What Aggregated Data Is Reported? Information for Each State and Market Segment

The 50 brand prescription drugs most frequently dispensed by pharmacies. **(D3)**

(The most frequently dispensed drugs must be determined according to total number of paid claims for prescriptions filled during the reference year for each drug.)

Total annual spending on health care services by the plan or coverage and by participants and beneficiaries, broken down by the type of costs **(D2),** including—

i. Hospital costs;
ii. Health care provider and clinical service costs, for primary care and specialty care separately;
iii. Costs for prescription drugs, separately for drugs covered by the plan's or issuer's pharmacy benefit and drugs covered by the plan's or issuer's hospital or medical benefit; and
iv. Other medical costs, including wellness services.

The 50 most costly prescription drugs. (D4)

(The most costly drugs must be determined according to total annual spending on each drug.)

Prescription drug spending and utilization (D6), including—

i. Total annual spending by the plan or coverage;
ii. Total annual spending by the participants and beneficiaries enrolled in the plan or coverage;
iii. The number of participants and beneficiaries, as applicable, with a paid prescription drug claim;
iv. Total dosage units dispensed; and
v. The number of paid claims.

The 50 prescription drugs with the greatest increase in expenditures between the year immediately preceding the reference year and the reference year. **(D5)**

Premium amounts (D1), including—

i. Average monthly premium amount paid by employers and other plan sponsors on behalf of participants and beneficiaries;
ii. Average monthly premium amount paid by participants and beneficiaries; and
iii. Total annual premium amount and the total number of **life-years**.

What Data Is Reported?
Information for Each State and Market Segment

Prescription drug rebates, fees, and other remuneration, including–

i. Total prescription drug rebates, fees, and other remuneration, and the difference between total amounts that the plan or issuer pays the entity providing pharmacy benefit management services to the plan or issuer and total amounts that such entity pays to pharmacies.

ii. Prescription drug rebates, fees, and other remuneration, excluding bona fide service fees, broken down by the amounts passed through to the plan or issuer, the amounts passed through to participants and beneficiaries, and the amounts retained by the entity providing pharmacy benefit management services to the plan or issuer—

   A. For each therapeutic class **(D7)**; and

   B. For each of the 25 prescription drugs with the greatest amount of total prescription drug rebates and other price concessions for the reference year **(D8).**

The impact of prescription drug rebates, fees, and other remuneration on premium and cost sharing amounts. (Narrative)

The method used to allocate prescription drug rebates, fees, and other remuneration, if applicable. (Narrative)