**PRA Disclosure Statement** The purpose of the PRA package is to collect specific information from states reg supplemental rebate agreements that include value-based payment arrangements (VBP). The reporting is n CFR 447.518(d). Under the Privacy Act of 1974 any personally identifying information obtained will be kept law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of inf valid OMB control number. The valid OMB control number for this information collection is 0938-1385 (Expi complete this information collection is estimated to average 6 hours per response, including the time to revidata resources, gather the data needed, and complete and review the information collection. If you have co accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

arding CMS-authorized nandatory as required by 42 private to the extent of the

res: TBD). The time required to iew instructions, search existing mments concerning the Boulevard, Attn: PRA Reports

## **Annual State Report on CMS VBP Supplemental Rebate Agreements**

Product FDA List Name	NDC for drugs covered by VBP	Number of Prescriptions	Cost to State to Administer VBP (need standard computation)	Total Savings generated by supplemental rebate under VBP	
Drug A Name	NDC - 1, NDC - 2, NDC - 3, NDC - 4	250	\$ 75,000	\$ 225,000	
Drug B Name	NDC - 1, NDC - 2	100	\$ 50,000	\$ 350,000	
Year 1 (10/1/2021 - 9/30/2022)		350	\$ 125,000	\$ 575,000	Year 1 total for all
Year 2 (10/1/2022 - 9/30/2023)					
Drug A Name	NDC - 1, NDC - 2, NDC - 3, NDC - 4	400	\$ 75,000	\$ 225,000	
Drug B Name	NDC - 1, NDC - 2	50	\$ 50,000	\$ 350,000	
Year 2 (10/1/2022 - 9/30/2023)		450	\$ 125,000	\$ 575,000	Year 2 total for all
			CUMULATIVE TO DATE		
CUMULATIVE DRUG A		650	\$ 150,000	\$ 450,000	Year 1 and Year 2 total for drug A
CUMULATIVE DRUG B		150			Year 1 and Year 2 total for drug B
CUMULATIVE ALL		800	\$ 250,000	\$ 1,150,000	Year 1 and Year 2 total for all

## **Data Element Definitions**

Product FDA List Name	For each VBP arrangement.			
NDC	NDC 9s used in arrangement (at dosage form and strength level). Example: 00001-1234, 1244, 1254,			
# of Prescriptions	The # of prescriptions should reflect the # of Medicaid beneficiaries receiving the prescribed treatment whether single or multiple doses under the state's VBP for the NDC 9s listed. State should reflect # of beneficiaries receiving treatment over the year.			
Cost to the State to Administer VBP (Estimated to the nearest dollar. States may approximate the amount of administrative costs for a single administrative contract used for multiple arrangements.)	Calculated as the estimated administrative costs to the state to enter into and administer each VBP arrangement. Examples of administrative costs states may incur: The costs applicable to negotiating the contract, the applicable cost of collecting data, the applicable cost of a contract with a fiscal agent to develop, invoice and collect rebates, applicable costs to entities collecting and verification of patient or population data, state cost of filling out this survey. *We understand that there may be start-up costs only reflected in the first year.			
Total Savings generated by the supplemental rebate due to VBP (Estimated to the nearest dollar)	Calculated as the Supplemental rebate collected minus the Costs to state to administer VBP			
Annual report due	The period for the VBP reporting will be on CY. Therefore, the first period will include VBP arrangements in effect during CY 2022 (1/1/2022 through 12/31/22). The submission of reports for the CY 22 will take place 60 days after the end of CY or March 1, 2023.			