

Dear Pharmaceutical Manufacturer:

This email is to provide you with notification that the Commonwealth of Pennsylvania, Department of Public Welfare, has notified us that they are terminating their participation in the TOP\$ program effective June 30, 2016, in accordance with Section A-4 of the TOP\$ Participation Agreement.

***A-4. Termination Without Cause by Participating Medicaid Program.*** *Notwithstanding any contrary provision in this Agreement, this Agreement may be terminated by Participating Medicaid Program as to the entirety of Participating Medicaid Program's participation herein, or as to any Manufacturer Supplemental Covered Product(s) or as to any NDC(s) at the option of Participating Medicaid Program without cause as of the end of the calendar quarter upon thirty (30) days written notice to Administrator (**Magellan**). Administrator will thereupon be obligated to notify Manufacturer of such termination in writing. In the event that Administrator is no longer contracted to provide or administer Preferred Drug List and State Supplemental Rebate services, the Participating Medicaid Program may not disseminate information regarding the State Supplemental Drug Rebates to any nonparties to this Agreement, except as may be required by law or necessary for the reconciliation of State Supplemental Drug Rebate invoices.*

The final invoices you will receive for the Commonwealth under the TOP\$ Program will be for 2016Q2.

Please let me know if you have any questions regarding this matter.

Sincerely,  
Linda

[Linda M. Baughman](#)  
Manager, Rebate Contracting  
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