

**HRHC Collective Purchasing Opportunity for WHI Pharmacy Benefit Manager
DATA SURVEY FOR PBM PRICING ANALYSIS**

**Complete & Fax To: Confidential @ 757.497.5101
Questions: Eileen Ciccotelli @757.552.0913 or eciccotelli@hrhc.org**

Register Me for the FREE PBM Learning Session, by appointment.

Organization: _____ Contact Person: _____

Phone: _____ Email: _____

Do you have a current PBM? Yes No If yes, who do you use: _____

Time frame covered by this data? From _____ To _____

Total number of covered lives? _____ Total number of prescriptions? _____

The following items must be provided for EACH of these categories

	RETAIL		MAIL ORDER	
	Brand	Generic	Brand	Generic
Total # of Scripts				
% of Total Scripts (=100%)				
Ingredient Cost (undiscounted)				
Dispensing Fee				
Admin Fee				
Discounts Off AWP				

- Generic discounts including: (**Note: Generic discounts might require AWP equivalent**)
 - % of generics adjudicated at MAC: Retail Mail _____
 - MAC discount: Retail Mail _____
 - Non-MAC discount: Retail Mail _____
- Net rebate amount per Rx (or the sum of annual rebates): _____
- Total annual utilization management savings (net of any sharing): _____
- What is your plan design:? 2-tier 3-tier Deductible & Co-pay Co-insurance
- Fill in your co-pay amounts: 2-tier (_____/_____) 3-tier (_____/_____/_____)
- Do you currently utilize a formulary? Yes No
- At the counter, my employees pay?
 - Lesser of co-pay or usual and customary
 - Lesser of co-pay, or usual and customary, or contract rate

