

## **BACKGROUND**

The Maryland Prescription Drug Affordability Board may request information to conduct a cost review study under Health-General Article, §21-2C-09(a)(2), Annotated Code of Maryland, and COMAR 14.01.04.04.A.(2). The data points requested in the wholesaler data submission request form (excel) are in accordance with COMAR 14.01.04.04.B.(4).

## **WHOLESALE REQUEST INSTRUCTIONS**

Wholesalers are encouraged to provide information on as many data elements for all applicable 11-digit National Drug Codes (NDC-11). If the submitter completing this file opts to only submit information at the aggregate level for the drug product under review, please check the box below.

*Submission of Aggregate Information Only*

Respondents may provide the requested information via the following:

- a. Utilizing the tables provided at the end of this form in appendices A-E.
- b. Utilizing the supplemental excel file provided with this form.
- c. Directly typing data in each applicable section.
- d. Providing documentation in any form that the respondent deems suitable.

For any questions regarding the data submission request form, please reach out to                     .

### **Part 1: Contact and Drug Information**

Please provide the name and contact information of an individual who will be able to answer questions regarding the information submitted in this form.

<b>Contact Information</b>	
Name of Wholesaler	
Contact Name	
Contact Title	
Email Address	
Telephone Number	
Street Address	
City	
State	
Zip Code	

Provide the information requested in the table below about the prescription drug product under review. In this table, submitters should provide the non-proprietary and brand name of the drug selected for Cost Review. Additionally, submitters should provide all applicable 11-digit National Drug Codes (NDC-11) related to the selected drug, separated with a semicolon.

<b>General Drug Information</b>	
Non-Proprietary Drug Name	
Brand Name	
National Drug Code(s) (NDC-11)*	
*If there are multiple NDC-11s, please provide a description of each, including information on dosage and package size. Please separate each NDC with a semicolon.	

## Data Dictionary

The following table reflects the requested data elements along with their respective regulatory authority. The table also notes the applicable section where each data element should be populated.

<b>Requested Data Points</b>	<b>Regulatory Citation</b>	<b>Applicable Sheet</b>
Units of the prescription drug product sold in the State;	14.01.04.04.B(4)(c)	Units Sold
Prices charged to purchasers in the State, including but not limited to pharmacies, pharmacy chains, pharmacy wholesalers, and other direct purchasers;	14.01.04.04.B(4)(a)	Sales to Purchasers
The total amount of price concessions and discounts provided by the wholesale distributor to purchasers in the State, including but not limited to pharmacies, pharmacy chains, pharmacy wholesalers, and other direct purchasers;	14.01.04.04.B(4)(b)	Sales to Purchasers
Any additional factors or information the wholesale distributor proposes that the Board consider.	14.01.04.04.B(4)(d)	Submit as documentation

## Part 2: Units Sold

Provide the *Number of Units Sold in Maryland*, reported specifically for each NDC-11.

A table template for populating the requested information can be found in **Appendix A**.

### **Part 3: Sales to Purchasers**

For each purchaser (e.g., pharmacy, pharmacy chain, pharmacy wholesaler, or other direct purchasers), please provide the following sales information for the drug product under review:

1. Prices Charged to Maryland Purchasers
2. The Total Amount of Price Concessions and Discounts Provided by the Wholesale Distributor to Maryland Purchasers

A table template for populating the requested information can be found in **Appendix B**.

### **SUBMISSION OF ADDITIONAL DOCUMENTATION**

Wholesalers completing the Maryland PDAB's data submission requests are encouraged to provide additional documentation for other factors that they believe the Board should consider.

**Appendix A. Units Sold**

<b>Units Sold</b>	
NDC-11*	Units of the prescription drug product sold in the State
*If submitting aggregate information, please provide the non-proprietary drug name in place of the 11-digit NDC. Please insert as many rows into this table as needed.	

**Additional Information**

In a narrative format, use the space below to provide additional information on the calculation methods, assumptions, interpretations, and caveats related to the data requested in this section of the appendix.

**Appendix B. Sales to Purchasers**

<b>Sales to Purchasers</b>			
NDC-11*	Applicable Purchaser (e.g., pharmacy, pharmacy chains, pharmacy wholesaler, other direct purchasers)	Prices charged to State Purchasers	The total amount of price concessions and discounts provided by the wholesale distributor to purchasers in the State
*If submitting aggregate information, please provide the non-proprietary drug name in place of the 11-digit NDC. Please insert as many rows into this table as needed.			

*Additional Information*

In a narrative format, use the space below to provide additional information on the calculation methods, assumptions, interpretations, and caveats related to the data requested in this section of the appendix.