

**Reporting Form A, Pharmacy Cost of Dispensing Data, 12/24**

Pharmacy Name

Kentucky Permit #

Address

City

County

State

Zip Code

Provider NPI#

Contact

Contact Phone

Contact E-mail

Contact Fax#

## Data Type

### Direct Costs

#### Labor Costs:

### Requested Data

Pharmacist salaries (including benefits and taxes)  
Pharmacy Technicians salaries (including benefits and taxes)  
Salaries of other support staff involved in the dispensing of prescriptions

#### Medication Costs

Cost to acquire the medications dispensed

#### Supplies and Materials

Cost of prescription labels and paper  
Cost of bottles, vials and packaging  
Prescription delivery costs (driver wages should be reported under "Labor Costs")  
Inventory services costs  
Lost inventory costs  
Warehouse expenses

### Indirect Costs

#### Facility Costs

Rent or mortgage payments for the pharmacy space  
Mortgage interest  
Utilities (electricity, water, heating, communications)  
Facility taxes (e.g. personal property, real estate, payroll) and insurance  
Maintenance, cleaning and repair costs  
Security/Alarm fees

#### Operational Costs

Insurance (liability, property, etc)  
Software and IT systems  
Switch/E-prescribing fees  
Office/pharmacy supplies and equipment (computers, printers, refrigerators, etc)  
Professional liability insurance for pharmacists  
Credit card processing fees  
Prescription department licenses, permits, accreditation and fees  
Cost for continuing education and certification for pharmacists and technicians  
Dues, subscriptions for the pharmacy department  
Delivery and mailing expenses for prescription department  
Transaction fees  
Other prescription department-specific fees  
Charitable contributions  
Employee training and certification  
Continuing Educations  
Bad debts for prescriptions, including uncollected copays  
Third party prescription audit adjustments

#### Other Store Costs

Marketing and Advertising  
Professional services (accounting, legal, etc)  
Franchise fees, if applicable  
Other costs not included elsewhere

#### Depreciation and Amortization

Depreciation of building, equipment and fixtures  
Amortization of software and intangible assets

### Other Relevant Data

Total number of prescriptions filled each month of the prior year  
Total number of prescriptions prepared via a central fill pharmacy each month of the prior year  
Percent of revenue coming directly from prescription department

**Reporting Form B, Pharmacy Claims Data, 12/2024**

Pharmacy Name

Kentucky Permit #

NCPDP Number

Address

City

State

Zip Code

Contact

Contact Phone

Contact E-mail

| Date Submitted | Date Written | NCPDP Transaction Type | Member ID Number | RX Number | Refill Number | NDC | Drug Name | Drug Strength | Quantity | Days Supply | Brand/Generic | Specialty<br>(Y/N) | Mall Order<br>(Y/N) | Pharmacy NABP<br>Number | Pharmacy NPI<br>Number | Pharmacy Name | Pharmacy Location | Pharmacy Type<br>(Independent,<br>Chain) | PBM Affiliate (Y/N) | Plan Paid to<br>Pharmacy | Patient Paid | Total Paid to<br>Pharmacy | Dispensing Fee<br>Paid to<br>Pharmacy | Retroactive Fees Assessed<br>(See data request) |
|----------------|--------------|------------------------|------------------|-----------|---------------|-----|-----------|---------------|----------|-------------|---------------|--------------------|---------------------|-------------------------|------------------------|---------------|-------------------|--|---------------------|--------------------------|--------------|---------------------------|---------------------------------------|---|
|----------------|--------------|------------------------|------------------|-----------|---------------|-----|-----------|---------------|----------|-------------|---------------|--------------------|---------------------|-------------------------|------------------------|---------------|-------------------|--|---------------------|--------------------------|--------------|---------------------------|---------------------------------------|---|

| <b>Data Fields</b>              | <b>Definition</b>  |
|---------------------------------|--|
| Date of Submitted               | The date the claims was submitted to PBM   |
| Date Written                    | The date the proscription was written  |
| NCPDP Transaction Type          | B1 = original transactions, B2 = reversal, etc.  |
| Member ID Number                | Prescription insurance member identification number.   |
| RX Number                       | Prescription numnber assigned by pharmacy  |
| Refill Number                   | The number of the refill. For example, the first fill would be fill "0".   |
| NDC                             | NDC number of the product dispensed.   |
| Drug Name                       | Name of the product dispensed.   |
| Drug Strength                   | Strength of the medication dispensed.  |
| Quantity                        | The quantity of medication dispensed.  |
| Days Supply                     | The days supply of medication dispensed.   |
| Brand/Generic                   | Whether the product dispensed was a brand or generic drug.   |
| Specialty                       | Was the prescription classified as a specialty medication? Yes or no.  |
| Mail Order                      | Was the prescription dispensed through a mail order pharmacy? Yes or no.   |
| Pharmacy NABP Number            | NABP identification number of the pharmacy where the medication was dispensed.   |
| Pharmacy NPI Number             | NPI identification number of the pharmacy where the medication was dispensed.  |
| Pharmacy Name                   | Name of the pharmacy where the medication was dispensed  |
| Pharmacy Location               | Location (address, city and state) or the pharmacy where the medication was dispensed  |
| Pharmacy Type                   | Independent, chain, specialty, mail-order, etc.<br>A pharmacy, including specialty and mail-order pharmacy, that owns or controls, is owned and controlled by, or is under common ownership or common control with an insurer, pharmacy benefit manager, or other administrator of pharmacy benefitss.   |
| PBM Affiliate                   |  |
| Plan Paid Paid to Pharmacy      | The amount (in dollars) paid to the pharmacy by the prescription benefit plan.   |
| Patient Paid                    | The amount (in dollars) paid to the pharmacy by the health plan member.  |
| Total Paid to Pharmacy          | The total amount (in dollars) paid to the pharmacy for the prescription dispensed (patient paid + plan paid).  |
| Dispensing Fee Paid to Pharmacy | The amount (in dollars) paid to the pharmacy for dispensing the medication.<br>The amount (in dollars) of retroactive fees ( including but not limited to direct or indirect remuneration fees, generic effective rats, in-network fees, performance fees, point-of-sale fees, pre- and post- adjudication fees retroactive fees and any other reduces, or aggregately reduces, payment for pharmacy or pharmacist services) that were assessed to the pharmacy, PSAO or any other organization by the PBM for the medication dispensed, at any time after medication was dispensed. |
| Retroactive Fees Assessed       |  |