



**MARYLAND**  
Prescription Drug Affordability Board

16900 Science Drive  
Suites 112-114  
Bowie, MD 20715  
[pdab.maryland.gov](http://pdab.maryland.gov)

## REQUEST FOR EXEMPTION

**I request an exemption from the FY 2026 Prescription Drug Affordability Fund Assessment. In support of this request I state:**

- 1) I, \_\_\_\_\_ (name) am over 18 years of age and am competent to make this request.
- 2) I am the/a \_\_\_\_\_ (position title) for the assessed entity and the following information is true and correct:

Assessed Entity Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Permit/NAIC Number(s): \_\_\_\_\_

- 3) I request an exemption from the assessment because (please check all applicable):

- a) \_\_\_\_\_ The assessed entity is not a qualifying entity as defined in Health Gen. § 21-2C-11(b)(1). Explanation of why entity is not a qualifying entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) \_\_\_\_\_ The assessed entity does no business in Maryland. Explanation (*e.g.*, expired registration/permit, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- c) \_\_\_\_\_ Other reason for exemption request. Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I solemnly affirm under penalty of perjury that the contents of this document are true and accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# INSTRUCTIONS

## DOCUMENTATION IN SUPPORT OF EXEMPTION

Please submit documentation supporting your request for exemption with your request. The completed and signed Request for Exemption form, supporting documentation, Certificate of Business Record form, and Affidavit (as applicable) may be submitted by e-mail to [fee.pdab@maryland.gov](mailto:fee.pdab@maryland.gov) or by mail to:

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

The Request for Exemption and all supporting documentation is due by **October 1, 2025**.

The entity bears the burden of demonstrating it qualifies for the exemption and shall submit documentation in support of the request as follows:

(a) The entity shall provide an executed **Certificate of Business Record** (available on the Board's website) authenticating any business record the entity submits in support of the request for exemption.

(b) **For carriers**, supporting documentation may include but is not limited to 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).

(c) **For manufacturers, distributors, and PBMs**, supporting documentation may include but is not limited to discharge in bankruptcy, documentation of merger/change in corporate structure/subsidiary status (for example, SEC 10-K and any applicable exhibits), acknowledgment from Board of Pharmacy of expiration of license/registration, expired license/registration, documentation that manufacturer/distributor 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.

(d) **If the entity is unable to provide any 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.

For additional information please consult the FAQ page of the Board's website.