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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 Pharmacy Benefit Manager (PBM) data submission request form are in accordance with COMAR 14.01.04.04.B.(3).

## **PHARMACY BENEFIT MANAGER (PBM) REQUEST INSTRUCTIONS**

Pharmacy Benefit Managers (PBMs) 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 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 PBM	
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 provide the requested information about the PBM.

<b>PBM Information</b>	
Total Number of Contracted Insurance Plans	
Total Number of Contracts	

## 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(3)(d)	Plan Information
Benefit design around the prescription drug product, including copayment and coinsurance amounts	14.01.04.04.B(3)(e)	Plan Information
The total amount of the price concessions, discounts, and rebates the manufacturer provides to each PBM operating in the State, expressed as a percent of the WAC	14.01.04.04.B(3)(b)	Rebates and Revenues
Maryland and national gross and net PBM revenues for the prescription drug product under review for the most recent tax year	14.01.04.04.B(3)(f)	Rebates and Revenues
The therapeutic alternatives for the prescription drug product(s) under review identified by each formulary administered by the PBM	14.01.04.04.B(3)(a)	Therapeutic Alternative

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The average price concession, discount, and rebate provided in the State for therapeutic alternatives	14.01.04.04.B(3)(c)	Therapeutic Alternative
Any additional factors or information the PBM proposes that the Board consider	14.01.04.04.B(3)(g)	Submit as documentation

## Part 2: Plan Information

Provide best estimates on plan-related information for contracted plans covering the prescription drug product of interest listed below:

1. Plan Description/Contracted Plan Identifier
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

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: Rebates and Revenues

Provide best estimates for the rebate-based data elements listed below:

1. The Total Amount of the Prices Concessions, Discounts, and Rebates Provided to the Maryland PBM for the Prescription Drug Product Under Review for the Most Recent Tax Year
2. Maryland Gross PBM Revenues for the Prescription Drug Product Under Review for the Most Recent Tax Year
3. Maryland Net PBM Revenues for the Prescription Drug Product Under Review for the Most Recent Tax Year
4. National Gross PBM Revenues for the Prescription Drug Product Under Review for the Most Recent Tax Year
5. National Net PBM Revenues for the Prescription Drug Product Under Review for the Most Recent Tax Year

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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, 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 4: Therapeutic Alternative(s)**

PBMs are requested to provide information regarding 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. PBMs should provide best estimates of *The Average Price Concession, Discount, and Rebate Provided in Maryland for the Identified Therapeutic Alternative* for each contracted Plan (i.e., Plan ID). Additionally, PBMs should note the *Formulary Placement* for each NDC-11 of the therapeutic alternative for each Plan ID.

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

#### **SUBMISSION OF ADDITIONAL DOCUMENTATION**

Pharmacy Benefit Managers (PBMs) 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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<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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**Appendix A. Plan Information**

<b>Plan Information</b>						
NDC-11*	Plan Description/Contracted Plan	Placement in Formulary	Explanation of Formulary Tier	Number of Lives Covered for Each Formulary	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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**Appendix B. Rebates and Revenues**

<b>Rebates and Revenues</b>					
NDC-11*	The total amount of the price concessions, discounts, and rebates provided to state PMB by manufacturer, expressed as a percent of the WAC	Maryland gross PBM revenues for the prescription drug product under review for the most recent tax year	Maryland net PBM revenues for the prescription drug product under review for the most recent tax year	National gross PBM revenues for the prescription drug product under review for the most recent tax year	National net PBM revenues for the prescription drug product under review for the most recent tax year
*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 C. Therapeutic Alternatives**

<b>Therapeutic Alternative # 1</b>					
Therapeutic Alternative Non-Proprietary Name	Therapeutic Alternative Brand Name	NDC-11*	Plan ID	Placement in Formulary	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.