

State of Florida
Department of Business & Professional Regulation
Division of Drugs, Devices, and Cosmetics

ANNUAL NOTIFICATION OF REPORTABLE DRUG PRICE INCREASES

Form No.: DBPR-DDC-249

Transaction Code: 9022

FORM CHECKLIST – IMPORTANT – Submit all items on the checklist below with this form

FORM	FORM REPORTING REQUIREMENTS
Annual Notification of Reportable Drug Price Increases	Effective July 1, 2023, prescription drug manufacturers licensed with the state of Florida must provide an annual list of all prescription drugs affected by a reportable drug price increase as defined by Section 499.026, Florida Statutes ("F.S."). This report must be submitted to the Florida Department of Business & Professional Regulation no later than April 1 st of each calendar year.
	Submit the completed notification form to: Department of Business & Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1047

DEFINITION OF TERMS PER SECTION 499.026, F.S.

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Course of therapy: The recommended daily units of a prescription drug pursuant to its prescribing label for 30 days or the recommended daily dose units of a prescription drug pursuant to its prescribing label for a normal course of treatment which is less than 30 days.
Manufacturer: A person holding a prescription drug manufacturer or a nonresident prescription drug manufacturer permit under s. 499.01.
Prescription drug: Has the same meaning as in s. 499.003 and includes biological products but is limited to those prescription drugs and biological products intended for human use.
Wholesale acquisition cost ("WAC"): With respect to a prescription drug or biological product, the manufacturer's list price for the prescription drug or biological product to wholesalers or direct purchasers in the United States, not including prompt pay or other discounts, rebates, or reductions in price, for the most recent month for which the information is available, as reported in wholesale price guides or other publications of drug or biological product pricing guides or other publications of drug or biological product pricing data.
Reportable drug price increase: Means, for a prescription drug with a WAC of at least \$100 for a course of therapy before the effective date of an increase: <ol style="list-style-type: none">Any increase of 15 percent or more of the WAC during the preceding 12-month period; orAny cumulative increase of 30 percent or more of the WAC during the preceding 3 calendar years. In calculating the 30 percent threshold, the manufacturer must base the calculation on the WAC in effect at the end of the 3-year period as compared to the WAC in effect at the beginning of the same 3-year period.

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If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800**.

Section I – Current Permit Information

CURRENT PRESCRIPTION DRUG MANUFACTURER PERMIT INFORMATION	
<input type="checkbox"/> Prescription Drug Manufacturer – Including Virtual Manufacturer (Physically located in Florida)	
<input type="checkbox"/> Nonresident Prescription Drug Manufacturer – Including Virtual Manufacturer	
Current Permit Number: _____ Current Expiration Date: _____	

Section II – Reporting Establishment Information

BUSINESS NAME AND FEIN AS LISTED ON YOUR MANUFACTURER PERMIT			
Name:		FEIN:	
PHYSICAL ADDRESS OF ESTABLISHMENT			
Street Address:			
City:	State:	Zip Code (+4 optional):	
County (if Florida address):	Country:		
E-Mail Address:	Phone Number: Fax Number:		
NOTIFICATION CONTACT – Name of the person the department should contact if there are questions regarding this notification.			
Last/Surname:	First:	Middle:	Suffix:
Address:			
City:	State:	Zip Code (+4 optional):	
Telephone Number: Fax Number:	Email Address:		

Section III - List all prescription drugs affected by a reportable drug price increase during the previous calendar year. Use separate tables for each prescription drug.

[illegible]

12.	<p>Describe any action which has been filed to extend a patent report after the first extension has been granted in 500 words or less:</p>

Mail completed application to:
Department of Business & Professional Regulation
2601 Blair Stone Road, Tallahassee, FL 32399-1047