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## **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 insurer data submission request form are in accordance with COMAR 14.01.04.04.B.(2).

## **HEALTH INSURANCE CARRIER REQUEST INSTRUCTIONS**

Health Insurance Carriers 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 a supplemental excel file which can be requested along with this form.
- c. Directly typing data into 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 [rfi.pdab@maryland.gov](mailto:rfi.pdab@maryland.gov).

## **Part 1: Contact, Drug, and Insurer 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 Insurer	
Contact Name	
Contact Title	
Email Address	
Telephone Number	
Street Address	
City	
State	
Zip Code	

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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.	

Below, please indicate the number of plans offered by the insurer.

<b>Insurer Information</b>	
Number of Plans Offered by Insurer	

## 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>
Placement in each formulary offered or administered in the State and the number of covered lives for each formulary	14.01.04.04.B(2)(c)	Plan Information and Costs
Benefit design around the prescription drug product, including copayment and coinsurance amounts in the State	14.01.04.04.B(2)(d)	Plan Information and Costs
The net cost incurred by the insurance carrier for the prescription drug product in the State	14.01.04.04.B(2)(e)	Plan Information and Costs
The total amount of the price concessions, discounts, and rebates the manufacturer provides to each health plan operating in the State, expressed as a percent of the WAC	14.01.04.04.B(2)(a)	Plan Information and Costs
The average price concession, discount, and rebate provided in the State for therapeutic alternatives	14.01.04.04.B(2)(b)	Therapeutic Alternative
Any additional factors or information the health insurance carrier, HMO, or MCO proposes that the Board consider	14.01.04.04.B(2)(f)	Submit as documentation

## Part 2: Plan Information and Costs

Provide best estimates for the following plan and cost-related information listed below for the drug product under review. Data elements populated within this sheet should be reported specifically for each NDC-11 (or aggregate drug product) according to the plan (i.e., plan ID) offered by the insurance company.

1. Plan ID
2. Placement in Formulary (i.e., Tier)
3. Brief Explanation of the Formulary Tiers (i.e., specify the number of tiers offered within the plan)
4. Number of Covered Lives for Each Formulary in Maryland
5. Benefit Design - Copay Amounts in Maryland
6. Benefit Design - Coinsurance Amounts in Maryland
7. The Net Cost Incurred by the Insurance Carrier (i.e., plan) for the Prescription Drug Product in Maryland
8. The Total Amount of Price Concessions, Discounts, and Rebates the Manufacturer Provides to Each Health Plan Operating in the State, Expressed as a Percent of the Wholesale Acquisition Cost (WAC)

A table template for populating the requested information can be found in **Appendix A**. For each data element, provide additional information on the calculation methods, assumptions, interpretations, and caveats in a narrative format. For data elements without specific timeframes, please provide figures for the most recent Calendar or Fiscal Tax Year and note this timeframe (e.g., January 1, 2023 – December 31, 2023) within the additional information narrative.

## Part 3: Therapeutic Alternative(s)

Insurers are requested to provide information regarding approved therapeutic alternatives<sup>1</sup> for the prescription drug product under review. Each therapeutic alternative should be identified by its non-proprietary and brand name. Insurers should provide best estimates of *The Average Price Concession, Discount, and Rebate Provided in Maryland for the Identified Therapeutic Alternative*.

Information on price concessions, discounts, and rebates in Maryland requested in this section should be reported specifically for each NDC-11 and each plan for a single therapeutic alternative.

A table template for populating the requested information can be found in **Appendix B**. For each data element, provide additional information on the calculation methods, assumptions, interpretations, and caveats in a narrative format. For data elements without specific timeframes,

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<sup>1</sup> [https://pdab.maryland.gov/Pages/cost\\_review\\_process.aspx#Therapeutic](https://pdab.maryland.gov/Pages/cost_review_process.aspx#Therapeutic)

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please provide figures for the most recent Calendar or Fiscal Tax Year and note this timeframe (e.g., January 1, 2023 – December 31, 2023) within the additional information narrative.

### **SUBMISSION OF ADDITIONAL DOCUMENTATION**

Health Insurance Carriers, HMOs, or MCOs completing the Maryland PDAB's data submission requests are encouraged to provide additional documentation for other factors that they believe the Board should consider.

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**Appendix A. Plan Information and Costs**

<b>Plan Information</b>						
NDC-11*	Plan ID	Placement in Formulary	Explanation of Formulary Tiers	Number of covered lives for each formulary in the state	Benefit design around the prescription drug product - copay amounts in the State	Benefit design around the prescription drug product-coinsurance amounts 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. For data elements without specific timeframes, please provide figures for the most recent Calendar or Fiscal Tax Year and note this timeframe (e.g., January 1, 2023 – December 31, 2023) within the additional information narrative.

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<b>Cost Information</b>			
NDC-11*	Plan ID	The net cost incurred by the insurance carrier for the prescription drug product in the State	The total amount of the price concessions, discounts, and rebates the manufacturer provides to each health plan operating in the State, expressed as a percent of the WAC
*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. For data elements without specific timeframes, please provide figures for the most recent Calendar or Fiscal Tax Year and note this timeframe (e.g., January 1, 2023 – December 31, 2023) within the additional information narrative.

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**Appendix B.** Therapeutic Alternative Information

<b>Therapeutic Alternative # 1</b>				
Therapeutic Alternative Non-Proprietary Name	Therapeutic Alternative Brand Name	NDC-11*	Plan ID	The average price concession, discount, and rebate provided in the State for therapeutic alternatives
*If submitting aggregate information, leave the NDC-11 column blank. Please insert as many rows into this table as needed and make copies of this table template for any additional therapeutic alternatives identified by the insurer.				

**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. For data elements without specific timeframes, please provide figures for the most recent Calendar or Fiscal Tax Year and note this timeframe (e.g., January 1, 2023 – December 31, 2023) within the additional information narrative.