

# Prescription Drug Affordability Board

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**Pharmacy benefit manager data  
submission guide**

## Guidance for submitting your data file

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1. **Templates.** Use the data templates as described. Please keep the headers as they are and do not rename any of the data fields.
2. **Special characters.** Do not include special characters such as \$, -.\*, / etc, unless otherwise specified. This will cause errors during data ingestion.
3. **Date formats.** Dates should be reported as YYYYMMDD unless otherwise specified.
4. **Required data fields.** All data fields are required unless otherwise specified.
5. **Nullable.** Do not leave data fields as null or blank unless otherwise specified.
6. **Reporting a value of zero (0).** Do not report a value of 0. We expect integer values to be greater than 0 and decimals are allowed.
7. **Data field.** The lemon-colored cells are formatted to validate the data types. If the data is expected to fill beyond the lemon-colored rows, extend the lemon-colored data field first before entering the data.

### Other notes

1. **Technical validation.** Your data file submission will undergo a technical validation process.
2. **Errors.** If errors are found within your file submission, you will be notified and asked to resubmit or clarify inconsistencies.
3. **Changes to the submission guide.** The submission guide will undergo an annual review and is subject to change. If changes do occur, make sure to use the most recent version of the templates for the new formatting.

# PBM net payment template

Data Field	Description	Type	Max. Length	Rules	Example
<b>PBM Name</b>	Name of the pharmacy benefit manager submitting data.	Text	15	Repeat the PBM name for all rows.	PBM XYZ
<b>NDC</b>	Codes maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product with a leading zero (11-digit total). Must contain a value for a drug that is being evaluated. NDC may be included 1 to X times in file. Data requested up to the previous five years or the five most current price changes, whichever is longer. Do not include any special characters (e.g. - or space).	Integer	11	Must retain a leading zero.	0000000001
<b>PBM Average Reimbursement Amount For a Unit of Drug</b>	Average payment amount to Pharmacies. For example, if \$1000 was paid for 100 units, please enter \$10 (\$1000/100). Do not include any patient cost-sharing amounts.  Decimal number (10.2). USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "\$." Include only 2 decimal places.	Decimal	12	Greater than 0.00. Include 2 decimals.	\$123.45
<b>PBM Net Unit Payment</b>	Total amount the PBM received for a unit on average from all sources.  Include: 1) any amounts received from the health plans, 2) rebate amounts, and 3) direct and indirect remuneration and fees. Do not include any patient cost-sharing amounts.  For example, if PBM received \$1000 from health plans, \$100 as rebates, and \$10 net in DIR and fees for 100 units, please enter \$11.10, or \$1000+\$100+\$10)/100.  Decimal number (10.2). USD value greater than 0.00. Do not include any special	Decimal	12	Greater than 0.00. Include 2 decimals.	\$123.45

characters other than the decimal point.  
 Cell formatting will automatically add "\$."  
 Include only 2 decimal places.

<b>PBM Price Effective Date</b>	Do not include any special characters (e.g. / or -). Data requested for the previous five years or the five most current price changes, whichever is longer.	Date	8	YYYYMMDD	20250101
<b>PBM Most Current Pricing</b>	Indicate if the NDC is the most current pricing. Y = Yes N = No	Choice	1	A value of "Y" must exist for one NDC (i.e. One NDC must have a value of Y).	Y

- The Agency will be taking difference of Columns C and D (“PBM Net Unit Payment” – “PBM Average Reimbursement Amount for a Unit of Drug”) for the amount representing the PBM revenue for a unit of drug on average.
- If PBMs need to make any assumptions or take any maneuvers to calculate the requested numbers, feel free to add any details and descriptions on the accompanying Word form to communicate to the Agency.

# Drug tier template

Data Field	Description	Type	Max. Length	Rules	Example
<b>PBM Name</b>	Name of the pharmacy benefit manager submitting data.	Text	15	Repeat the PBM name for all rows.	PBM XYZ
<b>Payer Name</b>	Formal payer name without abbreviations.	Text	15		Payer XYZ
<b>Plan Name</b>	Plan name.	Text	15		Classic
<b>Market Type</b>	The market type you are reporting for: Commercial Medicare Medicaid	Choice	1	Specify "Commercial," "Medicare" or "Medicaid."	Commercial
<b>Plan Type</b>	The plan type you are reporting for: PPO HMO EPO POS HDHP Other	Choice	1	Specify "PPO," "HMO," "EPO," "POS," "HDHP," or "Other."	PPO
<b>Total Number Of Tiers</b>	The total number of tiers or levels for each plan is requested. For example, if it's a 3-tier plan, enter "3."	Integer	2	Must be greater than or equal to 1.	2
<b>Current Tier Of The Reviewed Drug</b>	Count the lowest number of tiers (i.e. tier 1 or level 1) as the most economical tier/level, and indicate which tier applies to the reviewed drug.	Integer	2	Must be greater than or equal to 1.	2
<b>Preferred Drug</b>	Indicate if it is a preferred drug: Y = Yes N = No	Choice	1	Specify "Y" for yes or "N" for no.	Y
<b>Considered "High," "Higher" or "Highest Cost"</b>	Whether or not the reviewed drug is considered "High," "Higher" or "Highest Cost" medication. Y = Yes N = No	Choice	1	Specify "Y" for yes or "N" for no.	Y

## Prior authorization and step therapy

Data Field	Description	Type	Max. Length	Rules	Example
<b>PBM Name</b>	Name of the pharmacy benefit manager submitting data.	Text	15	Repeat the PBM name for all rows.	PBM XYZ
<b>Payer Name</b>	Formal payer name without abbreviations.	Text	15		Payer XYZ
<b>Plan Name</b>	Plan name.	Text	15		Classic
<b>Market Type</b>	The market type you are reporting for: Commercial Medicare Medicaid	Choice	1	Specify "Commercial," "Medicare" or "Medicaid."	Commercial
<b>Plan Type</b>	The plan type you are reporting for: PPO HMO EPO POS HDHP Other	Choice	1	Specify "PPO," "HMO," "EPO," "POS," "HDHP," or "Other."	PPO
<b>PA Required</b>	Indicate if a PA is required. Y = Yes N = No	Choice	1	Specify "Y" for yes or "N" for no.	Y
<b>Step Therapy Required</b>	Indicate if a step therapy is required: Y = Yes N = No	Choice	1	Specify "Y" for yes or "N" for no.	Y
<b>Laboratory Test Or Imaging Required</b>	Indicate if a laboratory test or imaging is required: Y = Yes N = No	Choice	1	Specify "Y" for yes or "N" for no.	Y
<b>Total Number of PA Requests During The Last Plan Year</b>	The total number of PA requests during the last plan year.	Integer	14	Must be greater than or equal to 0.	1000

**Total  
Number of  
PA  
Approvals  
During The  
Last Plan  
Year**

The total number of PA approvals during  
the last plan year.

Integer

14

Must be greater  
than or equal to 0.

1000