

SSDC

Iowa Medicaid Supplemental Drug Rebate Agreement

AMENDMENT NUMBER {x} TO IOWA SUPPLEMENTAL REBATE AGREEMENT

This Amendment to Iowa Supplemental Drug Rebate Agreement, effective as of {Month, Date and Year} is by and between {Manufacturer Name} and the State of Iowa Department of Human Services.

WHEREAS, {Manufacturer Name} and the State of Iowa Department of Human Services entered into a Supplemental Drug Rebate Agreement effective {Month, Date and Year} and shall continue in force through {Month, Date and Year}; and

WHEREAS, {Manufacturer Name} and the State of Iowa wish to amend the supplemental drug rebate offers submitted and accepted by the parties and as listed on Attachments A and B of said agreement, and

WHEREAS, {Manufacturer Name} and the State of Iowa recognize that the supplemental drug rebate offered for its {Drug Name} products shall expire {Month, Date and Year} and effective {Month, Date and Year} new pricing as listed on this Amendment Number (x) begins, and

or

WHEREAS, {Manufacturer Name} and Iowa Department of Human Services wish to extend the expiration date of said contract to {Month, Date and Year}, and

or

WHEREAS, {Manufacturer Name} and Iowa Department of Human Services wish to amend the contract to add or delete products as listed on this Amendment Number (x), and

WHEREAS, Pursuant to Section 9.9 of the Agreement, {Manufacturer Name} and Iowa Department of Human Services desire to amend the Agreement in the manner set forth herein.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties hereby agree to amend the Agreement as follows:

I. Amendment

(insert chart or new expiration date)

II. Miscellaneous.

- A. Except as provided hereinabove, all of the terms and conditions contained in the Agreement shall remain unchanged and in full force and effect.
- B. The Amendment is made pursuant to and in accordance with the terms and conditions of the Agreement.
- C. All capitalized but not defined terms used herein shall have those meanings ascribed to them in the Agreement.

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IN WITNESS WHEREOF, the parties to this Amendment have caused the execution of this Amendment as of the day and year first above written.

{Manufacturer Name}

State of Iowa Department of Human Services

By: _____

By: _____

Name: _____

Name: Eugene I. Gessow _____

Title: _____

Title: Director _____

Date: _____

Date: _____