



APPLICATION FOR PARTICIPATION IN NON QUALIFIED STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (Non SPAPs) FOR CONNECTICUT

This agreement is entered into between the State of Connecticut Department of Social Services and a drug manufacturer that seeks to have its drugs reimbursed under Non-Qualified State Pharmaceutical Assistance Programs for Connecticut.

A manufacturer must sign an application in order to have its drugs reimbursed under the State of Connecticut’s non-qualified SPAP programs, including but not limited to, HUSKY B. A participating pharmaceutical manufacturer shall pay the Department rebate for prescriptions covered and reimbursed by the Department under any non-SPAP program pursuant to subsection (b) of Connecticut General Statutes Section 17b-491c. This application must be signed by an authorized representative of the manufacturer and returned to the representative of the Department’s drug rebate coordinator listed below for participation in a non-qualified SPAP, which include, but are not limited to, the Healthcare for Uninsured Kids and Youth B Program (HUSKY B), operated by the Department pursuant to Title XXI of the Social Security Act). Upon receipt of the completed application this application shall constitute a binding agreement between the Department and the manufacturer. The Department shall provide the manufacturer a copy of the signed agreement.

Termination: Unless otherwise terminated by either party, the drug rebate application shall remain in effect indefinitely. The manufacturer may terminate for any reason and such termination shall become effective 60 days after receiving written notice requesting termination.

Acceptance of this Agreement enrolls the manufacturer in non-SPAP medical assistance programs for the State of Connecticut. Please sign and return to the address below.

Participating Manufacturer

Signature: _____ Date/Effective Date of Agreement _____

Printed Name: _____ Title _____

Name of Manufacturer: _____

Manufacturer Address: _____

Labeler Code(s): _____

Commissioner of the Department of Social Services:

Signature _____ Date: _____

HUSKY B: is a federal and state (Department of Social Services) health insurance program for uninsured children ages 18 and under who are U.S. citizens or qualified non-citizens. For a complete description go to: <http://www.huskyhealth.com>

State of Connecticut – Medicaid Drug Rebate Coordinator:
Gainwell Technologies
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