

5/19/2026

On behalf of the Colorado Department of Health Care Policy and Financing:

The Colorado Pharmacy and Therapeutics (P&T) Committee will meet on **Tuesday, July 07, 2026, 1:00- 5:00 PM MST (Held virtually)** to review the products listed in the Preferred Drug List (PDL) Drug Class Review (see below). This meeting will be held virtually via webinar. A registration link will be posted on the P&T Committee [website](#) at a later date.

In preparation for this review, MedImpact is requesting Supplemental Rebate Offers for the State of Colorado's Medicaid program for the products under consideration.

**Submission Guidelines:**

Action	Details
<b>Submit Clinical Data</b>	Email dossiers and relevant clinical data to Greg Miller, PharmD at <a href="mailto:greg.l.miller@state.co.us">greg.l.miller@state.co.us</a> and cc'ing Mohamed Duklef at <a href="mailto:mohamed.duklef@medimpact.com">mohamed.duklef@medimpact.com</a> .
<b>Request to Present</b>	Submit <b>one-page, single-sided</b> clinical summary to Mohamed Duklef at <a href="mailto:mohamed.duklef@medimpact.com">mohamed.duklef@medimpact.com</a> , cc'ing Greg Miller at <a href="mailto:greg.l.miller@state.co.us">greg.l.miller@state.co.us</a> , no later than <b>July 3, 2026, at 5:00 PM MST</b> .
<b>Stakeholder Policies</b>	Policies regarding stakeholder comment are available on the P&T Committee <a href="#">website</a> .

**Rebate Offer Details:** The preferred contract price for Health First Colorado is the **Guaranteed Net Unit Price (GNUP)<sup>1, 2</sup>**, calculated as: *WAC per unit (last day of quarter) - CMS Rebate per unit - Supplemental Rebate Offer per unit*

All supplemental rebate offers for the Therapeutic Categories under review must be submitted via the MedImpact Secure FTP [site](#). Offers can be placed within the MedImpact Secure FTP site starting **May 18<sup>th</sup>, 2026**, and only offers received by **June 15<sup>th</sup>, 2026**, will be considered; offers should reflect the Manufacturer's best and final terms. Offers may be accepted or rejected without request for a "best and final" offer. No further offers will be considered after that deadline unless specifically requested by MedImpact. Manufacturers with questions or that are having difficulty using the portal, are encouraged to reach out to the MedImpact team, [MedicaidFFSRebateContracting@MedImpact.com](mailto:MedicaidFFSRebateContracting@MedImpact.com). However, we encourage manufacturers to review the frequently asked questions (FAQ) before outreach to MedImpact.

**The following therapeutic classes will be reviewed:**

Androgenic Agents	Diabetes - Other Hypoglycemic Combinations
Anti-hyperuricemics	Diabetes - Rapid-Acting Insulins
Atypical Anti-psychotics - Long Acting Injectables	Diabetes - SGLT Inhibitor / Metformin Combinations
Benign Prostatic Hyperplasia Agents	Diabetes - SGLT Inhibitors

<sup>1</sup>This GNUP becomes the Supplemental Rebate per Unit (SRPU) and is used throughout the contract term. It will also appear in the supplemental rebate contract. The GNUP is the value applied as the Supplemental Rebate per Unit (SRPU) each quarter. The rate is determined using the WAC price, the Manufacturer Offer Rate, and Federal Unit Rebate Amount (URA) in effect for that quarter, throughout the term of the contract. The GNUP is also the value that will appear on the supplemental rebate contract.

<sup>2</sup>Rebate offers should be effective for one (1) year, starting at beginning of the next quarter following P&T.

Bone Resorption Suppression - Bisphosphonates	Diabetes - Short-Acting Insulins
Bone Resorption Suppression - Non-Bisphosphonates	Diabetes - Thiazolidinedione-Metformin Combinations
Contraceptives - Topical	Diabetes - Thiazolidinediones
Diabetes - Amylin	Estrogen Agents - Oral / Transdermal
Diabetes - Biguanides	Estrogen Agents - Parenteral
Diabetes - DPP-4 Inhibitor / Metformin Combinations	Glucagon, Self-Administered
Diabetes - DPP-4 Inhibitors	Growth Hormones
Diabetes - GLP-1 Analogues	Overactive Bladder Agents
Diabetes - Insulin Mixtures	Phosphate Binders
Diabetes - Intermediate-Acting Insulins	Prenatal Vitamins / Minerals
Diabetes - Long-Acting Insulins	

**Additional Notes:**

- The PDL applies only to Medicaid fee-for-service members only.
- Agreement templates are available at [link](#).
- Do not delete or alter any language of the Supplemental Rebate Agreement (SRA), no changes will be considered.
- Offers submitted will be considered valid for a period of one year.
- Supplemental rebates for selected preferred products will begin accruing **October 1<sup>st</sup>, 2026**.

Kind Regards,

Laureen Biczak, DO, FIDSA

MedImpact Medical Director – Government Programs and Services

## PDL Drug Class Review

Androgenic Agents		
Brand name	Generic name	Dosage form
ANDROGEL	TESTOSTERONE	GEL MD PMP
AZMIRO	TESTOSTERONE CYPIONATE	SYRINGE
DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	VIAL
JATENZO	TESTOSTERONE UNDECANOATE	CAPSULE
KYZATREX	TESTOSTERONE UNDECANOATE	CAPSULE
METHITEST	METHYLTESTOSTERONE	TABLET
METHYLTESTOSTERONE	METHYLTESTOSTERONE	CAPSULE
METHYLTESTOSTERONE	METHYLTESTOSTERONE	POWDER
NATESTO	TESTOSTERONE	GEL MD PMP
TESTIM	TESTOSTERONE	GEL (GRAM)
TESTONE CIK	TESTOSTERONE CYPIONATE	KIT
TESTOSTERONE	TESTOSTERONE	GEL (GRAM)
TESTOSTERONE	TESTOSTERONE	GEL MD PMP
TESTOSTERONE	TESTOSTERONE	GEL PACKET
TESTOSTERONE	TESTOSTERONE	PELLET(EA)
TESTOSTERONE	TESTOSTERONE	SOL MD PMP
TESTOSTERONE CYPIONATE	TESTOSTERONE CYPIONATE	VIAL
TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE	VIAL
TLANDO	TESTOSTERONE UNDECANOATE	CAPSULE
VOGELXO	TESTOSTERONE	GEL (GRAM)
VOGELXO	TESTOSTERONE	GEL MD PMP
VOGELXO	TESTOSTERONE	GEL PACKET
XYOSTED	TESTOSTERONE ENANTHATE	AUTO INJECT

Anti-hyperuricemics		
Brand name	Generic name	Dosage form
ALLOPURINOL	ALLOPURINOL	TABLET
COLCHICINE	COLCHICINE	CAPSULE
COLCHICINE	COLCHICINE	TABLET
COLCRYS	COLCHICINE	TABLET
FEBUXOSTAT	FEBUXOSTAT	TABLET
GLOPERBA	COLCHICINE	SOLUTION
MITIGARE	COLCHICINE	CAPSULE
PROBENECID	PROBENECID	TABLET
PROBENECID-COLCHICINE	PROBENECID/COLCHICINE	TABLET

ULORIC	FEBUXOSTAT	TABLET
ZYLOPRIM	ALLOPURINOL	TABLET

### Atypical Anti-psychotics - Long Acting Injectables

Brand name	Generic name	Dosage form
ABILIFY ASIMTUFI	ARIPIRAZOLE	SUSER SYR
ABILIFY MAINTENA	ARIPIRAZOLE	SUSER SYR
ABILIFY MAINTENA	ARIPIRAZOLE	SUSER VIAL
ARISTADA	ARIPIRAZOLE LAUROXIL	SUSER SYR
ARISTADA INITIO	ARIPIRAZOLE LAUROXIL,SUBMICR.	SUSER SYR
CHLORPROMAZINE HCL	CHLORPROMAZINE HCL	AMPUL
CHLORPROMAZINE HCL	CHLORPROMAZINE HCL	VIAL
ERZOFRI	PALIPERIDONE PALMITATE	SYRINGE
FLUPHENAZINE DECANOATE	FLUPHENAZINE DECANOATE	VIAL
GEODON	ZIPRASIDONE MESYLATE	VIAL
HALOPERIDOL DECANOATE	HALOPERIDOL DECANOATE	AMPUL
HALOPERIDOL DECANOATE	HALOPERIDOL DECANOATE	VIAL
HALOPERIDOL LACTATE	HALOPERIDOL LACTATE	SYRINGE
HALOPERIDOL LACTATE	HALOPERIDOL LACTATE	VIAL
INVEGA HAFYERA	PALIPERIDONE PALMITATE	SYRINGE
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	SYRINGE
INVEGA TRINZA	PALIPERIDONE PALMITATE	SYRINGE
OLANZAPINE	OLANZAPINE	VIAL
PERSERIS	RISPERIDONE	SUSER SYR
RISPERDAL CONSTA	RISPERIDONE MICROSPHERES	VIAL
RISPERIDONE ER	RISPERIDONE MICROSPHERES	VIAL
RYKINDO	RISPERIDONE MICROSPHERES	VIAL
UZEDY	RISPERIDONE	SUSER SYR
ZIPRASIDONE MESYLATE	ZIPRASIDONE MESYLATE	VIAL
ZYPREXA	OLANZAPINE	VIAL
ZYPREXA RELPREVV	OLANZAPINE PAMOATE	VIAL

### Benign Prostatic Hyperplasia Agents

Brand name	Generic name	Dosage form
ALFUZOSIN HCL ER	ALFUZOSIN HCL	TAB ER 24H
AVODART	DUTASTERIDE	CAPSULE
CARDURA	DOXAZOSIN MESYLATE	TABLET
CARDURA XL	DOXAZOSIN MESYLATE	TAB ER 24
CIALIS	TADALAFIL	TABLET

DOXAZOSIN MESYLATE	DOXAZOSIN MESYLATE	TABLET
DUTASTERIDE	DUTASTERIDE	CAPSULE
DUTASTERIDE-TAMSULOSIN	DUTASTERIDE/TAMSULOSIN HCL	CPMP 24HR
ENTADFI	FINASTERIDE/TADALAFIL	CAPSULE
FINASTERIDE	FINASTERIDE	TABLET
FINASTERIDE-TADALAFIL	FINASTERIDE/TADALAFIL	CAPSULE
JALYN	DUTASTERIDE/TAMSULOSIN HCL	CPMP 24HR
PROSCAR	FINASTERIDE	TABLET
RAPAFLO	SILODOSIN	CAPSULE
SILODOSIN	SILODOSIN	CAPSULE
TADALAFIL	TADALAFIL	TABLET
TAMSULOSIN HCL	TAMSULOSIN HCL	CAPSULE
TERAZOSIN HCL	TERAZOSIN HCL	CAPSULE
TEZRULY	TERAZOSIN HCL	SOLUTION
UROXATRAL	ALFUZOSIN HCL	TAB ER 24H

### Bone Resorption Suppression - Bisphosphonates

Brand name	Generic name	Dosage form
ACTONEL	RISEDRONATE SODIUM	TABLET
ALENDRONATE SODIUM	ALENDRONATE SODIUM	SOLUTION
ALENDRONATE SODIUM	ALENDRONATE SODIUM	TABLET
AELVIA	RISEDRONATE SODIUM	TABLET DR
BINOSTO	ALENDRONATE SODIUM	TABLET EFF
FOSAMAX	ALENDRONATE SODIUM	TABLET
FOSAMAX PLUS D	ALENDRONATE SODIUM/VITAMIN D3	TABLET
IBANDRONATE SODIUM	IBANDRONATE SODIUM	TABLET
RISEDRONATE SODIUM	RISEDRONATE SODIUM	TABLET
RISEDRONATE SODIUM DR	RISEDRONATE SODIUM	TABLET DR

### Bone Resorption Suppression - Non-Bisphosphonates

Brand name	Generic name	Dosage form
BONSITY	TERIPARATIDE	PEN INJCTR
CALCITONIN-SALMON	CALCITONIN,SALMON,SYNTHETIC	SPRAY/PUMP
EVISTA	RALOXIFENE HCL	TABLET
FORTEO	TERIPARATIDE	PEN INJCTR
RALOXIFENE HCL	RALOXIFENE HCL	TABLET
TERIPARATIDE	TERIPARATIDE	PEN INJCTR
TYMLOS	ABALOPARATIDE	PEN INJCTR

### Contraceptives - Topical

Brand name	Generic name	Dosage form
ANNOVERA	SEGESTERONE AC/ETHIN ESTRADIOL	VAG RING
ELURYNG	ETONOGESTREL/ETHINYL ESTRADIOL	VAG RING
ENILLORING	ETONOGESTREL/ETHINYL ESTRADIOL	VAG RING
ETONOGESTREL-ETHINYL ESTRADIOL	ETONOGESTREL/ETHINYL ESTRADIOL	VAG RING
NORELGESTROMIN-ETH ESTRADIOL	NORELGESTROMIN/ETHIN.ESTRADIOL	PATCH TDWK
NUVARING	ETONOGESTREL/ETHINYL ESTRADIOL	VAG RING
PHEXX	LACTIC ACID/CITRIC/POTASSIUM	GEL/PF APP
PHEXXI	LACTIC ACID/CITRIC/POTASSIUM	GEL/PF APP
TWIRLA	LEVONORGESTREL/ETHIN.ESTRADIOL	PATCH TDWK
XULANE	NORELGESTROMIN/ETHIN.ESTRADIOL	PATCH TDWK
ZAFEMY	NORELGESTROMIN/ETHIN.ESTRADIOL	PATCH TDWK

### Diabetes - Amylin

Brand name	Generic name	Dosage form
SYMLINPEN 120	PRAMLINTIDE ACETATE	PEN INJCTR
SYMLINPEN 60	PRAMLINTIDE ACETATE	PEN INJCTR

### Diabetes - Biguanides

Brand name	Generic name	Dosage form
GLUMETZA	METFORMIN HCL	TABERGR24H
METFORMIN ER GASTRIC	METFORMIN HCL	TABERGR24H
METFORMIN ER OSMOTIC	METFORMIN HCL	TAB ER 24
METFORMIN HCL	METFORMIN HCL	SOLUTION
METFORMIN HCL	METFORMIN HCL	TABLET
METFORMIN HCL ER	METFORMIN HCL	TAB ER 24H
RIOMET	METFORMIN HCL	SOLUTION

### Diabetes - DPP-4 Inhibitor / Metformin Combinations

Brand name	Generic name	Dosage form
ALOGLIPTIN-METFORMIN	ALOGLIPTIN BENZ/METFORMIN HCL	TABLET
JANUMET	SITAGLIPTIN PHOS/METFORMIN HCL	TABLET
JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	TBMP 24HR
JENTADUETO	LINAGLIPTIN/METFORMIN HCL	TABLET
JENTADUETO XR	LINAGLIPTIN/METFORMIN HCL	TAB BP 24H
KAZANO	ALOGLIPTIN BENZ/METFORMIN HCL	TABLET
LINAGLIPTIN-METFORMIN	LINAGLIPTIN/METFORMIN HCL	TABLET

SAXAGLIPTIN-METFORMIN ER	SAXAGLIPTIN HCL/METFORMIN HCL	TBMP 24HR
SITAGLIPTIN-METFORMIN	SITAGLIPTIN/METFORMIN HCL	TABLET
SITAGLIPTIN-METFORMIN ER	SITAGLIPTIN/METFORMIN HCL	TBMP 24HR
ZITUVIMET	SITAGLIPTIN/METFORMIN HCL	TABLET
ZITUVIMET XR	SITAGLIPTIN/METFORMIN HCL	TBMP 24HR

### Diabetes - DPP-4 Inhibitors

Brand name	Generic name	Dosage form
ALOGLIPTIN	ALOGLIPTIN BENZOATE	TABLET
BRYNOVIN	SITAGLIPTIN HCL	SOLUTION
JANUVIA	SITAGLIPTIN PHOSPHATE	TABLET
LINAGLIPTIN	LINAGLIPTIN	TABLET
NESINA	ALOGLIPTIN BENZOATE	TABLET
SAXAGLIPTIN HCL	SAXAGLIPTIN HCL	TABLET
SITAGLIPTIN	SITAGLIPTIN	TABLET
TRADJENTA	LINAGLIPTIN	TABLET
ZITUVIO	SITAGLIPTIN	TABLET

### Diabetes - GLP-1 Analogues

Brand name	Generic name	Dosage form
BYETTA	EXENATIDE	PEN INJCTR
EXENATIDE	EXENATIDE	PEN INJCTR
LIRAGLUTIDE	LIRAGLUTIDE	PEN INJCTR
MOUNJARO	TIRZEPATIDE	PEN INJCTR
OZEMPIC	SEMAGLUTIDE	PEN INJCTR
OZEMPIC	SEMAGLUTIDE	TABLET
RYBELSUS	SEMAGLUTIDE	TABLET
TRULICITY	DULAGLUTIDE	PEN INJCTR
VICTOZA 2-PAK	LIRAGLUTIDE	PEN INJCTR
VICTOZA 3-PAK	LIRAGLUTIDE	PEN INJCTR
WEGOVY	SEMAGLUTIDE	PEN INJCTR
WEGOVY	SEMAGLUTIDE	TABLET
ZEPBOUND	TIRZEPATIDE	PEN INJCTR
ZEPBOUND KWIKPEN	TIRZEPATIDE	PEN INJCTR
ZEPBOUND KWIKPEN	TIRZEPATIDE	VIAL

### Diabetes - Insulin Mixtures

Brand name	Generic name	Dosage form
HUMALOG MIX 50-50 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	INSULN PEN

HUMALOG MIX 75-25	INSULIN LISPRO PROTAMIN/LISPRO	VIAL
HUMALOG MIX 75-25 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	INSULN PEN
HUMULIN 70-30	INSULIN NPH HUM/REG INSULIN HM	VIAL
HUMULIN 70/30 KWIKPEN	INSULIN NPH HUM/REG INSULIN HM	INSULN PEN
INSULIN ASPART PROT MIX 70-30	INSULIN ASPART PROT/INSULN ASP	INSULN PEN
INSULIN ASPART PROT MIX 70-30	INSULIN ASPART PROT/INSULN ASP	VIAL
INSULIN LISPRO PROTAMINE MIX	INSULIN LISPRO PROTAMIN/LISPRO	INSULN PEN
NOVOLIN 70-30	INSULIN NPH HUM/REG INSULIN HM	VIAL
NOVOLIN 70-30 FLEXPEN	INSULIN NPH HUM/REG INSULIN HM	INSULN PEN
NOVOLOG MIX 70-30	INSULIN ASPART PROT/INSULN ASP	VIAL
NOVOLOG MIX 70-30 FLEXPEN	INSULIN ASPART PROT/INSULN ASP	INSULN PEN

### Diabetes - Intermediate-Acting Insulins

Brand name	Generic name	Dosage form
HUMULIN N	INSULIN NPH HUMAN ISOPHANE	VIAL
HUMULIN N KWIKPEN	INSULIN NPH HUMAN ISOPHANE	INSULN PEN
NOVOLIN N	INSULIN NPH HUMAN ISOPHANE	VIAL
NOVOLIN N FLEXPEN	INSULIN NPH HUMAN ISOPHANE	INSULN PEN

### Diabetes - Long-Acting Insulins

Brand name	Generic name	Dosage form
BASAGLAR KWIKPEN U-100	INSULIN GLARGINE,HUM.REC.ANLOG	INSULN PEN
BASAGLAR TEMPO PEN U-100	INSULIN GLARGINE,HUM.REC.ANLOG	INSULN PEN
INSULIN DEGLUDEC	INSULIN DEGLUDEC	VIAL
INSULIN DEGLUDEC PEN (U-100)	INSULIN DEGLUDEC	INSULN PEN
INSULIN DEGLUDEC PEN (U-200)	INSULIN DEGLUDEC	INSULN PEN
INSULIN GLARGINE MAX SOLOSTAR	INSULIN GLARGINE,HUM.REC.ANLOG	INSULN PEN
INSULIN GLARGINE SOLOSTAR	INSULIN GLARGINE,HUM.REC.ANLOG	INSULN PEN
INSULIN GLARGINE-YFGN	INSULIN GLARGINE-YFGN	INSULN PEN
INSULIN GLARGINE-YFGN	INSULIN GLARGINE-YFGN	VIAL
LANTUS	INSULIN GLARGINE,HUM.REC.ANLOG	VIAL
LANTUS SOLOSTAR	INSULIN GLARGINE,HUM.REC.ANLOG	INSULN PEN
LEVEMIR	INSULIN DETEMIR	VIAL
LEVEMIR FLEXPEN	INSULIN DETEMIR	INSULN PEN
REZVOGLAR KWIKPEN	INSULIN GLARGINE-AGLR	INSULN PEN
SEMGLEE (YFGN)	INSULIN GLARGINE-YFGN	VIAL
SEMGLEE (YFGN) PEN	INSULIN GLARGINE-YFGN	INSULN PEN
TOUJEO MAX SOLOSTAR	INSULIN GLARGINE,HUM.REC.ANLOG	INSULN PEN
TOUJEO SOLOSTAR	INSULIN GLARGINE,HUM.REC.ANLOG	INSULN PEN

TRESIBA	INSULIN DEGLUDEC	VIAL
TRESIBA FLEXTOUCH U-100	INSULIN DEGLUDEC	INSULN PEN
TRESIBA FLEXTOUCH U-200	INSULIN DEGLUDEC	INSULN PEN

### Diabetes - Other Hypoglycemic Combinations

Brand name	Generic name	Dosage form
ALOGLIPTIN-PIOGLITAZONE	ALOGLIPTIN BENZ/PIOGLITAZONE	TABLET
DAPAGLIFLOZIN-SAXAGLIPTIN	DAPAGLIFLOZIN/SAXAGLIPTIN HCL	TABLET
DUETACT	PIOGLITAZONE HCL/GLIMEPIRIDE	TABLET
GLIPIZIDE-METFORMIN	GLIPIZIDE/METFORMIN HCL	TABLET
GLYBURIDE-METFORMIN HCL	GLYBURIDE/METFORMIN HCL	TABLET
GLYXAMBI	EMPAGLIFLOZIN/LINAGLIPTIN	TABLET
OSENI	ALOGLIPTIN BENZ/PIOGLITAZONE	TABLET
PIOGLITAZONE-GLIMEPIRIDE	PIOGLITAZONE HCL/GLIMEPIRIDE	TABLET
SOLIQUA 100-33	INSULIN GLARGINE/LIXISENATIDE	INSULN PEN
STEGLUJAN	ERTUGLIFLOZIN/SITAGLIPTIN PHOS	TABLET
TRIJARDY XR	EMPAGLIFLOZ/LINAGLIP/METFORMIN	TAB BP 24H
XULTOPHY 100-3.6	INSULIN DEGLUDEC/LIRAGLUTIDE	INSULN PEN

### Diabetes - Rapid-Acting Insulins

Brand name	Generic name	Dosage form
ADMELOG	INSULIN LISPRO	VIAL
ADMELOG SOLOSTAR	INSULIN LISPRO	INSULN PEN
AFREZZA	INSULIN REGULAR, HUMAN	CART INHAL
APIDRA	INSULIN GLULISINE	VIAL
APIDRA SOLOSTAR	INSULIN GLULISINE	INSULN PEN
FIASP	INSULIN ASPART (NIACINAMIDE)	VIAL
FIASP FLEXTOUCH	INSULIN ASPART (NIACINAMIDE)	INSULN PEN
FIASP PENFILL	INSULIN ASPART (NIACINAMIDE)	CARTRIDGE
FIASP PUMPCART	INSULIN ASPART/B3/PUMP CART	CARTRIDGE
HUMALOG	INSULIN LISPRO	CARTRIDGE
HUMALOG	INSULIN LISPRO	VIAL
HUMALOG JUNIOR KWIKPEN	INSULIN LISPRO	INS PEN HF
HUMALOG KWIKPEN U-100	INSULIN LISPRO	INSULN PEN
HUMALOG KWIKPEN U-200	INSULIN LISPRO	INSULN PEN
HUMALOG TEMPO PEN U-100	INSULIN LISPRO	INSULN PEN
INSULIN ASPART	INSULIN ASPART	VIAL
INSULIN ASPART FLEXPEN	INSULIN ASPART	INSULN PEN
INSULIN ASPART PENFILL	INSULIN ASPART	CARTRIDGE

INSULIN LISPRO	INSULIN LISPRO	VIAL
INSULIN LISPRO JUNIOR KWIKPEN	INSULIN LISPRO	INS PEN HF
INSULIN LISPRO KWIKPEN U-100	INSULIN LISPRO	INSULN PEN
KIRSTY	INSULIN ASPART-XJHZ	VIAL
KIRSTY PEN	INSULIN ASPART-XJHZ	INSULN PEN
LYUMJEV	INSULIN LISPRO-AABC	VIAL
LYUMJEV KWIKPEN U-100	INSULIN LISPRO-AABC	INSULN PEN
LYUMJEV KWIKPEN U-200	INSULIN LISPRO-AABC	INSULN PEN
LYUMJEV TEMPO PEN U-100	INSULIN LISPRO-AABC	INSULN PEN
MERILOG	INSULIN ASPART-SZJJ	VIAL
MERILOG SOLOSTAR	INSULIN ASPART-SZJJ	INSULN PEN
NOVOLOG	INSULIN ASPART	VIAL
NOVOLOG FLEXPEN	INSULIN ASPART	INSULN PEN
NOVOLOG PENFILL	INSULIN ASPART	CARTRIDGE

#### Diabetes - SGLT Inhibitor / Metformin Combinations

Brand name	Generic name	Dosage form
DAPAGLIFLOZIN-METFORMIN ER	DAPAGLIFLOZIN/METFORMIN	TAB BP 24H
INVOKAMET	CANAGLIFLOZIN/METFORMIN HCL	TABLET
INVOKAMET XR	CANAGLIFLOZIN/METFORMIN HCL	TAB BP 24H
SEGLUROMET	ERTUGLIFLOZIN/METFORMIN	TABLET
SYNJARDY	EMPAGLIFLOZIN/METFORMIN HCL	TABLET
SYNJARDY XR	EMPAGLIFLOZIN/METFORMIN HCL	TAB BP 24H
XIGDUO XR	DAPAGLIFLOZIN/METFORMIN	TAB BP 24H

#### Diabetes - SGLT Inhibitors

Brand name	Generic name	Dosage form
BEXAGLIFLOZIN	BEXAGLIFLOZIN	TABLET
BRENZAVVY	BEXAGLIFLOZIN	TABLET
DAPAGLIFLOZIN	DAPAGLIFLOZIN	TABLET
FARXIGA	DAPAGLIFLOZIN	TABLET
INPEFA	SOTAGLIFLOZIN	TABLET
INVOKANA	CANAGLIFLOZIN	TABLET
JARDIANCE	EMPAGLIFLOZIN	TABLET
STEGLATRO	ERTUGLIFLOZIN PIDOLATE	TABLET

**Diabetes - Short-Acting Insulins**

Brand name	Generic name	Dosage form
HUMULIN R	INSULIN REGULAR, HUMAN	VIAL
HUMULIN R U-500	INSULIN REGULAR, HUMAN	VIAL
HUMULIN R U-500 KWIKPEN	INSULIN REGULAR, HUMAN	INSULN PEN
NOVOLIN R	INSULIN REGULAR, HUMAN	VIAL
NOVOLIN R FLEXPEN	INSULIN REGULAR, HUMAN	INSULN PEN

**Diabetes - Thiazolidinedione-Metformin Combinations**

Brand name	Generic name	Dosage form
ACTOPLUS MET	PIOGLITAZONE HCL/METFORMIN HCL	TABLET
PIOGLITAZONE-METFORMIN	PIOGLITAZONE HCL/METFORMIN HCL	TABLET

**Diabetes - Thiazolidinediones**

Brand name	Generic name	Dosage form
ACTOS	PIOGLITAZONE HCL	TABLET
PIOGLITAZONE HCL	PIOGLITAZONE HCL	TABLET

**Estrogen Agents - Oral / Transdermal**

Brand name	Generic name	Dosage form
CLIMARA	ESTRADIOL	PATCH TDWK
DOTTI	ESTRADIOL	PATCH TDSW
ESTRADIOL	ESTRADIOL	PELLET(EA)
ESTRADIOL	ESTRADIOL	TABLET
ESTRADIOL (ONCE WEEKLY)	ESTRADIOL	PATCH TDWK
ESTRADIOL (TWICE WEEKLY)	ESTRADIOL	PATCH TDSW
LYLLANA	ESTRADIOL	PATCH TDSW
MENOSTAR	ESTRADIOL	PATCH TDWK
MINIVELLE	ESTRADIOL	PATCH TDSW
VIVELLE-DOT	ESTRADIOL	PATCH TDSW

**Estrogen Agents - Parenteral**

Brand name	Generic name	Dosage form
DELESTROGEN	ESTRADIOL VALERATE	VIAL
DEPO-ESTRADIOL	ESTRADIOL CYPIONATE	VIAL
ESTRADIOL VALERATE	ESTRADIOL VALERATE	VIAL

### Glucagon, Self-Administered

Brand name	Generic name	Dosage form
BAQSIMI	GLUCAGON	SPRAY
DILUENT FOR GLUCAGON EMERG KIT	DILUENT, GLUCAGON (GLYCERIN)	SYRINGE
GLUCAGON EMERGENCY KIT	GLUCAGON	VIAL
GLUCAGON EMERGENCY KIT	GLUCAGON HCL	VIAL
GLUCAGON HCL	GLUCAGON HCL	VIAL
GVOKE	GLUCAGON	VIAL
GVOKE HYPOPEN 1-PACK	GLUCAGON	AUTO INJCT
GVOKE HYPOPEN 2-PACK	GLUCAGON	AUTO INJCT
GVOKE PFS 1-PACK SYRINGE	GLUCAGON	SYRINGE
GVOKE PFS 2-PACK SYRINGE	GLUCAGON	SYRINGE
ZEGALOGUE AUTOINJECTOR	DASIGLUCAGON HCL	AUTO INJCT
ZEGALOGUE SYRINGE	DASIGLUCAGON HCL	SYRINGE

### Growth Hormones

Brand name	Generic name	Dosage form
GENOTROPIN	SOMATROPIN	CARTRIDGE
GENOTROPIN	SOMATROPIN	SYRINGE
HUMATROPE	SOMATROPIN	CARTRIDGE
HUMATROPE	SOMATROPIN	VIAL
NGENLA	SOMATROGON-GHLA	PEN INJCTR
NORDITROPIN FLEXPRO	SOMATROPIN	PEN INJCTR
NUTROPIN AQ NUSPIN	SOMATROPIN	PEN INJCTR
OMNITROPE	SOMATROPIN	CARTRIDGE
OMNITROPE	SOMATROPIN	VIAL
SEROSTIM	SOMATROPIN	VIAL
SKYTROFA	LONAPEGSSOMATROPIN-TCGD	CARTRIDGE
SOGROYA	SOMAPACITAN-BECO	PEN INJCTR
ZOMACTON	SOMATROPIN	VIAL

### Overactive Bladder Agents

Brand name	Generic name	Dosage form
DARIFENACIN ER	DARIFENACIN HYDROBROMIDE	TAB ER 24H
DETROL	TOLTERODINE TARTRATE	TABLET
DETROL LA	TOLTERODINE TARTRATE	CAP ER 24H
FESOTERODINE FUMARATE ER	FESOTERODINE FUMARATE	TAB ER 24H
FLAVOXATE HCL	FLAVOXATE HCL	TABLET

GEMTESA	VIBEGRON	TABLET
MIRABEGRON ER	MIRABEGRON	TAB ER 24H
MYRBETRIQ	MIRABEGRON	SUS ER REC
MYRBETRIQ	MIRABEGRON	TAB ER 24H
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	SYRUP
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	TABLET
OXYBUTYNIN CHLORIDE ER	OXYBUTYNIN CHLORIDE	TAB ER 24
OXYTROL	OXYBUTYNIN	PATCH TDSW
SOLIFENACIN SUCCINATE	SOLIFENACIN SUCCINATE	TABLET
TOLTERODINE TARTRATE	TOLTERODINE TARTRATE	TABLET
TOLTERODINE TARTRATE ER	TOLTERODINE TARTRATE	CAP ER 24H
TOVIAZ	FESOTERODINE FUMARATE	TAB ER 24H
TROSPIUM CHLORIDE	TROSPIUM CHLORIDE	TABLET
TROSPIUM CHLORIDE ER	TROSPIUM CHLORIDE	CAP ER 24H
VESICARE	SOLIFENACIN SUCCINATE	TABLET
VESICARE LS	SOLIFENACIN SUCCINATE	ORAL SUSP

### Phosphate Binders

Brand name	Generic name	Dosage form
AURYXIA	FERRIC CITRATE	TABLET
CALCIUM ACETATE	CALCIUM ACETATE	CAPSULE
CALCIUM ACETATE	CALCIUM ACETATE	TABLET
CALPHRON	CALCIUM ACETATE	TABLET
FERRIC CITRATE	FERRIC CITRATE	TABLET
FOSRENOL	LANTHANUM CARBONATE	POWD PACK
FOSRENOL	LANTHANUM CARBONATE	TAB CHEW
LANTHANUM CARBONATE	LANTHANUM CARBONATE	TAB CHEW
REVELA	SEVELAMER CARBONATE	POWD PACK
REVELA	SEVELAMER CARBONATE	TABLET
SEVELAMER CARBONATE	SEVELAMER CARBONATE	POWD PACK
SEVELAMER CARBONATE	SEVELAMER CARBONATE	TABLET
SEVELAMER HCL	SEVELAMER HCL	TABLET
VELPHORO	SUCROFERRIC OXYHYDROXIDE	TAB CHEW
XPHOZAH	TENAPANOR HCL	TABLET

### Prenatal Vitamins / Minerals

Brand name	Generic name	Dosage form
CITRANATAL 90 DHA	PNV72/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG
CITRANATAL ASSURE	PNV73/IRON,GLUC/FOLIC/DSS/DHA	COMBO. PKG

**Prenatal Vitamins / Minerals**

<b>Brand name</b>	<b>Generic name</b>	<b>Dosage form</b>
CITRANATAL B-CALM	PRENATAL 48/IRON/FOLIC ACID/B6	TABLET SEQ
CITRANATAL DHA	PNV 76/IRON, GLUC/FOLIC/DSS/DHA	COMBO. PKG
CITRANATAL HARMONY	PNV59/IRON, CARB, FUM/FA/DSS/DHA	CAPSULE
CITRANATAL RX	PRENATAL 81/IRON/FOLIC/DOCUSAT	TABLET
COMPLETE NATAL DHA	PNV NO.52/IRON/FA/OMEGA-3/DHA	COMBO. PKG
COMPLETENATE	PRENATAL VIT 14/IRON FUM/FOLIC	TAB CHEW
CONCEPT DHA	MVN-MIN75/IRON/IRON PS/OM3/DHA	CAPSULE
CONCEPT OB	MVN-MIN 74/IRON FUM/IRON/FA	CAPSULE
DERMACINRX PRENATRIX	PRENATAL VIT NO.170/IRON/FOLIC	TABLET
DERMACINRX PRENATRYL	PRENATAL VIT NO.170/IRON/FOLIC	TABLET
DERMACINRX PRETRATE	PRENATAL VIT NO.170/IRON/FOLIC	TABLET
ELITE-OB	MULTIVIT-MIN69/IRON/FOLIC ACID	TABLET
ENBRACE HR	MULTIVIT41/IRON/FOLATE8/PS-DHA	CAP IR DR
FOLATEXCEL	PRENATAL 199/IRON/FOLATE NO.10	TABLET
FOLIVANE-OB	MVN-MIN 74/IRON FUM/IRON/FA	CAPSULE
M-NATAL PLUS	PNV, CALCIUM 72/IRON/FOLIC ACID	TABLET
MATERVIA	PNV NO.178/IRON BG/FOLIC ACID	CAPSULE
NEO-VITAL RX	PNV NO.154/IRON FUM/FOLIC ACID	TABLET
NESTABS	PRENATAL VITS 86/IRON/FOLIC AC	TABLET
NESTABS DHA	PRENATAL 87/IRON BIS/FOLIC/DHA	COMBO. PKG
NESTABS ONE	MULTIVIT NO.42/IRON/FOLATE/DHA	CAPSULE
NEWGEN	PRENATAL VITS 86/IRON/FOLIC AC	TABLET
NIVA-PLUS	MULTIVIT-MIN 60/IRON FUM/FOLIC	TABLET
OB COMPLETE	MULTIVIT-MIN69/IRON/FOLIC ACID	TABLET
OB COMPLETE ONE	PNV 85/IRON/FOLIC/DHA/FISH OIL	CAPSULE
OB COMPLETE PETITE	PRENATAL 56/IRON/FOLIC AC/DHA	CAPSULE
OB COMPLETE PREMIER	PNV83/IRON, CARB, ASP/FOLIC ACID	TABLET
OB COMPLETE WITH DHA	PNV 30/IRON CARB, AG/FOLIC/OM3	CAPSULE
OBSTETRIX DHA	PNV 12/IRON/LMEFOLATE CALC/DHA	CMPKTBCPDR
ONE NATAL RX	PNV NO.154/IRON FUM/FOLIC ACID	TABLET
PNV TABS 20-1	PNV NO.163/IRON/FOLATE NO.10	TABLET
PNV-DHA	MULTIVIT 47/IRON/FOLATE 1/DHA	CAPSULE
PNV-OMEGA	MV-MINS 71/IRON/FOLIC NO.1/DHA	CAPSULE
PNV-SELECT	PRENATAL, CALC 40/IRON/FOLATE 1	TABLET
PREGEN DHA	PNV174/IRON/FA/O3/DHA/EPA/FISH	CAPSULE
PRENATABS FA	PRENATAL VIT, CAL 78/IRON/FOLIC	TABLET
PRENATABS RX	PRENATAL VIT, CAL 76/IRON/FOLIC	TABLET

Prenatal Vitamins / Minerals		
Brand name	Generic name	Dosage form
PRENATAL 19	PNV NO.118/IRON FUMARATE/FA	TAB CHEW
PRENATAL 19	PRENAT 115/IRON FUM/FOLIC/DSS	TABLET
PRENATAL PLUS	PNV,CALCIUM 72/IRON/FOLIC ACID	TABLET
PRENATAL VITAMIN PLUS LOW IRON	PNV,CALCIUM 72/IRON/FOLIC ACID	TABLET
PRENATAL-U	MULTIVIT NO.51/IRON/FOLIC ACID	CAPSULE
PRENATE AM	MULTIVIT 38/FOLATE NO.6/GINGER	TABLET
PRENATE CHEWABLE	MULTIVITAMIN NO.36/FOLATE NO.6	TAB CHEW
PRENATE DHA	PRENATAL 78/IRON/FOLATE 1/DHA	CAPSULE
PRENATE ELITE	PRENATAL 114/IRON A-G/FOLATE 1	TABLET
PRENATE ENHANCE	PRENATAL NO.68/IRON/FA NO6/DHA	CAPSULE
PRENATE ESSENTIAL	MULTIVIT NO.40/IRON/FOLAT1/DHA	CAPSULE
PRENATE MINI	PRENATAL VIT 87/IRON/FOLIC/DHA	CAPSULE
PRENATE PIXIE	PRENATAL VITS 85/IRON/FA 1/DHA	CAPSULE
PRENATE RESTORE	PRENATAL 69/IRON/FOLATE 6/DHA	CAPSULE
PRENATE STAR	PRENATAL NO.77/IRON ASP GLY/FA	TABLET
PRIMACARE	PRENATAL 118/IRON/FOLATE 6/DHA	CAPSULE
PROVIDA OB	PRENATAL VIT 65/IRON FUM,PS/FA	CAPSULE
SE-NATAL 19	PNV 119/IRON FUM/FOLIC ACID	TABLET
SE-NATAL 19	PNV NO.118/IRON FUMARATE/FA	TAB CHEW
SELECT-OB	PRENATAL 13/IRON PS/FOLATE 1	TAB CHEW
SELECT-OB	PRENATAL VIT 128/IRON/FOLIC AC	TAB CHEW
SELECT-OB + DHA	PRENATAL VIT 33/IRON/FOLIC/DHA	COMBO. PKG
TARON-C DHA	MVN-MIN75/IRON/IRON PS/OM3/DHA	CAPSULE
THRIVITE RX	PRENATAL VIT,CAL 76/IRON/FOLIC	TABLET
TRICARE	PRENATAL NO.103/IRON FUM/FOLIC	TABLET
TRINATAL RX 1	PRENATAL VIT 27,CALC/IRON/FA	TABLET
TRISTART DHA	PRENATAL 93/IRON/FOLATE 9/DHA	CAPSULE
ULTRA PRENATAL PLUS DHA	PNV166/IRON/FA/O3/DHA/EPA/FISH	CAPSULE
VITAFOL FE PLUS	PNV 102/IRON/FOLATE/DHA	CAPSULE
VITAFOL GUMMIES	PNV 112/IRON/FOLIC/OM3/DHA/EPA	TAB CHEW
VITAFOL ULTRA	PNV 67/IRON PS/FOLATE NO.1/DHA	CAPSULE
VITAFOL-OB	PRENATAL VIT 10/IRON FUM/FOLIC	TABLET
VITAFOL-OB+DHA	PRENATAL VIT 10/IRON/FOLIC/DHA	COMBO. PKG
VITAFOL-ONE	PRENATAL 26/IRON PS/FOLIC/DHA	CAPSULE
WESCAP-C DHA	MVN-MIN75/IRON/IRON PS/OM3/DHA	CAPSULE
WESCAP-PN DHA	MULTIVIT 47/IRON/FOLATE 1/DHA	CAPSULE
WESNATAL DHA COMPLETE	PNV NO.52/IRON/FA/OMEGA-3/DHA	COMBO. PKG

**Prenatal Vitamins / Minerals**

<b>Brand name</b>	<b>Generic name</b>	<b>Dosage form</b>
WESNATE DHA	PNV 11/IRON FUM/FOLIC ACID/OM3	CAPSULE
WESTAB PLUS	PNV,CALCIUM 72/IRON/FOLIC ACID	TABLET
WESTGEL DHA	PRENATAL 93/IRON/FOLATE 9/DHA	CAPSULE
ZATEAN-PN DHA	MULTIVIT 47/IRON/FOLATE 1/DHA	CAPSULE
ZATEAN-PN PLUS	MV-MINS 71/IRON/FOLIC NO.1/DHA	CAPSULE

05/19/2026

On behalf of the Colorado Department of Health Care Policy and Financing:

MedImpact is soliciting Supplemental Rebate Offers for the Continuous Glucose Monitor (CGM) and related diabetic-supply products listed in the Preferred Diabetic Supply List (PDSL) (see below) on behalf of the State of Colorado's Medicaid program. These products are not part of the July 2026 P&T Committee review; this letter is a rebate solicitation only. For background on the P&T Committee, see the [website](#) at a later date.

**Rebate Offer Details:** The preferred contract price for Health First Colorado is the **Guaranteed Net Unit Price (GNUP)<sup>3, 4</sup>**, calculated as: *WAC per unit (last day of quarter) - CMS Rebate per unit - Supplemental Rebate Offer per unit*

All supplemental rebate offers for the Therapeutic Categories under review must be submitted via the MedImpact Secure FTP [site](#). Offers can be placed within the MedImpact Secure FTP site starting **May 18<sup>th</sup>, 2026**, and only offers received by **June 15<sup>th</sup>, 2026**, will be considered; offers should reflect the Manufacturer's best and final terms. Offers may be accepted or rejected without request for a “best and final” offer. No further offers will be considered after that deadline unless specifically requested by MedImpact. Manufacturers with questions or that are having difficulty using the portal, are encouraged to reach out to the MedImpact team, [MedicaidFFSRebateContracting@MedImpact.com](mailto:MedicaidFFSRebateContracting@MedImpact.com). However, we encourage manufacturers to review the frequently asked questions (FAQ) before outreach to MedImpact.

**PDSL Announcement:** Continuous Glucose Monitors (CGMs) and related diabetic supplies are managed under the Health First Colorado [Preferred Diabetic Supply List](#) (PDSL). The following CGM products are open for supplemental rebate offers.

**Additional Notes:**

- Agreement templates are available at [link](#).
- Do not delete or alter any language of the Supplemental Rebate Agreement (SRA), no changes will be considered.
- Offers submitted will be considered valid for a period of one year.
- Supplemental rebates for selected preferred products will begin accruing **October 1<sup>st</sup>, 2026**.

Kind Regards,

Laureen Biczak, DO, FIDSA

MedImpact Medical Director – Government Programs and Services

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<sup>3</sup>This GNUP becomes the Supplemental Rebate per Unit (SRPU) and is used throughout the contract term. It will also appear in the supplemental rebate contract. The GNUP is the value applied as the Supplemental Rebate per Unit (SRPU) each quarter. The rate is determined using the WAC price, the Manufacturer Offer Rate, and Federal Unit Rebate Amount (URA) in effect for that quarter, throughout the term of the contract. The GNUP is also the value that will appear on the supplemental rebate contract.

<sup>4</sup>Rebate offers should be effective for one (1) year, starting at beginning of the next quarter following P&T.

## Preferred Diabetic Supply List – CGMs

CGM / Diabetes Supply		
Brand name	Generic name	Dosage form
DEXCOM G6 RECEIVER	BLOOD-GLUCOSE,RECEIVER,CONT	EACH
DEXCOM G6 SENSOR	BLOOD-GLUCOSE SENSOR	EACH
DEXCOM G6 TRANSMITTER	BLOOD-GLUCOSE TRANSMITTER	EACH
DEXCOM G7 15 DAY SENSOR	BLOOD-GLUCOSE SENSOR	EACH
DEXCOM G7 RECEIVER	BLOOD-GLUCOSE,RECEIVER,CONT	EACH
DEXCOM G7 SENSOR	BLOOD-GLUCOSE SENSOR	EACH
EVERSENSE 365 SENSOR	GLUCOSE SENSOR,IMPLANT/DEXAMET	EACH
EVERSENSE 365 TRANSMITTER	BLOOD-GLUCOSE TRANSMITTER	EACH
EVERSENSE E3 SENSOR-HLDR	GLUCOSE SENSOR,IMPLANT/DEXAMET	EACH
EVERSENSE E3 SMART TRANSMITTER	BLOOD-GLUCOSE TRANSMITTER	EACH
FREESTYLE LIBRE 14 DAY READER	FLASH GLUCOSE SCANNING READER	EACH
FREESTYLE LIBRE 14 DAY SENSOR	FLASH GLUCOSE SENSOR	KIT
FREESTYLE LIBRE 2 PLUS SENSOR	BLOOD-GLUCOSE SENSOR	EACH
FREESTYLE LIBRE 2 READER	FLASH GLUCOSE SCANNING READER	EACH
FREESTYLE LIBRE 2 SENSOR	FLASH GLUCOSE SENSOR	KIT
FREESTYLE LIBRE 3 PLUS SENSOR	BLOOD-GLUCOSE SENSOR	EACH
FREESTYLE LIBRE 3 READER	BLOOD-GLUCOSE,RECEIVER,CONT	EACH
FREESTYLE LIBRE 3 SENSOR	BLOOD-GLUCOSE SENSOR	EACH
GUARDIAN LINK 3 TRANSMITTER	BLOOD-GLUCOSE TRANSMITTER	EACH
GUARDIAN SENSOR 3	BLOOD-GLUCOSE SENSOR	EACH
GUARDIAN 4 GLUCOSE SENSOR	BLOOD-GLUCOSE SENSOR	EACH
GUARDIAN 4 TRANSMITTER	BLOOD-GLUCOSE TRANSMITTER	EACH
SIMPLERA SENSOR	BLOOD-GLUCOSE SENSOR	EACH
SIMPLERA SYNC SENSOR	BLOOD-GLUCOSE SENSOR	EACH

5/19/2026

On behalf of the Colorado Department of Health Care Policy and Financing:

MedImpact is soliciting Supplemental Rebate Offers for the Appendix P drugs listed below on behalf of the State of Colorado's Medicaid program. These products are not part of the July 2026 P&T Committee review; this letter is a rebate solicitation only. For background on the P&T Committee, see the [website](#) at a later date.

**Submission Guidelines:**

Action	Details
<b>Submit Clinical Data</b>	Email dossiers and relevant clinical data to Greg Miller, PharmD at <a href="mailto:greg.l.miller@state.co.us">greg.l.miller@state.co.us</a> and cc'ing Mohamed Duklef at <a href="mailto:mohamed.duklef@medimpact.com">mohamed.duklef@medimpact.com</a> .
<b>Request to Present</b>	Submit <b>one-page, single-sided</b> clinical summary to Mohamed Duklef at <a href="mailto:mohamed.duklef@medimpact.com">mohamed.duklef@medimpact.com</a> , cc'ing Greg Miller at <a href="mailto:greg.l.miller@state.co.us">greg.l.miller@state.co.us</a> , no later than <b>July 3, 2026, at 5:00 PM MST</b> .
<b>Stakeholder Policies</b>	Policies regarding stakeholder comment are available on the P&T Committee <a href="#">website</a> .

**Rebate Offer Details:** The preferred contract price for Health First Colorado is the **Guaranteed Net Unit Price (GNUP)<sup>5, 6</sup>**, calculated as: *WAC per unit (last day of quarter) - CMS Rebate per unit - Supplemental Rebate Offer per unit*

All supplemental rebate offers for the Therapeutic Categories under review must be submitted via the MedImpact Secure FTP [site](#). Offers can be placed within the MedImpact Secure FTP site starting **May 18<sup>th</sup>, 2026**, and only offers received by **June 15<sup>th</sup>, 2026**, will be considered; offers should reflect the Manufacturer's best and final terms. Offers may be accepted or rejected without request for a "best and final" offer. No further offers will be considered after that deadline unless specifically requested by MedImpact. Manufacturers with questions or that are having difficulty using the portal, are encouraged to reach out to the MedImpact team, [MedicaidFFSRebateContracting@MedImpact.com](mailto:MedicaidFFSRebateContracting@MedImpact.com). However, we encourage manufacturers to review the frequently asked questions (FAQ) before outreach to MedImpact.

**Appendix P Announcement:** The following Appendix P drugs are open for supplemental rebate offers.

**Additional Notes:**

- Agreement templates are available at [link](#).
- Do not delete or alter any language of the Supplemental Rebate Agreement (SRA), no changes will be considered.

Kind Regards,

Laureen Biczak, DO, FIDSA

MedImpact Medical Director – Government Programs and Services

<sup>5</sup>This GNUP becomes the Supplemental Rebate per Unit (SRPU) and is used throughout the contract term. It will also appear in the supplemental rebate contract. The GNUP is the value applied as the Supplemental Rebate per Unit (SRPU) each quarter. The rate is determined using the WAC price, the Manufacturer Offer Rate, and Federal Unit Rebate Amount (URA) in effect for that quarter, throughout the term of the contract. The GNUP is also the value that will appear on the supplemental rebate contract.

<sup>6</sup>Rebate offers should be effective for one (1) year, starting at beginning of the next quarter following P&T.

## Appendix P Drugs

Appendix P		
Brand name	Generic name	Dosage form
CALCITONIN-SALMON	CALCITONIN,SALMON,SYNTHETIC	VIAL
IBANDRONATE SODIUM	IBANDRONATE SODIUM	SYRINGE
IBANDRONATE SODIUM	IBANDRONATE SODIUM	VIAL
MIACALCIN	CALCITONIN,SALMON,SYNTHETIC	VIAL