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PBM Data Request

The following information is necessary to conduct a thorough pharmacy benefit analysis. Additionally, line item prescription specific data is the most effective way to evaluate the effects of new pricing or trend management programs. Please see page three for a detailed list of data elements necessary to provide a definitive analysis.

COMPANY INFORMATION			
Group Name:		**Location:**	
Current PBM:		**PBM Contract Effective Date:**	
Current TPA:			
Self Insured?		**Fully Insured?**	
Requested Contract Effective Date:			

CURRENT PLAN INFORMATION			
Total Covered Employees:		**Total Covered Members:**	
Use of a formulary? If so, please identify:			
Any planned changes to design?			

CURRENT COPAY INFORMATION			
Retail Generic:	**$**	**Mail Generic:**	**$**
Retail Brand Formulary:	**$**	**Mail Brand Formulary:**	**$**
Retail Brand Non-Formulary:	**$**	**Mail Brand Non-Formulary:**	**$**
Specialty:	**$**	**Specialty:**	**$**

DEDUCTIBLE AND OUT-OF-POCKET INFORMATION			
Member Deductible:	**$**	**Member OOP Max:**	**$**
Family Deductible:	**$**	**Family OOP Max:**	**$**

INFORMATION REQUESTED – CURRENT PLAN			
Traditional:		**Pass-Through:**	

Retail Pharmacy Program		Mail Order Pharmacy Program	
Retail	**Disc Rate**	**Mail**	**Disc Rate**
Generic Guarantee:	**%**	**Generic Guarantee:**	**%**
Brand 1-83 Days Guarantee:	**%**	**Brand 1-34 Days Guarantee:**	**%**
Brand 84-90 Days Guarantee:	**%**	**Brand 35-90 Days Guarantee:**	**%**
Specialty:	**%**	**Specialty:**	**%**

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INFORMATION REQUESTED – CURRENT PLAN (Continued)			
Retail	**Disp Fee**	**Mail**	**Disp Fee**
Generic Guarantee:	$	Generic Guarantee:	$
Brand 1-83 Days Guarantee:	$	Brand 1-34 Days Guarantee:	$
Brand 84-90 Days Guarantee:	$	Brand 35-90 Days Guarantee:	$
Specialty:	$	Specialty:	$
Retail	**Admin Fee**	**Mail**	**Admin Fee**
Generic:	$	Generic:	$
Brand 1-83 Days:	$	Brand 1-34 Days:	$
Brand 84-90 Days:	$	Brand 35-90 Days:	$
Specialty:	$	Specialty:	$
Other Program Fees			
TPA Fee:	$	Broker Fee:	$
Manual (DMR) Claim:	$		

Formulary/Rebate Program					
Identify which claims are eligible for rebates at the rates listed below					
All Claims:			Brand Claims:		
Retail	**%**	**Min $**	**Mail**	**%**	**Min $**
Brand 1-83 Days:	%	$	Brand 1-34 Days :	%	$
Brand 84-90 Days:	%	$	Brand 35-90 Days:	%	$
Generic:	%	$	Generic:	%	$
Specialty:	%	$	Specialty:	%	$
Amount of Rebates paid to client in past 12 months:			$		
Date range for rebate dollars quoted above:					

Please provide summary pharmacy utilization data for the last 12 months, including:	
Total Scripts	$
Total Ingredient Cost	$
Total Dispensing Fees	$
Total Administrative Fees	$
Total Plan Costs	$
Total Member Out of Pocket	$

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PBM Data Request

Line Item Prescription Specific Data

To provide the most accurate analysis possible, we require a minimum of the most recent three to six months' prescription data. The data should be line item, inclusive of each individual prescription.

REQUIRED ITEMS:

- Unique member identifier
  (necessary only if formulary disruption or clinical program modeling requested)
- Claim Status Type
  (P=Paid, C=Canceled, R=Reversal. Data can be filtered for paid claims only)
- NDC 11
- Pharmacy NCPDP Number
- Ingredient Cost
- Dispensing Fee
- Date Filled
- Quantity (with decimal places)
- Days Supply
- Source (Mail, Retail, Specialty, and Direct Member Reimbursement Indicator)

OPTIONAL ITEMS

- Specialty Drug Indicator
- Prescription Number
- Pharmacy Name
- Pharmacy City
- Pharmacy State
- Drug Name
- Drug Type – SSB, MSB or Generic
- Compound Indicator
- AWP based on Post AWP Price Change rates
- Tax
- Member eligibility indicator (Active, Medicare-eligible, etc.)
- Gross Cost
- Administration Fee (if any)
- Member Payment (includes Copay, deductible and out-of-pocket amounts)
- Plan Cost
- U&C
- Formulary Status Indicator
- Maintenance Indicator

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