplemental drug rebates and product rebates. MedImpact will reach out to manufacturers directly in instances where non-payment is directly related to supplemental rebate contract terms including supplemental rate calculations.

MedImpact supports the Agency in recovering unpaid rebates efficiently, maintaining strong manufacturer relationships, and ensuring the financial integrity of the rebate program.

4.1.15.17 Vendor shall communicate the resolution of disputes in a written document to the Agency within one (1) business day of resolution.

MedImpact will communicate the resolution of disputes related to supplemental rebate rates or contracts to the Agency in a written document within one business day of resolution. We will establish a standardized and timely documentation process to ensure the Agency receives clear, complete, and actionable information regarding all dispute outcomes.

By following this structured process, MedImpact will provide the Agency with timely, accurate, and fully documented dispute resolution communications that support transparency, compliance, and efficient program management.

4.1.16 Vendor shall assume administration of the current SMAC program as defined in section 4.1.16.1 through 4.1.16.12.4.

MedImpact understands that a well-managed SMAC program is essential to achieving cost containment, clinical integrity, and fair pharmacy reimbursement. We commit to partnering closely with the Agency to develop and maintain a customized SMAC list that promotes generic drug utilization while ensuring access to clinically appropriate therapies and conforming with West Virginia’s SMAC requirements. Our methodology aligns with CMS guidance and supports collaborative PDL management through transparent pricing strategies, rigorous verification processes, and ongoing monitoring to ensure the SMAC list remains accurate, effective, and responsive to market dynamics.

Table 3 demonstrates our collaboratively managed SMAC program, designed in partnership with BMS and participating providers to ensure fair, market-aligned pricing that delivers meaningful savings while minimizing provider abrasion and supporting uninterrupted patient care.

TOTAL CLAIMS	SAVINGS	APPEAL COUNT	APPROVED APPEALS
5,091,409	\$8,414,249	16	3

Table 3: MedImpact’s SMAC Performance

MedImpact’s collaboratively executed SMAC program delivers measurable savings, maintains pricing transparency, and supports fair reimbursement, enabling the Agency to achieve cost containment while preserving strong provider relationships and consistent access to care for West Virginia Medicaid members.

4.1.16.1 Vendor shall create, refine, and maintain the SMAC program for multiple source drug products or other drug products such as specialty drugs, and non-drug products tailored to the marketplace in West Virginia.

Effective SMAC list management requires a collaborative and adaptive approach. We work closely with the Agency to customize and maintain a SMAC list that reflects both clinical and market realities, while remaining responsive to regulatory changes and reimbursement methodologies as well as conforming with West Virginia’s SMAC requirements.

The Agency uses a “lesser of” reimbursement methodology that incorporates NADAC, FUL, SIC, SMAC, and Usual & Customary (U&C) pricing to ensure cost-effective and compliant pharmacy reimbursement. As one of the primary price benchmarks, establishing fair and sustainable SMAC rates is critical to program success. Our approach leverages market-informed pricing analytics, continuous monitoring, and strategic rate adjustments to ensure SMAC rates accurately reflect acquisition costs while maintaining network stability. This enables West Virginia Medicaid to achieve appropriate cost control without compromising pharmacy access, supporting both fiscal responsibility and high-quality member care.

In the event of regulatory changes or shifts in interpretation related to SMAC pricing, MedImpact partners with the Agency to implement necessary updates. This includes adjustments to internal SMAC processes, modifications to data elements, and updates to any public-facing documentation. Our collaborative methodology ensures that the SMAC list remains accurate, transparent, and aligned with the Agency’s evolving needs and requirements.

Customization and Restrictions

MedImpact customizes the Medicaid SMAC list into a State-specific SMAC program by evaluating local market conditions and applying criteria unique to the Agency. This tailored approach results in the



creation of new SMAC rates, suspension of outdated rates, and updates to existing rates, ensuring the SMAC list reflects real-time market availability and access for both members and pharmacy providers serving BMS's Medicaid population.

The West Virginia-specific SMAC list includes approximately 3,000 pricing points and is not limited to prescription drugs dispensed in retail community settings. MedImpact establishes SMAC pricing for a wide range of products, including prescription medications, over the counter (OTC) medications, prenatal vitamins, specialty medications, and medical supplies (such as generic diabetic supplies). This flexibility supports the unique needs of Medicaid programs and accounts for factors such as wholesaler distribution, rural pharmacy acquisition costs, product margins, PDL alignment, and rebate status.

Additionally, SMAC pricing serves as a critical backup to NADAC, particularly when new NDCs enter the market for drug groupings with an established NADAC rate. Since there can be a delay of several weeks or months before new NDCs are reflected in NADAC data sets, MedImpact's ability to establish interim SMAC pricing ensures continued reimbursement accuracy and cost control during that lag period.

SMAC Pricing for Non-Traditional Products

MedImpact recognizes that non-traditional products, such as medical supplies, specialty medications, and biosimilars, require alternative methodologies for SMAC pricing, as standard brand/generic designations and acquisition cost benchmarks may not apply. Our flexible approach ensures that SMAC pricing remains fair, transparent, and reflective of actual market conditions.

For products without traditional generic equivalents, such as medical devices or supplies, MedImpact may apply the lowest WAC within a drug grouping (e.g., using First Databank drug language grouping) and apply a proprietary factor to establish the SMAC price. We also incorporate CMS's quarterly NADAC Equivalency Metrics as part of our reasonability checks. While these metrics are not used as standalone pricing sources, they offer valuable insight into market alignment and help validate SMAC pricing decisions.

For biosimilars, which receive an "interchangeable" designation rather than an "A-rated" status, MedImpact can establish SMAC pricing for both reference and interchangeable products, ensuring consistency and cost control.

MedImpact has the tools, expertise, and flexibility to establish and manage a customized SMAC program that fully supports cost containment, clinical integrity, and equitable pharmacy reimbursement. Our adaptable methodology allows us to tailor pricing strategies to meet the needs of a complex Medicaid environment, while maintaining alignment with regulatory requirements and market dynamics.

4.1.16.2 Vendor shall submit the SMAC data electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. SMAC data must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract.

MedImpact will deliver all SMAC data in a flexible, client-ready electronic format that fully supports both Google Workspace and Microsoft Office365 environments. Standard file formats supported include Microsoft Excel and comma-separated values (CSV), ensuring seamless access, review, and manipulation within commonly used applications such as Excel and Google Sheets. In addition, MedImpact supports the transmission of SMAC data in industry-standard EDI formats, such as ANSI ASC X12 879 Price Information layout.

All files will be configured for compatibility with the West Virginia Office of Technology's current operating systems, including Windows 11. MedImpact maintains a technology-agnostic approach to file production and routinely validates outputs across supported platforms to ensure accessibility, usability, and data

integrity. As operating system requirements evolve during the life of the contract, MedImpact will proactively align file formats and delivery methods with any updated standards to avoid disruption.

This approach ensures that the State can efficiently receive, open, analyze, and integrate SMAC data into its existing workflows without the need for additional tools, conversions, or technical support.

4.1.16.3 Vendor agrees to comply with the Agency business rules, as seen in West Virginia Business Rules (Attachment F) relating to file formats (i.e., NDC level data), schedules of delivery, type of files (i.e., change only, full files) for the SMAC program.

MedImpact fully complies with the Agency business rules outlined in West Virginia Business Rules (Attachment F) for the SMAC program. Our processes and controls are designed to align with defined requirements related to file formats, delivery schedules, and file types, ensuring consistent, accurate, and timely data exchange.

MedImpact's unique solution allows us to extract desired data (change only or full file), produce file at a desired frequency (weekly, monthly, quarterly), in a desired format (Excel, CSV, X12 879), and deliver to the desired location (sFTP, Google Workspace). The workflow can be configured and automated to ensure compliance with BMS requirements and needs.

We will provide SMAC data at the NDC level in the file formats specified by the Agency, enabling precise pricing transparency and alignment with program expectations. We support both full file submissions and change-only files, based on Agency direction, and clearly distinguish between file types to support efficient processing and reconciliation.

Delivery schedules will be established in accordance with Agency requirements and incorporated into our operational calendar to ensure on-time submission. We use standardized production and quality review procedures to validate each file prior to delivery, confirming completeness, accuracy, and adherence to format specifications.

This structured approach ensures that the Agency receives SMAC data in the required format, frequency, and structure, supporting reliable program administration and minimizing the need for rework or clarification.

4.1.16.4 Vendor shall ensure the accuracy of all SMAC files delivered to the Agency and the Agency business partners.

MedImpact employs a comprehensive quality management framework to ensure the accuracy of all SMAC files delivered to the Agency and its business partners. Each file is generated through standardized processes that incorporate validation controls at multiple stages, including data sourcing, pricing logic application, and file creation.

Prior to distribution, all SMAC files undergo rigorous quality assurance reviews to confirm NDC-level accuracy, completeness, and alignment with approved pricing methodologies. Automated validation checks are supplemented by targeted manual reviews to identify and resolve any discrepancies before release. These controls ensure that all data elements are accurate, consistent, and formatted in accordance with Agency requirements.

In addition, we maintain clear audit trails and version control to support transparency and traceability of all SMAC file updates. Any identified issues are promptly investigated and corrected, with root cause analysis applied to prevent recurrence.

This disciplined approach ensures that the Agency and its business partners receive reliable, accurate SMAC data that supports effective program administration and decision-making.

4.1.16.5 Vendor shall provide SMAC lists for public viewing on the Agency website and maintain archived versions that are available to the Agency upon request within twenty-four (24) hours of request. The format for these files can be found on the Agency website

MedImpact supports the Agency's commitment to transparency by preparing and publishing SMAC lists in the exact format specified on the Agency website. All publicly posted files will be validated for accuracy, completeness, and alignment with required formatting standards prior to release, ensuring consistency with Agency expectations and ease of use for stakeholders accessing the information.

We coordinate with the Agency to establish a reliable process for timely posting of SMAC lists for public viewing. Each published file will reflect the most current approved SMAC pricing and will be clearly identified to support ease of reference.

In addition, we maintain a structured archive of all historical SMAC files, including version control and organized storage for efficient retrieval. Upon request, archived versions will be provided to the Agency within 24 hours, ensuring prompt access to prior data for audit, review, or program administration needs.

This approach ensures that the Agency and its stakeholders have consistent access to current and historical SMAC data in the required format, supporting transparency, accountability, and efficient program oversight.

4.1.16.6 Vendor shall ensure that each SMAC list submitted has an effective date and a unique version number.

MedImpact ensures that each SMAC list delivered to the Agency includes a clearly defined effective date and a unique version number to support transparency, traceability, and ease of administration. These identifiers are embedded within the file and reflected in the file naming convention to enable quick reference and accurate version control.

The effective date clearly indicates when the SMAC pricing becomes active, allowing the Agency and its business partners to align claims processing and reimbursement activities with the appropriate pricing period. The unique version number distinguishes each iteration of the SMAC list, supporting audit requirements, change tracking, and reconciliation of updates over time.

All versioning is managed through controlled production processes that maintain a complete history of updates, ensuring that prior versions can be readily identified and retrieved when needed. This disciplined approach provides the Agency with confidence that each SMAC list is clearly labeled, accurately sequenced, and fully traceable throughout the life of the contract.

4.1.16.7 Vendor shall update the SMAC list weekly at minimum and as SMAC changes are approved by the Agency.

MedImpact maintains a proactive and structured approach to updating the Agency's SMAC list to ensure it reflects current market conditions and supports cost-effective pharmacy reimbursement.

MedImpact reviews new drugs entering the market every week to identify products that are subject to SMAC. MedImpact then applies the appropriate SMAC rate based on program and regulatory requirements, updates published SMAC list, if applicable, and transmit the changes to the Agency and its vendors.

In addition, our team performs ongoing market research to monitor upcoming patent expirations, anticipated generic launches, and the expiration of market exclusivity agreements that may impact SMAC eligibility. This review incorporates marketplace changes, pricing trends, and product availability to ensure the SMAC list remains accurate and aligned with the Agency goals.

We also actively track drug shortages, recognizing that provider acquisition costs may fluctuate significantly during these periods. In such cases, we respond quickly to adjust or suspend SMAC pricing as needed.

4.1.16.8 Vendor shall coordinate activities with the Agency and/or the Agency fiscal agent to support the implementation and updates of the SMAC list.

We partner closely with the Agency and, as applicable, the Agency's fiscal agent to ensure a coordinated and efficient approach to SMAC list implementation and ongoing updates. Our team establishes clear communication channels, defined roles, and agreed-upon timelines to support alignment at each stage of implementation and change management.

We participate in regular coordination meetings and provide advance notification of SMAC list updates, including effective dates and any material changes, to support readiness across all impacted stakeholders. We also work collaboratively to test and validate file formats, transmission methods, and processing requirements to ensure seamless integration with the Agency and fiscal agent systems.

For updates to the SMAC list, we follow a structured change management process that includes impact assessment, stakeholder communication, and post-implementation validation. This approach ensures that all updates are implemented accurately, on schedule, and without disruption to program operations.

Through proactive coordination and transparent communication, we support a smooth implementation and reliable ongoing maintenance of the SMAC program, enabling the Agency to administer benefits effectively and with confidence.

4.1.16.9 Vendor shall actively pursue opportunities for expansion of the SMAC pricing list and regularly report the Vendor's SMAC activities in a schedule to be determined by the Agency monthly at minimum.

MedImpact supports the Agency with a proactive and transparent approach to ongoing SMAC list management. We provide monthly reporting on provider inquiries, including detailed metrics that identify which products received inquiries and the actions taken in response. This ensures visibility into provider concerns and supports timely resolution.

On a quarterly basis, we deliver analytics highlighting the top cost-saving products and those with the highest utilization, helping the Agency monitor program performance and identify opportunities for further optimization. We customize reports to meet the State's oversight needs and deliver them at various levels of granularity, including Generic Sequence Number (GSN) for individual drug strengths and dosage forms, and Hierarchical Ingredient Code List (HICL) for broader drug formulations. We monitor on a weekly basis first-time generic launches and projected launches up to roughly six months in advance for possible SMAC pricing application if its drug category meets the established eligibility criteria. We also apply SMAC rates on a monthly basis to newly added NDCs where its GSN already has an established SMAC price, which ensures that new products are quickly assigned an appropriate reimbursement benchmark and continues to support the expansion of the SMAC list.

We also coordinate SMAC list management with the PDL to ensure alignment with brand-over-generic policies and mandatory generic substitution requirements. Additionally, we track quarter-over-quarter trends in payment methodology hierarchies to assess the impact of policy changes on provider reimbursement and program outcomes.

The West Virginia Clinical Pharmacist and the SMAC Pricing Manager support ad hoc reporting and analysis to support identification of expansion such as product additions or therapeutic category updates. For one customer, our team identified unusually high vitamin dispensing patterns driven by elevated dispensing fees rather than ingredient costs. In collaboration with the customer, we implemented a monthly limit to improve oversight and control costs.

This comprehensive and collaborative approach ensures the SMAC list remains current, effective, and aligned with clinical and financial goals.

4.1.16.10 Vendor shall collect acquisition cost data and other source information to support SMAC pricing.

MedImpact applies a rigorous and data-driven methodology to verify and validate SMAC pricing, ensuring accuracy and transparency. We source pricing data from the industry's most trusted drug compendia, including Medi-Span and First Databank, both of which provide comprehensive and up-to-date Medicaid price points.

Our system maintains access to the following key pricing benchmarks:

- **NADAC:** CMS-published benchmark for retail pharmacy acquisition costs.
- **FUL:** CMS-established ceiling prices for certain multi-source drugs.
- **Wholesale Acquisition Cost (WAC):** Manufacturer-reported list price before discounts.
- **Average Sales Price (ASP):** Used primarily for physician-administered drugs, based on actual sales data.

Pricing Benchmarks

- NADAC
- WAC
- FUL
- ASP

We also have predictive acquisition data points to assist with SMAC pricing validation, which is brought in for daily use. This multi-source verification approach enables MedImpact to deliver SMAC pricing that is both defensible and responsive to market fluctuations.

4.1.16.11 Vendor shall coordinate the addition of drugs for SMAC pricing, based on availability of generic drugs, with drugs in the same therapeutic category on the PDL and PPL to ensure that the PDL, PPL and SMAC activities result in the most cost-effective results.

Qualifiers for MAC Inclusion

- Dosage Form Variations
- Product Grouping
- Strength-Based Pricing

MedImpact employs a flexible and customer-centered approach to establishing SMAC pricing, ensuring alignment with regulations and Medicaid policy. Our methodology supports cost containment and generic drug utilization while accounting for market dynamics and product-specific considerations.

A standard qualifier for SMAC inclusion is the availability of at least two A-rated generics in the marketplace. However, we recognize that manufacturer exclusivity, authorized generics, and product variations introduce complexity into SMAC determinations. In these cases, MedImpact applies additional logic to ensure pricing reflects clinical equivalence and cost-effectiveness:

- **Dosage Form Variations:** When manufacturers release different dosage forms (e.g., fluoxetine tablets versus capsules), we may apply a unified SMAC rate to encourage use of the most economical option.
- **Product Grouping:** For categories such as prenatal vitamins, we may establish a flat SMAC rate across the group to support provider flexibility and discourage use of higher-cost formulations that offer no proven clinical advantage.
- **Strength-Based Pricing:** Unique strengths with disproportionate unit costs (e.g., cyclobenzaprine 5mg versus 10mg tablets) may be priced based on the more cost-effective strength. Conversely, SMAC pricing for higher strengths may be derived from doubling the cost of the lower strength, as seen with hydrocodone 5/325 and 10/325.



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To further refine SMAC eligibility, MedImpact incorporates a utilization threshold during drug grouping evaluations. This ensures that SMAC pricing decisions are informed by actual claims history and focused on products most relevant to the Agency's population. It also helps mitigate volatility in pricing for low-utilization products, which may be sourced through secondary or tertiary wholesalers with less favorable contract terms.

4.1.16.12 Vendor shall provide outreach services to the WV Medicaid providers with an Agency representative present regarding Medicaid pharmacy pricing issues and the SMAC program.

MedImpact will coordinate outreach events to West Virginia Medicaid providers in partnership with the Agency and address, collaboratively, resolution of any outreach actions required to present clarifications or to educate on pharmacy pricing issues and the SMAC program. This joint outreach preparation and delivery model ensures consistent messaging, reinforces program integrity, and builds provider confidence.

Our outreach content is tailored to provider needs and, depending on the scope of engagement, address key topics such as pharmacy reimbursement components, SMAC list application, update cadence, and the dispute and appeal process. Any focused outreach services to West Virginia providers will always be approved by the Agency and will include an Agency representative. Where required, we leverage clear, provider-focused materials and real-world scenarios to improve understanding and reduce administrative burden. We maintain detailed documentation of attendees, topic(s) addressed, and a record of the conversation outcome. Insights, observations and trends will be shared with the Agency and used to inform continuous improvement of materials and processes. Follow-up communications will summarize key takeaways and provide pathways for additional support. Through this structured, collaborative outreach model, we support West Virginia Medicaid providers in navigating pharmacy pricing and the SMAC program with clarity, consistency, and confidence.

4.1.16.12.1 Vendor shall establish and staff a toll-free telephone line and email address to be responsible for logging and responding to inquiries from providers regarding pricing issues. The toll-free telephone line must be available, at a minimum, of 8:00 A.M. to 5:00 P.M. EST, Monday through Friday. Vendor shall be the primary contact for all drug and product pricing inquiries.

MedImpact values its partnership with the provider community and supports a responsive SMAC inquiry process.

We will implement a toll-free telephone line and a dedicated email address specifically for pricing related inquiries. Both channels are prominently communicated to providers and included in all outreach and reference materials. The toll-free line is staffed, at a minimum, from 8:00 A.M. to 5:00 P.M. Eastern Time, Monday through Friday, excluding State-approved holidays. During these hours, providers have direct access to trained resources with expertise in pharmacy pricing, including SMAC and other reimbursement methodologies. All inquiries received via phone and email are logged in a centralized tracking system to ensure full visibility, accountability, and audit readiness. Each inquiry is categorized, time stamped and assigned for prompt resolution. Our representatives document the nature of the inquiry, actions taken, and final disposition to support consistent service delivery and identify trends.

We staff this function with experienced customer service and pricing specialists who are trained to address a wide range of provider questions, including reimbursement components, pricing discrepancies, and escalation pathways. Complex inquiries are escalated to internal pricing experts as needed to ensure accurate and complete responses. Providers receive clear, concise answers and, when applicable, guidance on appropriate next steps such as submitting a formal pricing review request.

We monitor performance through defined service standards, including responsiveness and resolution timeliness, and regularly report inquiry volumes, types, and outcomes to the Agency. Insights gained

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from inquiry trends are used to enhance provider education, refine processes, and reduce recurring issues.

To request a review of a SMAC price, providers submit invoice documentation, and our SMAC team evaluates and responds promptly. When we determine that a SMAC price is no longer appropriate, we implement off-cycle updates to minimize provider impact and uphold pricing integrity.

We establish and maintain a provider support function to ensure timely, accurate, and responsive handling of all drug and product pricing inquiries. This support model positions us as the single, primary point of contact for West Virginia Medicaid providers, simplifying access and improving resolution efficiency.

We implement a toll-free telephone line and a dedicated email address specifically for pricing related inquiries. Both channels are prominently communicated to providers and included in all outreach and reference materials. The toll-free line is staffed, at a minimum, from 8:00 A.M. to 5:00 P.M. Eastern Time, Monday through Friday, excluding State-approved holidays. During these hours, providers have direct access to trained resources with expertise in pharmacy pricing, including SMAC and other reimbursement methodologies.

Through this structured support model, we provide West Virginia Medicaid providers with reliable, accessible, and consistent assistance for all drug and product pricing inquiries.

4.1.16.12.2 The Vendor shall answer, log, and respond to telephone calls and/or other communicated messages from pharmacy providers and resolve disputes related to pricing.

We serve as the primary point of contact for pharmacy providers and ensure that all telephone calls and other communications related to pricing inquiries and disputes are handled promptly, tracked accurately, and resolved efficiently. MedImpact responds to, logs, and manages telephone and other communications from pharmacy providers, including the resolution of pricing disputes. All incoming calls and messages are answered by trained resources with expertise in pharmacy pricing and reimbursement. Providers have access to live support during standard business hours, and all communications are acknowledged and addressed in a timely manner. We use standardized procedures to guide inquiries through intake, triage, and resolution to ensure consistency and accuracy.

Each inquiry or dispute is logged in a centralized tracking system that captures key details, including provider information, nature of the issue, applicable drug or product, and supporting documentation. This structured logging process ensures full visibility, supports audit readiness, and enables effective tracking from intake through resolution.

Our team reviews and investigates all pricing disputes, including those related to SMAC and other reimbursement methodologies. Representatives work closely with internal pricing and clinical teams as needed to validate pricing data, confirm application of reimbursement logic, and determine appropriate outcomes. Providers receive clear communication throughout the process, including inquiry acknowledgement, status updates, and final resolution details.

We implement defined escalation pathways for complex or time sensitive issues to ensure timely resolution. In addition, we monitor inquiry and dispute trends to identify recurring issues and opportunities for process improvement and provider education.

Through this approach, we ensure that pharmacy providers receive consistent support, accurate information, and timely resolution of all pricing-related inquiries and disputes.

4.1.16.12.3 Responses to providers acknowledging disputes must occur within one (1) business day of receipt.

We ensure that all provider disputes related to pricing are acknowledged promptly within one business day. Each dispute received, whether by telephone or other communication channels, is formally acknowledged within one business day of receipt.

Upon intake, disputes are immediately logged into our centralized tracking system and routed for review. An acknowledgment is issued to the provider confirming receipt, summarizing the issue as submitted, and outlining next steps, including the anticipated review and resolution process. This timely response provides assurance that the inquiry is actively being addressed and establishes clear expectations for follow-up.

Our operational procedures and staffing model are designed to support consistent adherence to this requirement. We monitor acknowledgment timeliness through defined service standards and internal performance tracking to ensure compliance. Any exceptions are identified and addressed through continuous improvement processes.

Through this disciplined and responsive approach, we supply providers with prompt confirmation, clear communication, and confidence that their pricing disputes are being managed appropriately from the outset.

4.1.16.12.4 Resolution of pricing disputes must be submitted to the Agency and reported to the inquiring provider within ten (10) business days of the date of the complaint.

We ensure that all pricing disputes are resolved within 10 business days of the complaint receipt date and communicated clearly to both the Agency and the inquiring provider within ten business days of the complaint date. Our structured dispute resolution process is designed to support timely, accurate, and transparent outcomes.

Each dispute is logged and tracked from receipt through resolution in our centralized system, with automated monitoring to ensure adherence to the ten-day requirement. Dedicated pricing specialists conduct a thorough review of the issue, including validation of applicable pricing methodologies and any supporting documentation provided by the pharmacy.

Upon completion of the review, we submit the resolution to the Agency in accordance with established reporting protocols. At the same time, we communicate the outcome directly to the provider, including a clear explanation of the determination and any applicable next steps. This dual communication approach ensures alignment, transparency, and confidence in the resolution process.

We monitor turnaround times and resolution performance against defined service standards and regularly review results to identify opportunities for continued improvement. Through this disciplined process, we provide timely, accurate, and consistent resolution of pricing disputes while fully meeting the Agency's requirements.

Through this comprehensive and integrated approach to SMAC program administration, the Agency benefits from a transparent, well-governed pricing framework that promotes cost containment while supporting fair and consistent reimbursement for pharmacy providers. Our structured processes, rigorous quality controls, and collaborative engagement model enhance program oversight, reduce administrative burden, and ensure timely, accurate data and communications. By aligning pricing strategies with market conditions and provider realities, we help maintain access to clinically appropriate therapies, strengthen provider relationships, and achieve sustainable financial outcomes for the West Virginia Medicaid program.

4.1.17 Vendor shall provide a suite of reports for the Agency which reflects the components necessary to manage the PDL, HCPADL (Optional), PPL, and SMAC programs and to support the supplemental drug and product rebate invoicing. All reports must be formatted for printing.

We provide the Agency with a flexible, powerful reporting solution that includes a suite of more than 150 existing reports and a team of expert reporting analysts and clinicians focused on delivering high-quality reporting and data insights. MedImpact provides a dedicated Reporting Analyst who will work with the Agency to support all reporting requirements and needs. Our reporting solution helps:

- Improve access to clinically appropriate and cost-effective medications
- Enable forecasting and budget planning through rebate and utilization tracking
- Support effective pharmaceutical manufacturer negotiations
- Demonstrate program impact to legislative and executive audiences
- Deliver insights through clear, customizable reports, dashboards, and data visualizations

Our clinicians and analysts also collaborate closely with the Agency to design and deliver custom analyses that inform operational decisions and strategic policy discussions.

MedImpact's reporting solution, in partnership with MedImpact clinicians and analysts, empowers the Agency to confidently manage the pharmacy benefit, backed by reliable data, meaningful insights, and a partner committed to timely, accurate, and actionable reporting.

4.1.17.1 Vendor shall develop standard reports as requested by the Agency. For purposes of cost estimation, Vendors may assume a maximum of forty (40) standard reports. All reports shall be electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract.

MedImpact understands that timely, accurate, and actionable reporting is essential to effective program management. We will collaborate with the Agency during implementation and throughout all phases of the contract to develop, maintain, and deliver standard reports that support business needs. For cost estimation purposes, MedImpact acknowledges and accepts the requirement to develop and maintain up to 40 standard reports.

All reports will be provided electronically in formats compatible with G-Suite and Microsoft Office 365 applications, including commonly used formats such as Microsoft Excel, CSV, and PDF, as appropriate. MedImpact will ensure that all report outputs are compatible with the West Virginia Office of Technology's current Windows 11 operating environments and will adapt to future technology changes that may occur during the term of the contract.

In addition to standard reporting, MedImpact maintains robust reporting and analytics resources capable of supporting evolving business requirements, regulatory changes, and program needs. Our reporting approach emphasizes data accuracy and usability, ensuring the Agency has the information necessary to effectively monitor program performance.

4.1.17.2 Vendor shall work with the Agency to develop standard reports including but not limited to initial release notes with calculation methodologies and when appropriate.

MedImpact will collaborate with the Agency to develop standard reports that support the needs of the program. During implementation and throughout the contract term, MedImpact will engage with Agency stakeholders to define report requirements, data elements, business rules, calculations, and reporting format and frequency.

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When appropriate, MedImpact will furnish release documentation that outlines release notes with calculation methodologies. This documentation will enable the Agency to clearly understand how reported values are derived and support consistent interpretation of report results.

4.1.17.3 Vendor shall deliver standard reports monthly on the fifteenth of the month or as requested by the Agency within ten (10) business days of the request.

MedImpact will deliver all agreed-upon standard reports on a monthly basis by the 15th of each month. Upon receipt of a request for a standard report, MedImpact will provide the requested report within 10 business days. Through our established reporting processes and reporting resources, we will ensure reports are delivered accurately, timely, and in accordance with the Agency's requirements.

4.1.18 Vendor shall provide report analyses to the Agency that will assist the Agency in making program adjustments to improve the cost efficiency of the pharmacy program. Vendor shall host regularly scheduled meetings by conference call to discuss reports provided by the Vendor. These meetings will be held at a quarterly minimum and an Agency representative must be in attendance for all meetings.

MedImpact will provide comprehensive analysis of pharmacy program reports to help the Agency identify trends, monitor program performance, evaluate cost drivers, and implement opportunities to improve clinical and financial outcomes. Our account management, clinical, and analytics teams will review reporting results and provide actionable recommendations to support informed decision-making, cost efficiency, utilization management optimization, and continuous program improvement.

MedImpact will host regularly scheduled report review meetings via conference call, at a minimum on a quarterly basis, to discuss report findings, emerging trends, program performance, and recommended actions. Agency representatives will be invited to participate in all meetings, and MedImpact subject matter experts will be available to answer questions, provide additional analysis, and collaborate with the Agency on strategies to achieve program goals and maximize the value of the West Virginia Medicaid pharmacy program.

4.1.19 Vendor shall submit standard reports per the terms of the contract when requested by the Agency.

MedImpact will submit all standard reports required under the contract in accordance with established reporting schedules and the Agency requirements. Our reporting team utilizes established reporting processes, quality controls, and validation procedures to ensure report accuracy and consistency. MedImpact is committed to collaborating with the Agency to meet reporting needs and will promptly deliver all standard reports requested by the Agency throughout the term of the contract. This reporting team consists of a reporting analyst, a business systems analyst, and an account coordinator, who all serve as support staff for West Virginia.

The goal of reports in some cases is to track data over time; however, other reports are intended to answer certain questions (e.g., did this new drug erode the market share of generics in the therapeutic class?). MedImpact's experienced team of analysts and clinicians will work with the Agency to help make sure reports meet the objectives sought and, to the extent possible, transform data into actionable information. MedImpact will make suggestions to the Agency for improvements to reports where appropriate. No changes to approved reports will occur without clear Agency approval.

4.1.19.1 Reports shall include, but not be limited to: Monthly, Quarterly, and Annual Pharmacy Utilization for PDL and PPL and/or All Drugs Categories: Based on a rolling twenty-four (24) months of pre-rebate expenditures in graph or chart format, shall be delivered electronically monthly, quarterly, and annually, based on report.

Accurate and timely reports are vital for the Agency to understand and manage the operations of a program as complex as a Medicaid pharmacy benefit. The PDL and PPL are key facets of that program. MedImpact will provide timely accurate reports on the agreed upon schedule.

In general, there are four major groups of reports, reflected in **Figure 1**. These include (but are not limited to):

1. Reports that focus on pre-rebate statistics and utilization,
2. Reports that reflect the efficacy of the PDL either in terms of compliance or post-rebate financial data,
3. Reports that focus on the status and management of the supplemental rebate invoicing related activities, and
4. Reports related to contract management, including contract preparation, routing through the approval and signature process, and tracking the status of each contract.

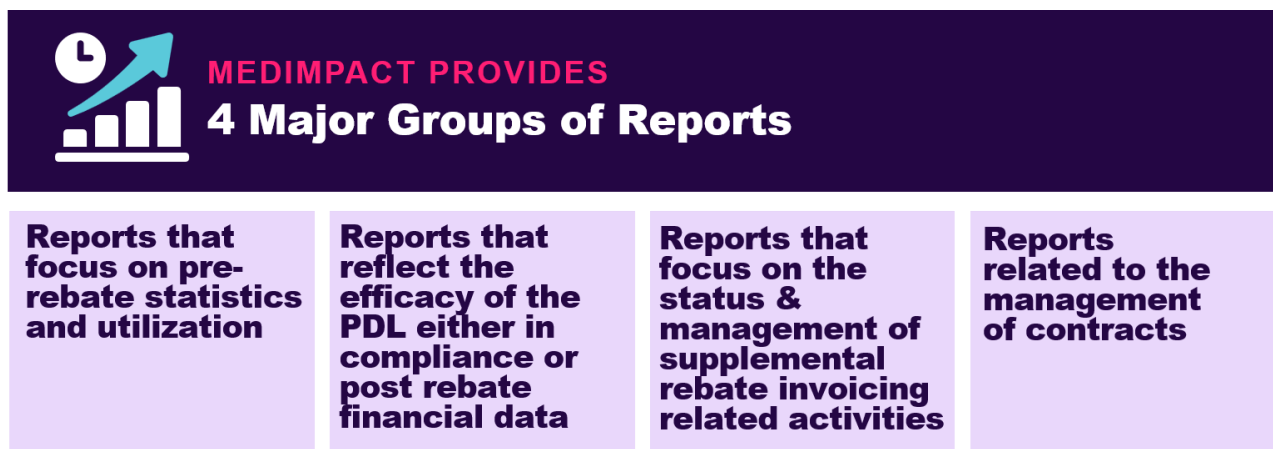


Figure 1: Four Major Groups of Reports

Other report types such as those related to SMAC activities or PDL and drug file changes will also be provided as required. Samples of reports related to each of those major report types are available as **Exhibits 3 – 6**.

4.1.19.2 Average dollars paid amount per member user;

MedImpact agrees to provide an *Average Dollars Paid Amount* per Member User Report containing the required pharmacy utilization and expenditure metrics for PDL, PPL, and/or all drug categories, as requested by the Agency. The report will present a rolling 24 months of pre-rebate expenditure data in a graph and/or chart format and delivered electronically on a monthly, quarterly, and annual basis, as applicable.

4.1.19.3 Total dollars paid;

MedImpact agrees to provide a *Total Dollars Paid Report* containing the required pharmacy utilization and expenditure metrics for PDL, PPL, and/or all drug categories, as requested by the Agency. The report will

present a rolling 24 months of pre-rebate expenditure data in a graph and/or chart format and delivered electronically on a monthly, quarterly, and annual basis, as applicable.

4.1.19.4 Total dollars paid by brand and by generic;

MedImpact agrees to provide a *Total Dollars Paid by Brand and by Generic Report* containing the required pharmacy utilization and expenditure metrics for PDL, PPL, and/or all drug categories, as requested by the Agency. The report will present a rolling 24 months of pre-rebate expenditure data in a graph and/or chart format and delivered electronically on a monthly, quarterly, and annual basis, as applicable.

4.1.19.5 Average generic drug prescription cost;

MedImpact agrees to provide an *Average Generic Drug Prescription Cost Report* containing the required pharmacy utilization and expenditure metrics for PDL, PPL, and/or all drug categories, as requested by the Agency. The report will present a rolling 24 months of pre-rebate expenditure data in a graph and/or chart format and delivered electronically on a monthly, quarterly, and annual basis, as applicable.

4.1.19.6 Average brand drug prescription cost;

MedImpact agrees to provide an *Average Brand Drug Prescription Cost Report* containing the required pharmacy utilization and expenditure metrics for PDL, PPL, and/or all drug categories, as requested by the Agency. The report will present a rolling 24 months of pre-rebate expenditure data in a graph and/or chart format and delivered electronically on a monthly, quarterly, and annual basis, as applicable.

4.1.19.7 Percent of generic drugs by number of prescriptions;

MedImpact agrees to provide a *Percent of Generic Drugs by Number of Prescriptions Report* containing the required pharmacy utilization and expenditure metrics for PDL, PPL, and/or all drug categories, as requested by the Agency. The report will present a rolling 24 months of pre-rebate expenditure data in a graph and/or chart format and delivered electronically on a monthly, quarterly, and annual basis, as applicable.

4.1.19.8 Average paid amount per prescription.

MedImpact agrees to provide an *Average Paid Amount Per Prescription Report* containing the required pharmacy utilization and expenditure metrics for PDL, PPL, and/or all drug categories, as requested by the Agency. The report will present a rolling 24 months of pre-rebate expenditure data in a graph and/or chart format and delivered electronically on a monthly, quarterly, and annual basis, as applicable.

4.1.19.9 Summary Monthly, Quarterly, and Annual Reports to be delivered electronically, monthly, quarterly, and annually, based on report.

MedImpact understands the importance of timely reporting and agrees to provide all required summary monthly, quarterly, and annual reports in accordance with contract requirements. Reports will be delivered electronically according to the specified reporting schedule and in formats agreed upon with the Agency. MedImpact's reporting processes ensure that reports are complete, accurate, and delivered on time. MedImpact will meet with the Agency during Requirements Review Validation sessions to ensure our understanding of all reporting requirements.

4.1.19.9.1 Monthly and State Fiscal Year Statistics - Compares the current month to the same month for the previous year. Summarizes the calendar year-to-date for the current month and previous calendar year-to-date; shall contain the total amount paid, number of users, total number of prescriptions, average prescriptions per member user, average cost per prescription; number of generic prescriptions, percentage of generic prescriptions paid compared to the overall amount paid for all prescriptions, total amount paid for generic prescriptions, average generic prescription cost, average days' supply for generic prescriptions, number of brand prescriptions, percentage of brand prescriptions paid compared to the overall amount paid for all prescriptions, total amount paid for brand prescriptions, average brand prescription cost, average days' supply for brand prescriptions. At a minimum, this report shall be delivered monthly, by the fifteenth of the month.

MedImpact agrees to provide a *Monthly and State Fiscal Year Statistics Report* containing all required utilization, cost, and performance metrics specified by the Agency. At a minimum, the report will include comparisons of current and prior-year activity, year-to-date summaries, prescription utilization, member usage, generic and brand dispensing statistics, costs, days' supply metrics, and other required data elements. The report will be delivered electronically by the 15th of each month.

4.1.19.10 Top Twenty (20) Drugs by Dollars - Lists the drug description, ranking based on amount paid, comparison from the previous year for the same period, and the percentage change from the previous year period, the percent of the overall pharmacy expenditures for the period and the percent of the overall pharmacy expenditures for the previous year period. At a minimum, this report shall be delivered quarterly on the last day of the last month in the quarter and annually, by the last day in the calendar year.

MedImpact agrees to provide the *Top 20 Drugs by Dollars Report*, containing all required data elements, including drug descriptions, rankings based on amount paid, prior-year comparisons, percentage changes, and pharmacy expenditure percentages for both the current and previous reporting periods. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter and annually by the last day of the calendar year.

4.1.19.11 Top Twenty (20) Therapeutic Classes by Utilization - Lists the therapeutic class description, ranking based on number of prescriptions, comparison from the previous year of the same period, and the percentage change from the previous year period, the percent of the overall number of prescriptions for the period and the percent of the overall number of prescriptions for the previous year period. At a minimum, this report shall be delivered quarterly by the last day of the last month in the quarter and annually by the last day in the calendar year.

MedImpact agrees to provide the *Top 20 Therapeutic Classes by Utilization Report* containing all required data elements, including therapeutic class descriptions, rankings based on prescription volume, prior-year comparisons, percentage changes, and utilization percentages for both the current and previous reporting periods. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter and annually by the last day of the calendar year.

4.1.19.12 Top Twenty (20) Drugs by Utilization - Lists the drug descriptions, ranking based on number of prescriptions, comparison from the previous year for the same period, and the percentage change from the previous year period, the percent of the overall number of prescriptions for the period and the percent of the overall number of prescriptions for the previous year period. At a minimum, this report shall be delivered quarterly by the last day of the last month in the quarter and annually, by the last day in the calendar year.

MedImpact agrees to provide the *Top 20 Drugs by Utilization Report*, containing all required data elements, including drug descriptions, rankings based on prescription volume, prior-year comparisons,

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percentage changes, and utilization percentages for both the current and previous reporting periods. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter and annually by the last day of the calendar year.

4.1.19.13 Top Twenty (20) Prescribing Providers - Report including data for both numbers of prescriptions prescribed and by amount paid for prescriptions prescribed: the prescriber National Provider Identifier (NPI), prescriber name, total amount of prescription costs for prescribed drugs, total number of paid prescriptions prescribed, number of members for which prescriptions were prescribed, average price of paid prescriptions prescribed. At a minimum, this report shall be delivered quarterly, by the last day of the last month in the quarter and annually, by the last day in the calendar year.

MedImpact agrees to provide the *Top 20 Prescribing Providers Report*, containing all required data elements, including prescriber National Provider Identifier (NPI), prescriber name, total prescription costs, total number of paid prescriptions, number of members served, and average cost per paid prescription. The report will include rankings based on both prescription volume and amount paid and will be delivered electronically on a quarterly basis by the last day of the final month of each quarter and annually by the last day of the calendar year.

4.1.19.14 Market share Summary Report - Lists the PDL and PPL therapeutic classes individually and unmanaged products collectively. This report shall provide the number of prescriptions for managed drugs and products within a therapeutic class, market share percentage for managed drugs and products within a therapeutic class, number of prescriptions for unmanaged drugs and products within a therapeutic class, and market share percentage for unmanaged drugs and products within a therapeutic class. At a minimum, this report must be provided quarterly by the last day of the last month in the quarter.

MedImpact agrees to provide the *Market Share Summary Report*, containing all required data elements, including PDL and PPL therapeutic classes reported individually, and unmanaged products reported collectively. The report will include prescription counts and market share percentages for both managed and unmanaged drugs and products within each therapeutic class. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter.

4.1.19.15 Therapeutic Class Market Share Report - This report shall display within each therapeutic class, the drug or product name, brand, or generic status, PDL or PPL status, number of dispensed, number of paid prescriptions for the period, percentage of prescription market share within the therapeutic class, average units per prescription, pre-rebate paid amount, and average expenditures per prescription. At a minimum, this report must be provided quarterly, by the last day of the last month in the quarter.

MedImpact agrees to provide the *Therapeutic Class Market Share Report*, containing all required data elements, including drug or product name, brand or generic status, PDL or PPL status, number of dispensed and paid prescriptions, market share percentages within each therapeutic class, average units per prescription, pre-rebate paid amounts, and average expenditures per prescription. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter.

4.1.19.16 Generic Compliance Report - This report will show the total number of prescriptions of brand versus generic drugs for a specific timeframe. This report shall display the PDL managed therapeutic classes and report the number of prescriptions, number of units paid, total paid amount, generic percentage for the therapeutic class, and the generic percentage for the previous quarter. In addition, this report shall report the overall generic percentage of managed and unmanaged products. At a minimum, this report shall be provided quarterly, by the last day of the last month in the quarter.

MedImpact agrees to provide the *Generic Compliance Report*, containing all required data elements, including brand versus generic prescription utilization, prescription counts, units dispensed, total paid amounts, generic utilization percentages by PDL-managed therapeutic class, prior-quarter comparisons, and overall generic utilization percentages for both managed and unmanaged products. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter.

4.1.19.17 PDL and PPL Compliance Report - This report will show the percent compliance with the PDL and PPL. It shall display the PDL and PPL managed therapeutic classes and report the number of prescriptions, number of units paid, total paid amount, percentage of preferred products paid for the therapeutic class, and the percentage of preferred products paid for the previous quarter. In addition, this report shall report the overall preferred percentage of managed and unmanaged products collectively. At a minimum, this report must be provided quarterly by the last day of the last month in the quarter.

MedImpact agrees to provide the *PDL and PPL Compliance Report* containing all required data elements, including prescription counts, units dispensed, total paid amounts, preferred product utilization percentages by PDL- and PPL-managed therapeutic class, prior-quarter comparisons, and overall preferred product utilization percentages for managed and unmanaged products. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter.

4.1.19.18 Weekly NDC Update Report - This report will summarize new additions to the drug reference file. At a minimum, this report shall display the PDL or PPL category, drug or product name, generic name, NDC or product code, date of FDA approval, date of database entry, and comments. Shall be provided weekly on Wednesday by close of business.

MedImpact agrees to provide the *Weekly NDC Update Report*, containing all required data elements, including PDL or PPL category, drug or product name, generic name, NDC or product code, Food and Drug Administration approval date, database entry date, and applicable comments. The report will summarize new additions to the drug reference file and will be delivered electronically each Wednesday by close of business.

4.1.19.19 Rebate Dispute Status Report - The Vendor will submit a written report detailing the status of any disputes the Agency has requested the Vendor to assist in resolving. At a minimum, this report shall be provided monthly, by the fifteenth of the subsequent month.

MedImpact agrees to provide a monthly *Rebate Dispute Status Report*, detailing the status of any rebate disputes for which the Agency has requested assistance. The report will focus on supplemental rebate contracting and supplemental rebate rate disputes.

The report will be provided electronically by the 15th of the subsequent month. We will work closely with the Agency to develop and maintain a comprehensive report, such as an Excel-based tracking tool, to document and communicate dispute status, progress, and resolution activities in a clear and transparent manner. This approach will ensure the Agency receives timely and actionable information regarding all supplemental rebate dispute matters requiring MedImpact's support.

4.1.19.20 SMAC Savings Report - This report shall document savings generated from the SMAC pricing program. At a minimum, this report must be provided quarterly by the last day of the last month in the quarter.

MedImpact agrees to provide a *SMAC Savings Report*, documenting savings generated through the SMAC pricing program. The report will contain all required data necessary to demonstrate the financial impact of SMAC pricing. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter.

4.1.19.21 PDL and PPL Savings Report - This report shall document savings generated from the PDL and PPL. At a minimum, this report must be provided quarterly by the last day of the last month in the quarter.

MedImpact agrees to provide a PDL and PPL Savings Report documenting savings generated through the PDL and PPL programs. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter.

4.1.19.22 SMAC Savings Beyond Aggregate Federal Upper Limit (FUL) Cap - This report will document assurances that multi-source drug pricing is in compliance with federal regulations . (See Section 447.512). At a minimum, this report shall be provided quarterly by the last day of the last month in the quarter.

MedImpact agrees to provide a *SMAC Savings Beyond Aggregate FUL Cap Report*, documenting compliance of multi-source drug pricing with applicable federal requirements. The report will be delivered electronically on a quarterly basis by the last day of the final month of each quarter.

4.1.19.23 WV Provider Pricing Support and SMAC Dispute Resolution Report - This report shall log all pricing issues from providers and resolutions reached. This report must detail the dispute and log both approved and resolved issues during the state fiscal year, July 1-June 30, as well as open disputes still being considered. This report shall include, but not be limited to product name, NDC, prescription number, inquiry date, date of service, National Average Drug Acquisition Cost (NADAC), Wholesale Acquisition Cost (WAC), FUL, SMAC, provider acquisition cost, dispensing fee, quantity, reviewer identifier, date of outcome returned, recommendation, final outcome, comments, new SMAC, effective date, provider name, and removal of FUL effective date shall be provided weekly on Wednesday by close of business.

MedImpact agrees to provide the *West Virginia Provider Pricing Support and SMAC Dispute Resolution Report* and maintain a comprehensive log of all provider pricing inquiries, SMAC disputes, and associated resolutions. The report will include both approved and denied disputes, open items under review, and all required data elements, including product information, pricing benchmarks, provider acquisition costs, reviewer details, recommendations, outcomes, effective dates, and related comments. The report will be delivered electronically each Wednesday by close of business.

4.1.19.24 New GSN SMAC Report - Vendor shall provide a report of new products for which a SMAC is recommended. This report shall include, but not be limited to, the Generic Sequence Number (GSN), product name, SMAC, effective date, and comments. This report shall be delivered weekly on Wednesday by close of business.

MedImpact agrees to provide the *New GSN SMAC Report*, identifying new products for which a SMAC price is recommended. The report will include all required data elements, including the GSN, product name, proposed SMAC price, effective date, and applicable comments supporting the recommendation. The report will be delivered electronically each Wednesday by close of business.

4.1.19.25 PDL and PPL Changes Report - This report will highlight changes to the PDL and /or PPL approved by the P&T Committee and/or the Agency and must be provided no later than fourteen (14) calendar days after each P&T Committee meeting.

MedImpact agrees to provide a *PDL and PPL Changes Report*, highlighting all formulary changes approved by the P&T Committee and/or the Agency. The report will include all applicable additions, deletions, modifications, and status changes to the PDL and/or PPL, along with supporting information as required by the Agency. The report will be delivered electronically no later than 14 calendar days following each P&T Committee meeting.

4.1.19.26 Supplemental Drug Rebate contract/agreement and Product Rebate Contract/agreement Tracking Report - This report will track all supplemental drug rebate and product rebate contract/agreement between the Agency and manufacturers in the process of being finalized. This report must include the status of each contract/agreement at all points toward completion. The report shall contain, at a minimum: labeler identifier, manufacturer name, labeler number, date contract/agreement mailed, date returned form the manufacturer, date sent to state, date sent to manufacturer, contract/agreement term, contract/agreement end date, contract/agreement year. This report shall be provided monthly by the fifteenth of the month and more often if requested, and no later than seventy-two (72) hours after request.

MedImpact agrees to provide the *Supplemental Drug Rebate Contract/Agreement and Product Rebate Contract/Agreement Tracking Reports* to monitor and document the status of all rebate agreements between the Agency and pharmaceutical manufacturers that are in progress or pending finalization. The report will include all required data elements, including manufacturer and labeler information, contract/agreement milestones, transmission dates, contract terms, end dates, contract years, and current status through completion. The report will be delivered electronically on a monthly basis by the fifteenth of the month and, upon request, more frequently as needed, including within 72 hours of the Agency's request.

4.1.19.27 Supplemental Drug and Product Rebate Contract/Agreement Details Report - This report will document all contract/agreements finalized between the Agency and manufacturers, and must include contract/agreement details such as, but not limited to: product description, NDC, labeler, contracted guaranteed net price (GNP) or contracted percent of price and contract/agreement type. This report shall be provided monthly, by the fifteenth of the month.

MedImpact agrees to provide the *Supplemental Drug and Product Rebate Contract/Agreement Details Report* documenting all finalized supplemental rebate agreements between the Agency and pharmaceutical manufacturers. The report will include all required contract and agreement details, including product descriptions, NDCs, labeler information, contracted GNPs or contracted percentages of price, contract/agreement types, and other applicable rebate agreement information. The report will be delivered electronically on a monthly basis by the 15th of the month.

4.1.19.28 Supplemental Drug Rebate and Product Rebate Pricing Files Quality Assurance Checklists - These reports will track the steps that are taken by the Vendor to ensure that supplemental drug rebate and product rebate pricing files are correct and accurately contain contract/agreement data. These reports must be provided within fifty (50) calendar days of the end of the quarter.

MedImpact will provide the Agency the quality assurance and validation activities performed to ensure that the *Supplemental Drug Rebate and Product Rebate Pricing Files* are complete, accurate, and consistent with the applicable rebate contracts and agreements. This report provides transparency into the validation process and rate calculation. It will be produced and delivered on a quarterly basis and submitted within 50 calendar days following the end of each reporting quarter.

4.1.19.29 Supplemental Drug Rebate and Product Rebate Contract/Agreement Files Quality Assurance Checklists - These reports will track the steps that are taken by the Vendor to ensure that supplemental drug rebate and product rebate contract/agreement files are correct and accurately contain contract/agreement data. These reports must be provided within fifty (50) calendar days of the end of the quarter.

MedImpact performs comprehensive quality assurance reviews to ensure the accuracy, completeness, and consistency of all files, including those related to rebate contract/agreement tracking. MedImpact employs the following quality control processes:

- A minimum two-person review and approval process is required for all key data elements each time a tracking or invoicing file is created or updated. Key data elements subject to validation include, but are not limited to:
 - Product NDC
 - Product name
 - Offer type
 - Offer rate
 - Offer tier
 - Offer comments
- As information regarding Agency-approved rebate agreements is received, MedImpact will update both the rebate contract/agreement tracking log and the rebate invoicing files to ensure all records remain current and aligned.
- Rebate contract/agreement tracking files and rebate invoicing files are routinely reconciled and validated against one another to identify and resolve any discrepancies and maintain accuracy throughout the rebate administration process.

Upon completion of all quality assurance and validation activities, MedImpact will provide the Agency with documentation confirming completion of the required review processes.

4.1.19.30 Supplemental Drug Rebate and Product Rebate Pricing Files — Additions and Corrections Reports: These reports will track adjustments that are included on the supplemental drug rebate and product rebate pricing files and the reasons for the adjustments. These reports must be provided within fifty (50) calendar days of the end of the quarter.

MedImpact will provide an *Additions and Corrections Report* with all adjustments made to the Supplemental Drug Rebate and Product Rebate pricing files during the reporting period. The report provides transparency into changes affecting pricing file content and identifies the impacted NDC records. The report will be generated and delivered on a quarterly basis. This will be provided within 50 calendar days following the end of the applicable reporting quarter.

4.1.19.31 Supplemental Drug Rebate and Product Rebate Contract/Agreement Files—Additions and Corrections Reports - These reports will track adjustments that are on the supplemental drug rebate and product rebate contract/agreement files and the reasons for the adjustments. These reports must be provided within fifty (50) calendar days of the end of the quarter.

MedImpact maintains a comprehensive audit trail for all changes made to supplemental drug rebate and product rebate contract/agreement files. Each modification is documented at the time it is received and includes a detailed record of the change and the rationale for the update.

MedImpact will maintain this documentation on a continuous basis and compile all contract/agreement file updates into a quarterly change report for the Agency. The report will be submitted within 50 calendar days following the end of each quarter.

4.1.19.32 Supplemental Drug Rebate and Product Rebate Pricing Files Spreadsheets - These reports will contain all the data for each NDC included on the supplemental drug rebate and product rebate pricing files, along with any other pertinent rebate contract/agreement or pricing information. These reports must be provided within fifty (50) calendar days of the end of the quarter.

MedImpact will provide the Agency with *Supplemental Drug Rebate and Product Rebate Pricing Files Spreadsheets*, which will provide a comprehensive listing of all National Drug Codes (NDCs) included in the Supplemental Drug Rebate and Product Rebate pricing data for the applicable reporting period. The Supplemental Drug Rebate and Product Rebate Pricing Files Spreadsheets will be generated and submitted on a quarterly basis within 50 calendar days following the end of the applicable reporting quarter.

4.1.19.33 Supplemental Drug Rebate and Product Rebate contract/agreement Files Spreadsheets - These reports will contain all the data for each NDC included on the supplemental drug rebate and product rebate contract/agreement files, along with any other pertinent rebate contract/agreement information. These reports must be provided within fifty (50) calendar days of the end of the quarter.

MedImpact will provide the Agency with all agreed-upon files related to supplemental drug rebate and product rebate contract agreements within 50 calendar days following the end of each quarter. These files will complement the quality assurance documentation and additions/corrections reports described above and will provide a comprehensive record of rebate contract and agreement activity during the reporting period.

4.1.19.34 NDC Conversion Factor Report - This report will track the drugs and products that require a unit of measure conversion factor in the rate calculation. These reports must be provided within fifty (50) calendar days of the end of the quarter.

MedImpact will deliver a report that identifies all drugs and products that require a Unit of Measure (UOM) conversion factor during the rate calculation process. This report will be produced on a quarterly basis and submitted no later than 50 calendar days following the end of each reporting quarter.

4.1.19.35 Ad Hoc Reports - Vendor shall provide, at no additional cost to the Agency, responses to ad hoc reporting requests by the Agency within five (5) business days of the request throughout the duration of the contract. For cost estimation purposes, assume twenty-five (25) ad hoc reports per year. Ad hoc reports shall include the report methodology and parameters used in developing the reports.

MedImpact agrees to provide ad hoc reports at no additional cost to the Agency throughout the term of the contract. We understand and accept the requirement to respond to ad hoc reporting requests within five business days of receipt and acknowledge the Agency's estimated volume of up to 25 ad hoc reports annually. All ad hoc reports will be delivered electronically and will include the applicable report methodology, data definitions, assumptions, and reporting parameters used in the development of the report.

4.1.19.36 Business Rules Document - Within two (2) months of contract/agreement award, Vendor shall provide a document that details all business rules that apply to the PDL, PPL, HCPADL (Optional) and SMAC programs, as well as to the supplemental drug and product rebate invoicing, in an electronic format. This document shall contain at a minimum: processes, standard operational procedures, details regarding data file layouts, delivery schedules and maintenance of reports, management of NDCs, prior authorization requirements, contracting deliverables, pricing methodologies, telephone line processes, and all details of other business rules and procedures.

MedImpact agrees to develop and deliver a comprehensive *Business Rules Document* within two months of contract award. The document will be provided electronically and will clearly describe the business rules, processes, and operational procedures governing the administration of the PDL, PPL, HCPADL (Optional), SMAC program, and supplemental drug and product rebate invoicing activities.

At a minimum, the *Business Rules Document* will include process workflows, standard operating procedures, data file layouts, file transmission and delivery schedules, report maintenance procedures, NDC management processes, prior authorization requirements, contract deliverables, pricing methodologies, call center processes, and other applicable business rules and program requirements.

4.1.20 Vendor shall create data files to be shared with the Agency and the Agency partners relating to the PDL, PPL, HCPADL (Optional) and SMAC programs.

MedImpact creates required data files to be shared with the Agency and Agency partners relating to the PDL, PPL, HCPADL (Optional) and SMAC programs.

To ensure the Agency and its partners are equipped with accurate, timely, and actionable drug program data, MedImpact will implement a comprehensive and integrated file creation and distribution framework. We will generate standardized NDC-level data files for each program, customized to the file use cases and target vendor support activity or data aggregation role. These files will be structured to support transparent alignment across formulary management, reimbursement methodologies, and rebate strategies, ensuring that all stakeholders operate from a consistent and reliable source of truth. Drawing on the established SMAC file development processes, MedImpact will apply similar rigor and governance across all program files, incorporating validated data sources, approved pricing logic, and formulary status indicators to ensure consistency and accuracy across PDL, PPL, HCPADL (Optional), and SMAC outputs.

Each file will be produced in formats that are fully compatible with commonly used platforms, including Microsoft Office365, with standard outputs such as Excel and CSV. Where required, MedImpact will also support industry-standard electronic data interchange formats to facilitate system-to-system integration. File layouts will be tailored to the Agency specifications and will include all required data elements, such as NDC, drug name, therapeutic class, formulary status, PA indicators, step therapy requirements, reimbursement benchmarks, and effective dates. This approach ensures that the Agency and its partners can readily ingest, analyze, and operationalize the data within their existing systems and workflows.

MedImpact will support both full file extracts and incremental “change-only” files for each program list (PDL, PPL, HCPADL (Optional), and SMAC), enabling the Agency to efficiently manage updates and maintain synchronization across downstream systems. File production frequency will be configurable, with the ability to align to Agency-defined schedules, including weekly, monthly, or ad hoc distributions, depending on program needs and regulatory requirements. Automated workflows will be implemented to ensure timely generation and secure delivery of all files, minimizing manual intervention and reducing the risk of delays or errors.

All files will be delivered through secure, Agency-approved channels, such as sFTP or designated secure shared environments, ensuring compliance with data security and privacy requirements. MedImpact will maintain flexibility to distribute files to multiple the Agency partners, including pharmacy benefit

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administrators, claims processors, supplemental rebate invoicing vendors, and clinical/utilization management program vendors, ensuring that each entity receives the appropriate data sets required to perform their functions effectively.

4.1.21 Vendor shall, at a minimum, create and distribute to the Agency or the Agency designee the following electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. The files listed below must be compatible with the West Virginia Office of Technology’s current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract. Weekly files are due by close of business on Wednesdays. Quarterly files are due by last day of the last month in the quarter. As needed files are due within seventy-two (72) hours of request. Quarterly files and reports for support of rebate invoicing are due within fifty (50) calendar days past the end of the quarter.

MedImpact understands the importance of providing the Agency and its business partners with accurate, timely, and accessible data to support the administration of the PDL, PPL, and SMAC programs. We are committed to meeting all required reporting and file delivery timelines and have established operational processes and monitoring controls to ensure the timely production and distribution of required deliverables.

Certain reports and files rely on data received from external sources. Accordingly, MedImpact's ability to produce some deliverables is dependent upon the timely receipt of complete and accurate source data from these upstream stakeholders. Upon receipt of the required data, MedImpact will process, validate, and deliver all reports and files within the timelines specified by the Agency.

4.1.21.1 Weekly SMAC update file;

As we do today for our SMAC customers, MedImpact will generate and deliver a Weekly SMAC Update File designed to ensure that the Agency and its partners maintain continuous alignment with the most current market-driven pricing and reimbursement conditions. Files will be produced in Agency-approved, client-ready formats and transmitted through secure, Agency-approved methods.

Each weekly file will include all incremental updates to the SMAC program at the National Drug Code (NDC) level, capturing newly established SMAC prices, updates to existing rates, and the removal or suspension of outdated pricing. These updates are informed by ongoing monitoring of acquisition costs, wholesaler pricing, manufacturer activity, and drug market availability, enabling the SMAC list to remain accurate, responsive, and reflective of real-time market dynamics while supporting the Agency's cost containment objectives and network stability.

The Weekly SMAC Update File will be delivered as a “change-only” file to allow efficient ingestion and processing. Each record will clearly identify the type of update and include all required data elements, such as NDC, drug description, updated SMAC price, effective date, and applicable status indicators. This structured approach ensures transparency into pricing changes and supports precise claims adjudication and reconciliation by the Agency and its business partners.

Through this disciplined and transparent weekly update process, MedImpact ensures that the Agency and its partners have access to timely, accurate SMAC pricing updates, enabling effective program management, financial control, and alignment with evolving pharmaceutical market conditions.

4.1.21.2 Weekly SMAC web list for posting on the Agency website, which can be found at:
<https://bms.wv.gov/page/state-maximum-allowable-costssmac>

MedImpact assists the Agency in preparing and maintaining its PDL, including weekly SMAC lists, by posting on the Agency website. Documents added to the website will follow our document management protocol and will include version control and the date of new or revised document.



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We recognize that this site serves as a central access point for providers to retrieve key program information, including the PDL, and that clarity, accuracy, and timeliness of updates are essential to ongoing provider communication.

4.1.21.3 Weekly PDL/PPL/SMAC files. These files shall contain all available NDCs regardless of their rebate status;

MedImpact provides the Agency with a weekly PDL data file, including NDCs, as a part of our standard weekly PDL maintenance. This process begins with the generation of a weekly change file based on updates received from both First Databank and Medi-Span including items such as new products, new strengths, and new dosage forms. In addition, programming rules are in place to evaluate product changes in key areas such as CMS termination date and CMS reactivation date. Once agents are identified for weekly coding, a member of the account team evaluates products for appropriate placement on BMS' PDL.

Following completion of the weekly coding updates, MedImpact has the ability to generate either a weekly change file or a full extract file, depending on the Agency's preference. Weekly change files include only items with changes to an NDCs status (preferred versus non-preferred) in that particular week, whereas a full extract file will include all products with coding already in place in addition to items identified in the weekly maintenance process. Both files can be customized to include PA.O. requirements for drugs on the PDL to align with the Agency's request.

4.1.21.4 Quarterly supplemental rebate rate (current rate file attached) and contract/agreement files; See Attachment C;

MedImpact provides a report of rebate contract status on a regular basis, especially in those weeks between the annual meeting and the first of the year. No less than quarterly, MedImpact will provide a report with the current rate file and the contract/agreement files attached. These reports will conform to the Agency's requirements.

4.1.21.5 PDL and PPL reconciliation files when needed;

MedImpact provides PDL and PPL reconciliation files when needed. We can also provide these files on a mutually agreed upon scheduled cadence.

4.1.21.6 Complete PDL and PPL files when needed;

MedImpact will provide, as needed, complete PDL and PPL files. MedImpact recognizes the importance of maintaining a responsive and an accurate PDL in the fast-changing landscape of prescription drugs. Our experienced PDL team provides consistent, ongoing analysis and operational support to help the Agency make timely, well-informed decisions. We monitor utilization, PDL compliance, pricing trends, and drug pipeline developments to identify when updates are needed and to implement them efficiently.

4.1.21.7 PDL and PPL file updates or complete files to be delivered to the Agency, or the Agency designees as needed;

MedImpact can generate either a weekly change file or a full extract file depending on the Agency's preference. As noted earlier, weekly change files include only items with changes to an NDCs status (preferred versus non-preferred) in that particular week. A full extract file includes all products with coding already in place in addition to items identified in the weekly maintenance process.

4.1.21.8 Other data files when identified that support the PDL, PPL, and SMAC programs quarterly.

MedImpact will deliver other data files that support the PDL, PPL, and SMAC programs when identified and on a quarterly basis.

4.1.22 Vendor shall develop and create quarterly newsletters containing information relating to changes to the PDL, PPL and other pharmacy program matters electronically in a file format that is compatible with Google Workspace (GSuite) or equal and Microsoft Office365 or equal. Quarterly newsletters must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11 (which are subject to change during the life of this contract) to be displayed on the Agency's <https://bms.wv.gov/bms> pharmacy/newsletters website for interested parties. Vendor shall provide the electronic final version that will be displayed on the Agency website.

MedImpact supports the Agency in the development, production, and delivery of quarterly newsletters that communicate updates to the PDL, PPL, and other pharmacy program initiatives electronically in a compatible approved format.

Communication with providers and other stakeholders on changes to the PDL or PPL or on any topic that affects them is key to having smooth transitions of members from one product to another in a timely fashion. We understand that these newsletters serve as a critical communication tool to inform providers and stakeholders of program changes, clinical guidance, and operational updates. Our approach emphasizes collaboration, clarity, technical compatibility, and compliance with Agency publication standards, ensuring each newsletter is accurate, accessible, and ready for distribution on the Agency's website.

Newsletter Development Approach

MedImpact will partner closely with the Agency's designated staff to plan, develop, and finalize quarterly newsletter content. This process includes identifying relevant pharmacy program topics such as PDL and PPL updates along with effective dates, prior authorization criteria changes, clinical program updates including step therapy and safety initiatives, drug utilization review findings and insights, and policy clarifications or frequently asked questions.

We draft concise, policy aligned content that translates complex program changes into clear and actionable information for providers. The content is developed in plain language and structured to support readability and provider engagement with an emphasis on actionable information when appropriate. Where appropriate and if desired by the Agency, MedImpact incorporates insights derived from claims analysis, formulary decisions, and clinical review activities to support educational messaging, enhance provider understanding and reinforce program goals.

Figure 2 shows a sample of a provider newsletter.

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<p>Food and Drug Administration (FDA)</p> <p>Drug Safety Copaxone, Glatopa (glatiramer acetate)</p> <p>On January 22, 2024, the FDA added a Black Box Warning about a rare but serious allergic reaction called anaphylaxis with the multiple sclerosis (MS) medicines glatiramer acetate. Anaphylaxis can occur at any time while on treatment, after the first dose or after doses administered months or years after starting the medicine. The full Drug Safety Communication can be found here.</p> <p>FDA Overdose Prevention Activities</p> <p>FDA Recommends Changes to Labeling for Transmucosal Buprenorphine Products Indicated to Treat Opioid Use Disorder</p> <p>On December 27, 2024, the FDA issued the Federal Register notice, Modifications to Labeling of Buprenorphine-Containing Transmucosal Products for the Treatment of Opioid Dependence. For more information, visit here.</p> <p>To review updates and learn more regarding the FDA's overdose prevention activities, including new medication approvals and changes to clinical practice guidelines (CPGs), visit here.</p> <p>Food and Drug Administration Overdose Prevention Framework FDA</p> <p>Drug Shortages: Current, New, Discontinuations, Therapeutic Categories</p> <p>Use the link below to search for Current and Resolved Drug Shortages and Discontinuations that have been reported to the FDA:</p> <p>Current and Resolved Drug Shortages and Discontinuations</p> <p>Current Drug Recalls and Market Withdrawals</p> <p>Use the link below to search for Current Drug Recalls and Market Withdrawals that have been reported to the FDA:</p> <p>Current Drug Recalls and Market Withdrawals</p>	<p>Events</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">P&T Meeting</th> <th colspan="2" style="text-align: center;">3rd Quarter Provider Webinar Forum</th> </tr> <tr> <td style="text-align: center;">Tuesday, April 15th (8:00am) 1:00pm - 4:00pm EST Info: https://portal.medimpact.com/provider-document/detailed-calendar</td> <td style="text-align: center;">Wednesday, April 29th 2:00pm - 3:00pm CDT Info: https://portal.medimpact.com/provider-document/detailed-calendar</td> <td></td> <td></td> </tr> </table> <p>Current Drug Recalls and Market Withdrawals</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Notice Date</th> <th style="text-align: left;">Drug/Manufacturer</th> <th style="text-align: left;">FDA Recall</th> <th style="text-align: left;">NDC(s)</th> </tr> </thead> <tbody> <tr> <td>02/04/25</td> <td>Partial Lot Recall: Allergan Issues Voluntary Nationwide Recall for One Lot of Fentanyl Transdermal System 25 mcg/h Due to a Defective Delivery System</td> <td>Label</td> <td>NDC 47781-424-47</td> </tr> <tr> <td>02/18/25</td> <td>Partial Lot Recall: FDA MedWatch - Potassium Chloride Injection, 10 mEq and 20 mEq by ICU Medical</td> <td>Label</td> <td>NDCs 0990-7974-20 and 0990-7975-20</td> </tr> <tr> <td>02/27/25</td> <td>Partial Lot Recall: FDA MedWatch - Phenylephrine 40 mg Added to 0.5% Sodium Chloride 250 mL or 500 mL Exact Dose by Central Adulthood Pharmacy Services (CAPS)</td> <td>Label</td> <td>NDC 71285-6992-01</td> </tr> <tr> <td>02/27/25</td> <td>Partial Lot Recall: FDA MedWatch - Silycisease Soft Top Spoonable Bottle Hand Wash System by Accent Consumer Products</td> <td>Label</td> <td>NDC 46011-0001-04</td> </tr> <tr> <td>03/11/25</td> <td>Partial Lot Recall: FDA MedWatch - Immune Globulin Intravenous (IGIV) and Immune Globulin Subcutaneous (IGSC)</td> <td>Label</td> <td>Xambly Lot # B01U108133 Xambly Lot # B01U107880 Bimapan Lot # 321524 Fancypa Lot # R318C6201 Gamunen-C Lot #B013112731 Bimapan Lot # 231724 Bimapan Lot # 237447 Gamunen-C Lot # B23K001433</td> </tr> </tbody> </table>	P&T Meeting		3rd Quarter Provider Webinar Forum		Tuesday, April 15 th (8:00am) 1:00pm - 4:00pm EST Info: https://portal.medimpact.com/provider-document/detailed-calendar	Wednesday, April 29 th 2:00pm - 3:00pm CDT Info: https://portal.medimpact.com/provider-document/detailed-calendar			Notice Date	Drug/Manufacturer	FDA Recall	NDC(s)	02/04/25	Partial Lot Recall: Allergan Issues Voluntary Nationwide Recall for One Lot of Fentanyl Transdermal System 25 mcg/h Due to a Defective Delivery System	Label	NDC 47781-424-47	02/18/25	Partial Lot Recall: FDA MedWatch - Potassium Chloride Injection, 10 mEq and 20 mEq by ICU Medical	Label	NDCs 0990-7974-20 and 0990-7975-20	02/27/25	Partial Lot Recall: FDA MedWatch - Phenylephrine 40 mg Added to 0.5% Sodium Chloride 250 mL or 500 mL Exact Dose by Central Adulthood Pharmacy Services (CAPS)	Label	NDC 71285-6992-01	02/27/25	Partial Lot Recall: FDA MedWatch - Silycisease Soft Top Spoonable Bottle Hand Wash System by Accent Consumer Products	Label	NDC 46011-0001-04	03/11/25	Partial Lot Recall: FDA MedWatch - Immune Globulin Intravenous (IGIV) and Immune Globulin Subcutaneous (IGSC)	Label	Xambly Lot # B01U108133 Xambly Lot # B01U107880 Bimapan Lot # 321524 Fancypa Lot # R318C6201 Gamunen-C Lot #B013112731 Bimapan Lot # 231724 Bimapan Lot # 237447 Gamunen-C Lot # B23K001433	<p>Medicaid Updates</p> <p>Medicaid Drug Rebate Program</p> <p>Medicaid Program: Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program (CMS-2434-F)</p> <p>The Final Rule titled Medicaid Program: Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program (CMS-2434-F) was published in the Federal Register on September 26, 2024. PCMA provided comments on the final rule published in the Federal Register effective November 19, 2024.</p> <p>CMS finalized its proposed policy, and accepted PCMA's recommendation to require a BIN and PCN combination, along with a group identifier, rather than unique numbers for each component. This policy will take effect on the first rating period for contracts with MCOs, PIPs, and PAHs beginning on or after 1 year following the effective date of the final rule. View the Federal Register notice here.</p> <p>Medicaid State News and Drug Utilization Review (DUR) Information</p> <p>Colorado: CUR Board Meeting Schedule and Meeting Materials</p> <p>The Colorado Drug Utilization Review (DUR) latest Newsletter is available here.</p> <p>Opioid Medication Updates</p> <p>Beginning January 1, 2025, Xanax ER, Nucynta IR and Nucynta ER will no longer be participating in the Medicaid Drug Rebate Program (MDRP). Visit the Pharmacy Stoppage web page for a list of opioid products on the Preferred Drug List to consider as alternatives.</p> <p>https://portal.medimpact.com/portal/health%20care%20colorado%20provider%20bulletin%2020250518%20v1.1.0.pdf</p> <p>Provider Revalidation</p> <p>The Affordable Care Act (ACA) requires certain providers to remit an application fee. The Centers for Medicare & Medicaid Services (CMS) sets the fee annually. This fee is assessed at initial enrollment, revalidation and change of ownership, as required, and is assessed in full for each service location enrolled in Health First Colorado (Colorado's Medicaid program). The Provider Enrollment Application Fee has been set at \$730 for the 2025 calendar year, effective January 1, 2025.</p>
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Figure 2: Sample Provider Newsletter Content

Formatting, File Compatibility, and Accessibility

MedImpact will ensure that each quarterly newsletter is developed and delivered in an electronic format that is fully compatible with the Microsoft Office 365 platform, including Microsoft Word and PDF formats.

Each newsletter will be compatible with Windows 11 operating systems and optimized for display on the Agency's website located at <https://bms.wv.gov/bms>. The newsletters will be structured to support accessibility and ease of navigation through the use of clear section headers, logical document organization, accessible fonts and formatting, and properly embedded hyperlinks for web viewing.

The final deliverable will consist of a fully formatted and publication ready electronic file that can be uploaded directly to the Agency's pharmacy and newsletters webpage without requiring additional modification.

Design and Layout Standards

MedImpact applies consistent formatting and layout standards to ensure a professional and user-friendly presentation. Each newsletter is organized into clearly defined sections such as program updates, clinical highlights, PDL and PPL changes, important reminders, and contact information for follow up questions.

These layout practices are designed to enhance readability and enable providers to quickly identify key information and take appropriate action based on the content presented.

Review, Approval, and Delivery Process

MedImpact follows a structured production and approval workflow for each quarterly newsletter. The process begins with content planning in collaboration with the Agency's staff to identify priority topics and communication objectives. A draft version of the newsletter is then developed and undergoes internal quality review to ensure accuracy, clarity, and compliance.

The draft is submitted to the Agency for review and feedback, and MedImpact revises the document based on that input. Upon approval, the newsletter is finalized and delivered in a publication ready electronic format for posting on the Agency's website. All communications are subject to the Agency's review and approval prior to publication to ensure alignment with program requirements and messaging standards.



Staffing and Expertise

MedImpact's communication efforts are supported by a multidisciplinary team that includes key staff such as the Account Manager, Clinical Pharmacist, Medical Director, Rebate Manager, and SMAC Pricing Manager. This team routinely develops provider facing communications for Medicaid programs and brings subject matter expertise in pharmacy policy, clinical program design, and provider engagement. The account team will oversee newsletter development and ensure consistency, quality, and alignment with West Virginia program priorities throughout the contract term.

Commitment to Compliance and Quality

MedImpact is fully prepared to deliver timely, accurate, and compliant quarterly newsletters that reflect the latest pharmacy program updates, support provider understanding and adherence, align with State communication standards, and meet all technical and accessibility requirements. We will provide final electronic versions that are suitable for direct publication on the Agency's website, ensuring seamless integration into the State's existing communication infrastructure.

4.1.23 Vendor shall assist and fully cooperate with the Agency in the implementation of the contract executed from this RFQ upon effective date of the contract.

MedImpact brings decades of experience delivering successful implementations, supported by a highly experienced and dedicated Implementation team. Collectively, **our Implementation team has more than 100 years of implementation experience**, with several team members holding Project Management Professional (PMP) certifications, reflecting our commitment to disciplined, industry-standard project delivery. Leveraging this depth of experience, MedImpact consistently executes well-coordinated, on-time implementations guided by detailed project planning, robust governance, and proven methodologies. Our team combines deep Medicaid expertise, clinical and operational knowledge, advanced technology, and strong stakeholder collaboration to deliver seamless implementations that meet each state's unique requirements while ensuring continuity, accuracy, and readiness from day one.

MedImpact shall assist and fully cooperate with the Agency in the implementation of the contract upon the effective date. We recognize that a successful implementation is essential to ensuring continuity of operations and the timely delivery of pharmacy benefit management services. Our approach is structured, collaborative, and aligned with the Agency's priorities, timelines, and operational requirements.

MedImpact's Implementation team is led by an Implementation Manager who coordinates with the Account Manager to lead all activities and ensure accountability across workstreams. With a proven track record of on time and on budget deployments, MedImpact's approach ensures that all implementation activities are carefully planned and executed to meet the contract requirements. The implementation strategy defines the steps required to configure, deploy, and operationalize MedImpact's technology, processes, and services. This includes comprehensive planning, detailed progress monitoring, and consistent communication with stakeholders to ensure a seamless transition to steady state operations.

Implementation Strategy and Governance

MedImpact emphasizes early alignment and collaboration to ensure that each stakeholder understands roles and responsibilities. In partnership with the Agency, MedImpact develops a responsibilities matrix that clearly identifies accountability for each component of the pharmacy benefit program. This structured approach promotes transparency and ensures all parties remain aligned throughout implementation.

Implementation progress is tracked through detailed project plans, regular status reporting, and proactive risk management protocols. MedImpact conducts routine status meetings with the Agency and provides

ongoing visibility into milestones, deliverables, and issue resolution. This governance framework supports effective decision making, timely escalation of risks, and adherence to the implementation timeline.

Phased Implementation Approach

MedImpact applies a structured multiphase implementation methodology that divides the project into distinct stages to support clarity, accountability, and successful execution.

Initiation Phase

The Initiation Phase marks the formal launch of the project and establishes the foundation for success. During this phase, MedImpact conducts a project kickoff meeting with the Agency to confirm scope, objectives, timelines, and communication protocols. MedImpact also ensures that all project personnel meet security and compliance requirements and provides documentation demonstrating readiness to proceed.

Planning Phase

During the Planning Phase, MedImpact develops a comprehensive set of project management and technical plans that guide execution. These include the infrastructure plan, communications and change management plan, risk and issue management plan, and quality management plan. MedImpact also submits required security and privacy documentation and finalizes the detailed work plan that serves as the roadmap for implementation.

Design and Configuration Phase

The Design and Configuration Phase focuses on configuring the solution to meet contract specific requirements. MedImpact develops system configuration documentation, interface design specifications, and a detailed data conversion plan to ensure accurate migration of historical data from legacy systems. A testing plan is also established to define testing scope, methodology, and success criteria.

Execution Phase

During the Execution Phase, MedImpact prepares the system and users for go live through training, documentation, and operational readiness activities. Training programs are delivered to ensure users understand system functionality and processes. Operational procedures and technical documentation are finalized, and system readiness is validated.

Testing Phase

The Testing Phase includes a comprehensive set of validation activities to ensure system accuracy, performance, and security. MedImpact conducts integration testing, user acceptance testing in collaboration with the Agency, and performance testing to confirm readiness for production. Security testing and validation activities are also completed to ensure compliance with applicable requirements.

Deployment Phase

The Deployment Phase transitions the system into live operations. MedImpact performs final data conversion, executes the cutover process, and activates production systems. Backup and recovery capabilities are implemented, and system security measures are enforced to protect data and operations.

Operations and Closeout Phase

During the Operations and Closeout Phase, MedImpact provides ongoing support, monitoring, and maintenance services to ensure system performance and reliability. MedImpact conducts a project closeout process that includes review of deliverables, documentation of lessons learned, and transition to steady state operations.

Final Transition Activities and Go Live Coordination

During the final stages of implementation, MedImpact performs a series of coordinated activities to support successful deployment. These activities include conducting operational readiness walkthroughs using established readiness checklists, executing a detailed implementation specification checklist, and establishing required network connectivity and system interfaces.

MedImpact performs final data conversion activities and validates results through comprehensive reporting. The team develops and executes go-live support and monitoring activities to ensure system stability. MedImpact provides formal attestation of readiness to proceed with go live and obtains the Agency's approval prior to activation of production operations. Once approval is received, MedImpact executes all implementation plan processes, including acceptance of data from the incumbent vendor as applicable.

Implementation Team and Collaboration

MedImpact assigns an implementation team composed of experienced professionals with expertise in Medicaid pharmacy operations, healthcare technology, and state government programs. The Implementation Manager serves as the primary point of contact and is responsible for coordinating all activities, managing timelines, and ensuring deliverable quality.

The broader team includes project managers, pharmacists, data specialists, quality assurance professionals, technical architects, developers, and operational support personnel. This cross-functional team collaborates closely with the Agency to ensure all implementation requirements are met.

Risk Management and Continuous Improvement

MedImpact applies a proactive risk management approach to identify and mitigate potential challenges throughout the implementation lifecycle. This includes formal change control processes, early technical assessments, data validation protocols, and security safeguards. MedImpact also implements training and change management strategies to support user adoption and stakeholder engagement.

Following implementation, MedImpact conducts post go live monitoring and evaluation to ensure system performance and operational effectiveness. Project outcomes are assessed against established benchmarks, and lessons learned are documented and incorporated into continuous improvement efforts.

Commitment to Full Cooperation

MedImpact is fully committed to assisting and cooperating with the Agency throughout the implementation process. We provide the resources, expertise, and structured methodology necessary to meet all requirements and timelines. Our structured, phased, and collaborative implementation approach ensures a smooth transition, minimizes disruption, and establishes a strong foundation for ongoing operational success.

4.1.23.1 Vendor should submit with their quotation and must be submitted prior to award an Implementation Plan that demonstrates the Vendor's ability to assume the responsibilities for the Agency PDL, PPL, and SMAC programs upon award of this contract. There will be a two (2) month implementation period.

MedImpact has developed a draft Implementation Plan in **Exhibit 7**. We will review our Implementation Plan during Requirements Review sessions at the onset of the contract to ensure our understanding of all West Virginia requirements and needs. We will submit a final, detailed Implementation Plan to the Agency for review and approval within a mutually agreed upon timeframe, demonstrating our ability to assume full operational responsibility for the PDL, PPL, and SMAC programs within the required two-month implementation period of **November 1, 2026 through December 31, 2026**.

MedImpact recognizes the importance of a clearly defined and actionable Implementation Plan to support a successful and timely transition. Our Implementation Plan is designed to demonstrate readiness, ensure accountability, and provide the Agency with full visibility into all activities required to achieve operational status within the required timeframe.

Implementation Plan Overview

MedImpact's Implementation Plan presents a comprehensive roadmap that outlines the tasks, timelines, milestones, and resources necessary to assume responsibility for PDL, PPL, HCPADL, and SMAC program operations. The plan clearly demonstrates MedImpact's ability to complete all implementation activities within a two-month period while maintaining continuity of services for providers and stakeholders.

The Implementation Plan includes a detailed work breakdown structure that defines all activities across the implementation lifecycle, supported by a project schedule that identifies task dependencies, critical milestones, and deliverable timelines. MedImpact will update the Implementation Plan in close collaboration with all stakeholders to ensure alignment with program priorities, technical requirements, and operational needs. All deliverables and timelines will be reviewed and approved by the Agency prior to execution.

Demonstrated Capability to Assume Program Responsibilities

MedImpact's Implementation Plan clearly outlines how we will assume responsibility for PDL, PPL, HCPADL, and SMAC program functions within the two-month implementation window. This includes detailed activities related to formulary and pricing configuration, system setup, data integration, clinical program alignment, and reporting readiness.

The plan includes strategies for transitioning responsibilities from any incumbent vendor, including data transfer, validation, and reconciliation processes. MedImpact will ensure that all program components are operational, accurate, and compliant prior to go live, minimizing disruption to providers.

Phased Approach Within the Two-Month Timeline

To ensure successful execution within the required timeframe, MedImpact's Implementation Plan organizes activities into clearly defined phases that align with the overall implementation methodology.

During the initiation stage, MedImpact will conduct a project kickoff meeting, as well as Requirements Review Validation sessions to confirm scope and timelines and establish governance structures. In the planning stage, MedImpact will finalize all project management, technical, and operational plans, including communication strategies, risk management, and quality assurance protocols.

The design and configuration stage will focus on configuring the PDL, PPL, and SMAC solutions, developing system interfaces, and preparing data conversion processes. The execution and testing stages will include training, system validation, user acceptance testing, and readiness assessments to confirm that all components meet program requirements.

The deployment stage will include final data conversion, operational readiness validation, and go live preparation. MedImpact will provide formal attestation of readiness and obtain the Agency's approval prior to transition to live operations.

This phased structure ensures all required activities are completed efficiently within the two-month period while maintaining quality and compliance standards.

Monitoring, Reporting, and Risk Management

The Implementation Plan includes detailed monitoring and reporting processes that provide the Agency with ongoing visibility into progress. MedImpact will conduct regular status meetings, provide progress reports, and maintain issue and risk logs throughout the implementation period.

Risk management strategies are embedded within the Implementation Plan to proactively identify, monitor, and mitigate potential challenges. Informed by our experience and early planning activities, MedImpact has already identified some key implementation and transition risks and corresponding mitigation approaches for the program, including:

- **Accelerated Implementation Timeline (60 Days):** Managed through disciplined schedule adherence, strict milestone tracking, and proactive coordination to ensure all deadlines are met
- **SME Engagement and Resource Availability:** Addressed through early resource planning, defined roles and responsibilities, and ongoing coordination to ensure consistent SME participation
- **Timing of Key Decisions (e.g., P&T Committee activities):** Mitigated through early alignment with the Agency to establish clear ownership and timelines for critical activities during the transition period
- **Establishing Independent Quality Baselines:** Managed through validation of baseline performance measures to ensure accurate and independent assessment of program quality

These mitigation strategies are supported by:

- Structured change control processes
- Early validation of technical requirements
- Contingency planning to address unforeseen issues

This proactive and structured approach ensures risks are effectively managed, supporting a smooth and well-coordinated implementation.

Stakeholder Collaboration and Communication

MedImpact's Implementation Plan emphasizes continuous collaboration with the Agency. The plan will define communication protocols, meeting cadences, and escalation procedures to ensure timely decision making and issue resolution.

Stakeholder engagement will be supported through regular updates, working sessions, and formal review checkpoints. All key deliverables will be submitted for review and approval prior to completion, ensuring alignment with expectations and requirements.

4.1.23.2 Vendor's Implementation Plan must describe major task assignments considered to meet PDL, PPL, and SMAC program services, including, but not limited to: project start-up, project status, project updates, and project reassignments.

MedImpact's Implementation Plan describes in detail the major task assignments required to successfully deliver Preferred Drug List, Preferred Product List, and State Maximum Allowable Cost program services. The plan is structured to ensure that all activities related to project start up, project status reporting, project updates, and project reassignments are clearly defined, actively managed, and aligned with the Agency's expectations.

Project Start Up and Task Assignment Structure

At the outset of implementation, MedImpact establishes a structured project start up framework that defines all major task assignments and responsibilities. This includes a comprehensive work breakdown structure that organizes all implementation activities into clearly defined workstreams aligned to PDL, PPL, HCPADL, and SMAC program requirements. Each task is assigned to a designated team member or functional lead, ensuring accountability and clarity across the implementation team.

MedImpact collaborates with the Agency's staff to validate task assignments and confirm roles and responsibilities through a formal responsibility matrix. This approach ensures that all stakeholders understand their respective duties and that all program components are appropriately resourced from initiation through go live.

Project Status Monitoring and Reporting

MedImpact's Implementation Plan includes a robust framework for monitoring and communicating project status. Project status is tracked against defined milestones, deliverables, and timelines established within the implementation work plan. The Implementation Manager oversees progress across all task areas and ensures that activities related to PDL, PPL, HCPADL, and SMAC program services remain on schedule.

Regular status meetings are conducted with the Agency, during which MedImpact provides detailed updates on task completion, upcoming activities, and any identified risks or issues. Status reporting includes progress against the work breakdown structure, milestone tracking, and dependency management to ensure transparency and alignment.

Project Updates and Communication

MedImpact maintains a disciplined approach to project updates to ensure all stakeholders remain informed throughout the implementation process. The Implementation Plan defines communication protocols, including meeting cadence, reporting formats, and escalation procedures. Project updates are communicated through formal status reports, stakeholder meetings, and collaborative working sessions.

Updates include detailed information on task progress, changes to timelines, resolution of issues, and updates to program specific activities related to PDL, PPL, and SMAC services. This structured communication approach supports informed decision making and enables the Agency to provide timely input and direction throughout implementation.

Project Reassignment and Resource Management

MedImpact's Implementation Plan includes defined procedures for project reassignment to address changes in scope, resource availability, or project priorities. Task reassignment is managed through established governance processes and change control protocols to ensure continuity and minimize disruption.

When reassignment is required, MedImpact evaluates resource capacity and identifies qualified personnel to assume responsibility for reassigned tasks. All changes to task assignments are documented, communicated to the Agency, and integrated into the project plan. This approach ensures that all implementation activities remain on track and that program deliverables continue to meet quality and timeline expectations.

Integration with PDL, PPL, HCPADL, and SMAC Program Services

All tasks within the Implementation Plan are directly aligned to the delivery of PDL, PPL, HCPADL, and SMAC program services. This includes activities related to formulary configuration, pricing setup, clinical program integration, data management, testing, and reporting. The work breakdown structure ensures that each program component is supported by defined tasks, responsible resources, and measurable outcomes.

We recognize the critical importance of consistently meeting all contract deliverable timelines and have incorporated these requirements into our disciplined project management framework, including defined ownership, integrated scheduling, and ongoing tracking mechanisms. This structured approach and rigorous governance model ensures that all deliverables are proactively managed and completed accurately, on time, and in full compliance with Agency requirements.

Tables 4-16 organizes the programs' mandatory requirements into logical functional categories aligned with how MedImpact will operationally manage the programs, including program management, clinical oversight, reporting, rebate administration, SMAC operations, and implementation/turnover activities.

Program Management, Coordination, and Meetings

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.1	Data files required for management and coordination of Contract Services with the Agency, Agency FFS fiscal agent, MCO vendors if applicable, P&T Committee, SSDC and its Vendor, prior authorization Vendor, and other business partners associated with PDL, PPL, SMAC, and HCPADL Optional programs	On mutually agreed schedule or at Agency request
4.1.1	Data files to be loaded in the Claims Processing System and information posted on the Agency Pharmacy website	As required for program management and coordination
4.1.3	Assistance with writing State Plan Amendments related to Contract Services programs	As requested/needed by Agency
4.1.4	Physical and/or virtual appearances before the West Virginia Legislature or other interested parties	At Agency request, maximum six times per calendar year
4.1.5	Status meeting agendas	For status meetings; schedule mutually agreed, currently bi-weekly
4.1.5	Status meeting minutes emailed to Agency	Within 10 business days of each meeting
4.1.5	P&T Committee meeting support	Quarterly
4.1.18	Regularly scheduled meetings by conference call to discuss Vendor reports, with Agency representative in attendance	Quarterly minimum

Table 4: Program Management, Coordination, and Meetings Deliverables

Staffing, Resumes, Availability, and Approvals

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.6.1	Names and resumes for staff assigned to the contract, including account manager, clinical pharmacist, physicians, rebate manager, and SMAC pricing manager	Submitted with the proposal
4.1.6.2	Account manager available during business hours and responsible for overall operations of contracted deliverables	8:00 a.m. to 5:00 p.m. EST, Monday–Friday, excluding WV state holidays
4.1.6.3	Account manager attendance at P&T Committee and DUR Board meetings	Each scheduled meeting; each body meets four times annually in Charleston, WV or virtually
4.1.6.4	Medical Director/physician services, attendance at P&T Committee and DUR Board meetings, and availability by phone/email	Quarterly meetings; available 8:00 a.m. to 5:00 p.m. EST, Monday–Friday, excluding WV state holidays
4.1.6.5	Rebate manager services and availability	8:00 a.m. to 5:00 p.m. EST, Monday–Friday, excluding WV state holidays
4.1.6.6	SMAC pricing manager services and availability	8:00 a.m. to 5:00 p.m. EST, Monday–Friday, excluding WV state holidays
4.1.6.6	Weekly pricing disputes and recommendations emailed to Agency	Weekly, on mutually agreed schedule
4.1.6.7	Background checks and exclusion screening for current and potential employees	Ongoing; before employing staff supporting the contract
4.1.6.8	Agency approval of changes in key staff positions	Prior to staff change
4.1.6.9	Agency approval of Vendor participation changes for any meeting	At least 5 business days before scheduled meeting
4.1.6.10	Qualified backup if contracted positions are unavailable	As immediate needs are requested by the State

Table 5: Staffing, Resumes, Availability, and Approvals Deliverables

Data Ownership, Confidentiality, and Compliance

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.2	Compliance with federal regulations, including confidentiality of rebate-related data and the CMS-approved State Plan	Ongoing
4.1.7	Agency ownership of all data, deliverables, and reports created or submitted under the contract	Ongoing
4.1.14.8	Confidential handling of SSDC-negotiated supplemental rebate and financial analysis information	Ongoing
4.1.14.8.3	Separation and confidentiality of SSDC pricing information from Vendor’s other lines of business	Ongoing
4.1.14.10	PDL and PPL compliance with applicable federal regulations, state regulations, and CMS-approved State Plan	Ongoing



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RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.15.7	Agency supplemental drug and product rebate agreements maintained separately from Vendor's other clients with strict confidentiality controls	Ongoing

Table 6: Data Ownership, Confidentiality, and Compliance Deliverables

P&T Committee, DUR Board, Clinical Reviews, and Meeting Materials

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.8	Clinically sound and cost-effective recommendations to refine and manage the PDL and PPL	As needed/ongoing
4.1.9	P&T Committee meeting facilitation, clinical and cost presentations, meeting materials, agendas, minutes, reports, and handouts	For all P&T Committee meetings
4.1.9	Ad hoc clinical and/or financial information for DUR Board meetings	Throughout year, as approved by Agency
4.1.9	P&T Committee meeting materials made available electronically to P&T members and Agency staff	Two weeks prior to meeting
4.1.9.1	Coordination with Agency to ensure use of most current PDL and PPL	Ongoing
4.1.10	Quarterly P&T Committee meeting agenda provided electronically to at least six Agency staff	At least 35 calendar days before each P&T Committee meeting
4.1.10	Draft PDL sent to Agency for review and comment, clearly marked "Draft"	35 calendar days before meeting
4.1.11	Review of therapeutic classes, new medications, and new indications approved by FDA, with recommendations presented to P&T Committee and Agency	Quarterly or as mutually agreed
4.1.12	Meeting documents, including agenda, clinical monographs, cost sheets, therapeutic drug reviews, pricing information, and other pertinent information	14 calendar days before meetings
4.1.13	P&T Committee meeting minutes in current Agency website format	No later than 10 business days after each P&T Committee meeting
4.1.14	Therapeutic class reviews/monographs comparing efficacy, safety, side effects, dosing, indications, prescribing trends, and cost efficiencies	For P&T/Agency review cycles
4.1.14	Monograph example	Submitted with the proposal
4.1.14.1	Concise systematic reviews, monographs, pricing information, and pertinent information for therapeutic classes/drugs/products	No later than 14 calendar days before each P&T Committee meeting
4.1.14.2	Preferred/non-preferred recommendations for each drug/product within each class	With class reviews/P&T recommendations
4.1.14.3	Updated therapeutic drug/product class monographs using peer-reviewed references and graded evidence	Annually at minimum
4.1.14.4	Review of new drugs, formulations, or products	Quarterly at minimum, per agreed schedule
4.1.14.5	Advice on comparative value of new drugs/formulations/products	As needed and at regularly scheduled P&T meetings



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RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.14.7	Advice to Agency on new drugs appearing on weekly reference drug data file, including name, PDL category if applicable, indication, value, and program impact	Weekly, tied to reference drug data file
4.1.14.8	SSDC-negotiated supplemental rebate and financial analysis information for each therapeutic class or drug/product under review	For each relevant Agency/P&T review
4.1.14.8.1	Financial information for P&T Committee for each drug or therapeutic product class	At least annually; for new drugs/products at least quarterly as reviewed

Table 7: P&T Committee, DUR Board, Clinical Reviews, and Meeting Materials Deliverables

PDL and PPL Management, Updates, Files, and Inquiry Responses

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.14.6	Incorporation of multisource drugs into the PDL to maximize cost-effective drugs	Ongoing
4.1.14.8.2	Incorporation of SSDC pricing into PDL/PPL business models; analysis and recommendations using SSDC pricing	Annually for entire PDL; incremental pricing as available
4.1.14.9	Management of Agency PDL and PPL, including production of documents and data, status files, and updates approved by Agency/Secretary	Ongoing
4.1.14.11	PDL and PPL documents in file formats compatible with Google Workspace or equal, Microsoft Office365 or equal and Windows 11	Ongoing/as produced
4.1.14.12	Compliance with Agency/business partner standards for drug and product data-file maintenance	Ongoing
4.1.14.13	Weekly, monthly, and quarterly file deliveries after business partner request	No later than 24 hours after request
4.1.14.14	Secure document and file exchange interface with Agency and/or fiscal agent	Weekly at minimum
4.1.14.15	Compliance with Agency/business partner file exchange method requirements, including pushing or pulling data	As needed
4.1.14.16	Effective date and unique version number for each PDL, PPL, and other business documents	Each version/document
4.1.14.17	Error-free quality of all files delivered to Agency/business partners	Ongoing
4.1.14.18	Updated PDL and PPL document after each P&T Committee meeting and when changes are requested	No later than 24 hours after request
4.1.14.19	Suggestions for step-care therapy and PA criteria	As needed
4.1.14.20	Updated PDL/PPL document when PA criteria changes or is updated by Agency/DUR Board; updated version for web posting	No later than 1 business day after request
4.1.14.21	PDL and PPL data files in Agency-specified electronic format	No later than 24 hours after request
4.1.14.22	PDL and PPL data files	Weekly at minimum, on agreed schedule



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RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.14.23	Information and responses to inquiries regarding PDL and PPL	Mutually agreed timeframe and Agency-requested format
4.1.14.24	Draft letters and/or telephone calls responding to provider/interested party inquiries concerning PDL and PPL	Within 5 business days of inquiry receipt

Table 8: PDL and PPL Management, Updates, Files, and Inquiry Responses Deliverables

Supplemental Drug and Product Rebate Contract Administration

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.15	Assistance with supplemental drug and product rebate contract/agreement administration	Ongoing
4.1.15.1	Use of Agency and/or CMS-approved rebate contract/agreement templates	Ongoing
4.1.15.2	Rebate contracts in compatible electronic formats for Agency website display	As contracts are produced
4.1.15.3	Work with SSDC to accurately determine supplemental drug/product rebate contract/agreement data	Ongoing
4.1.15.4	Production and facilitation of signing supplemental drug or product rebate contracts with manufacturers and Agency representatives	Within the quarter that the rebate offer is accepted
4.1.15.5	Oversight and tracking of all contracts and documents from origin to completion	Ongoing
4.1.15.6	Administration of existing supplemental drug and product rebate contract/agreements	Upon contract assumption/ongoing
4.1.15.8	Original and/or electronically signed contract/agreement received by Agency and manufacturers	As agreements are finalized
4.1.15.9	Electronic Excel-compatible or equal and text files containing SURA, NDURA, and additional specified information	As specified by Agency; tied to rebate support file delivery
4.1.15.10	SURA and NDURA files, contract/agreement files, and requested documents to Agency/fiscal agent	Within 50 calendar days after quarter end
4.1.15.10.1	Reports accompanying rebate files, including current/prior quarter adjustments, historical data, contract/agreement and amendment data for quarterly manufacturer invoicing	Within same 50-calendar-day timeframe after quarter end
4.1.15.11	Coordination of quarterly supplemental drug rebate/product rebate submissions with traditional federal rebate submissions	Quarterly
4.1.15.12	Quarterly documentation supporting supplemental drug rebate and product rebate invoicing at NDC level	Quarterly
4.1.15.13	Corrected rebate file if corrections are requested	Within 1 business day of request
4.1.15.14	Assistance with dispute resolution activities with manufacturers	As disputes arise
4.1.15.15	Communication with Agency and manufacturers to resolve rebate disputes	Within 3 business days of dispute receipt



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RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.15.16	Direct communication with manufacturers regarding unpaid supplemental/product rebates	Upon Agency request
4.1.15.17	Written document communicating dispute resolution to Agency	Within 1 business day of resolution

Table 9: Supplemental Drug and Product Rebate Contract Administration Deliverables

SMAC Program Administration, Provider Support, and Dispute Resolution

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.16	Assumption of current SMAC program administration	Upon contract implementation
4.1.16.1	Creation, refinement, and maintenance of SMAC program for multiple source drugs, specialty drugs, and non-drug products	Ongoing
4.1.16.2	SMAC data in compatible electronic format	As submitted
4.1.16.3	Compliance with Agency business rules for SMAC file formats, schedules, and file types	Ongoing
4.1.16.4	Accuracy of SMAC files delivered to Agency/business partners	Ongoing
4.1.16.5	SMAC lists for public viewing and archived versions available to Agency	Archived versions within 24 hours of request
4.1.16.6	Effective date and unique version number for each SMAC list	Each SMAC list submission
4.1.16.7	SMAC list updates	Weekly at minimum and as Agency approves changes
4.1.16.8	Coordination with Agency/fiscal agent for SMAC implementation and updates	Ongoing/as needed
4.1.16.9	Regular reporting of SMAC activities	Monthly at minimum, on Agency-determined schedule
4.1.16.10	Acquisition cost data and other source information to support SMAC pricing	Ongoing
4.1.16.11	Coordination of drugs added for SMAC pricing with PDL/PPL therapeutic categories	Ongoing
4.1.16.12	Outreach services to WV Medicaid providers regarding pricing issues and SMAC program, with Agency representative present	As needed
4.1.16.12.1	Toll-free telephone line and email address for provider pricing inquiries	Available at minimum 8:00 a.m. to 5:00 p.m. EST, Monday–Friday
4.1.16.12.2	Answer, log, and respond to provider calls/messages and resolve pricing disputes	Ongoing
4.1.16.12.3	Acknowledgement of provider pricing disputes	Within 1 business day of receipt
4.1.16.12.4	Pricing dispute resolution submitted to Agency and reported to provider	Within 10 business days of complaint date

Table 10: SMAC Program Administration, Provider Support, and Dispute Resolution Deliverables



Standard Reports and Report Analyses

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.17	Suite of reports to manage PDL, HCPADL Optional, PPL, SMAC, and supplemental rebate invoicing; formatted for printing	Ongoing/as required
4.1.17.1	Up to 40 standard reports as requested by Agency	As requested/developed
4.1.17.2	Standard reports including initial release notes with calculation methodologies when appropriate	As reports are developed
4.1.17.3	Standard reports	Monthly on the 15th of the month or within 10 business days of Agency request
4.1.18	Report analyses to support pharmacy program cost-efficiency adjustments	Ongoing
4.1.19	Standard reports per contract terms when requested by Agency	As requested

Table 11: Standard Reports and Report Analyses Deliverables

Required Utilization, Compliance, Savings, and Operational Reports

RFQ Section	Report / Deliverable	Due Date / Frequency
4.1.19.1	Monthly, Quarterly, and Annual Pharmacy Utilization for PDL/PPL and/or All Drugs Categories, based on rolling 24 months of pre-rebate expenditures in graph/chart format	Monthly, quarterly, and annually, based on report
4.1.19.2	Average dollars paid amount per member user	Included in applicable utilization/statistical reports
4.1.19.3	Total dollars paid	Included in applicable reports
4.1.19.4	Total dollars paid by brand and generic	Included in applicable reports
4.1.19.5	Average generic drug prescription cost	Included in applicable reports
4.1.19.6	Average brand drug prescription cost	Included in applicable reports
4.1.19.7	Percent of generic drugs by number of prescriptions	Included in applicable reports
4.1.19.8	Average paid amount per prescription	Included in applicable reports
4.1.19.9	Summary Monthly, Quarterly, and Annual Reports	Monthly, quarterly, and annually, based on report
4.1.19.9.1	Monthly and State Fiscal Year Statistics Report	Monthly, by the 15th of the month
4.1.19.10	Top 20 Drugs by Dollars	Quarterly by last day of last month in quarter; annually by last day in calendar year
4.1.19.11	Top 20 Therapeutic Classes by Utilization	Quarterly by last day of last month in quarter; annually by last day in calendar year
4.1.19.12	Top 20 Drugs by Utilization	Quarterly by last day of last month in quarter; annually by last day in calendar year
4.1.19.13	Top 20 Prescribing Providers	Quarterly by last day of last month in quarter; annually by last day in calendar year

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RFQ #BMS260000002 PDL/PPL/HCPADL/SMAC SERVICES

RFQ Section	Report / Deliverable	Due Date / Frequency
4.1.19.14	Market Share Summary Report	Quarterly by last day of last month in quarter
4.1.19.15	Therapeutic Class Market Share Report	Quarterly by last day of last month in quarter
4.1.19.16	Generic Compliance Report	Quarterly by last day of last month in quarter
4.1.19.17	PDL and PPL Compliance Report	Quarterly by last day of last month in quarter
4.1.19.18	Weekly NDC Update Report	Weekly on Wednesday by close of business
4.1.19.19	Rebate Dispute Status Report	Monthly, by the 15th of the subsequent month
4.1.19.20	SMAC Savings Report	Quarterly by last day of last month in quarter
4.1.19.21	PDL and PPL Savings Report	Quarterly by last day of last month in quarter
4.1.19.22	SMAC Savings Beyond Aggregate Federal Upper Limit Cap Report	Quarterly by last day of last month in quarter
4.1.19.23	WV Provider Pricing Support and SMAC Dispute Resolution Report	Weekly on Wednesday by close of business
4.1.19.24	New GSN SMAC Report	Weekly on Wednesday by close of business
4.1.19.25	PDL and PPL Changes Report	No later than 14 calendar days after each P&T Committee meeting
4.1.19.26	Supplemental Drug Rebate Contract/Agreement and Product Rebate Contract/Agreement Tracking Report	Monthly by the 15th of the month; more often if requested; no later than 72 hours after request
4.1.19.27	Supplemental Drug and Product Rebate Contract/Agreement Details Report	Monthly, by the 15th of the month
4.1.19.28	Supplemental Drug Rebate and Product Rebate Pricing Files Quality Assurance Checklists	Within 50 calendar days after quarter end
4.1.19.29	Supplemental Drug Rebate and Product Rebate Contract/Agreement Files Quality Assurance Checklists	Within 50 calendar days after quarter end
4.1.19.30	Supplemental Drug Rebate and Product Rebate Pricing Files Additions and Corrections Reports	Within 50 calendar days after quarter end
4.1.19.31	Supplemental Drug Rebate and Product Rebate Contract/Agreement Files Additions and Corrections Reports	Within 50 calendar days after quarter end
4.1.19.32	Supplemental Drug Rebate and Product Rebate Pricing Files Spreadsheets	Within 50 calendar days after quarter end
4.1.19.33	Supplemental Drug Rebate and Product Rebate Contract/Agreement Files Spreadsheets	Within 50 calendar days after quarter end
4.1.19.34	NDC Conversion Factor Report	Within 50 calendar days after quarter end
4.1.19.35	Ad Hoc Reports, including methodology and parameters	Within 5 business days of Agency request; assume 25 per year for cost estimation



STATE OF WEST VIRGINIA
RFQ #BMS260000002 PDL/PPL/HCPADL/SMAC SERVICES

RFQ Section	Report / Deliverable	Due Date / Frequency
4.1.19.36	Business Rules Document covering PDL, PPL, HCPADL Optional, SMAC, supplemental rebate invoicing, SOPs, layouts, schedules, reporting, NDCs, PA, contracting, pricing, phone line processes, and related rules	Within 2 months of contract/agreement award

Table 12: Required Utilization, Compliance, Savings, and Operational Reports Deliverables

Data Files Required for Agency and Agency Partners

RFQ Section	File / Deliverable	Due Date / Frequency
4.1.20	Data files relating to PDL, PPL, HCPADL Optional, and SMAC programs	As required for Agency and Agency partners
4.1.21	Electronic files compatible with Google Workspace or equal, Microsoft Office365 or equal, and Windows 11	Ongoing/as delivered
4.1.21	Weekly files	Due by close of business on Wednesdays
4.1.21	Quarterly files	Due by last day of last month in the quarter
4.1.21	As-needed files	Due within 72 hours of request
4.1.21	Quarterly files and reports supporting rebate invoicing	Due within 50 calendar days after quarter end
4.1.21.1	Weekly SMAC update file	Weekly, by close of business Wednesday
4.1.21.2	Weekly SMAC web list for Agency website posting	Weekly, by close of business Wednesday
4.1.21.3	Weekly PDL/PPL/SMAC files containing all available NDCs regardless of rebate status	Weekly, by close of business Wednesday
4.1.21.4	Quarterly supplemental rebate rate files and contract/agreement files	Quarterly; within 50 calendar days after quarter end for rebate invoicing support
4.1.21.5	PDL and PPL reconciliation files	When needed
4.1.21.6	Complete PDL and PPL files	When needed
4.1.21.7	PDL and PPL file updates or complete files	As needed
4.1.21.8	Other data files supporting PDL, PPL, and SMAC programs	Quarterly

Table 13: Data Files Required for Agency and Agency Partners Deliverables

Quarterly Provider Newsletters

RFQ Section	Deliverable	Due Date / Frequency
4.1.22	Quarterly newsletters containing information related to changes to PDL, PPL, and other pharmacy program matters	Quarterly
4.1.22	Final electronic version of newsletter for Agency website display	Quarterly/as finalized



Table 14: Quarterly Provider Newsletters Deliverables

Implementation Deliverables

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.23	Assistance and full cooperation with Agency in implementation upon contract effective date	Upon contract effective date
4.1.23.1	Implementation Plan demonstrating ability to assume PDL, PPL, and SMAC responsibilities	Submitted with the proposal and then the final submitted prior to award
4.1.23.1	Two-month implementation period	Begins upon award/contract execution per implementation schedule
4.1.23.2	Implementation Plan must describe major task assignments, including project start-up, status, updates, and reassignments	Included in the Implementation Plan
4.1.23.3	Contract initiation meeting with Agency staff, Vendor key staff, and support staff	Scheduled by Agency within 5 business days of contract award

Table 15: Implementation Deliverables

Close-Out and Turnover Deliverables

RFQ Section	Deliverable / Requirement	Due Date / Frequency
4.1.24	Assistance and full cooperation with Agency when transitioning to a new Vendor at contract end	As transition begins/through contract end
4.1.24.1	Close-Out and Turnover Plan identifying approach, tasks, staffing, and schedule	During close-out/turnover phase
4.1.24.2	Close-Out and Turnover Plan submitted to Agency for approval	Within 30 calendar days of Agency notification to initiate Close-Out and Turnover Phase
4.1.24.3	Resources dedicated consistent with approved Close-Out and Turnover Plan	During turnover
4.1.24.4	Transfer of all Agency-owned data, deliverables, and reports	Upon request
4.1.24.4.1	Data, deliverables, and reports transferred electronically in compatible format	As part of turnover transfer
4.1.24.4.2	Data, deliverables, and reports transferred per approved schedule	No longer than 30 calendar days prior to contract end
4.1.24.4.3	Turnover Results Report documenting completion and results of each task in Turnover Plan	During turnover completion
4.1.24.4.4	Turnover Results Report in compatible electronic format	As submitted
4.1.24.4.5	Turnover Results Report submitted per Agency-approved schedule	No later than 30 calendar days prior to contract end

Table 16: Close-Out and Turnover Deliverables

This structure enables clear traceability of each deliverable to its required frequency, trigger, and due date/timeframe.



4.1.23.3 Vendor shall attend a meeting, scheduled by the Agency within five (5) business days of contract award, with the Agency staff and Vendor's key staff and other support staff to initiate the contract deliverables and services. This meeting shall be conducted either in person or virtually, as agreed upon by Vendor and the Agency.

MedImpact will attend the scheduled meeting facilitated by the Agency within five business days of contract award to initiate contract deliverables and services. MedImpact recognizes the importance of early engagement and collaboration to ensure a successful implementation and will prioritize readiness to participate in this initial kickoff meeting in accordance with State requirements.

Kickoff Meeting Coordination and Participation

MedImpact will coordinate with the Agency to confirm the scheduling, format, and agenda for the kickoff meeting within the required timeframe. The meeting will be conducted either in person or virtually, based on mutual agreement between MedImpact and the Agency. MedImpact maintains the capability to support both formats and will ensure full participation regardless of the selected meeting approach.

MedImpact will ensure that all required personnel are available for the kickoff meeting, including the Implementation Manager, dedicated Account Manager **Dr. Vicky Zhang**, Medical Director **Dr. Lauren Biczak**, executive leadership, and key functional and technical staff. Subject matter experts will be included as needed to support specific areas of discussion, including PDL, PPL, and SMAC program implementation. This includes dedicated MedImpact staff with expertise in the SMAC component to review applicable rules with the Agency, address any SMAC-specific considerations or anomalies, and support the implementation and ongoing updates of the SMAC list.

Kickoff Meeting Objectives and Agenda

The kickoff meeting will serve as the formal initiation of implementation activities and will establish the foundation for successful contract execution. During this meeting, MedImpact will collaborate with the Agency to confirm project objectives, timelines, roles and responsibilities, and communication protocols.

Key topics addressed during the kickoff meeting will include an introduction of project team members and governance structure; confirmation of the implementation timeline and milestones aligned with the required two-month implementation period; review of the Implementation Plan, including the work breakdown structure, project schedule; review of the interfaces and reporting requirements; along with the establishment of communication channels and reporting cadence. The meeting will also include a review of the Agency's current SMAC pricing in comparison to MedImpact's recommended pricing to identify and address any discrepancies, as well as a review of the PDL to provide clinical and program recommendations as appropriate. In addition, discussion will focus on immediate next steps, priorities, and any critical dependencies necessary to initiate project activities.

Alignment with Implementation Governance

The kickoff meeting represents the first step in MedImpact's structured implementation governance framework. Information shared during the meeting will be incorporated into the finalized project plan, and any updates to task assignments, timelines, or responsibilities will be documented and communicated to all stakeholders.

Following the kickoff meeting, MedImpact will initiate regular status meetings, progress reporting, and collaboration sessions in accordance with the agreed upon communication plan. This ensures continuity of engagement and supports proactive management of implementation activities.

Commitment to Timely Engagement and Collaboration

MedImpact is fully committed to attending and actively participating in the kickoff meeting within five business days of contract award. Our team will come prepared with draft implementation materials, initial timelines, and key questions to facilitate productive discussion and alignment with the Agency's expectations. This early engagement ensures that all stakeholders are aligned from the outset and that implementation activities begin promptly and efficiently.

4.1.24 Vendor shall assist and fully cooperate with the Agency when transitioning to a new Vendor at the end of the contract executed from this RFQ.

MedImpact will fully assist and cooperate with the Agency and any successor vendor to ensure a seamless and timely transition at the conclusion of the contract. Our approach is grounded in collaboration, transparency, and continuity of service, with the objective of minimizing disruption to providers and Agency operations.

Comprehensive Close-Out and Turnover Planning

Upon notification of contract termination or transition, MedImpact will develop and submit a comprehensive **Close-Out and Turnover Plan** for the Agency to review and approve. This plan will outline all processes, timelines, responsibilities, and deliverables necessary to support an orderly transition. It will include, at a minimum, a detailed work breakdown structure, key milestones, risk mitigation strategies, communication protocols, and clearly defined entrance and exit criteria to guide transition execution.

Transition Oversight and Governance

MedImpact will designate a turnover team to support the Agency when transitioning to a new vendor at the end of the contract. This team will oversee all transition activities, coordinate cross-functional resources, and facilitate regular status meetings to track progress, resolve issues, and ensure alignment across all stakeholders. Our project governance framework includes routine reporting, issue and risk management processes, and established escalation pathways to maintain accountability and transparency throughout the transition period.

Continuity of Operations

To support continuity of operations, MedImpact will continue to perform all contracted services at full-service levels through the transition period and until the effective date of contract termination. We will maintain appropriate staffing levels and collaborate with the Agency regarding workforce transition considerations, where applicable, to preserve institutional knowledge and operational stability.

Data Transfer and Information Sharing

MedImpact will work collaboratively to identify, compile, and securely transfer all data, documentation, and program materials required for continued operations. This includes, but is not limited to executed contract documents, rebate and clinical program data, program design and system documentation. All content transfers will adhere to stringent security protocols and applicable federal and state regulations to ensure confidentiality, integrity, and availability of information.

Knowledge Transfer and Training

We will implement structured knowledge transfer activities, including documentation delivery, training sessions, and technical briefings, to ensure the incoming vendor and Agency staff are equipped to assume operations effectively. This includes detailed explanations of data structures, workflows, clinical programs, and operational processes to support continuity of care and program integrity.

Stakeholder Coordination and Operational Readiness

MedImpact will also coordinate closely with the pharmacy provider network and other stakeholders to facilitate uninterrupted claims processing, prior authorization handling, and member access to medications throughout the transition. Where required, we will support parallel operations, testing, and coordinated system cutover activities to ensure readiness and eliminate service gaps.

Transition Approach and Reporting

Throughout the transition period, MedImpact will apply a structured and transparent approach to tracking and reporting all turnover activities. All tasks and deliverables will be managed and monitored through the Close-Out and Turnover work breakdown structure, which serves as the central tool for organizing, tracking, and validating progress.

Progress against Work Breakdown Structure (WBS) tasks will be routinely communicated to the Agency through established reporting mechanisms, including regular status reports and stakeholder meetings. Upon completion of turnover activities, MedImpact will produce a Turnover Results Report that supplements the WBS by providing a comprehensive summary of completed tasks, confirming successful execution of each activity, and documenting the transfer of all required data, deliverables, and reports, including transmission and receipt confirmation dates.

4.1.24.1 Vendor shall provide a Close-Out and Turnover Plan electronically that identifies the Vendor's approach, tasks, staffing, and schedule for turnover of contract responsibilities.

MedImpact will provide the Agency with an electronic Close-Out and Turnover Plan which includes our approach, tasks, staffing, and schedule for all turnover activities for West Virginia. In **Exhibit 8**, MedImpact has provided a sample **Close-Out and Turnover Plan** outlining our structured and collaborative approach to transitioning contract responsibilities. The plan defines the activities, resources, timelines, and governance processes necessary to ensure a seamless and orderly transition to the Agency or its designated successor vendor. We will submit a final, detailed Close-Out and Turnover WBS to the Agency within 30 calendar days of receiving the Agency notification to initiate the Close-Out and Turnover Phase of the expiring contract.

Close-Out and Turnover Approach

Our turnover approach is grounded in proactive planning, transparency, and close coordination with the Agency and incoming vendor. Upon notification of contract close-out, MedImpact will initiate turnover planning activities and submit a detailed Close-Out and Turnover Plan. This plan will outline transition objectives, guiding principles, and a clearly defined framework for execution, with emphasis on continuity of operations and minimal disruption to providers and stakeholders.

We employ a proven project management methodology that incorporates established governance, risk management, and communication protocols to ensure full visibility and accountability throughout the turnover process.

Defined Tasks and Deliverables

The **Close-Out and Turnover Plan** includes a comprehensive WBS that organizes all turnover activities into discrete, trackable tasks and deliverables. Key task categories will include:

- **Project Initiation and Planning:** Development of project charter, communication plan, and turnover governance structure
- **Data Identification and Transfer:** Inventory, extraction, validation, and secure transmission of all required data files and documentation
- **Operational Transition Activities:** Coordination of PDL and SMAC transition activities
- **Transition and Cutover:** Support for coordinated cutover with the incoming vendor
- **Knowledge Transfer:** Delivery of documentation and process walkthroughs for Agency staff and the new vendor
- **Close-Out Activities:** Final reconciliation, documentation delivery, and formal transition completion

Each task will include clearly defined ownership, dependencies, inputs/outputs, and acceptance criteria to ensure successful execution.

Staffing and Roles

MedImpact will assign a lead to manage all close-out and transition activities and serve as the primary point of contact for the Agency. This individual will coordinate across operational, technical, clinical, and administrative teams to support all aspects of the transition.

The staffing model will include:

- **Account Manager:** Oversees operations and coordinates operational leads for turnover execution
- **Executive Sponsor:** Provides strategic oversight and escalation support
- **Project Manager:** Leads planning, execution, and reporting
- **Operational Leads:** Represent PDL management and SMAC functions
- **Information Technology Team:** Manages data extraction, formatting, validation, and secure transfer
- **Compliance and Security:** Ensures adherence to all regulatory and contractual requirements

This cross-functional team ensures that all program components are addressed with appropriate expertise and accountability.

Schedule and Milestones

The Close-Out and Turnover Plan includes a detailed, timeline-driven schedule that outlines all transition activities from initiation through close-out. The schedule will include:

- Key milestones and deliverable due dates
- Task-level start and completion dates
- Dependencies and critical path activities
- Defined entrance and exit criteria for each phase
- Regular status reporting intervals and review checkpoints

MedImpact will collaborate with the Agency and incoming vendor to align on all timelines and ensure compliance with required transition deadlines. Progress will be tracked through regular status reports and meetings, enabling proactive issue resolution and schedule adherence.

Tracking, Reporting, and Quality Assurance

All turnover activities will be actively tracked and managed through centralized project tools and reporting mechanisms. MedImpact will provide routine status reports that summarize progress, highlight risks and issues, and identify upcoming activities.

Quality assurance measures will include validation of all deliverables, verification of data accuracy, and confirmation that all contractual turnover requirements have been satisfied prior to final close-out. Risk and issue management processes will be used to identify, monitor, and mitigate any potential challenges.

Close-Out and Final Deliverables

At the conclusion of the turnover period, MedImpact will provide a complete set of close-out deliverables, including all required data, documentation, and reports. We will conduct final reconciliation activities and confirm successful transfer of responsibilities to the Agency or successor vendor.

A formal transition close-out review will be completed with the Agency to validate that all requirements have been met and to document lessons learned, supporting continuous improvement in future transitions.

4.1.24.2 Vendor will submit the Close-Out and Turnover Plan to the Agency for approval within thirty (30) calendar days of receiving the Agency notification to initiate the Close-Out and Turnover Phase of the expiring contract.

MedImpact understands the importance of timely planning and coordination to support a successful contract transition. We will submit a comprehensive Close-Out and Turnover Plan to the Agency for review and approval within 30 calendar days of receiving formal notification to initiate the Close-Out and Turnover Phase of the expiring contract.

Initiation and Mobilization

Upon receipt of the Agency's notification, MedImpact will immediately initiate turnover planning activities. This includes activating our transition governance structure, assigning a turnover team, and mobilizing cross-functional resources to begin development of the Close-Out and Turnover Plan.

An internal kickoff meeting will be conducted within the first few business days to confirm scope, timelines, and responsibilities, ensuring alignment with Agency expectations and contractual requirements.

Plan Development Approach

During the 30-day development period, MedImpact will collaborate closely with the Agency to gather inputs, confirm priorities, and align on key transition considerations. The Close-Out and Turnover Plan will be developed using a structured project management methodology and will include:

- A detailed work breakdown structure outlining all turnover activities
- Defined roles, responsibilities, and staffing assignments
- A comprehensive timeline with milestones, dependencies, and deliverable due dates
- Risk, issue, and communication management plans
- Data transfer, knowledge transfer, and operational transition strategies

This iterative and collaborative approach ensures the plan reflects Agency needs while remaining actionable and complete upon submission.

Review and Quality Assurance

Prior to submission, MedImpact will conduct a thorough internal quality review to validate completeness, accuracy, and alignment with all contractual requirements. This review will include input from operational, technical, clinical, and compliance stakeholders to ensure all aspects of the transition are addressed. Any Agency-provided templates, guidance, or preferences will be incorporated to facilitate efficient review and approval.

Submission and Approval Support

MedImpact will deliver the Close-Out and Turnover Plan electronically in a secure and accessible format within the required 30-day timeframe. Following submission, we will work collaboratively with the Agency to address questions, provide clarifications, and incorporate feedback as needed to obtain formal approval. We will remain flexible and responsive throughout the review process, expediting revisions to ensure the approved plan is finalized in alignment with Agency schedules.

4.1.24.3 Vendor shall dedicate resources consistent with the approved Close-Out and Turnover Plan.

MedImpact will dedicate appropriate and qualified resources consistent with the approved Close-Out and Turnover Plan to ensure the successful execution of all transition activities. Our approach ensures that staffing levels, skill sets, and resource allocation fully align with the scope, complexity, and timelines defined in the plan.

Commitment to Resource Alignment

Once the Close-Out and Turnover Plan is approved, MedImpact will deploy resources in direct alignment with the defined tasks, deliverables, and schedule. Each activity within the WBS will be supported by appropriately skilled personnel with clearly assigned responsibilities and accountability.

Resource allocation will be continuously reviewed and adjusted, as needed, to maintain schedule adherence, support evolving requirements, and address any risks or issues that arise during the transition period.

Transition Team Structure

MedImpact will assign a cross-functional team of subject matter experts to support all aspects of turnover. This team will include:

- **Account Manager:** Oversees operations and coordinates operational leads for turnover execution
- **Executive Sponsor:** Provides strategic oversight and escalation support
- **Project Manager:** Leads planning, execution, and reporting
- **Operational Leads:** Represent PDL management and SMAC functions
- **Information Technology Team:** Manages data extraction, formatting, validation, and secure transfer
- **Compliance and Security:** Ensures adherence to all regulatory and contractual requirements

This team structure ensures comprehensive coverage of all operational, technical, and administrative components required for a successful transition.

Sustained Operational Staffing

Throughout the Close-Out and Turnover Phase, MedImpact will maintain sufficient operational staffing to continue delivering all contracted services at required performance levels. Our turnover resources will

operate in parallel with day-to-day operations to ensure no degradation in service occurs during the transition.

Where appropriate, MedImpact will collaborate with the Agency regarding workforce transition considerations to support knowledge retention and program continuity.

Resource Management and Oversight

All assigned resources will be managed through established project governance processes to ensure effective coordination and accountability. This will include monitoring resource utilization, tracking task completion, and ensuring all activities are progressing in accordance with the approved plan.

Regular status meetings and reporting will provide visibility into resource deployment, workload progress, and any adjustments required to maintain alignment with project objectives and timelines.

Scalability and Responsiveness

MedImpact maintains the operational flexibility to scale resources up or down based on transition needs. If unanticipated requirements or accelerated timelines arise, additional qualified resources will be deployed to ensure continued alignment with the approved Close-Out and Turnover Plan.

Commitment to Successful Execution

By employing experienced personnel, maintaining appropriate staffing levels, and aligning all resources with the approved Close-Out and Turnover Plan, MedImpact ensures that all transition responsibilities are executed efficiently, accurately, and within required timelines.

4.1.24.4 Upon request, Vendor shall transfer to the Agency ownership all data collected, created, summarized, and/or aggregated, and all deliverables and reports created specifically for the Agency during the contract period.

MedImpact acknowledges and fully supports the Agency's ownership rights to all data, deliverables, and reports produced specifically for the Agency during the contract period. Upon request, MedImpact will transfer ownership of all such materials in a timely, secure, and complete manner, consistent with contractual and regulatory requirements.

Commitment to Agency Ownership

MedImpact recognizes that all data collected, created, summarized, or aggregated on behalf of the Agency, as well as all contract-specific deliverables and reports, are the sole property of the Agency. We will ensure that these materials are maintained, organized, and readily available for transfer throughout the contract lifecycle and during the Close-Out and Turnover Phase.

Scope of Data and Materials for Transfer

Upon request, MedImpact will transfer all applicable materials created specifically for the Agency, including but not limited to:

- Clinical program data
- PDL history
- Operational, performance, and ad hoc reports
- Rebate program management content and associated financial reports
- Program documentation, workflows, and standard operating procedures

This comprehensive approach ensures the Agency and successor vendor have access to all information necessary to support continued operations and program integrity.

Secure Data Transfer Process

All data and materials will be prepared, validated, and transferred using secure, industry-standard protocols to ensure confidentiality, integrity, and availability. MedImpact will:

- Format data according to Agency or successor vendor specifications
- Perform quality checks to ensure completeness and accuracy prior to transfer
- Encrypt all data during transmission using secure methods (e.g., SFTP or equivalent)
- Coordinate closely with the Agency on transfer timing, format, and delivery mechanisms

We will adapt to Agency-defined standards and work collaboratively to ensure a smooth and efficient transfer process.

Coordination and Responsiveness

MedImpact will work closely with the Agency to respond promptly to any requests for data, deliverables, or reports. This includes coordinating all transfer activities to ensure that requests are fulfilled accurately and within required timeframes. We will maintain clear communication with the Agency to confirm receipt, address questions, and resolve any issues related to data or documentation delivery.

Continuity and Usability

To support seamless continuation of operations, MedImpact will provide all transferred materials in a format that is usable and well-documented. This includes providing supporting documentation such as file layouts, data dictionaries, and explanatory materials to ensure the Agency and successor vendor can readily interpret and apply the information.

Compliance and Accountability

All data transfers will comply with applicable federal and state regulations, as well as contractual requirements related to data ownership, privacy, and security. MedImpact will maintain audit trails and documentation of all transferred materials to confirm fulfillment of Agency requests and contractual obligations.

4.1.24.4.1 Data, deliverables, and reports shall be transferred electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Data, deliveries and reports must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract.

MedImpact will ensure that all data, deliverables, and reports are transferred electronically in formats that are fully compatible with Google Workspace (G-Suite) or equivalent platforms and Microsoft Office 365 or equivalent applications. All materials provided will also be compatible with the West Virginia Office of Technology's current and evolving operating environments, including Windows 11.

Standardized, Accessible File Formats

MedImpact will provide all deliverables using widely accepted, non-proprietary or industry-standard file formats to ensure ease of access, usability, and long-term sustainability. Depending on the content type and Agency preference, formats may include:

- **Documents:** Microsoft Word (.docx), PDF (.pdf)
- **Spreadsheets/Data Files:** Microsoft Excel (.xlsx), CSV (.csv)
- **Presentations:** Microsoft PowerPoint (.pptx)
- **Data Extracts:** Structured flat files (e.g., CSV, TXT) or other Agency-approved formats
- **Reports and Dashboards:** Excel, PDF, or other mutually agreed-upon formats

These formats ensure seamless integration with both Microsoft Office 365 and Google Workspace tools.

Compatibility with Agency Technology Environment

MedImpact will ensure that all electronic files are fully compatible with the West Virginia Office of Technology's supported operating systems, including Windows 11, and adaptable to future system updates during the contract term.

We will coordinate with the Agency to confirm any specific technical requirements, including preferred file formats, naming conventions, compression standards, and transmission protocols, ensuring alignment with the Agency's current and evolving IT environment.

Data Formatting and Validation

All data and deliverables will be prepared to support usability and accuracy, including:

- Adherence to defined file layouts and specifications
- Inclusion of clear file naming conventions and version control
- Validation of data completeness and integrity prior to delivery
- Provision of supporting documentation, such as data dictionaries and file layout guides

These practices ensure that the Agency and any authorized stakeholders can efficiently access, interpret, and use the delivered information.

Secure Electronic Transmission

All files will be transmitted electronically using secure, industry-standard methods that maintain data confidentiality and integrity, such as Secure File Transfer Protocol (SFTP) or equivalent secure exchange platforms approved by the Agency. MedImpact will coordinate with the Agency to establish approved transmission methods and ensure all electronic transfers meet required security and compliance standards.

Flexibility for Evolving Requirements

MedImpact recognizes that technology environments may change over the life of the contract. We will remain flexible and responsive to any updates in the Agency's systems, tools, or format requirements, and will adapt our deliverables as needed to maintain full compatibility.

4.1.24.4.2 Data, deliverables, and reports will be transferred in accordance with a schedule and in an electronic format, no longer than thirty (30) calendar days prior to the end of the contract.

MedImpact will transfer all required data, deliverables, and reports to the Agency in accordance with an agreed-upon schedule, ensuring that all materials are delivered electronically no later than 30 calendar days prior to the end of the contract, unless otherwise directed by the Agency.

Coordinated Transfer Schedule

As part of the approved Close-Out and Turnover Plan, MedImpact will develop a detailed data and deliverables transfer schedule in collaboration with the Agency. This schedule will:

- Define all required transfer items and associated timelines
- Identify dependencies and sequencing of data delivery
- Align with key turnover milestones and transition activities
- Incorporate Agency-specific priorities and deadlines

The schedule will be designed to ensure that all materials are delivered in a timely and organized manner, supporting the Agency's operational readiness and the successful onboarding of a successor vendor.

Timely Delivery Commitment

MedImpact is committed to completing all required transfers within the specified timeframe, ensuring that all data, deliverables, and reports are provided no later than 30 calendar days prior to contract expiration. Internal milestones and checkpoints will be established in advance of this deadline to allow for validation, issue resolution, and Agency review.

Where earlier delivery is beneficial, MedImpact will proactively coordinate with the Agency to accelerate transfer activities and support transition readiness.

Electronic Transfer and Accessibility

All materials will be delivered electronically using secure, Agency-approved transmission methods. Files will be provided in compatible, industry-standard formats to ensure accessibility, usability, and seamless integration with the Agency's systems and tools.

MedImpact will confirm delivery success and receipt of all transmitted materials and will remain available to provide technical support or clarification as needed.

Tracking and Progress Monitoring

All transfer activities will be actively tracked through project management tools and reporting processes. MedImpact will provide the Agency with regular status updates on transfer progress, including:

- Completed and pending transfers
- Upcoming scheduled deliveries
- Risks or issues impacting timelines
- Mitigation strategies and resolution status

This structured oversight ensures adherence to the transfer schedule and enables proactive management of any potential delays.

Quality Assurance and Validation

Prior to delivery, all data and materials will undergo rigorous validation to ensure completeness, accuracy, and alignment with Agency requirements. This includes data integrity checks, file format verification, and confirmation that all required deliverables are included. Any discrepancies identified during validation or by the Agency upon receipt will be promptly addressed to ensure final deliverables meet all expectations.

4.1.24.4.3 Vendor shall provide a Turnover Results Report which documents the completion and results of each task identified in the Turnover Plan.

MedImpact will develop and provide a **Turnover Results Report** that documents the completion status and outcomes of all tasks identified in the approved Close-Out and Turnover Plan. This report will serve as a formal verification that all transition activities have been executed successfully and in accordance with contractual requirements.

Purpose and Alignment with Turnover Plan

The Turnover Results Report will be designed to supplement and align with the approved work breakdown structure, which will serve as the primary tool for tracking all turnover activities. While the WBS will provide real-time task tracking, the Turnover Results Report will present a consolidated, final summary confirming that each required activity has been fully completed.

This approach ensures full transparency and provides the Agency with clear, auditable confirmation that all transition responsibilities, including data transfer and operational close-out, have been fulfilled accurately and completely.

Report Content and Detail

The Turnover Results Report will include, at a minimum:

- A comprehensive list of all turnover tasks, aligned to the WBS
- Confirmation of completion status for each task
- Documentation of outcomes and any relevant completion notes
- A detailed inventory of all files, deliverables, and reports transferred
- Dates of transmission for each file or deliverable
- Confirmation of receipt by the Agency or designated recipient
- Identification and resolution of any issues encountered during transfer

This level of detail ensures that the Agency has a complete record of all turnover activities and associated outputs.

4.1.24.4.4 The Turnover Results Report shall be submitted electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Turnover Results Report must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract.

The Turnover Results Report will be submitted electronically in a format that is fully compatible with Google Workspace (G-Suite) or equivalent platforms and Microsoft Office 365 or equivalent applications. MedImpact will provide the report in a mutually agreed-upon format, typically as a Microsoft Word (docx) or Excel (xlsx) document, based on Agency preference.

All submitted materials will be compatible with the West Virginia Office of Technology's current operating systems, including Windows 11, and will be adaptable to any system updates implemented during the

contract term. File formats will be structured for ease of use, including clear organization, consistent naming conventions, and appropriate formatting to support review, validation, and long-term reference.

4.1.24.4.5 The Turnover Results Report shall be submitted in accordance with a schedule approved by the Agency, no later than thirty (30) calendar days prior to the end of the contract.

MedImpact will submit the Turnover Results Report in accordance with a schedule approved by the Agency, ensuring delivery no later than 30 calendar days prior to the end of the contract.

The timing of report development and submission will be coordinated as part of the overall Close-Out and Turnover Plan to align with completion of transition activities and data transfers. Internal milestones will be established to support timely preparation, validation, and review prior to submission.

Coordination, Validation, and Final Acceptance

Prior to submission, MedImpact will conduct a thorough validation process to ensure the accuracy, completeness, and consistency of all reported information. We will coordinate closely with internal teams and the Agency to confirm that all tasks have been completed and documented appropriately.

Following submission, MedImpact will remain available to address any Agency questions, provide clarifications, and make any necessary updates to support review and final acceptance of the report.

MedImpact's Turnover Results Report provides the Agency with a clear, structured, and verifiable record of all turnover activities. By aligning the report with the WBS, documenting all completed tasks and transferred materials, and adhering to Agency-approved formats and timelines, MedImpact ensures a transparent, accountable, and fully documented transition.

OPTIONAL HCPADL SERVICE

4.1.25 Vendor shall assist the Agency in managing a list of HCPADL (Optional) exempted from MCO capitation.

MedImpact understands that HCPADL is an optional component of this solicitation and, if awarded, we will partner closely with the Agency to support the development, maintenance, and ongoing management of the HCPADL list for drugs designated as exempt from MCO capitation, ensuring both operational accuracy and informed decision-making for high-cost therapies. Recognizing the growing financial impact of specialty and gene therapies, we combine disciplined list management processes with advanced analytics and clinical insight to help the Agency manage cost exposure while maintaining appropriate access.

Our team will establish a structured, collaborative process to track, validate, and update the HCPADL exemption list in alignment with Agency direction. All products will be accurately configured within our cost modeling system and maintained according to defined and approved rules. Updates will be implemented through controlled product management processes that include full auditability, version control, and effective date tracking of all changes. This approach ensures transparency, compliance, and consistency across programs.

Experienced clinical and operational resources will support ongoing HCPADL list maintenance, including evaluation of additions, removals, and modifications based on drug approvals, price movements and any changes in orphan status. To ensure accuracy, we will conduct routine reconciliation of the HCPADL list against ongoing HCPADL inclusion criteria and reference file data sets, and we will coordinate closely with the Agency to ensure consistent application of exemption or inclusion product status. Any discrepancies identified will be promptly investigated and resolved.

STATE OF WEST VIRGINIA
RFQ #BMS260000002 PDL/PPL/HCPADL/SMAC SERVICES

Our MedContract tool will enhance the Agency's ability to manage the HCPADL strategically. The tool integrates PDL status, pricing data from industry sources, and CMS rebate files to support rapid cost modeling and scenario analysis. This would enable the Agency to evaluate the financial implications of adding or modifying drugs on the exemption list. We complement this with clinical expertise, including evidence-based review, development of utilization management criteria, and assessment of alternative therapies.

We can also provide population and budget impact analyses by leveraging available claims data and epidemiologic insights to estimate utilization for HCPADL drugs among West Virginia Medicaid members. This supports informed decision-making regarding which therapies should be designated as HCPADL products and how they should be managed over time.

Our reporting framework will provide the Agency with clear visibility into the current HCPADL list, change history, and utilization trends for exempted products. Through this integrated approach, we can deliver not only accurate administration of the exemption list, but also actionable insights that help the Agency manage high-cost drugs effectively, ensuring fiscal stewardship and clinically appropriate access for members.

4.1.25.1 This list shall include drugs selected by the Agency according to, but not limited to, the following criteria:

4.1.25.1.1 Must be approved by the Federal Drug Administration (FDA) with orphan status.

4.1.25.1.2 Must exceed a Wholesale Acquisition Cost (WAC) of \$350,000.00 per member, annualized.

If awarded, we will support the Agency in administering clear, consistent, and objective criteria for inclusion on the HCPADL list of drugs exempt from MCO capitation, ensuring full alignment with established clinical and financial thresholds. At the Agency's direction, we will capture and maintain product eligibility rules that identify drugs meeting both required criteria: Federal Drug Administration (FDA) approval with orphan drug status and an annualized Wholesale Acquisition Cost (WAC) greater than \$350,000 per member.

Our clinical and data teams will leverage authoritative drug compendia, pricing files, and regulatory sources to validate orphan designation and monitor WAC price data. We will confirm that each candidate's drug meets the defined thresholds prior to recommended change or action and maintain documentation to support all determinations. This structured process ensures that the HCPADL list is accurate, transparent, and consistently aligned with Agency policy.

In addition to validation, we will proactively scan the pharmaceutical pipeline and market activity to identify newly approved, or upcoming therapies or pricing changes that may meet the Agency's criteria. Drugs that satisfy both orphan designation and WAC requirements will be compiled and presented to the Agency with supporting clinical and financial analyses to inform inclusion decisions. We also monitor changes in designation status or pricing and promptly notify the Agency if a drug no longer meets established thresholds.

Our clinical team will conduct comprehensive evidence reviews using full-text peer-reviewed literature, including specialty society guidelines when available, National Comprehensive Cancer Network (NCCN) guidelines, Cochrane reviews, and Institute for Clinical and Cost-Effectiveness Review (ICER) assessments. This ensures that the Agency receives a complete understanding of each drug's clinical value, evidence limitations, and overall cost impact. For therapies where evidence may be limited, our team will provide balanced, expert-driven recommendations to support informed decision-making.

STATE OF WEST VIRGINIA
RFQ #BMS260000002 PDL/PPL/HCPADL/SMAC SERVICES

All updates to the HCPADL list will be implemented with systematic processes that provide effective date tracking, version control, and full auditability. This disciplined approach ensures the list remains current, compliant, and aligned with Agency expectations while supporting sound fiscal management of high-cost therapies.

4.1.25.2 Vendor shall assist in the formulation of HCPADL (Optional) drug utilization criteria as required by the Agency. Vendor may be requested to provide a summary of the drug, its indication, and any therapeutic management considerations.

If awarded, we collaborate closely with the Agency to support the development and maintenance of HCPADL drug utilization criteria that align with program objectives, clinical best practices, and member safety. Under Agency direction, our clinical team will evaluate drugs on or proposed for the HCPADL and will translate policy intent into clear, actionable utilization parameters that, when available, can be applied within the claims adjudication environment.

At the Agency's request, we will prepare comprehensive yet concise clinical summaries to inform decision making. Each summary will include FDA approved indications, including both orphan and non-orphan uses where applicable, mechanism of action, place in therapy, and a synthesis of available clinical evidence. We will also address key therapeutic management considerations such as appropriate patient selection, dosing and administration, monitoring requirements, safety risks, and potential interactions. Where appropriate, we will recommend utilization management approaches, including prior authorization criteria, quantity limits, and step therapy protocols to ensure clinically appropriate and cost-effective use.

Our clinical evaluations will be grounded in rigorous review of evidence and supported by structured documentation to ensure transparency and consistency. We will present draft utilization criteria and supporting summaries to the Agency for review and approval, ensuring that all final criteria reflect Agency priorities and policy direction. For drugs with limited or emerging evidence, we will provide balanced assessments and clearly outline any uncertainties to support informed decision making.

Once approved, the HCPADL will be updated through our controlled processes that include effective date tracking, version control, and full auditability.

Our integrated clinical and operational approach enables the Agency to rapidly evaluate new and complex therapies, including high cost and orphan drugs, while maintaining strong oversight and flexibility. This partnership ensures that HCPADL utilization criteria are clinically sound, operationally feasible, and aligned with the Agency's goals for quality, safety, and fiscal stewardship.

4.1.26 Additional Services-Vendor shall provide a pool of hours annually that can be used by the Agency for assistance, advice, and consultation for Medicaid pharmacy activities, such as additional clinical consultation, reports related to the PDL, PPL, HCPADL (Optional), and SMAC, or pricing of a complex nature, direct contact by telephone or by other agreed upon means to prescribers regarding appropriate drug utilization. Vendor shall provide on the Pricing Page the all-inclusive hourly rate for additional services requested by the Agency during each of the contract years. The one hundred (100) hour pool is an estimate only; actual quantities requested by the Agency during the life of contract may vary. Vendor shall include in the Pricing Page the cost of additional services. This will be computed by multiplying the all inclusive hourly rate by one hundred (100) [Estimated] as per section 4.1.26.

MedImpact will provide the Agency with a defined, flexible pool of annually available hours to support additional Medicaid pharmacy activities beyond standard contract scope. This approach ensures the Agency has timely access to specialized clinical, analytical, and operational expertise when emerging needs arise, while maintaining transparency, predictability, and control over utilization.

Additional Services Overview

MedImpact shall provide a **pool of one hundred (100) hours annually, estimated that the Agency may use at its discretion for consultation and support services**. These services will be delivered by MedImpact's multidisciplinary team, including clinical pharmacists, data analysts, pricing specialists, and account management resources, ensuring that requests are addressed with the appropriate subject matter expertise. Consistent with MedImpact's established operations and maintenance approach, these additional support services will be delivered through structured communication channels, coordinated workflows, and clearly defined service expectations to ensure responsiveness and accountability.

Scope of Additional Services

The annual pool of hours may be used for a broad range of Medicaid pharmacy-related activities. Services include clinical consultation such as drug class reviews, therapeutic recommendations, clinical policy development, support for prior authorization criteria, and evaluation and optimization of the Health Care Provider Administered Drug List if applicable. The pool may also support Preferred Drug List and Preferred Product List activities, including development of recommendations, comparative effectiveness reviews, financial impact modeling, preparation of materials for Pharmacy and Therapeutics Committee review, and supplemental analyses aligned with purchasing pool strategies.

Additional services include pricing and financial analysis such as complex drug pricing evaluations, including specialty pharmacy and emerging therapies, State Maximum Allowable Cost list review and optimization, reimbursement modeling, cost containment analysis, and ad hoc financial reporting. Reporting and analytics services include custom report development beyond standard deliverables, data extracts, utilization analysis, trend identification, and forecasting to support Agency decision-making.

The pool may also be used for prescriber outreach and support activities, including direct communication with prescribers as directed by the Agency, provider education to promote appropriate drug utilization, and targeted interventions designed to address high-cost or high-utilization populations.

Request, Authorization, and Tracking Process

MedImpact will work collaboratively with the Agency to manage and track the utilization of additional service hours. The Agency may submit requests through established communication channels such as the Account Management team or a designated intake process. Requests will include scope, priority, and desired timelines. MedImpact will review each request and confirm the scope, estimated level of effort, required resources, and expected turnaround time.

All hours will be tracked and reported transparently. Pool hour utilization details will be incorporated into regular reporting and will include hours used and the remaining balance of available hours. This approach ensures that the Agency maintains full visibility into resource usage and can effectively plan for ongoing and future needs.

Flexibility of Hour Utilization

The one-hundred-hour pool represents an estimate only. MedImpact recognizes that the Agency's needs may vary throughout the life of the contract and will accommodate fluctuations in utilization, including changes in monthly demand, evolving program priorities, and emerging regulatory or clinical requirements. Unused hours will not restrict access to services when needs arise, and MedImpact will work with the Agency to prioritize requests based on urgency and business impact.

Service Delivery Standards

All additional services will be delivered in alignment with MedImpact's operational standards. Requests will be acknowledged and addressed in a timely manner, and work will be performed by qualified subject matter experts. Any requested deliverables resulting from these additional services will undergo quality assurance to ensure accuracy, completeness, and consistency. All work performed will be documented to support transparency and traceability.

Pricing

MedImpact will provide an all-inclusive hourly rate for Additional Services on the Pricing Page, as required. The hourly rate includes all labor, overhead, tools, and administrative costs required to deliver the requested services. The total estimated cost will be calculated by multiplying the all-inclusive hourly rate by one hundred estimated hours. Actual costs will reflect the number of hours utilized by the Agency during each contract year.

4.1.27 Vendor shall agree to be bound by all Service Level Agreements listed in Exhibit B, Service Level Agreements.

MedImpact hereby affirms that we have thoroughly reviewed the Contract Service Level Agreements ("SLAs") associated with this solicitation and confirm our acceptance of applicable service standards and performance obligations set forth therein Exhibit B, Service Level Agreements.

MedImpact further commits to performing in accordance with the established SLAs and to maintaining the operational capabilities, resources, and controls necessary to consistently meet or exceed the required service levels throughout the term of the Agreement.

5. CONTRACT AWARD

5.1 Contract/Agreement Award: The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Page.

MedImpact acknowledges our understanding that the Contract will be awarded to a Vendor that provides Contract Services that meet all the required specifications identified in the RFQ at the lowest overall total cost. Our pricing reflects the best total value as illustrated on the Pricing Page. We are prepared to meet or exceed all contractual obligations at the proposed cost.

5.2 Pricing Page: Vendor should complete the Commodity Lines in wvOASIS by submitting pricing for the following items: Startup Costs; Annual Not To Exceed Costs; Optional Services and Additional Services. Vendor should complete the Commodity Lines in full as failure to complete the pricing in its entirety may result in Vendor's bid being disqualified.

Vendor should type or electronically enter the information into the Commodity Lines through wvOASIS, if available, or as an electronic document. Instructions for completing the Commodity Lines in wvOASIS can be found in Exhibit A.

MedImpact affirms we have completed the Commodity Lines within wvOASIS including Startup Costs; Annual Not To Exceed Costs, Optional Services and Additional Services. as required to demonstrate a complete and responsive submission.

MedImpact affirms that all pricing has been entered accurately electronically in the WVOasis system. and in accordance with the instructions provided within wvOASIS. We confirm that we have reviewed and followed the instructions outlined in Exhibit A for completing the Commodity Lines and ensuring proper submission.

6. PERFORMANCE

Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

MedImpact affirms to perform all duties outlined in the RFQ according to a mutually agreed upon schedule that details timing and sequencing of all Contract Services and associated deliverables.

In the event the Contract is designated as an open-end contract, MedImpact will perform all services according to release orders issued by the Agency if applicable.

7. PAYMENT

Agency shall pay monthly in arrears, as shown on the Commodity Lines in wvOASIS, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia. In

MedImpact will invoice the Agency on a monthly basis, in arrears for invoices including all fixed fees plus the hourly rate for additional services based on the rate established in our pricing pages. MedImpact acknowledges that the Agency will only remit payment for Contract Services that have been properly performed, invoiced, and accepted, in accordance with the pricing and structure detailed in the Commodity Lines within wvOASIS.

MedImpact also affirms we will adhere to the official payment procedures of the State of West Virginia, including any applicable policies, processes, and timelines governing vendor payments.



8. TRAVEL

Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

MedImpact has included all travel costs in our flat fee. We understand that we bear full responsibility for all travel-related expenses, including but not limited to mileage, lodging, meals, and travel time, incurred in the delivery of Contract Services.

MedImpact further acknowledges that such costs will not be reimbursed separately by the Agency under any circumstance. We certify that any anticipated travel and mileage expenses have been fully accounted for and incorporated, as applicable, within the fees proposed in our bid submission.

9. FACILITIES ACCESS

Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

9.1 Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

In the event the Agency determines that vendor access to Agency facilities is required, MedImpact will identify key service personnel. We acknowledge that certain services may necessitate the use of Agency-issued access cards and/or keys to permit entry into designated facilities. In accordance with Section 9.1, MedImpact agrees to identify designated principal service personnel who will require such access to perform Contract Services. We will work in conjunction with the Agency to acquire the necessary access cards and/or keys. We agree to provide the Agency with accurate and up-to-date information for all personnel requiring access, including any updates due to staffing changes, in a timely manner.

9.2 Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

MedImpact will assume full responsibility for the management, control, and safeguarding of all access cards and keys issued to our personnel in connection with the performance of the Contract Services. We will secure all access cards and keys and agree to pay a replacement fee for any that are lost or stolen.

9.3 Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

MedImpact will promptly notify the Agency without delay upon discovery of any lost, stolen, or misplaced access card or key issued in connection with the performance of Contract Services.

9.4 Anyone performing under this Contract will be subject to Agency's security protocol and

MedImpact agrees that all personnel assigned to perform work under the Contract will be subject to, and will fully comply with, all applicable Agency security policies, protocols, and procedures.

9.5 Vendor shall inform all staff of Agency's security protocol and procedures.

MedImpact will proactively inform and educate all staff assigned to perform work under the Contract of the Agency's applicable security policies, protocols, and procedures prior to the commencement of services.

10. VENDOR DEFAULT

10.1 The following shall be considered a Vendor default under this Contract.

10.1.1 Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2 Failure to comply with other specifications and requirements contained herein.

10.1.3 Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4 Failure to remedy deficient performance upon request.

MedImpact agrees to comply with the Vendor Default terms and conditions identified in the RFQ requirements above.

MedImpact recognizes that the circumstances identified herein constitute events of default and agrees to adhere strictly to all applicable requirements to avoid such occurrences.

MedImpact understands that failure to perform Contract Services in accordance with the requirements contained in this RFQ constitutes a default and affirms its commitment to deliver all services in full compliance with the Contract's scope, standards, and performance expectations.

MedImpact further acknowledges that failure to comply with any specifications and requirements outlined in the RFQ or failure to comply with applicable laws, rules, and ordinances governing the provision of Contract Services will also be considered defaults.

Additionally, MedImpact understands that failure to remediate any deficient performance upon request by the Agency constitutes a default.

10.2 The following remedies shall be available to Agency upon default.

10.2.1 Immediate cancellation of the Contract.

10.2.2 Immediate cancellation of one or more release orders issued under this Contract.

10.2.3 Any other remedies available in law or equity.

MedImpact agrees to the Agency Default terms and conditions identified in the RFQ Section above.

MedImpact understands that, upon the occurrence of a default, the Agency reserves the right to take immediate action, including but not limited to the immediate cancellation of the Contract or the immediate cancellation of one or more release orders issued under the Contract, if applicable. We acknowledge the Agency's authority to exercise such remedies at its discretion in response to noncompliance or deficient performance.

MedImpact further recognizes that the Agency retains the right to pursue any additional remedies available under applicable law or in equity.

11. MISCELLANEOUS

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Vicky Zhang, PharmD

Telephone Number: 978-967-0261

Fax Number: 858.621.5147

Email Address: Vicky.Zhang@medimpact.com

Pricing Form





Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Centralized Request for Quote
 Service - Prof

Proc Folder: 1902568		Reason for Modification:	
Doc Description: PDL/PPL/HCPADL/ SMAC SERVICES		ADDENDUM 1 TO CORRECT Q/A DEADLINE TO 6/18/2026 AT 10:00 AM ET	
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2026-06-10	2026-06-30 13:30	CRFQ 0511 BMS2600000002	2


BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Customer Code: VS0000005899
Vendor Name : MedImpact Healthcare Systems, Inc.
Address : 10181
Street : Scripps Gateway Court
City : San Diego
State : California **Country :** United States **Zip :** 92131
Principal Contact : Robert Coppola, PharmD, MBA, Vice President Government Sales
Vendor Contact Phone: 339-210-3884 **Extension:**

FOR INFORMATION CONTACT THE BUYER
 Crystal G Hustead
 (304) 558-2402
 crystal.g.hustead@wv.gov

Vendor Signature X  **FEIN#** 33-0567651 **DATE** June 30, 2026

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES (DOHS), BUREAU FOR MEDICAL SERVICES (BMS), IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR PREFERRED DRUG LIST (PDL), PREFERRED PRODUCT LIST (PPL), HIGH-COST PHYSICIAN-ADMINISTERED DRUGS LIST (HCPADL), AND STATE MAXIMUM ALLOWABLE COST (SMAC) SERVICES FOR THE WEST VIRGINIA MEDICAID PROGRAM PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	PDL/PPL/HCPADL/ SMAC Startup Costs-Year 1				\$100,013

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Lump Sum Cost for Initial Startup Costs
2 Month Startup.

Service Period: 11/1/2026-12/31/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Annual Not To Exceed Costs - Year 1				\$450,062

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Annual Not To Exceed Costs-Year 1 (10 Months)

Service Period: 01/01/2027-10/31/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Additional Services Hourly Rate - Year 1			\$195.93/hr	\$19,592.88

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Additional Services (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26)-I Year One (1) Hourly Rate (10 months).

Service Period: 01/01/2027-10/31/2027

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Optional Services (HCPADL) Not to Exceed Costs - Year 1				\$44,667

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List) Not To Exceed Costs-Year 1 (10 Months)

Service Period: 01/01/2027-10/31/2027

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Annual Not To Exceed Costs - Optional Renewal Year 1				\$562,225

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Annual Not To Exceed Costs-Year 2 (Optional Renewal Year 1) (12 Months)

Service Period: 11/01/2027-10/31/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Additional Services Hourly Rate - Optional Renewal Year 1			\$201.81/hr	\$20,180.66

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Additional Services Year 2 (Optional Renewal Year 1) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).

Service Period: 11/01/2027-10/31/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Optional Services (HCPADL) - Not to Exceed Costs -OR Year 1				\$51,219

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List) Not To Exceed Costs-Year 2 (Optional Renewal Year 1)(10 Months)

Service Period: 11/01/2027-10/31/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Annual Not To Exceed Costs - Optional Renewal Year 2				\$574,285

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Annual Not To Exceed Costs-Year 3 (Optional Renewal Year 2) (12 Months)

Service Period: 11/01/2028-10/31/29

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Additional Services Hourly Rate - Optional Renewal Year 2			\$207.86/hr	\$20,786.08

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Additional Services Year 3 (Optional Renewal Year 2) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).

Service Period: 11/01/2028-10/31/2029

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Optional Services (HCPADL) Not To Exceed Costs - OR Year 2				\$52,736

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List) Not To Exceed Costs - Year 3 (Optional Renewal Year 2) (10 Months)

Service Period: 11/1/2028-10/31/2029

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Annual Not To Exceed Costs - Optional Renewal Year 3				\$586,707

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Annual Not To Exceed Costs-Year 4 (Optional Renewal Year 3) (12 Months)

Service Period: 11/01/2029-10/31/2030

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Additional Services Hourly Rate - Optional Renewal Year 3			\$214.10/hr	\$21,409.96

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Additional Services Year 4 (Optional Renewal Year 3) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).

Service Period: 11/01/2029-10/31/2030

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	Optional Services HCPADL) Not To Exceed Costs - OR Year 3				\$54,318

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description:

Optional Services (HCPADL - High-Cost Physician Administered Drug List)
Not To Exceed Costs-Year 4 (Optional Renewal 3) (10 Months)

Service Period: 11/01/2029-10/31/2030

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2026-06-18

	Document Phase	Document Description	Page
BMS2600000002	Final	PDL/PPL/HCPADL/ SMAC SERVICES	9

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Exhibits



Sample Monograph





New Drug Review for Cardamyst® (etripamil)

Generic Name: etripamil
Trade Name: Cardamyst®
Formulation: Nasal spray, 70 mg per device
Manufacturer: Milestone Pharmaceuticals
FDA Approval Date: December 15, 2025

Food and Drug Administration (FDA)-approved Indication

- Cardamyst® (etripamil) is a calcium channel blocker (CCB) indicated for the conversion of acute symptomatic episodes of paroxysmal supraventricular tachycardia (PSVT) to sinus rhythm in adults.¹

Overview/Summary

- The definition of tachycardia in adults is a heart rate of ≥ 100 bpm. Tachyarrhythmias are non-sinus tachycardias.²
- Tachyarrhythmias range from benign and asymptomatic to a more severe presentation that can be associated with hemodynamic collapse and be associated with shock, hypotension, heart failure, dyspnea, chest pain, myocardial infarction, palpitations, decreased level of consciousness, and death.²
- In rare instances, tachyarrhythmias can persist and cause tachyarrhythmia-induced cardiomyopathy with subsequent heart failure. Therefore, long-term treatment to prevent persistent frequent and prolonged episodes is a goal even if few symptoms are present.²
- Based on the electrocardiogram (ECG), tachycardias are categorized by the width of their QRS complex. PSVTs are considered narrow QRS (< 120 msec) tachyarrhythmias. They are characterized by the presence of regular and rapid tachycardia of abrupt onset and termination.²
- PSVT is the second most common tachyarrhythmia following atrial fibrillation (AFib). Due to its episodic nature, PSVT is commonly diagnosed in emergency departments, with symptoms ranging from palpitations to chest discomfort, shortness of breath, and lightheadedness or dizziness.³
- According to Milestone Pharmaceuticals, PSVT affects more than 2 million adults in the US; approximately 300,000 patients are newly diagnosed each year, and 25% of patients who present to an emergency department with the condition are admitted to hospital.¹⁻³
- First-line acute therapy for hemodynamically stable patients includes vagal maneuvers such as the modified Valsalva maneuver (43% effective) and intravenous adenosine (91% effective). Emergent cardioversion is recommended for patients who are hemodynamically unstable.
- Evidence is limited for the effectiveness of long-term pharmacotherapy to prevent PSVT.²⁻⁴ Nonetheless, guidelines recommend therapies including CCBs, beta blockers, and antiarrhythmic agents as management options. Catheter-based ablation is safe, cost-effective, and often curative for PSVT; thus, its use is favored as first-line therapy for symptomatic patients with recurrent PSVT, though many patients are not eligible for it or opt not to undergo this invasive procedure.²⁻⁴
- Although intravenous (IV) CCBs or adenosine are effective for acute episodes, they must be administered in a supervised setting. Oral CCBs and beta blockers are used in some circumstances; however, an acutely administered pill-in-pocket approach has low efficacy and acts slowly, and daily administration can be limited by inefficacy or side effects.²⁻⁴
- Etripamil is a fast-acting, intranasally administered CCB for on-demand therapy outside a health-care setting for PSVT. Etripamil is quickly absorbed by the nasal mucosa, with maximum concentration reached within 7 min after a 70 mg dose and is rapidly metabolized.^{1,5}

Clinical Guidelines

Table 1. Clinical Guidelines⁴

Clinical Guideline	Recommendations
ACC/AHA/HRS	<ul style="list-style-type: none">• PSVT is a clinical syndrome characterized by the presence of a regular and rapid tachycardia of abrupt onset and termination. These features are



New Drug Review for Cardamyst[®] (etripamil)

Clinical Guideline	Recommendations
<p>Guideline for the Management of Adult Patients with Supraventricular Tachycardia 2015</p>	<p>characteristic of AVNRT or AVRT, and, less frequently, AT. PSVT represents a subset of SVT.</p> <ul style="list-style-type: none">• Self-administered (“pill-in-the-pocket”) acute doses of oral beta blockers, diltiazem, or verapamil may be reasonable for ongoing management in patients with infrequent, well-tolerated episodes of AVNRT.• Two studies have demonstrated success with the combination of diltiazem and propranolol as a “pill-in-the-pocket” approach to acutely terminate PSVT caused by AVNRT, but the overall safety of self-administration of these medications remains unclear because episodes of syncope were observed. If oral therapy with empiric beta blockers, diltiazem, or verapamil fails to terminate the tachyarrhythmia, patients should seek medical attention. <p>Acute Therapy (IV)</p> <ul style="list-style-type: none">• Adenosine 6-mg rapid IV bolus, if no result within 1 to 2 min, 12-mg rapid IV bolus; can repeat 12-mg dose once. The safe use of 18 mg bolus doses has been reported.• Esmolol 500-mcg/kg IV bolus over 1 min, infusion at 50–300 mcg/kg/min, with repeat boluses between each dosing increase• Metoprolol tartrate 2.5 to 5 mg IV bolus, can repeat 2.5- to 5.0-mg IV bolus in 10 min, up to 3 doses• Propranolol 1 mg IV bolus, can repeat 1 mg IV at 2-min intervals, up to 3 doses• Diltiazem 0.25 mg/kg IV bolus, infusion at 5–10 mg/h, up to 15 mg/h• Verapamil 5 to 10 mg (0.075–0.15-mg/kg) IV bolus, if no response, can give an additional 10 mg (0.15 mg/kg) 30 min after first dose; then infusion at 0.005 mg/kg/min• Digoxin 0.25–0.5 mg IV bolus, can repeat 0.25-mg IV bolus, up to maximum dose of 1.0 mg over 24 hours (ie, maximum loading dose 8–12 mcg/kg), given at 6–8-h intervals• Amiodarone 150 mg IV over 10 minutes, infusion at 1 mg/min (360 mg) over next 6 hours; then 0.5 mg/min (540 mg) over remaining 18 hours• Ibutilide (contraindicated when QTc >440 ms); 1 mg over 10 minutes (if ≥60 kg); if <60 kg, then 0.01 mg/kg, can repeat 1 mg once, if the arrhythmia does not terminate within 10 minutes <p>Ongoing Therapy (PO)</p> <ul style="list-style-type: none">• Atenolol 25 to 50 mg QD, may go up to 100 mg QD• Metoprolol tartrate 25 mg BID, may go up to 200 mg BID• Metoprolol succinate 50 mg QD, may go up to 400 mg QD• Nadolol 40 mg QD, may go up to 320 mg QD• Propranolol 30 to 60 mg in divided or single dose with long-acting formulations, may go up to 40 to 160 mg• Diltiazem 120 mg daily in divided or single dose with long-acting formulations, may go up to 360 mg daily• Verapamil 120 mg daily in divided or single dose with long-acting formulations, may go up to 480 mg daily



New Drug Review for Cardamyst[®] (etripamil)

Clinical Guideline	Recommendations
	<ul style="list-style-type: none">• Digoxin loading dose followed by maintenance 0.125 to 0.25 mg QD, with dosing based on patient-specific factors• Flecainide 50 mg Q12h, may go up to 150 mg Q12h• Propafenone 150 mg Q8h, may go up to 300 mg Q8h• Amiodarone load followed by maintenance• Dofetilide, dosing based on patient-specific factors• Sotalol, dosing based on patient-specific factors• Ivabridine 5 mg BID, may go up to 7.5 mg BID



New Drug Review for Cardamyst® (etripamil)

Clinical Trials

Table 2. Clinical Trials⁵

Study and Drug Regimen	Study Design and Demographics	Sample Size and Study Duration	End Points	Results
<p>Stambler et al RAPID 2023</p> <p>Etripamil 70 mg intranasally x 1 to 2 doses</p> <p>Vs</p> <p>Placebo intranasally x 1 to 2 doses</p>	<p>MC, R, DB, PC</p> <p>Patients ≥18 years of age with a history of PSVT with sustained, symptomatic episodes (≥20 min) as documented by ECG</p> <p>Patients were excluded if they had any history of manifest pre-excitation on ECG, second-degree or third-degree atrioventricular block, ventricular arrhythmia, and atrial arrhythmia not involving the atrioventricular node</p>	<p>N=184 (efficacy population), 255 (safety population)</p> <p>Duration not available</p>	<p><u>Primary:</u> Time to adjudicated conversion of confirmed atrioventricular-nodal-dependent PSVT to sinus rhythm for at least 30 seconds within 30 minutes of drug administration.</p> <p><u>Secondary:</u> Time to conversion at time points before and after 30 minutes</p> <p>Percentage of patients requiring additional medical intervention in EDs to terminate an episode of PSVT</p> <p>Rating from the Treatment Satisfaction Questionnaire for Medication (TSQM-9)</p> <p>Changes in predefined symptoms of PSVT from a questionnaire based on the Patient Symptom Global Impressions of Improvement (PGI-I)</p>	<p><u>Primary:</u> Conversion from atrioventricular-nodal-dependent PSVT to sinus rhythm up to 30 minutes and for at least 30 seconds, occurred in 63 (64%) of 99 patients in the etripamil group and 26 (31%) of 85 patients in the placebo group; the HR was 2.62 (95% CI 1.66– 4.15; p<0.001)</p> <p><u>Secondary:</u> Median time to conversion was 17.2 minutes (95% CI 13.4–26.5) with the etripamil regimen compared with 53.5 minutes (38.7–87.3) with placebo</p> <p>There were lower percentages of patients seeking additional medical interventions and ED visits in the etripamil group than in the placebo group, but significance was not shown</p> <p>Patients treated with etripamil showed symptomatic improvement compared with those on placebo as measured by the TSQM-9 Effectiveness scale (least-squares mean difference between groups of 17.80 [95% CI 8.43–27.18; p=0.0002]); however, no significant difference between groups was observed on the Overall Satisfaction scale (least-squares mean difference 7.75 [1.09–16.60; p=0.085]) and no difference was found on the Convenience scale.</p> <p>The secondary assessment of typical symptoms associated with paroxysmal supraventricular tachycardia—of which the presence before study treatment and changes after drug administration were recorded on the patient questionnaire—showed significantly greater proportions of responders among the etripamil group compared with the placebo group for rapid pulse (p=0.0059), palpitations (p=0.0092), anxiety (p=0.039), shortness of breath (p=0.0037), and feeling dizzy or lightheaded (p=0.0078).</p>

CI=confidence interval, DB=double-blind, ECG=electrocardiogram, ED=emergency department, HR=hazard ratio, MC=multicenter, PC=placebo-controlled, PSVT= paroxysmal supraventricular tachycardia, R=randomized



New Drug Review for Cardamyst[®] (etripamil)

Clinical Trial Demographic Information

The baseline characteristics of the etripamil and placebo groups were generally balanced in both the safety and efficacy populations. For the efficacy population, the mean age was 54 years and 131 (71%) of 184 patients were female, reflecting that paroxysmal supraventricular tachycardia occurs more frequently in females than in males. As for racial distribution, 93% of patients were White, 3% were Black or African American, and there were small percentages of Asians, American Indian or Alaska Natives and others.

Special Populations

Table 3. Special Populations¹

Population	Precaution
≥65 Years of Age	No evidence of overall differences in safety or efficacy observed between patients ≥65 years of age and younger adult patients.
Renal Dysfunction	The effect of renal impairment (eGFR < 90 mL/min) on etripamil pharmacokinetics is unknown. It is unknown whether etripamil is dialyzable.
Hepatic Dysfunction	The effect of hepatic impairment (Child Pugh A, B, or C) on etripamil pharmacokinetics is unknown.
Pregnancy / Nursing/ Males and females of reproductive potential	<p>There are no available data on the use of etripamil during pregnancy to inform a drug associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Reproductive studies conducted with intravenous administration of etripamil in pregnant rats and rabbits during organogenesis did not show any evidence of fetal harm or malformations in rats at exposures up to approximately 3x the maximum concentration (C_{max}) and 0.4x the AUC at the maximum recommended human dose (MRHD) and in rabbits at exposures approximately equivalent to the C_{max} and 10x the AUC at the MRHD, at which maternal toxicities were observed.</p> <p>There are no data on the presence of etripamil in human milk or animal milk. However, the structurally related compound, verapamil, is known to be present in human milk. There are no data on the effects of etripamil on the breastfed infant or on milk production. Because the presence of etripamil in breastmilk has not been characterized, and there is a potential for adverse reactions in the breastfed infant including hypotension and bradycardia, lactating women should interrupt breastfeeding and pump and discard milk for 12 hours (approximately 5 terminal half-lives) after treatment with etripamil.</p>
Children	Safety and efficacy in children have not been established.

Adverse Drug Events¹

The safety of etripamil was evaluated using pooled data from double-blind, randomized, placebo-controlled trials including NODE-1, NODE-301 Part 1, RAPID, and RAPID Extension. A total of 321 patients were treated with etripamil in randomized controlled studies. The majority of treatment-related adverse reactions reported in clinical studies have been related to local reactions to, at, or near the nasal administration site, including the nose, throat, and eyes. These local reactions included nasal discomfort, nasal congestion, throat irritation, oropharyngeal pain, lacrimation, rhinorrhea, bleeding from the nose, upper-airway cough syndrome, and sneezing.

Table 4. Most Frequent (≥5%) Adverse Reactions Observed in Randomized Controlled Studies

	Placebo, N=223 %	Etripamil 70 mg, N=235 %	Etripamil 70 mg x2, N=86 %
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New Drug Review for Cardamyst® (etripamil)

Nasal Discomfort	6	28	23
Nasal Congestion	1	14	12
Rhinorrhea	2	12	10
Throat Irritation	1	7	6
Epistaxis	1	6	7

Black Box Warnings, Contraindications, and Warnings/Precautions¹

Table 5. Black Box Warnings, Contraindications and Warnings/Precautions

Type	Description	
Black Box Warnings	N/A	
Contraindications	Hypersensitivity to Cardamyst or any of its components	
	New York Heart Association (NYHA) Class II to IV heart failure	
	Wolff-Parkinson-White (WPW), Lown-Ganong-Levine (LGL) syndromes, or manifest pre-excitation (delta wave) on a 12-lead electrocardiogram (ECG).	
	Sick sinus syndrome without a permanent pacemaker.	
	Second degree atrioventricular (AV) Mobitz 2 block or higher degree of AV block	
Warning/Precautions	Syncope Related to Hemodynamic Effects	Because of effects on blood pressure, heart rate, and cardiac conduction, etripamil may cause dizziness and/or syncope, especially in patients with a history of syncope and high-grade AV block or sinus node dysfunction, or history of syncope during an episode of PSVT. In clinical trials, a small percentage of patients (0.4%) experienced clinically significant hypotension during test dosing prior to randomization, which precluded further participation in the study. Patients with a history of hypotensive episodes or those at increased risk for hemodynamic instability should be monitored appropriately when initiating etripamil. If syncope occurs, patients should be placed in the recumbent position and treated supportively. Patients should be cautioned about these possible adverse effects and advised to administer etripamil in a sitting position, and in a location where the risk of fall is minimal.

Drug Interactions¹

There are no known significant interactions.

Dosage and Administration

Administer as soon as possible after PSVT symptom onset.

Table 6. Dosing and Administration¹

Adult Dose	Pediatric Dose	Availability
<p><u>Initial dosage:</u> A dose of 70 mg is administered as two nasal sprays, one spray into each nostril. Each nasal spray device delivers two sprays. The two sprays together contain a total of 70 mg etripamil</p> <p><u>Repeat dosage (if needed):</u> Should symptoms persist for 10 minutes after administration of etripamil, administer a second dose of 70 mg</p>	Safety and efficacy in children have not been established.	Nasal Spray: 2 x 70 mg/dose



New Drug Review for Cardamyst® (etripamil)

Adult Dose	Pediatric Dose	Availability
administered as two nasal sprays, one spray into each nostril. Do not exceed 140 mg in a 24-hour period.		

Comparison of Clinical Alternatives

Table 7. Comparison of Clinical Alternatives

Medication	Strength	Dosing Frequency
Cardamyst® (etripamil) Nasal Spray - Brand	70 mg	70 to 140 mg
Diltiazem Tablet - Generic	60 mg	One tablet (pill-in-the-pocket approach)
Propranolol Tablet - Generic	60 mg	

Potential Advantages

- While the consensus guidelines recommend “pill-in-the-pocket” for ongoing management in patients with infrequent, well-tolerated episodes of PSVT, there are limited high-quality published data evaluating this approach. Thus, there is a need for alternative rapid-acting, safe, and effective treatment options for the management of PSVT that can be administered by patients outside of a supervised setting. Cardamyst® is the first and only self-administered intranasal treatment offering patients an FDA-approved option to manage episodes of PSVT outside the emergency or healthcare setting.
- Cardamyst® is easy to administer and generally well-tolerated.

Potential Disadvantages/Unanswered Questions

- Use among older populations may be affected by challenges in self-administering the intranasal dosage form due to conditions such as arthritis, neuropathy, or cognitive impairment.

Other Key Facts

- There may be an opportunity for payers to evaluate the potential for outcomes-based contracts based on the number of ED or provider visits for the treatment of an acute PSVT episode. Cardamyst® has the potential to reduce the need for managing episodes of PSVT in the emergency or healthcare setting, and this may offset its high cost.
- The manufacturer estimates that 45% of patients treated for PSVT are commercially insured, 45% are insured by Medicare, and the remaining 10% have Medicaid

Conclusions

PSVT is the second most common tachyarrhythmia following AFib. PSVT symptoms can range from palpitations to chest discomfort, shortness of breath, and lightheadedness or dizziness. According to Milestone Pharmaceuticals, PSVT affects more than 2 million adults in the US. First-line acute therapy for hemodynamically stable patients includes vagal maneuvers and intravenous adenosine. While the consensus guidelines recommend “pill-in-the-pocket” for ongoing management in patients with infrequent, well-tolerated episodes of PSVT, there are limited high-quality published data evaluating this approach. Cardamyst® is a fast-acting, intranasally administered CCB for on-demand therapy outside a health-care setting for PSVT. Etripamil is quickly absorbed by the nasal mucosa, with maximum concentration reached within 7 min after a 70 mg dose and is rapidly metabolized. Approval was primarily supported by data from the Phase 3 RAPID study, where 64% of patients who self-administered etripamil converted from PSVT to sinus rhythm within 30 minutes, versus 31% on placebo.

Recommendations

References



New Drug Review for Cardamyst® (etripamil)

1. Cardamyst® [package insert]. Charlotte (NC): Milestone Pharmaceuticals USA, Inc.; 2025 Dec.
2. Knight BP. Narrow QRS complex tachycardias: Clinical manifestations and evaluation of the electrocardiogram. In: Botkin NF (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2026 [cited 2026 Feb 17]. Available from: <http://www.uptodate.com/uptd/index.do>
3. Peng G, Zei PC. Diagnosis and Management of Paroxysmal Supraventricular Tachycardia. JAMA. 2024 Feb 20;331(7):601-610.
4. Page RL, Joglar JA, Caldwell MA, Calkins H, Conti JB, Deal BJ, et al. 2015 ACC/AHA/HRS guideline for the management of adult patients with supraventricular tachycardia: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Heart Rhythm. 2016 Apr;13(4):e136-221.
5. Stambler BS, Camm AJ, Alings M, Dorian P, Heidbuchel H, Houtgraaf J, et al. Self-administered intranasal etripamil using a symptom-prompted, repeat-dose regimen for atrioventricular-nodal-dependent supraventricular tachycardia (RAPID): a multicentre, randomised trial. Lancet. 2023 Jul 8;402(10396):118-128

Sample Cost Sheet



ALL DATA is SAMPLE DATA ON THIS PAGE

MISCELLANEOUS NEWER HEREDITARY ANGIOEDEMA PROD - TREATMENT

Recommendation: **CHANGE Icatibant FROM N PREF TO PEF with PA and CHANGE Firazyr FROM PEF TO N PEF**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Drug	Generic Name	Manufacturer	Brand/ Generic	Offer	Current		Projected		GrossCost/ Rx	ROA/ Rx	Fed/ Rx	SUP/ Rx	NetCost/ Rx	Units/ Rx
2						PDL	RX	PDL	RX						
3	BERINERT VIAL	C1 ESTERASE INHIBITOR	CSL BEHRING L.L.C.	SS BRAND	No Offer	PREF	0	PREF	0	\$0.00			\$0.00		0.00
4	ICATIBANT SYRINGE	ICATIBANT ACETATE	MULTIPLE MANUFACTURER	MS GENERIC	Tier 2	N PEF	12	PREF	4	\$8244.20			\$0.00		15
5	BERINERT KIT	C1 ESTERASE INHIBITOR (HUMAN)	CSL BEHRING L.L.C.	SS BRAND	No Offer	PREF	12	PREF	18	\$52256.17			\$0.00		12
6	FIRAZYR SYRINGE	ICATIBANT ACETATE	TAKEDA PHARMACEUTICALS AMERICA INC	MS BRAND	Tier 1	PREF	4	N PEF	0	\$56062.94			\$0.00		18
7	RUCONEST VIAL	C1 ESTERASE INHIBITOR, RECOMB	PHARMING HEALTHCARE INC.	SS BRAND	No Offer	N PEF	58	N PEF	58	\$75405.69			\$0.00		8
8	SAJAZIR SYRINGE	ICATIBANT ACETATE	CYCLE PHARMACEUTICALS, LTD.	MS GENERIC	No Offer	N PEF	20	N PEF	20	\$68493.68			\$0.00		2200

	A	B	C	D
1	PDL Performance Summary	Current	Projected	Change
3	Preferred Rx (prescriptions)	20	18	2
4	Non Preferred Rx (prescriptions)	90	88	-2
5	Preferred Rx (members)	6	6	0
6	Non Preferred Rx (members)	20	20	0
7	Preferred Rx (market share)	18.37	18.22	
8	Non Preferred Rx (market share)	83.64%	2.73%	0.15%
9	Total (prescriptions)	110	110	0
10	Total (members)	34	34	0
11	Total (market share)	100.00%	100.00%	0.00%

	A	B	C	D	E	F	G	H	I	J
1	Financial Summary	Current Total	Current State	Current Federal	Projected Total	Projected State	Projected Federal	Change Total	Change State	Change Federal
3	Gross Cost	\$72,333,333			\$62,563,972			\$10,999,333		-\$47,819
4	Federal Rebate									-\$11,517
5	Supplemental Rebate									\$0
6	Rebate Offset Amount									-\$2,760
7	Market Shift	-\$10,333,222			-\$98,443,32			-\$90,333		-\$34,922
8	Net Cost	\$65,349,222			\$4,216,985			-\$71,222		-\$33,542

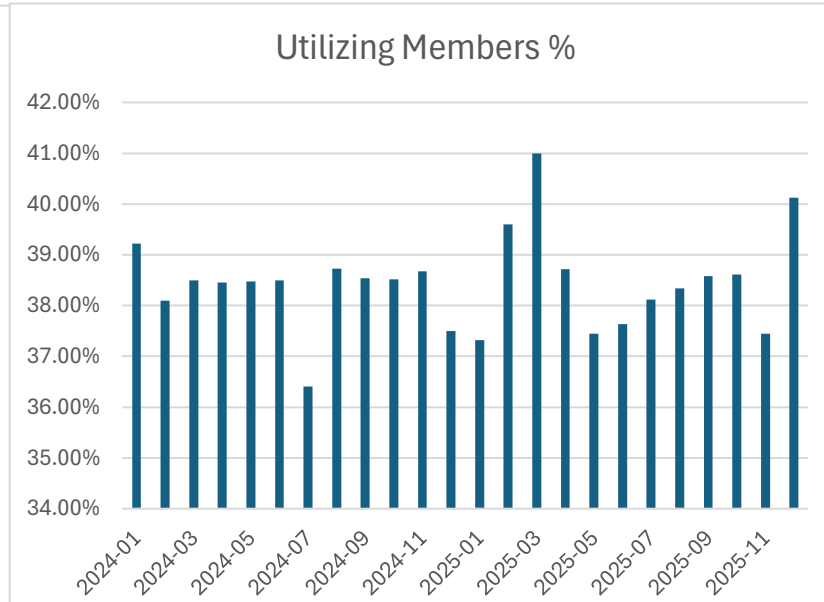
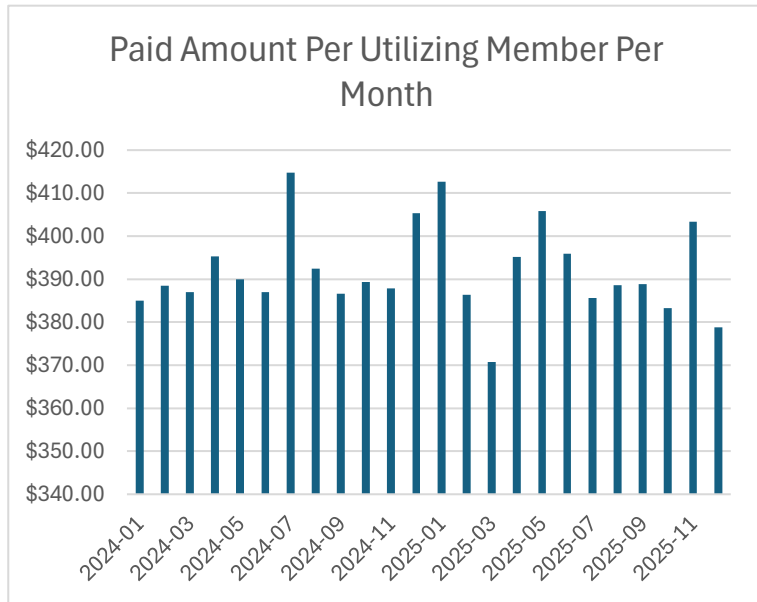
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Key Metric Sample Report



State Key Metric Report - Monthly

Adjudicated Year Month	Eligible Member Count	Utilizing Member Count	Utilizing Members %	Paid Amount Per Utilizing Member Per Month	Total Amount Paid	Paid Amount - Brand	Paid Amount - Generic	Rx Count	Paid Amount Per Rx	Paid Amount Per Generic Rx	Paid Amount Per Brand Rx	Generic % Rx
2024-01	2,450,678	961,156	39.22%	\$385.01	\$370,052,378	\$307,143,474	\$62,908,904	4,856,470	\$76.20	\$14.88	\$487.62	87.03%
2024-02	2,487,432	947,712	38.10%	\$388.45	\$368,139,936	\$312,918,946	\$55,220,990	4,902,457	\$75.09	\$12.94	\$492.13	87.15%
2024-03	2,503,300	963,771	38.50%	\$387.01	\$372,991,700	\$324,502,779	\$48,488,921	4,805,463	\$77.62	\$11.59	\$520.65	87.21%
2024-04	2,490,566	957,623	38.45%	\$395.32	\$378,566,032	\$325,566,788	\$52,999,244	4,817,893	\$78.58	\$12.64	\$521.01	87.45%
2024-05	2,489,743	957,804	38.47%	\$389.91	\$373,461,450	\$306,238,389	\$67,223,061	4,877,564	\$76.57	\$15.84	\$484.08	88.01%
2024-06	2,475,009	952,878	38.50%	\$387.01	\$368,776,341	\$311,616,008	\$57,160,333	4,890,105	\$75.41	\$13.43	\$491.32	87.63%
2024-07	2,491,234	907,058	36.41%	\$414.72	\$376,176,334	\$317,869,002	\$58,307,332	4,917,043	\$76.50	\$13.63	\$498.43	87.56%
2024-08	2,493,682	965,803	38.73%	\$392.46	\$379,039,664	\$320,288,516	\$58,751,148	4,903,421	\$77.30	\$13.77	\$503.62	87.05%
2024-09	2,498,764	963,024	38.54%	\$386.61	\$372,315,836	\$314,606,881	\$57,708,955	4,897,542	\$76.02	\$13.54	\$495.28	87.37%
2024-10	2,501,043	963,402	38.52%	\$389.41	\$375,156,450	\$317,007,200	\$58,149,250	4,871,543	\$77.01	\$13.72	\$501.72	87.69%
2024-11	2,503,904	968,260	38.67%	\$387.90	\$375,585,600	\$317,369,832	\$58,215,768	4,890,437	\$76.80	\$13.68	\$500.35	87.71%
2024-12	2,499,654	937,370	37.50%	\$405.33	\$379,947,408	\$321,055,560	\$58,891,848	4,900,379	\$77.53	\$13.81	\$505.14	88.14%
2025-01	2,504,670	934,743	37.32%	\$412.65	\$385,719,180	\$325,932,707	\$59,786,473	4,901,345	\$78.70	\$14.02	\$512.71	87.63%
2025-02	2,510,782	994,270	39.60%	\$386.36	\$384,149,646	\$324,606,451	\$59,543,195	4,911,693	\$78.21	\$13.93	\$509.55	87.52%
2025-03	2,508,222	1,028,371	41.00%	\$370.73	\$381,249,744	\$322,156,034	\$59,093,710	4,920,407	\$77.48	\$13.80	\$504.81	87.09%
2025-04	2,503,421	969,325	38.72%	\$395.14	\$383,023,413	\$323,654,784	\$59,368,629	4,915,418	\$77.92	\$13.88	\$507.67	87.49%
2025-05	2,498,327	935,623	37.45%	\$405.87	\$379,745,704	\$320,885,120	\$58,860,584	4,890,419	\$77.65	\$13.83	\$505.90	87.62%
2025-06	2,490,096	937,023	37.63%	\$395.96	\$371,024,304	\$313,515,537	\$57,508,767	4,903,987	\$75.66	\$13.47	\$492.91	88.05%
2025-07	2,485,568	947,499	38.12%	\$385.62	\$365,378,496	\$308,744,829	\$56,633,667	4,907,624	\$74.45	\$13.26	\$485.05	88.11%
2025-08	2,500,392	958,650	38.34%	\$388.63	\$372,558,408	\$314,811,855	\$57,746,553	4,912,096	\$75.85	\$13.51	\$494.13	87.75%
2025-09	2,502,456	965,448	38.58%	\$388.80	\$375,368,400	\$317,186,298	\$58,182,102	4,914,732	\$76.38	\$13.60	\$497.59	87.64%
2025-10	2,509,594	968,954	38.61%	\$383.32	\$371,419,912	\$313,849,826	\$57,570,086	4,908,974	\$75.66	\$13.48	\$492.94	87.83%
2025-11	2,508,432	939,157	37.44%	\$403.31	\$378,773,232	\$320,063,381	\$58,709,851	4,910,306	\$77.14	\$13.74	\$502.56	87.92%
2025-12	2,505,986	1,005,402	40.12%	\$378.86	\$380,909,872	\$321,868,842	\$59,041,030	4,890,280	\$77.89	\$13.87	\$507.46	88.04%
Summary	59,912,955	23,030,324	38.44%	\$ 391.64	9,019,529,440	7,623,459,038	1,396,070,402	117,417,598	\$76.82	\$13.66	\$500.59	87.61%



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PDL Compliance Sample Report



Report: PDL Compliance Performance

Report Category	Rebate Reports > Medicaid FFS - Supplemental	
Overview	Provides an overview of the number of prescriptions being written for preferred versus non-preferred products.	
Fields	<ul style="list-style-type: none"> • <u>State</u> - The abbreviation of the Customer's name • <u>Reporting Period</u> – Invoice month range • <u>Comparison Period</u> - Comparison invoice month range • <u>Drug Class</u> – The therapeutic class of the drug on the PDL • <u>Preferred/Non-Preferred</u> - Indicates whether the drug is a preferred drug or not • <u>Brand Name</u> - Drug name assigned in First DataBank • <u>Dosage Form</u> - Indicates the dosage form of the drug, e.g., tablet, suspension, capsule, etc. • <u>Rx Count</u> – Count of prescriptions claims during the reporting period • <u>Market Share</u> – Market share of a drug in the same Drug Class during the reporting period • <u>Comparison Rx Count</u> - Count of prescriptions claims during the comparison period • <u>Comparison Market Share</u> - Market share of a drug in the same Drug Class during the comparison period • <u>Market Share Change</u>- Reporting period Market Share – Comparison period Market Share • <u>Rx Count Change</u> – Reporting period Rx Count – Comparison period Rx Count 	
Filters/Parameters	<ul style="list-style-type: none"> • State • Date Filter (monthly, quarterly, yearly) • Drug Class • Medicaid Program Type (ALL, FFSU, MCOU) 	
Uses	<ul style="list-style-type: none"> • Evaluate prescriber adherence to the Preferred Drug List (PDL) to identify trends, non-compliance patterns, and opportunities for education or formulary intervention. 	

PDL Compliance Performance							
Demo State - DS							
Medicaid Program Type - ALL							
Reporting Period: 10/01/2099 through 12/31/2099							
Comparison Period: 07/01/2099 through 09/30/2099							
Drug Class	Preferred / Non Preferred	Brand Name	Dosage Form	Rx Count	Market Share	Comparison Rx Count	
ACNE AGENTS ANTI-INFECTIVE	Preferred	CLNDAMYCIN PHOSPHATE	GEL (GRAM)	642	31.66%	642	
ACNE AGENTS ANTI-INFECTIVE	Preferred	CLNDAMYCIN PHOSPHATE	LOTION	756	37.28%	756	
ACNE AGENTS ANTI-INFECTIVE	Preferred	CLNDAMYCIN PHOSPHATE	MED. SWAB	459	22.63%	459	
ACNE AGENTS ANTI-INFECTIVE	Preferred	CLNDAMYCIN PHOSPHATE	SOLUTION	138	6.80%	138	
Preferred - Summary				1,995	98.37%	1,995	
ACNE AGENTS ANTI-INFECTIVE	Non Preferred	DAPSONE	GEL (GRAM)	9	0.44%	9	
ACNE AGENTS ANTI-INFECTIVE	Non Preferred	SULFACETAMIDE SODIUM	SUSPENSION	9	0.44%	9	
ACNE AGENTS ANTI-INFECTIVE	Non Preferred	WNLEVI	CREAM (G)	15	0.74%	15	
Non Preferred - Summary				33	1.63%	33	
ACNE AGENTS ANTI-INFECTIVE - Summary				2,028	0.24%	2,028	
ACNE AGENTS COMBINATION DRUGS/OTHERS	Preferred	ADAPALENE-BENZOYL PEROXIDE	GEL W/PUMP	741	56.52%	741	
ACNE AGENTS COMBINATION DRUGS/OTHERS	Preferred	CLNDAMYCIN PHOS-BENZOYL PEROX	GEL (GRAM)	471	35.93%	471	
ACNE AGENTS COMBINATION DRUGS/OTHERS	Preferred	CLNDAMYCIN-BENZOYL PEROXIDE	GEL W/PUMP	36	2.75%	36	
ACNE AGENTS COMBINATION DRUGS/OTHERS	Preferred	SODIUM SULFACETAMIDE-SULFUR	SUSPENSION	21	1.60%	21	
Preferred - Summary				1,269	96.80%	1,269	
ACNE AGENTS COMBINATION DRUGS/OTHERS	Non Preferred	CABTREO	GEL (GRAM)	15	1.14%	15	
ACNE AGENTS COMBINATION DRUGS/OTHERS	Non Preferred	CLNDAMYCIN-BENZOYL PEROXIDE	GEL (GRAM)	3	0.23%	3	
ACNE AGENTS COMBINATION DRUGS/OTHERS	Non Preferred	CLNDAMYCIN-BENZOYL PEROXIDE	GEL W/PUMP	24	1.83%	24	
Non Preferred - Summary				42	3.20%	42	
ACNE AGENTS COMBINATION DRUGS/OTHERS - Summary				1,311	0.16%	1,311	

Sample Quarterly Supplemental Rebate File



Quarterly Supplemental Rebate File

State	Program	Product Name	NDC	Earned Year Quarter	Item Eff Date	Item Eff End Date	Formula	WAC	URA	GNUP	Discount %	SRPU	Final Rate	Version	Manufacturer Communication Notes	Manufacturer Communication Date
WV	WVSUPP	Drug Name 1	12345678912	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$52.030000	\$3.200000	\$2.786400		\$46.043600	\$46.043600	1		
WV	WVSUPP	Drug Name 2	12345678913	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$36.120000	\$6.400000	\$2.786400		\$26.933600	\$26.933600	1	Manufacturer questioned rate calculation. Validated rate is correct.	06/01/2026
WV	WVSUPP	Drug Name 3	12345678914	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$13.326500	\$9.600000	\$2.786400		\$0.940100	\$0.940100	1		
WV	WVSUPP	Drug Name 4	12345678915	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$21.220000	\$12.800000	\$2.786400		\$5.633600	\$5.633600	1		
WV	WVSUPP	Drug Name 5	12345678916	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$23.456000	\$16.000000	\$3.160000		\$4.296000	\$4.296000	1		
WV	WVSUPP	Drug Name 6	12345678917	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$6.230000	\$19.200000	\$3.160000		\$0.000000	(\$16.130000)	1		
WV	WVSUPP	Drug Name 7	12345678918	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$7.000000	\$1.236598	\$4.550000		\$1.213402	\$1.213402	1		
WV	WVSUPP	Drug Name 8	12345678919	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$8.000000	\$2.659716	\$4.550000		\$0.790284	\$0.790284	1		
WV	WVSUPP	Drug Name 9	12345678910	20261	01/01/2026	03/31/2026	WAC - URA - GNUP = SRPU	\$9.000000	\$3.659600	\$4.550000		\$0.790400	\$0.790400	1		
WV	WVSUPP	Drug Name 10	12345678920	20261	01/01/2026	03/31/2026	WAC x % = SRPU	\$10.000000			7.00%	\$0.700000	\$0.700000	1		
WV	WVSUPP	Drug Name 11	12345678921	20261	01/01/2026	03/31/2026	WAC x % = SRPU	\$1.000000			7.00%	\$0.070000	\$0.070000	1		
WV	WVSUPP	Drug Name 12	12345678922	20261	01/01/2026	03/31/2026	WAC x % = SRPU	\$2.000000			7.00%	\$0.140000	\$0.140000	1		
WV	WVSUPP	Drug Name 13	12345678923	20261	01/01/2026	03/31/2026	WAC x % = SRPU	\$3.000000			7.00%	\$0.210000	\$0.210000	1		
WV	WVSUPP	Drug Name 14	12345678924	20261	01/01/2026	03/31/2026	WAC x % = SRPU	\$4.000000			7.00%	\$0.280000	\$0.280000	1		
WV	WVSUPP	Drug Name 15	12345678925	20261	01/01/2026	03/31/2026	WAC x % = SRPU	\$5.000000			7.00%	\$0.350000	\$0.350000	1		
WV	WVSUPP	Drug Name 379	23456789101	20254	10/01/2025	12/31/2025	WAC - URA - GNUP = SRPU	\$15.000000	\$6.365250	\$2.786400		\$1.405720	\$5.848350	2		
WV	WVSUPP	Drug Name 380	23456789102	20254	10/01/2025	12/31/2025	WAC - URA - GNUP = SRPU	\$16.000000	\$3.264960	\$3.160000		\$1.129300	\$9.575040	2		
WV	WVSUPP	Drug Name 381	23456789103	20254	10/01/2025	12/31/2025	WAC - URA - GNUP = SRPU	\$17.000000	\$3.596887	\$3.160000		\$0.942300	\$10.243113	2		
WV	WVSUPP	Drug Name 382	23456789104	20254	10/01/2025	12/31/2025	WAC - URA - GNUP = SRPU	\$18.000000	\$0.123456	\$4.550000		\$130.009900	\$13.326544	2		
WV	WVSUPP	Drug Name 383	23456789105	20254	10/01/2025	12/31/2025	WAC - URA - GNUP = SRPU	\$19.000000	\$0.543210	\$4.550000		\$115.134880	\$13.906790	2		
WV	WVSUPP	Drug Name 384	23456789106	20254	10/01/2025	12/31/2025	WAC - URA - GNUP = SRPU	\$30.000000	\$16.634500	\$4.550000		\$1.776900	\$8.815500	2	Manufacturer question regarding new rate for 2025Q4.	06/05/2026

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Sample SDR Contract Agreement Tracker



Contract Status Tracker																	
Labeler Identifier	Manufacturer Name	Labeler Number	Type (Contract/Amendment)	Status	Drug/Product Name(s)	DME or SRA	Fully Executed	With Manufacturer	With State	Offer Cycle	Executed Date	Date Sent to Manufacturer	Date Received from Manufacturer	Date Sent to State	Contract Term	Contract End Date	Comments
1	00001	Acme Corp.	00001	Contract	Fully Executed	Aspirin	SRA	x		CY2027	12/1/2026	10/15/2026	11/15/2026	11/16/2026	1 year	12/31/2027	12/8/2026 - Pending
2	00002	Glucose Corp	00002	Contract	In-Progress	Test Strips	DME		x	CY2027		10/15/2026			1 year	12/31/2027	Manufacturer 12/8/2026 - Pending State
3	00003	Pharma Inc.	00003	Amendment	Manufacturer Signed	Tylenol	SRA			x	CY2026	11/23/2026	11/24/2026	11/24/2026	Q4 2026	12/31/2026	
Total							1	1	1								

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Draft Implementation Plan



West Virginia Implementation Plan

ID	WBS	Task Name	Duration	Start	Finish	Resource Names
1	1	West Virginia Medicaid Implementation (PDL, SMAC) for the Bureau for Medical Services (BMS)	42 days	Sun 11/1/26	Fri 1/1/27	
2	1.1	Project Implementation phase: Contract Award	42 days	Sun 11/1/26	Fri 1/1/27	
3	1.1.1	DELIVERABLE: Implementation Plan	0 days	Sun 11/1/26	Sun 11/1/26	Implementation PM
4	1.1.2	Implementation Plan Review	5 days	Mon 11/2/26	Fri 11/6/26	All Teams
5	1.1.3	MILESTONE: Implementation Plan Approval	0 days	Fri 11/6/26	Fri 11/6/26	WV resource
6	1.1.4	MILESTONE: Implementation Start Date	0 days	Fri 11/6/26	Fri 11/6/26	All Teams
7	1.1.5	Project Kick-off Meeting	42 days	Sun 11/1/26	Fri 1/1/27	
8	1.1.5.1	Schedule and Prepare Materials for Kick-off Meeting	41 days	Sun 11/1/26	Thu 12/31/26	
9	1.1.5.1.1	Prepare IQ (Requirements Documentation) for Kick-Off Meeting	3 days	Sun 11/1/26	Tue 11/3/26	Implementation PM
10	1.1.5.1.2	MILESTONE: Official Kick-Off	0 days	Wed 11/4/26	Wed 11/4/26	All Teams
11	1.1.5.1.3	Kick-Off Meeting	1 day	Wed 11/4/26	Wed 11/4/26	All Teams
12	1.1.5.1.4	Confirm Scope of Services / Requirements in IQ	1 day	Thu 11/5/26	Thu 11/5/26	WV resource,Implementation PM
13	1.1.5.1.5	Determine Communication Protocols and Meeting Cadence	7 days	Sun 11/1/26	Mon 11/9/26	
14	1.1.5.1.5.1	Review the Project Deliverable Schedule	7 days	Sun 11/1/26	Mon 11/9/26	
15	1.1.5.1.5.1.1	Discuss Project Risks and Mitigation Process	1 day	Wed 11/4/26	Wed 11/4/26	WV resource,Implementation PM
16	1.1.5.1.5.1.2	Implementation Phase Reporting Established	3 days	Thu 11/5/26	Mon 11/9/26	WV resource,Implementation PM
17	1.1.5.1.6	Transition Planning	42 days	Sun 11/1/26	Thu 12/31/26	
18	1.1.5.1.6.1	Approval of project plan	17 days	Sun 11/1/26	Mon 11/23/26	
19	1.1.5.1.6.1.1	DELIVERABLE - Draft Project Work Plan	0 days	Fri 11/6/26	Fri 11/6/26	Implementation PM
20	1.1.5.1.6.1.2	Client Conducts Review of Draft Project Work Plan	3 days	Fri 11/6/26	Tue 11/10/26	WV resource
21	1.1.5.1.6.1.3	Walkthrough Client Deliverable Review Comments	2 days	Wed 11/11/26	Thu 11/12/26	WV resource,Implementation PM
22	1.1.5.1.6.1.4	Revise Project Work Plan based on Client Review	2 days	Fri 11/6/26	Mon 11/9/26	Implementation PM
23	1.1.5.1.6.1.5	Distribute Final Revised Project Work Plan to Client for Approval	2 days	Mon 11/16/26	Tue 11/17/26	Implementation PM
24	1.1.5.1.6.1.6	DELIVERABLE - Final Work Plan	0 days	Wed 11/18/26	Wed 11/18/26	Implementation PM
25	1.1.5.1.6.1.7	BMS Final Review / Approval of Project Plan	3 days	Wed 11/18/26	Fri 11/20/26	WV resource
26	1.1.5.1.6.1.8	MILESTONE: BMS Project Plan Approval	0 days	Mon 11/23/26	Mon 11/23/26	WV resource
27	1.1.5.1.6.2	Baseline Project Work Plan	1 day	Mon 11/23/26	Mon 11/23/26	Implementation PM
28	1.1.5.1.6.3	Historical Information Gathering	8 days	Sun 11/1/26	Tue 11/10/26	
29	1.1.5.1.6.3.1	Obtain historical Rate and Specialty Drug List	8 days	Sun 11/1/26	Tue 11/10/26	Implementation PM,Clinical Account Manager,WV resource
30	1.1.5.1.6.3.2	Obtain copies of any reimbursement related policies/procedures	8 days	Sun 11/1/26	Tue 11/10/26	WV resource,Implementation PM,Clinical Account Manager
31	1.1.5.2	Establish transfer protocols	6 days	Wed 11/11/26	Wed 11/18/26	
32	1.1.5.2.1	Notification to stakeholders (providers, fiscal agent, managed care plans)	1 day	Wed 11/11/26	Wed 11/11/26	Implementation PM,WV resource
33	1.1.5.2.2	Determine File requirements from BMS' claims adjudicator	5 days	Thu 11/12/26	Wed 11/18/26	WV resource,Implementation PM
34	1.1.5.3	Test file transfer with BMS claims adjudicator	8 days	Thu 11/19/26	Thu 12/3/26	
35	1.1.5.3.1	Test secure file transmission options with managed care plans	5 days	Thu 11/19/26	Wed 11/25/26	WV resource,Implementation PM,MedImpact Data Exchange Team
36	1.1.5.3.2	MILESTONE: Successful Test with claims adjudicator and managed care plan	0 days	Thu 12/3/26	Thu 12/3/26	Implementation PM
37	1.1.5.4	Obtain historical claims and encounter data	24 days	Thu 11/26/26	Fri 1/1/27	
38	1.1.5.4.1	Submit request for claims data to BMS	25 days	Thu 11/26/26	Fri 1/1/27	
39	1.1.5.4.1.1	BMS data preparation	5 days	Fri 11/27/26	Thu 12/3/26	WV resource
40	1.1.5.4.1.2	DELIVERABLE - Test Data	0 days	Fri 12/4/26	Fri 12/4/26	Implementation PM,MedImpact Data Exchange Team
41	1.1.5.4.1.3	Receive test data from BMS	3 days	Fri 12/4/26	Tue 12/8/26	MedImpact Data Exchange Team
42	1.1.5.4.1.4	Validate test data	5 days	Wed 12/9/26	Tue 12/15/26	MedImpact Data Exchange Team
43	1.1.5.4.1.5	Begin receiving data	5 days	Wed 12/16/26	Tue 12/22/26	MedImpact Data Exchange Team
44	1.1.5.4.1.6	Evaluate claims data for completeness using claims data control totals	5 days	Wed 12/23/26	Wed 12/30/26	MedImpact Data Exchange Team
45	1.1.5.4.1.7	Validate data receipt	1 day	Wed 12/30/26	Wed 12/30/26	Implementation PM,MedImpact Data Exchange Team
46	1.1.5.4.2	MILESTONE: Validation of claims & encounter file transfer	0 days	Thu 12/31/26	Thu 12/31/26	Implementation PM
47	1.1.5.5	Determine Outbound Interface Requirements	35 days	Wed 11/4/26	Mon 12/28/26	
48	1.1.5.5.1	Gather mapping and layout requirements for outbound files	10 days	Wed 11/4/26	Tue 11/17/26	MedImpact Data Exchange Team,WV resource
49	1.1.5.5.2	Gather scheduling/frequency/naming convention requirements for outbound files	10 days	Wed 11/4/26	Tue 11/17/26	MedImpact Data Exchange Team,WV resource
50	1.1.5.5.3	Develop outbound interface process	15 days	Wed 11/18/26	Thu 12/10/26	MedImpact Data Exchange Team
51	1.1.5.5.4	Generate test output for outbound interface(s)	2 days	Fri 12/11/26	Mon 12/14/26	MedImpact Data Exchange Team
52	1.1.5.5.5	Verify successful processing of outbound interface(s)	5 days	Tue 12/15/26	Mon 12/21/26	MedImpact Data Exchange Team,WV resource
53	1.1.5.5.6	Productionalize/Schedule outbound interfaces according to specifications	3 days	Tue 12/22/26	Thu 12/24/26	MedImpact Data Exchange Team
54	1.1.5.5.7	MILESTONE: Outbound Interface Readiness	0 days	Mon 12/28/26	Mon 12/28/26	Implementation PM
55	1.2	RFP Components	33 days	Mon 11/2/26	Fri 12/18/26	
56	1.2.1	Preferred Product List (PPL) and Preferred Drug List (PDL)	33 days	Mon 11/2/26	Fri 12/18/26	
57	1.2.1.1	Collect, track and store fully executed contracts	15 days	Mon 11/2/26	Fri 11/20/26	Clinical Account Manager
58	1.2.1.2	Obtain the PPL/PDLs file and weekly PPL/PDL update file if they differ	5 days	Mon 11/2/26	Fri 11/6/26	Clinical Account Manager
59	1.2.1.3	Load the PPL/PDL files into the EFS system	5 days	Mon 11/9/26	Fri 11/13/26	Clinical Account Manager
60	1.2.1.4	Perform quality assurance testing on the PPL/PDL files and weekly PPL/PDL process	5 days	Mon 11/16/26	Fri 11/20/26	Clinical Account Manager
61	1.2.1.5	Obtain the current prior authorization criteria and review template for updates with BMS	5 days	Mon 11/23/26	Tue 12/1/26	Clinical Account Manager
62	1.2.1.6	Print the PPL/PDL files from the EFS system	1 day	Wed 12/2/26	Wed 12/2/26	Clinical Account Manager
63	1.2.1.7	Perform quality assurance testing on the printed PPL/PDL	12 days	Thu 12/3/26	Fri 12/18/26	Clinical Account Manager
64	1.2.1.7.1	Review the printed PPL/PDL with BMS	10 days	Thu 12/3/26	Wed 12/16/26	Clinical Account Manager,WV resource
65	1.2.1.7.1.1	Customize the PPL/PDL based on the review with BMS	3 days	Thu 12/3/26	Mon 12/7/26	Clinical Account Manager
66	1.2.1.7.1.2	Finalize and receive BMS approval on the PPL/PDL files and printed PPL/PDL	3 days	Tue 12/8/26	Thu 12/10/26	Clinical Account Manager,WV resource
67	1.2.1.7.1.3	MILESTONE: Approval on PPL/PDL Files and Printed PPL/PDL	0 days	Thu 12/10/26	Thu 12/10/26	WV resource
68	1.2.1.7.1.4	Create a comprehensive PPL/PDL update file following the Q4 2026 P&T meeting	2 days	Fri 12/11/26	Mon 12/14/26	Clinical Account Manager
69	1.2.1.7.1.5	Perform quality assurance testing on comprehensive PPL/PDL update file	2 days	Tue 12/15/26	Wed 12/16/26	Clinical Account Manager
70	1.2.1.7.2	Print the updated/customized PPL/PDL files from the EFS system	2 days	Tue 12/15/26	Wed 12/16/26	Clinical Account Manager
71	1.2.1.7.2.1	Perform quality assurance testing on the updated/customized printed PPL/PDL	2 days	Tue 12/15/26	Wed 12/16/26	Clinical Account Manager
72	1.2.1.7.3	Review the updated/customized printed PPL/PDL with BMS	2 days	Thu 12/17/26	Fri 12/18/26	Clinical Account Manager,WV resource
73	1.2.1.7.3.1	Update the PPL/PDL (if needed) based on the review with BMS	1 day	Thu 12/17/26	Thu 12/17/26	Clinical Account Manager
74	1.2.1.7.3.2	MILESTONE: Finalize and receive BMS approval on the PPL/PDL files and printed PPL/PDL	0 days	Thu 12/17/26	Thu 12/17/26	Clinical Account Manager,WV resource
75	1.2.1.7.3.3	Implement P&T changes through PPL/PDL files and printed PPL/PDL	1 day	Fri 12/18/26	Fri 12/18/26	Clinical Account Manager
76	1.2.2	Establish Transition of Duties Plan	25 days	Mon 11/2/26	Tue 12/8/26	
77	1.2.2.1	Transition In Progress Contracts	10 days	Mon 11/2/26	Fri 11/13/26	Clinical Account Manager,WV resource
78	1.2.2.2	Establish P&T Committee Meeting Schedule and Expectations (Pre- and Post- Meeting included)	10 days	Mon 11/2/26	Fri 11/13/26	Clinical Account Manager,WV resource

West Virginia Implementation Plan

ID	WBS	Task Name	Duration	Start	Finish	Resource Names
79	1.2.2.3	Determine & Document process for submitting changes for Adjudication/Claims Processing	5 days	Mon 11/16/26	Fri 11/20/26	Clinical Account Manager,WV resource
80	1.2.2.4	Establish Operational processes for weekly updates	5 days	Mon 11/23/26	Tue 12/1/26	
81	1.2.2.5	Finalize Duties Transition Plan	5 days	Wed 12/2/26	Tue 12/8/26	Clinical Account Manager,WV resource
82	1.2.3	SMAC List	31 days	Wed 11/4/26	Fri 12/18/26	
83	1.2.3.1	Gather current SMAC and discuss requirements	3 days	Wed 11/4/26	Fri 11/6/26	Clinical Account Manager,WV resource
84	1.2.3.2	Create WV specific algorithms	5 days	Mon 11/9/26	Fri 11/13/26	Clinical Account Manager,MedImpact Data Exchange Team
85	1.2.3.3	Produce Sample SMAC	3 days	Mon 11/16/26	Wed 11/18/26	Clinical Account Manager,MedImpact Data Exchange Team
86	1.2.3.4	Determine and establish extract files	5 days	Thu 11/19/26	Wed 11/25/26	Clinical Account Manager,MedImpact Data Exchange Team
87	1.2.3.5	Create SMAC documents for publication	5 days	Mon 11/30/26	Fri 12/4/26	Clinical Account Manager
88	1.2.3.6	Establish Phone line, fax line, email & forms for SMAC inquiries	30 days	Wed 11/4/26	Thu 12/17/26	Clinical Account Manager,Implementation PM
89	1.2.3.7	Review and update all SMAC documents and web pages	10 days	Mon 12/7/26	Fri 12/18/26	Clinical Account Manager,Implementation PM,WV resource
90	1.2.3.8	MILESTONE: Review SMAC Program Readiness	0 days	Fri 12/18/26	Fri 12/18/26	Clinical Account Manager,WV resource
91	1.2.4	MILESTONE: Receive BMS Approval	0 days	Fri 12/18/26	Fri 12/18/26	WV resource
92	1.3	Reports and Monitoring	42 days	Mon 11/2/26	Fri 1/1/27	
93	1.3.1	Gather / Document Program Reporting Requirements	10 days	Mon 11/2/26	Fri 11/13/26	Business and Reporting Analyst,WV resource
94	1.3.2	Develop custom Program Reports	25 days	Mon 11/16/26	Tue 12/22/26	Business and Reporting Analyst
95	1.3.3	Conduct Tests on newly developed reports	5 days	Wed 12/23/26	Wed 12/30/26	Business and Reporting Analyst
96	1.3.4	Establish report distribution schedule for reports	2 days	Thu 12/31/26	Fri 1/1/27	Business and Reporting Analyst
97	1.3.5	Drug Marketplace report	31 days	Mon 11/2/26	Wed 12/16/26	
98	1.3.5.1	Meet with BMS pharmacy team to agree on drug marketplace report and template	5 days	Mon 11/2/26	Fri 11/6/26	WV resource,Implementation PM,Clinical Account Manager
99	1.3.5.2	Incorporate BMS preferences into report templates and prepare draft initial reports	15 days	Mon 11/9/26	Tue 12/1/26	Clinical Account Manager
100	1.3.5.3	Present draft report to BMS pharmacy team for review and approval	5 days	Wed 12/2/26	Tue 12/8/26	WV resource,Implementation PM,Clinical Account Manager
101	1.3.5.4	DELIVERABLE: Draft Drug marketplace report to BMS for review and approval	1 day	Wed 12/9/26	Wed 12/9/26	Implementation PM,Clinical Account Manager
102	1.3.5.5	Incorporate BMS feedback into report	5 days	Thu 12/10/26	Wed 12/16/26	Implementation PM,Clinical Account Manager
103	1.3.5.6	MILESTONE: Quarterly Drug marketplace report readiness	0 days	Wed 12/16/26	Wed 12/16/26	Implementation PM
104	1.3.6	External factor report	31 days	Mon 11/2/26	Wed 12/16/26	
105	1.3.6.1	Meet with BMS pharmacy team to agree on external factor report and template	5 days	Mon 11/2/26	Fri 11/6/26	WV resource,Implementation PM,Clinical Account Manager
106	1.3.6.2	Incorporate BMS preferences into report templates and prepare draft initial reports	15 days	Mon 11/9/26	Tue 12/1/26	Clinical Account Manager
107	1.3.6.3	Present draft report to BMS pharmacy team for review and approval	5 days	Wed 12/2/26	Tue 12/8/26	WV resource,Implementation PM,Clinical Account Manager
108	1.3.6.4	DELIVERABLE: Draft external factor report to BMS for review and approval	1 day	Wed 12/9/26	Wed 12/9/26	Implementation PM
109	1.3.6.5	Incorporate BMS feedback into report	5 days	Thu 12/10/26	Wed 12/16/26	Implementation PM,Clinical Account Manager
110	1.3.6.6	MILESTONE: External factor report readiness	0 days	Wed 12/16/26	Wed 12/16/26	Implementation PM
111	1.3.7	Claims Breakdown Report	41 days	Mon 11/2/26	Thu 12/31/26	
112	1.3.7.1	Meet with BMS pharmacy team to agree on claims breakdown report and template	5 days	Mon 11/2/26	Fri 11/6/26	WV resource,Implementation PM,Clinical Account Manager
113	1.3.7.2	Incorporate BMS preferences into report templates and prepare draft initial reports	10 days	Wed 12/2/26	Tue 12/15/26	Clinical Account Manager
114	1.3.7.3	Present draft report to BMS pharmacy team for review and approval	5 days	Wed 12/16/26	Tue 12/22/26	WV resource,Implementation PM,Clinical Account Manager
115	1.3.7.4	DELIVERABLE: Draft claims breakdown report to BMS for review and approval	1 day	Wed 12/23/26	Wed 12/23/26	Implementation PM
116	1.3.7.5	Incorporate BMS feedback into report	3 days	Thu 12/24/26	Tue 12/29/26	Implementation PM,Clinical Account Manager
117	1.3.7.6	Conduct analysis of claims breakdown to include in initial report	2 days	Wed 12/30/26	Thu 12/31/26	Clinical Account Manager
118	1.3.7.7	MILESTONE: Claims breakdown report readiness	0 days	Thu 12/31/26	Thu 12/31/26	Implementation PM
119	1.3.8	Super Utilizer Report	34 days	Mon 11/2/26	Mon 12/21/26	
120	1.3.8.1	Detail BMS requirements for Super Utilizer Definition	5 days	Mon 11/2/26	Fri 11/6/26	WV resource,Business and Reporting Analyst
121	1.3.8.2	Produce draft report based on BMS specifications	10 days	Wed 12/2/26	Tue 12/15/26	Business and Reporting Analyst
122	1.3.8.3	DELIVERABLE: Deliver draft report to BMS for review and approval	1 day	Wed 12/16/26	Wed 12/16/26	Implementation PM
123	1.3.8.4	Incorporate BMS feedback into report	3 days	Thu 12/17/26	Mon 12/21/26	WV resource,Clinical Account Manager
124	1.3.8.5	MILESTONE: Super Utilizer Report Readiness	0 days	Mon 12/21/26	Mon 12/21/26	Implementation PM
125	1.3.9	Create Report Package Document/User Guide	3 days	Wed 12/30/26	Fri 1/1/27	Business and Reporting Analyst
126	1.4	Operational Readiness and Go-Live	3 days	Tue 12/29/26	Fri 1/1/27	
127	1.4.1	Conduct Operational Readiness Review	2 days	Tue 12/29/26	Wed 12/30/26	All Teams
128	1.4.2	MILESTONE: Operational Readiness Approved - Permission to Go-Live	0 days	Wed 12/30/26	Wed 12/30/26	WV resource
129	1.4.3	MILESTONE: Go-Live	0 days	Fri 1/1/27	Fri 1/1/27	All Teams



Sample Close-out and Turnover Plan



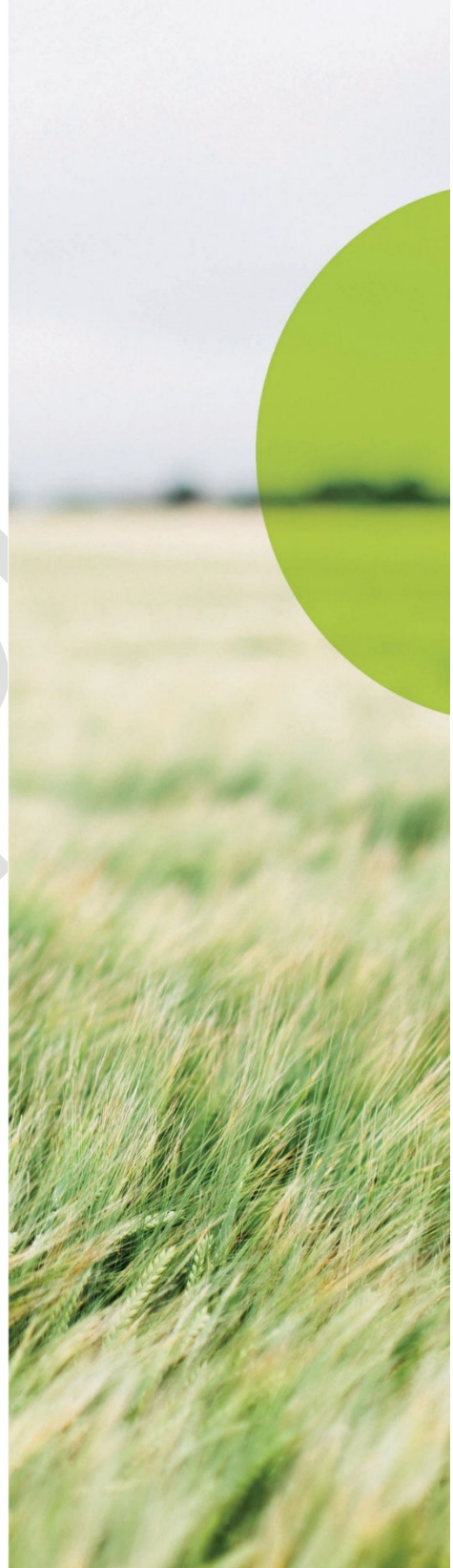


 **Close-Out and Turnover Plan**

**West Virginia
Bureau of Medical Services (BMS)**

**PDL/PPL/HCPADL/SMAC Services
Close-Out and Turnover Plan**

SAMPLE



BMS Close-Out and Turnover Plan

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BMS Close-Out and Turnover Plan

Document Control

Document Information			
Document Name	Close-Out and Turnover Plan		
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Repository Link / Filename			
Revision History			
Version	Date	Author	Comment
v.01	6/30/2026	MedImpact	Initial submission with RFQ



BMS Close-Out and Turnover Plan

1 Introduction

MedImpact will partner with the Bureau of Medical Services (BMS), hereafter referred to as the Agency, to execute a structured, transparent, and collaborative Close-Out and Turnover Plan at the conclusion of the contract period. **This plan defines MedImpact's approach, tasks, staffing, and schedule to ensure a controlled transition of PDL, PPL, and SMAC program responsibilities to a subsequent vendor while maintaining continuity of operations and safeguarding program integrity.**

Upon Agency notification to initiate the Close-Out and Turnover Phase, MedImpact will finalize and submit this plan within thirty calendar days for Agency approval, in full compliance with RFQ Section 4.1.24. The plan reflects MedImpact's proven project management methodology, which emphasizes proactive planning, detailed tracking, stakeholder collaboration, and complete documentation of turnover activities.

2 Overview

MedImpact's close-out and turnover approach is grounded in disciplined project governance and repeatable processes refined through extensive experience supporting public sector pharmacy programs.

The turnover process will:

- Preserve continuity of PDL, PPL, and SMAC program operations
- Ensure accurate identification and transfer of all required data and deliverables
- Provide structured knowledge transfer to support the incoming vendor
- Maintain alignment with Agency timelines, requirements, and approvals

A centralized project work plan will be developed and maintained to track all turnover activities, dependencies, milestones, and deliverables. This plan will include task ownership, timelines, and progress indicators, providing the Agency with full visibility into turnover execution.

3 Scope

This Close-Out and Turnover Plan applies to all activities required to successfully transition MedImpact's responsibilities for:

- Preferred Drug List (PDL) management
- Preferred Product List (PPL) support
- State Maximum Allowable Cost (SMAC) program

Included Scope:

- Transfer of program documentation, reports, and deliverables
- Knowledge transfer and operational guidance
- Secure electronic transfer of required data and materials
- Coordination with the Agency and incoming vendor



BMS Close-Out and Turnover Plan

Note: No systems, proprietary platforms, or tools developed by MedImpact will transfer ownership at contract close.

4 Goals and Objectives

MedImpact’s closeout and turnover objectives are to:

- Deliver a comprehensive, Agency-approved Close-Out and Turnover Plan within 30 calendar days of notification
- Fully cooperate with the Agency and incoming vendor to ensure a seamless transition
- Transfer all required data, reports, and deliverables in compliant, usable formats
- Provide sufficient documentation and knowledge transfer to support uninterrupted operations
- Meet all contractual milestones, including delivery of materials no later than 30 calendar days prior to contract end
- Produce and submit a complete Turnover Results Report documenting completion of all activities

These objectives ensure alignment with RFQ Section 4.1.24 and establish measurable success criteria for turnover completion.

5 Deliverable Expectations

Requirement ID	4.1.24
Requirement Text	Please refer to the table below.
Format	The Transition Plan is created as a Word/PDF.
Acceptance Criteria	The Transition Plan meets the contractual requirements. The Transition Plan supports the intended purpose and function, which is ensuring appropriate level of staffing is met to support the success of this Contract. The Transition Plan is organized and formatted as defined by this document. The Transition Plan meets the general review criteria. Information within the Transition Plan is organized in a logical manner.
Quality Assurance Process	MedImpact performs internal review for the following: <ul style="list-style-type: none"> • Formatting, spelling, grammar, etc. • Categorization • Completeness • Accuracy • Standard naming convention • Executive Sponsor reviewed and approved the Transition Plan
Review Management Process	MedImpact submits this deliverable for Agency review. MedImpact updates this deliverable based on Agency review comments. Agency approves the deliverable or the deliverable moves to round two for a 2-day completion cycle (For as many rounds needed until the approval is granted).





BMS Close-Out and Turnover Plan

6 Transition Plan Requirements Table

The table below outlines the requirements that will be addressed within this document for requirement traceability purposes.

Req ID	Requirement Text
4.1.24	Vendor shall assist and fully cooperate with the Agency when transitioning to a new Vendor at the end of the contract executed from this RFQ.
4.1.24.1	Vendor shall provide a Close-Out and Turnover Plan electronically that identifies the Vendor's approach, tasks, staffing, and schedule for turnover of contract responsibilities.
4.1.24.2	Vendor will submit the Close-Out and Turnover Plan to the Agency for approval within thirty (30) calendar days of receiving the Agency notification to initiate the Close-Out and Turnover Phase of the expiring contract.
4.1.24.3	Vendor shall dedicate resources consistent with the approved Close-Out and Turnover Plan.
4.1.24.4	Upon request, Vendor shall transfer to the Agency ownership all data collected, created, summarized, and/or aggregated, and all deliverables and reports created specifically for the Agency during the contract period.
4.1.24.4.1	Data, deliverables, and reports shall be transferred electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Data, deliveries and reports must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract.
4.1.24.4.2	Data, deliverables, and reports will be transferred in accordance with a schedule and in an electronic format, no longer than thirty (30) calendar days prior to the end of the contract.
4.1.24.4.3	Vendor shall provide a Turnover Results Report which documents the completion and results of each task identified in the Turnover Plan.
4.1.24.4.4	The Turnover Results Report shall be submitted electronically in a file format that is compatible with Google Workspace (G-Suite) or equal and Microsoft Office365 or equal. Turnover Results Report must be compatible with the West Virginia Office of Technology's current operating system, Windows 10 and Windows 11, which are subject to change during the life of this contract.
4.1.24.4.5	The Turnover Results Report shall be submitted in accordance with a schedule approved by the Agency, no later than thirty (30) calendar days prior to the end of the contract.

7 Close-Out and Turnover Approach

MedImpact will execute the turnover using a structured, phased methodology:

- **5.1 Initiation and Planning**
 - Receive Agency notification to initiate turnover
 - Develop detailed project charter and turnover plan
 - Define governance structure and communication protocols
 - Submit plan for Agency review and approval within 30 days





BMS Close-Out and Turnover Plan

- **5.2 Detailed Planning and Coordination**
 - Develop comprehensive work breakdown structure (WBS) with task-level detail
 - Identify deliverables, dependencies, and required resources
 - Establish communication cadence with the Agency and incoming vendor
 - Define risk management and issue resolution processes
- **5.3 Execution and Monitoring**
 - Execute all turnover tasks according to approved plan
 - Monitor progress through regular reporting and status meetings
 - Maintain issue and risk logs with mitigation actions
 - Adjust schedule and resources as required to maintain alignment
- **5.4 Close-Out and Verification**
 - Validate completion of all turnover activities
 - Confirm successful data and documentation transfer
 - Submit Turnover Results Report
 - Provide final archived documentation to the Agency

8 Key Stakeholders

Below are the stakeholders for this deliverable and their role during the transition process.

Stakeholder Organization and Title	Author	Quality Control	Reviewer	Approver
MedImpact, Principal Government Programs	X	X	X	
MedImpact, Medicaid FFS Senior Program Manager	X	X		
MedImpact, Principal FFS Medicaid Account and Clinical	X	X		
MedImpact, Director of Medicaid FFS Rebate Operations	X	X		
MedImpact, Managing Principal Government Programs & Services, Executive Sponsor, Project Lead			X	X
MedImpact, Pharmacy Account Manager			X	X
BMS Project Manager			X	
BMS Project Coordinator			X	
BMS Contract Manager			X	

9 Governance and Staffing





BMS Close-Out and Turnover Plan

MedImpact will dedicate resources consistent with the approved Close-Out and Turnover Plan, as required by the RFQ. MedImpact will assign a dedicated turnover team to ensure accountability and execution discipline.

Key Roles Include:

- **Account Manager:** Oversees operations and coordinates operational leads for turnover execution
- **Executive Sponsor:** Provides strategic oversight and escalation support
- **Project Manager:** Leads planning, execution, and reporting
- **Operational Leads:** Represent PDL management and SMAC functions
- **Information Technology Team:** Manages data extraction, formatting, validation, and secure transfer
- **Compliance and Security:** Ensures adherence to all regulatory and contractual

10 Turnover Tasks and Activities

MedImpact will perform the following structured activities:

- **Project Setup**
 - Develop project charter and turnover work plan
 - Establish governance structure and communication cadence
- **Data and Documentation Identification**
 - Collaborate with the Agency to identify all required materials
 - Validate completeness and readiness for transfer
- **Preparation and Validation**
 - Format deliverables into approved file formats
 - Conduct quality checks to ensure accuracy and usability
- **Knowledge Transfer**
 - Conduct structured knowledge transfer sessions
 - Provide walkthroughs of program operations and documentation
- **Data Transfer Execution**
 - Perform secure electronic transfer of all required materials
 - Validate successful receipt and usability with the incoming vendor
- **Finalization**
 - Confirm completion of all turnover tasks
 - Prepare Turnover Results Report

11 Data, Documentation, and Deliverables Transfer

MedImpact will work collaboratively with the Agency to identify and transfer all required materials, including:

- Executed contract documentation
- PDL, PPL, and SMAC program design and methodologies
- Policies, procedures, and workflows
- Historical reports and analytics outputs

Transfer Methodology

All materials will be:





BMS Close-Out and Turnover Plan

- Delivered electronically via secure transfer protocols
- Formatted for compatibility with:
 - Microsoft Office 365
 - Google Workspace or equivalent
 - Compatible with Windows 11 environments

Timing Requirements

- Transfers will occur according to an Agency-approved schedule
- All required data and deliverables will be transferred no later than thirty calendar days prior to contract end

Security Standards

- All transfers will comply with:
 - Federal and state regulations
 - Industry standards for confidentiality, integrity, and availability of data
 - Secure encryption protocols for transmission

12 System Documentation Update Approach

Updated documentation will enable the incoming vendor to efficiently assume program responsibilities without disruption. MedImpact will ensure that all system and program documentation is current, accurate, and complete prior to transfer.

- Documentation Deliverables
 - Data dictionaries
 - File layouts and specifications
 - Program design documentation
 - Operational workflows
 - Reporting definitions
- Process
 - Conduct comprehensive inventory of all documentation
 - Review and update materials for accuracy and completeness
 - Validate documentation through internal quality processes
 - Deliver final documentation in Agency-approved formats

13 Knowledge Transfer

MedImpact will provide structured knowledge transfer to ensure successful continuation of operations. This structured approach ensures that both explicit documentation and operational knowledge are effectively transferred.

- Knowledge Transfer Activities
 - Scheduled sessions with the Agency and incoming vendor





BMS Close-Out and Turnover Plan

- Detailed walkthroughs of program operations and workflows
- Documentation review sessions
- Q and A sessions with subject matter experts
- Supporting Materials
 - Supporting materials such as guides and reference documents

14 Entrance and Exit Criteria

Defining the entrance and exit criteria for the Close-Out and Turnover Phase establishes the conditions that must be met prior to initiating turnover activities and the conditions required for successful completion. These criteria ensure a structured transition, minimize disruption, and confirm that all contractual obligations to the Agency have been fulfilled.

Entrance Criteria

Entrance criteria are the conditions that must be satisfied before the Close-Out and Turnover Phase can begin. These criteria ensure that MedImpact, the Agency, and the incoming vendor are aligned, and that all preparatory activities are complete to support an efficient and compliant turnover process.

- **Project Readiness**
 - **Approval of Close-Out and Turnover Plan:** The Close-Out and Turnover Plan must be reviewed and formally approved by the Agency.
 - **Agency Notification to Initiate Turnover:** MedImpact has received formal notification from the Agency to begin the Close-Out and Turnover Phase.
 - **Defined Scope of Turnover Activities:** All turnover scope elements, including PDL, PPL, and SMAC program components, have been confirmed and agreed upon by stakeholders.
 - **Stakeholder Alignment and Engagement:** Key stakeholders, including Agency representatives and the incoming vendor, are identified, engaged, and prepared to participate in turnover activities.
- **Data and Documentation Readiness**
 - **Identification of Required Deliverables:** All required data, documentation, reports, and deliverables to be transferred have been identified and validated with the Agency.
 - **Data Preparation and Organization:** Applicable data and materials have been compiled, organized, and prepared for secure electronic transfer.
 - **Documentation Inventory Completion:** All program documentation, including policies, procedures, workflows, data dictionaries, and reporting guides, has been inventoried and assessed for completeness.
- **Operational Readiness**
 - **Resource Assignment:** MedImpact has assigned dedicated resources consistent with the approved Close-Out and Turnover Plan.
 - **Communication Framework Established:** Communication protocols, reporting cadence, and escalation procedures have been established with the Agency and incoming vendor.



BMS Close-Out and Turnover Plan

- **Transfer Tools and Security Protocols Confirmed:** Secure file transfer methods, encryption standards, and access controls have been validated to support compliant data exchange.
- **Governance and Risk Management**
 - **Project Governance Established:** Roles, responsibilities, and decision-making structures are clearly defined and communicated.
 - **Risk and Issue Management Processes in Place:** Processes for identifying, tracking, and mitigating risks and issues have been implemented.

Exit Criteria

Exit criteria define the conditions that must be met for the Close-Out and Turnover Phase to be considered complete. These criteria ensure that all required deliverables have been transferred, knowledge has been effectively communicated, and contractual obligations have been fulfilled to the satisfaction of the Agency.

- **Completion of Turnover Activities**
 - **Execution of All Planned Tasks:** All tasks and activities defined in the approved Close-Out and Turnover Plan have been completed.
 - **Milestone Achievement:** All turnover milestones and deliverable deadlines have been met in accordance with the approved schedule.
- **Data, Documentation, and Deliverables Transfer**
 - **Successful Transfer of Required Materials:** All required data, documentation, reports, and deliverables have been securely transferred to the Agency or incoming vendor upon request.
 - **Format and Compatibility Compliance:** All transferred materials meet required compatibility standards, including Microsoft Office 365, Google Workspace, and supported Windows operating systems.
 - **Timely Completion of Transfers:** All transfers have been completed no later than thirty calendar days prior to the end of the contract, or in accordance with the Agency-approved schedule.
- **Knowledge Transfer Completion**
 - **Validation of Knowledge Transfer:** The incoming vendor has received sufficient information and documentation to support continued program operations.
 - **Resolution of Outstanding Questions:** All identified questions, clarifications, and follow-ups have been addressed.
- **Documentation and Record Finalization**
 - **Final Documentation Delivery:** All updated and finalized documentation has been delivered to the Agency.
 - **Consistency and Accuracy Validation:** Documentation has been reviewed for completeness, accuracy, and alignment with transferred materials.
- **Reporting and Formal Close-Out**
 - **Submission of Turnover Results Report:** A comprehensive Turnover Results Report has been submitted, documenting the completion and outcomes of all turnover activities.
 - **Report Compliance:** The Turnover Results Report meets all format, compatibility, and submission timing requirements defined by the Agency.
- **Operational Transition and Support Handoff**



BMS Close-Out and Turnover Plan

- **Transition of Responsibilities Completed:** Responsibility for PDL, PPL, and SMAC program operations has been successfully transferred to the incoming vendor.
- **Support Handoff Completed:** The incoming vendor and Agency have been provided with necessary contacts, documentation, and support guidance.
- **Final Validation and Acceptance**
 - **Agency Review and Acceptance:** The Agency has reviewed and accepted all turnover deliverables and activities.
 - **Close-Out Confirmation:** All contractual close-out obligations have been satisfied, and the turnover process is formally concluded.

15 Schedule and Milestones

A detailed turnover schedule will be developed and maintained within the project work breakdown structure.

- **Key Milestones**
 - Receipt of Agency notification
 - Submission and approval of turnover plan
 - Completion of documentation updates
 - Execution of data transfers
 - Completion of knowledge transfer sessions
 - Submission of Turnover Results Report

The work breakdown structure will define all tasks, dependencies, and timelines and will be actively managed to ensure adherence to contractual deadlines.

16 Risk and Issue Management

Proactive management ensures risks are minimized and do not impact turnover timelines. MedImpact will implement formal risk and issue management processes:

- **Risk Management**
 - Identify potential risks early in the turnover process
 - Assess likelihood and impact
 - Develop mitigation strategies
 - Monitor and update risks regularly
- **Issue Management**
 - Track issues in a centralized log
 - Assign ownership and resolution timelines
 - Escalate issues as needed

Key risks addressed include:

- Delays in data preparation or transfer
- Documentation gaps



BMS Close-Out and Turnover Plan

- Coordination challenges across stakeholders

17 Reporting and Turnover Results Report

MedImpact will provide ongoing reporting throughout the turnover process:

- **Ongoing Reporting**
 - Weekly status reports
 - Progress updates against milestones
 - Risk and issue reporting
- **Turnover Results Report**
 - The Turnover Results Report will:
 - Document completion of all turnover tasks
 - Summarize all transferred materials
 - Validate compliance with the approved turnover plan
- **Submission Requirements**
 - Delivered electronically
 - Compatible with Microsoft Office 365 and Google Workspace
 - Compatible with Windows 11
 - Submitted according to Agency-approved schedule no later than thirty calendar days prior to contract end

18 Compliance with RFQ Requirements

This plan fully satisfies Section 4.1.24 requirements by:

- Defining approach, tasks, staffing, and schedule
- Providing for plan submission within thirty calendar days
- Committing dedicated resources
- Ensuring transfer of all required data and deliverables
- Meeting formatting and compatibility requirements
- Delivering a comprehensive Turnover Results Report

19 Acronym Glossary

Acronym	Definition
BSA	Business Solutions Analyst
CED	Contract Execution Date
CMS	Center for Medicare & Medicaid Services
COTS	Commercial Off-the-Shelf



BMS Close-Out and Turnover Plan

CPD	Contract Performance Date
DDI	Design, Development, and Implementation
FAQ	Frequently Asked Questions
FFS	Fee-For-Service
FTE	Full Time Employees
FTP	File Transfer Protocol
BMS	Health Care Policy and Financing
INI	Initiation
INT	Integration
IT	Information Technology
JOA	Joint Operating Agreement
JTB	Joint Transition Board
KPI	Key Performance Indicators
MI	MedImpact
NCPDP	National Council for Prescription Drug Programs
ORA	Operational Readiness Assessment
ORT	Operational Readiness Testing
PA	Prior Authorization
PBM	Pharmacy Benefit Manager
PDL	Preferred Drug List
PHI	Personal Health Information
PII	Personal Identifiable Information
PRE	Preparation
PRE	Preparation
Q&A	Question and Answer
SDLC	Software Development Life Cycle
SLA	Service Level Agreements
SME	Subject Matter Expert
TRN	Transition
WBS	Work Breakdown Structure



Designated Contact and Addendum Acknowledgement Forms

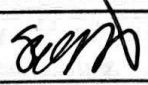


DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Robert Coppola, PharmD, MBA
(Printed Name and Title) Vice President, Government Sales
10181 Scripps Gateway Ct.
(Address) San Diego, CA 92131
Ph: 339-210-3884 Fax: 858-621-5147
(Phone Number) / (Fax Number) _____
robert.coppola@medimpact.com
(email address) _____

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

MedImpact Healthcare Systems, Inc.
(Company) _____

(Signature of Authorized Representative)
Scott Helmus, Senior Vice President, Government Programs and Services
(Printed Name and Title of Authorized Representative) (Date)
Ph: 858-437-3471 Fax: 858-621-5147
(Phone Number) (Fax Number) _____
Scott.Helmus@medimpact.com
(Email Address) _____

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BMS2600000002

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

MedImpact Healthcare Systems, Inc.

Company

Authorized Signature

June 30, 2026

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

