

November 3, 2005

**Pharmacy Benefits Purchasing Pool Management and Pharmacy
Benefits Plan Administration Services**

RFP # F10R6200071

Questions Set #1.

Ladies/Gentlemen:

This list of questions and answers is being issued to document written questions received from vendors and also to clarify certain information contained in the above named RFP.

57. Ref: Section 1.24, Minority Business Enterprises (page 9)

This section identifies a subcontractor participation goal of 5% of the administration fees for this procurement. Is this 5% in addition to the participation goal of 2% of the total contract dollar amount spelled out in Attachment D of the solicitation?

Answer: The MBE subcontractor participation goal of 5 percent (5%) of the administration fees to the Contractor has been established for this procurement. These fees are those administrative fees identified and quoted on lines 1 through 5 of Attachment K-2A1 through K-2B4. There is an error in Attachment D which has been corrected in Addendum #1.

58. Ref: Attachment D, MBE Goals and Subgoals (page 18)

We request the existing subcontract participation goal be revised to 7% of the total contract dollar amount.

Answer: The MBE goal is set at 5% of the total administrative fee paid to the contractor. The goal is based on the State's analysis of a number of factors, including but not limited to, the nature and scope of the work to be performed, and the number/availability of MBEs to perform parts of the scope of work. The State has no evidence to support raising the goal to 7% and believes that the 5% goal is both reasonable and attainable.

3. **General Information Item, Page 6, 1.8.2, Fees and Mandatory Registration.**

The State is advising bidders to include a Level 9 fee as the e-Maryland Marketplace fee. As the e-Maryland Marketplace website is currently unavailable, will the State please provide the Level 9 fee amount so that we may appropriately construct our pricing proposal?

Answer: The Level 9 fee is \$15,000.

4. **Scope of Work, Page 16, Page 15, 3.4.1.1, Eligibility Tracking** states, "Maintain eligibility records for Participants including those who may be enrolled in

multiple groups and subgroups within one plan simultaneously.” Please provide additional clarification regarding this requirement, including an example of such a situation. Would a husband and wife who work for different employers be classified as belonging to different groups?

Answer: The above refers to the four different subgroups that the State has – Active Employees, Retirees, Satellite Accounts, and Direct Pay Enrollees. A typical example is an Active Employee that retires, and thus switches from the Active Employee Group to the Retiree Group. The Contractor must be able to track the various subgroup enrollments for the State Plan. A husband and wife who work for different employers would be classified as belonging to different plans. The Contractor must also be able to track enrollment in different groups in the Maryland Rx Program purchasing pool.

5. **Scope of Work, Page 16, 3.4.1.3, Member Services** states, the Contractor shall Regularly survey participants on their satisfaction with Offeror’s programs. Will an individual satisfaction survey be required for each group included in the State of Maryland’s Pool?

Answer: The RFP, Section 3.4.1.3 requires the Contractor to regularly survey the individuals specifically enrolled in the State’s Plan as to their satisfaction with the State’s Plan as administered by the Contractor and any programs administered by the Contractor as part of the State’s plan, and to provide reports of those surveys to the State. Each Offeror should clarify in its Technical Proposal how such surveys will be conducted, how much input the State will be provided as to the survey tools, and how regularly such surveys will be conducted. As to the other Purchasing Pool Members, satisfaction surveys are an administrative service that will be negotiated by each Purchasing Pool Member and the Contractor. See Addendum No. 2.

6. **Scope of Work, Page 17, 3.4.1.6, Account Management.** The State is requiring an “On-Site” Account Services Representative. Is it the State’s intent that this representative will work from the State’s offices? Please define the following terms as they apply to your account management team: on-site, designated, dedicated.

Answer: Yes, it is the State’s intent that the On-site Representative will work in the Employee Benefits Division office. The on-site representative must work the regular 40-hour workweek, and is dedicated solely to the State in the Employee Benefits Division office. The other members of the account management team should be designated (i.e. identified and assigned for the contract duration) for the State account, but may service other accounts.

7. **Scope of Work, Page 17, 3.4.1.6, Account Management:** “Share in the cost of mailing and printing of the Open Enrollment Materials.” Please provide the historical and anticipated costs of the PBM share for these materials, so that we may appropriately account for these costs.

Answer: Each vendor's cost has averaged approximately \$14,000 over that past few years, but any future increase in postage or printing costs would increase that number.

8. **Scope of Work, Page 18, 3.4.1.9, Participant Communications** states, "With prior approval from the State, provide ongoing communications to participants on issues pertinent to the pharmacy benefits program." What is the historical and anticipated type and frequency of communications the State expects from the PBM contractor?

Answer: These communications include: (1) notifications to users of specific drugs when such drug become subject to managed quantity limitations or change form one co-payment tier to another; (2) communications to members about alternative drug therapies or potential drug interactions; and (3) notifications regarding the availability of mail and specialty pharmacies. No historical information is available at this time and such communications are subject to necessity. See also the response to Question 25c below.

9. **Scope of Work, Page 22, 3.4.2, Maryland Rx Purchasing Pool.** Please provide additional information regarding the purchasing pool. Have any organizations committed to joining the pool? Please confirm that only government agencies and employers are allowed to join the pool, and that the pool is not open to individual people. Also, is there a threshold minimum number of lives to qualify to join the pool?

Answer: See Addendum No.2. No other Purchasing Pool Members have been identified as of this procurement. Eligibility criteria are identified in Section 3.4.2 of the RFP, as amended. At this time, individuals are not eligible to join the Maryland Rx Program purchasing pool.

10. **Technical Proposal Format, Page 30, 4.4.2.4, Performance Guarantees.** Please clarify where bidders should insert the Performance Guarantees. Should they be included with the technical proposal or the financial proposal?

Answer: The performance guarantees should be part of the technical proposal along with the vendor's detailed answers to the scope of work. The portion of its fee that the Offeror will commit with regard to the performance guarantees must be reflected as a percentage of the total fee or as a specific dollar amount. **Do not provide both a percentage and a fixed amount.**

11. **Attachment D MBE/WBE Participation, and General Information Item Page 9, 1.24, Minority Business Enterprises:** *Attachment D* states: "An overall MBE subcontract participation goal of (2) percent of the total contract dollar amount has been established for this procurement." Item *1.24 Minority Business Enterprises* states: "A Minority Business Enterprise (MBE) subcontractor participation goal of 5 percent (5%) of the administration fees to the Contractor has been established for this procurement."

Answer: Section 1.24 is correct. See response to Question #1 above.

12. Please clarify the State’s MBE subcontractor participation goal and confirm that the goal is applicable to administration fees payable to the contractor. What is the definition of “administration fees”?

Answer: The 5% MBE goal applies to all administrative payments reflected in the offeror’s financial proposal on Lines 1-5 of Attachment K2A1 through K2B4. These include the monthly non-invoiced (Line 1, pMpm fee) and invoiced (Lines 2-5) amounts that will be paid to the contractor for administration of RX benefit services on behalf of State of Maryland Employees and Retirees. The MBE goal does not apply to administrative fees paid to the contractor by Purchasing Pool members other than the State of Maryland.

13. **Attachment J-2, Section V. Clinical Services, Question 1.** Does the State’s current PBM integrate medical/pharmacy claims data as part of the current clinical service offering? If so, what clinical programs make use of this integrated data?

Answer: The claims from our medical plans, behavioral health plan, and pharmacy plan are submitted to our benefits consultant (Aon Consulting) for trends review. However, we do not have an integrated Disease Management system or other clinical service at this time. The State may develop such a program at a later date.

14. **Attachment J-8: Formulary Analysis.** Regarding the last two columns in the spreadsheet, should the bidder indicate “yes” or “no,” or another type of answer?

Answer: The last two columns on Attachment J-8 are provided for bidders to specify Tier 1 and Tier 2 alternatives on any drug they classify as Tier 3.

15. **Attachment K-1 Financial Proposal Instructions.** In order to allow bidders to perform a more thorough benefit opportunity analysis, will the State provide bidders a claims detail tape including NDC number, quantity, member identifier (can be encrypted), date of birth, gender, DEA, ingredient cost, and delivery method?

Answer: The State is determining which of the above information is disclosable and will notify all prospective offerors when a CD will be available through the Procurement Officer.

16. If this information is not available, will the State please provide:
a. Average Days Supply per retail script and mail script

Answer: This data is not available.

- b. Average units per retail script and mail script for the past 12 months

Answer: This data is not available.

17. **Attachment K-2A1 through K-2B4. Financial offer – Per Unit Rebates (Dollar Amount per Prescription)** “12.a. Guaranteed rebate per prescription for up to 46 days supply” and “12b. Guaranteed rebate per prescription Exceeding 45 days supply.” It is our understanding that the bidder is to provide retail guarantees for 0-45 days supply and 46-90 days supply. Please confirm.

Answer: Your understanding is correct . See Addendum No. 1.

18. **Attachment K-4, Requirement F-4** states "All PMPM fees must be quoted on a fully-loaded basis, i.e., fees must include all direct and indirect costs, general and administrative overhead, purchasing burden and profit. No other fees or charges may be added to the contract after award, nor will the Contractor be compensated on any basis other than the applicable fully loaded PMPM rate." Please clarify this requirement: are bidders' PMPM quotes to include the current clinical programs (e.g., step therapy, PAs, etc.) at no additional cost? If so, please provide additional information regarding the specific programs that bidders are to replicate. Also, we note that the RFP is asking bidders to provide recommendations regarding program enhancements. Please explain how bidders are to provide additional cost structure information relevant to recommended program enhancements.

Answer: For a list of current drug utilization review programs, please see Attachment N-1 of the RFP.

Offerors should disclose fees for drug utilization programs on Lines 4.a. – 4.d. of Attachments K-2A1 - K-2B4, or incorporate these costs into the Administrative fee pMpm shown on Line 1. of Attachments K-2A1 - K-2B4.

Fees for program enhancements should be detailed on Attachment K-7. Offerors must provide both detailed cost information (e.g., cost pMpm, per utilizer or per review) and guaranteed savings for any Alternative Cost Management Strategy proposed in response to Section 4.4.2.3. Guaranteed savings must be specific and tied to something that can be measured and demonstrated to the State.

Step therapy and prior authorizations (and the rest of the services listed on lines 4a thru 4d and 5 of K-2A1 thru K-2B4) are broken out with the administrative fee category. Therefore, each month the Contractor will be paid a pMpm fee for each member. Also, if the Contractor performs any of the services listed on lines 4a thru 4d and 5 of K-2A1 thru K-2B4, they shall submit a monthly invoice for the number/type of services performed.

19. **Attachment L: Electronic Data Transmission Policy.** Please provide clarification regarding the State’s intent with this attachment related to this RFP. What role will PBMs have specific to CPB’s Electronic Data Transmission Policy?

Answer: The contractor must agree to abide by the Central Payroll Bureau’s electronic data transmission policy. The Central Payroll Bureau will be sending the contractor an electronic file of deductions every 2 weeks after the payroll is run.

20. **Attachment N-1: Current Plan Design.** What elements of the current plan design or possible alternative plan designs (such as retail co-payments, mail co-payments, prior authorization, step therapy, or quantity limits) are subject to collective bargaining or legislative requirements?

Answer: The State Plan design must comply with any applicable law passed by the General Assembly and signed by the Governor. Pursuant to Md. Ann. Code, State Personnel and Pensions Art. Section 2-502, the current plan co-payment structure is required for fiscal years 2006 and 2007, and the State Plan may include step therapy programs, network changes, a voluntary mail order program, quantity limitations, DUR programs and prior authorization programs. State Personnel and Pensions Art., Section 3-502(a) requires that matters relating to terms and conditions of employment must be collectively bargained.

21. **Attachment N-2 (all subparts):** Does the State require the bidder's book-of-business data, or will the State provide its own data? Please advise on how we can best complete this requirement. Please advise where the referenced instructions are located.

Answer: Attachments N-2a – N-2g illustrate specific reports the Contactor selected would be required to provide the State on an ongoing basis. These attachments do not require completion. Rather, Offers should describe their ability to provide these mandatory reports in their response to Section 4.4.2.3 Response to Scope of Work.

22. **Attachment N-2E through G Top 100 Drugs (by NDC-7) and Top 10 TC.** Please clarify the request for top 100 drugs (by NDC 7). Does the state require a list of the top 100 drugs by NDC 9. Typically clients request NDC-9 or NDC-11.

Answer: Attachments N-2a – N-2g illustrate specific reports the Contactor selected would be required to provide the State on an ongoing basis. The Contactor selected would be required to report data on Attachments N-2e and N-2f by NDC-7 codes.

23. **Attachment N-3: Experience.** The State has provided claim summary information by month, including amount paid, drug cost, and number of prescriptions. Please verify the following:

- a. Does the Amt Paid equal the discounted ingredient cost plus dispensing fees, minus copays? If not, how is the Amount Paid defined?

Answer: On Attachment N-3 Experience, Total Amt Paid equals the discounted ingredient cost plus dispensing fees, minus member copays. The Total Drug Cost equals discounted ingredient cost plus dispensing fees (i.e., member copays have not been backed out).

- b. Does the Drug Cost equal the discounted ingredient cost (AWP-X% or MAC)? Does it include the dispensing fee?

Answer: On Attachment N-3 Experience, Total Amt Paid equals the discounted ingredient cost plus dispensing fees, minus member copays. The Total Drug Cost equals discounted ingredient cost plus dispensing fees (i.e., member copays have not been backed out).

24. Paragraph “1.24 Minority Business Enterprises” identifies the MBE subcontractor participation goal as 5 percent of the administration fees. However, Attachment D identifies an overall MBE goal of 2 percent of the total contract dollar amount. Please advise us whether the goal for this contract is 5 percent of the administration fees or 2 percent of the contract.

Answer: Section 1.24 is correct. See response to Question #1 above.

25. The RFP requires us to share costs of mailing and printing of open enrollment materials.

a. Does sharing mean 50 percent?

Answer: The cost is shared amongst all vendors such as medical, dental, prescription, etc. who are described in the booklet. Each vendor’s cost has averaged approximately \$14,000 over that past few years, but any future increase in postage or printing costs would increase that number.

b. What is the volume, frequency and type of materials required? Please provide specific information on materials and postage requirements so we can accurately estimate these costs.

Answer: As indicated, the vendor has to pay the prorated cost of the provision of the annual Open Enrollment booklet, which is distributed by the State. As previously indicated, the cost of the printing and distribution of the Open Enrollment booklet is approximately \$14,000 per year. It is a one-time printing and mailing per year at every Open Enrollment. The vendor would also be expected to distribute pamphlets on such items as a preferred listing of drugs, at the vendor’s expense.

c. Does the State require any other periodic member communication materials such as formulary pamphlets, mail program materials, etc.? If yes, please specify and describe what materials are required, whether they are sent to the State or to individual members, and how often they are sent.

Answer: The vendor is expected to provide targeted mailings to members when drugs switch from one tier to another, when drugs are removed from the market, and for any other type of similar change. These are targeted mailings when events occur, and thus cannot be determined in advance. If there were to be a major change to the Program requirements, for example, in the second or third year of the contract, the vendor would be required to do an information mailing to all participants. The vendor should also be

prepared to mail formulary pamphlets and mail program descriptions, as needed. See also the response to Question 8 above.

26. Section 3.4.10 States “Provide information as required for the State...” and “If the State...decides to pursue COB for retirees and their dependants who elect Part D coverage, the offeror shall administer COB on prescription drug claims.”

- a. Does the State of Maryland want the contractor to only *provide* accurate information to the State on Medicare Part D and to *potentially* administer COB on prescription drug claims in accordance with Attachment G provided by the State, or does the State want the contractor to *offer* other Medicare Part D services to the State of Maryland.

Answer: Each Offeror is required to provide support services to the State in connection with the State seeking the retiree drug subsidy from CMS. The State is currently applying for the subsidy for the current plan year and will apply for the subsidy for the plan year beginning July 1, 2006. This involves, *at a minimum*, providing accurate claims data for use in applying for the subsidy, tracking claims data for Part D eligible individuals who are in the State Plan but not in a Part D plan, paying as secondary coverage where applicable for Part D enrollees (this is required and is not a potential service), coordinating information from CMS regarding the State’s retirees who are eligible for Part D, and all other services described in Section 3.4.1.10. Each Offeror may propose additional services to the State in connection with Part D.

- b. If the State wants a quote on the delivery of other Medicare Part D services, please specify the specific Medicare Part D services we should include in the calculation of administration fees. (Examples could include: enroll eligible members into the Medicare Part D program, manage Medicare Part D eligibility status with CMS, develop a Medicare Part D formulary drug list, provide Medical Therapy Management to members enrolled in Medicare Part D, provide utilization management services to Medicare Part D members, etc.)

Answer: Offerors may describe alternative Part D-related services and provide pricing for such services in Attachment K-7.

27. Regarding the document pharmacyattachn1_n3.xls, we have questions on Attachments N-2.a, N-2.b, N-2.c:

- a. It indicates "Refer to Instructions." Please tell us where those instructions are located? We did not see any in this file.

Answer: Please see response to Question 21 above.

- b. It asks us to complete the exhibits for each plan type and each subgroup. Please define the plan types and subgroups.

Answer: Please see response to Question 21 above.

- c. What assumptions for number of members should we make?

Answer: Please see response to Question 21 above.

- d. On each of those exhibits, should we reprice current claims by mail/retail and brand/generic?

Answer: Please see response to Question 21 above.

- e. What Quarters should we use to complete these exhibits?

Answer: Please see response to Question 21 above.

28. For N-2.c (Specialty), should we assume our specialty list? Do you want specialty claims included with the Retail/Mail Exhibits in N-2.a & N-2.b?

Answer: Please see response to Question 21 above.

29. On N-2.d (Membership by Plan Type), should we complete based on current enrollment or assumed enrollment?

Answer: Please see response to Question 21 above.

30. On N-2.e and N-2.f, should we provide our Book of Business Top 100 drugs or the State of Maryland's book of business? What should we use for the ending date? Do you want this information for mail/retail split or combined?

Answer: Please see response to Question 21 above.

31. On N-2.g, what time period should we use for the State's top therapeutic classes?

Answer: Please see response to Question 21 above.

32. Without more detailed claims data, it will be difficult for us to complete these exhibits. We are hoping that the census CD has the instructions and more detailed claims (NABP, NDC, Mail/Retail indicator, etc.).

Answer: The State is determining which of the above information is disclosable and will notify all prospective offerors when a CD will be available through the Procurement Officer.

33. Are Attachments I and G required at time of proposal submission?

Answer: Attachment G is not required to be signed. See RFP, Section 3.4.1.10. The Contractor shall administer COB in accordance with the payment priority provisions identified in Attachment G and applicable Medicare Secondary Payor laws, statutes, and regulations. Attachment I is required to be submitted by the Contractor at time of Contract award and is the electronic funds transfer request form. See Section 1.29.

34. Please clarify the definition of “unbound”. (i.e. is a three ring binder considered bound, or unbound?)

Answer: Unbound means the hard copy held together by a binder clip or an elastic band. It could also mean in a 8-1/2” X 11” shallow cardboard box. A proposal in a three ring binder would be considered “bound”.

35. Please specify where the instructions for Attachments N-2a, N-2b, N-2c are located.

Answer: Please see response to Question 21 above.

36. Please clarify “prior period”, “current period” and “change” for attachment N-2d.

Answer: Please see response to Question 21 above.

37. Based solely on the attachment it is unclear how to complete the charts on the first tab, Geo-Access J-5D.

Answer: Please refer to Section III. 1. a. and b. of the Attachment J-2 for instructions on completing Attachments J-5A through J-5D. In addition, to enter the detail requested by zip code on Attachments J-5A through J-5D, please insert new tabs behind Attachments J-5A through J-5D on the Excel workbook containing these attachments.

38. Should the results be based on a "match"? (i.e. if a pharmacy exists in the zip code then all members are matched?)

Answer: Please refer to Section III. 1. a. and b. of the Attachment J-2 for instructions on completing Attachments J-5A through J-5D.

39. Should the analysis be completed using a mileage standard? (i.e. 3 miles, 5 miles?) If so, we need the client to indicate what mileage standard(s) to use.

Answer: Please refer to Section III. 1. a. and b. of the Attachment J-2 for instructions on completing Attachments J-5A through J-5D.

40. Please confirm the MBE spend goal for this contract. Is it 2% as stated in Attachment D (page 18), or 5% as stated in RFP section 1.24, page 9?

Answer: Section 1.24 is correct. See response to Question #1 above.

41. Referring to Attachment J-9: Analysis of Mail Purchasing Capabilities

Answer: See Addendum No. 2. Attachment J-9 is deleted from the RFP.

42. In the column titled “Mail Pharmacy AWP Price as of 10/1/05”, do you want us to provide a per-unit price, or a per-prescription price?

Answer: See Addendum No. 2. Attachment J-9 is deleted from the RFP

43. In addition to conducting an annual Claims & Admin audit, will there be a separate Clinical audit?

Answer: As part of the annual audit, previous audits have included (but future audits may not be limited to) Clinical, Pharmacy Operations, Performance Guarantees and Network Auditing Process reviews. See the Contract (Attachment A), Section 7 regarding audits.

44. Referring to Attachment N-2a, b, c, e, f and g.

Should we respond based on our Book of Business utilization data, or based on the State’s claim utilization data provided in the RFP?

Answer: Please see response to Question 21 above.

45. Does the State require that we include COB in our proposals for non-Medicare claims? Would we be eliminated if we do not include Medicare COB?

Answer: The RFP, Section 3.4.1.10 requires the Contractor to provide coordination as a secondary payor for Part D enrollees who are also covered as retirees or dependents of retirees in the State Plan. An Offeror who does not or cannot offer this service should identify it as an exception to the scope of work and describe other services that can meet the State’s needs. At this time, other COB is not required but the Offeror should describe its COB capabilities

46. Referring to Section 3.4.1.6: Account Management on page 17, does the State expect the on-site Account Services Representative to be on-site 52 weeks per year, or only during an otherwise specified time-frame? Please specify the time frame if not required for the entire year.

Answer: The on-site Account Service Representative is to be on site 52 weeks per year, 8 hours per day, similar to a regular employee, subject to leave, of course. If the Account Service Representative is out on leave, the vendor is responsible to provide a replacement.

47. Did the State intentionally not include a Compliance Checklist in this RFP? Perhaps RFP item 3.4, the Description of Scope of Work, is intended to replace the Compliance Checklist?

Answer: The RFP does not contain a technical compliance checklist. The Scope of Work is defined and described in Section 3 of the RFP (and all attachments incorporated or identified Section 3). Each Proposal must contain the information and attachments identified in Section 4 of the RFP.

48. RFP Section 3.4.1.3 (Member Services) requires the vendor to conduct regular member satisfaction surveys. At what frequency would the State expect us to do this, annually?

Answer: See response to question number 5 above.

49. May we have a copy of the current contract with Advance PCS, especially the financial arrangements?

Answer: The financial proposal of the current contractor, as incorporated into the current contract, is not available. If you are interested in submitting a Public Information Act request for the current contract and its incorporated documents (the relevant RFP, technical proposal and financial proposal), please contact the procurement officer so that your PIA request maybe promptly addressed.

50. Regarding the State Purchasing Pool: Our understanding is that we must accept any qualifying customer into the pool under the same financial arrangement as the State. Is this correct?

Answer: See Addendum No. 2 for revised requirements regarding the Maryland Rx Program purchasing pool.

51. These entities will be established as separate customers (separate contracts, eligibility, claim payment, financial reconciliation, reporting, account management, etc.) but considered part of the pool. Is this correct?

Answer: Yes. See Addendum No. 2.

52. How many employers currently participate in this pool?

Answer: At this time, the State Plan offered through the State Employee and Retiree Health and Welfare Benefits Program is the only member of Maryland Rx Program purchasing pool.

53. How many employers could potentially participate in this pool?

Answer: Potential participation is unknown. See Addendum No. 2 for revised requirements regarding the Maryland Rx Program purchasing pool.

54. Are there any minimum size requirements or maximum limitations for the groups that enter the pool?

Answer: See Addendum No. 2

55. At the meeting yesterday, I believe that it was stated that 5% of the total admin fees must be subcontracted out to an MBE. Attachment D states, "An overall MBE subcontract participation goal of (5) percent of the total contract dollar amount has been established for this procurement."

Answer: The MBE subcontractor participation goal of 5 percent (5%) of the administration fees to the Contractor has been established for this procurement. These fees are those administrative fees identified and quoted on lines 1 through 5 of Attachment K-2A1 through K-2B4. There is an error in Attachment D which has been corrected in Addendum #1.

56. I am writing to clarify if it is the total contract dollar amount or the total admin fees that the 5% must be calculated from. Thank you for your assistance.

Answer: See response to Question #55 above.

57. Ref: Section 3.4.1.5, Network Management (page 16)
This solicitation requires mail service as well as specialty pharmacy service. Can you provide any specific performance results/statistics for these two required services?

Answer: See attached Excel Utilization spreadsheet.

58. Please provide utilization data for the following:

a. Brand vs. Generic

Answer: See attached Excel Utilization spreadsheet.

b. Retail vs. MOD

Answer: See attached Excel Utilization spreadsheet.