Data Section

The information being used for the plasma derived drug pricing data set comes from a variety of government sources at both the state and national levels. At the state level, the Maine and North Carolina physician administered drug program fee schedules were utilized. At the national level, the Food and Drug Administration’s (FDA) National Drug Code (NDC) Directory and the Centers for Medicare & Medicaid Services’ (CMS) Medicare Part B Average Sales Price (ASP) database were used.

The FDA’s NDC Directory is a complete list of FDA approved drugs and associated information. The dataset was filtered to contain only drug names, NDC, and attributes of drugs with product type of plasma derivative. From this list, the NDCs and drug names were extracted and formed into keyword search lists for filtering of other databases that lacked a product type column, restricting the ability to filter for plasma derived drugs. A similar process was then followed at the state level with Maine and North Carolina fee schedules. The North Carolina data was filtered by an included notes column which contained the treatment’s source. It was filtered by immunoglobins and clotting factors, proteins taken through human plasma draws for treating infections, immunodeficiencies and bleeding disorders. The Maine data was searched by the list of plasma drug terms created by the FDA data to identify plasma derived drugs as it did not have a filterable variable for that that information. Both the Maine and the North Carolina dataset contain Healthcare Common Procedure Coding System (HCPCS) codes associated with each treatment. HCPCS codes are more commonly utilized to identify physician administered drugs rather than NDC codes, so it is essential to have these codes as well in order to filter pricing data.

The final source utilized for the plasma derived drugs portion of the dataset is the CMS’s ASP Pricing Files. These files contain all pricing data in the analysis dataset. The ASP files are tracked on a quarterly basis dating back to January of 2005. Each observation in each file contains a drug tracked by HCPCS code and provides the Medicare payment limit associated with each drug at that time. The payment limit is calculated by Medicare as the average sales price reported by manufacturers plus a 6% increase. There are two gaps in the data of which there are no available observations categorized by HCPCS codes: April 2019 and July 2019. In these sections, the observations are interpolated based on the values for the drug price in the period before and the period after.

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**Figure 2: Variable Descriptions**

| Variable | Description |
| --- | --- |
| HCPCS | Healthcare Common Procedure Coding System is a code that uniquely identifies a procedure or drug |
| Short Description | Description of the type of drug or treatment being provided |
| Payment Limit | Medicare payment limit associated with drug - calculated as the average sale price + 6% |