



REQUEST FOR RECONSIDERATION

I request reconsideration of the denial of the request for exemption for the FY 2025 Prescription Drug Affordability Fund Assessment.

Business Name: _____

Vendor ID Number: OPDAB_____

Your name: _____

Your title: _____

Contact E-mail: _____

1) **Basis of Request for Reconsideration:** Please explain in detail why you believe the decision denying the request for exemption is erroneous and should be reconsidered. Include additional pages if necessary.

2) **Documentation:** Please identify and attach any additional documentation that supports the requested exemption. Please do not resubmit documentation submitted with the original request for exemption. See instructions below.

Signature

Date

Printed Name

INSTRUCTIONS REQUEST FOR RECONSIDERATION

A Request for Reconsideration may be submitted within **15 days** of the denial of the request for exemption by submitting: (a) a request for reconsideration on the form provided; and (b) additional information or documentation in support of the claimed exemption. A request for reconsideration that does not include additional information or additional documentation will be denied. Please submit additional information and documentation only. Do not resubmit the documentation submitted with the original request for exemption.

Additional documentation must be accompanied by an executed **Certificate of Business Record** (available on the Board's website) authenticating the business record.

Supporting documentation may include but is not limited to:

For carriers, the NAIC "Annual Statement" including the cover page (signature page/jurat), Maryland State page, and Schedule T, acknowledgment from Maryland Insurance Administration of merger/change in subsidiary status, and SEC 10-K (any applicable exhibits).

For manufacturers, distributors, and PBMs, a discharge in bankruptcy, documentation of merger/change in corporate structure/subsidiary status (*e.g.*, SEC 10-K and any applicable exhibits), acknowledgment from Board of Pharmacy of expiration of license/registration, expired license/registration, documentation that the business provides only non-covered products (*e.g.*, provides gases only, product or inventory lists), and documentation that the entity does not do business in Maryland.

If the entity is unable to provide documentation supporting the claimed exemption, the entity shall provide an **Affidavit** (form on Board's website) from the chief operating officer, chief financial officer, or other authorized official attesting to the factual basis of the claimed exemption.

The completed Request for Reconsideration form, any additional supporting documentation, Certificate of Business Record form, and Affidavit (where applicable) may be submitted by e-mail to fee.pdab@maryland.gov or by mail to:

Prescription Drug Affordability Board
16900 Science Drive, Suite 112-114
Bowie, MD 20715