Washington State Health Care Authority

Manufacturer Data Submission Guide

Drug Price Transparency – RCW 43.71C
Version 4.0
Effective Date: 3/1/2024

Contents

About

In 2019, the Washington State Legislature passed a law (Chapter 43.71C Revised Code of Washington) which created the Drug Price Transparency (DPT) program at Health Care Authority (HCA). The law requires issuers of health insurance, pharmacy benefit managers (PBMs), manufacturers, and pharmacy service administrative organizations (PSAOs), to submit data on drug costs and pricing to HCA. HCA will use the data to create annual reports that demonstrate the overall impact that drug costs, rebates, and other discounts have on health care premiums.

You may visit HCA website for more information about the Drug Price Transparency program.

https://www.hca.wa.gov/about-hca/clinical-collaboration-and-initiatives/prescription-drug-cost-transparency

HCA developed this submission guide with input from stakeholders, which allowed stakeholders to review and comment on the draft data submission guide, prior to publishing the final guide. HCA has final approval authority over the data submission guides and all subsequent changes.

For recent updates about the Drug Price Transparency (DPT) program, please see the link below:

https://www.hca.wa.gov/billers-providers-partners/prescription-drug-cost-transparency-update

Contacts

Compliance Questions or General Program Questions

For compliance questions or general questions about the Drug Price Transparency program, not related to technical data submissions, please contact the program staff by sending an email to:

drugtransparency@hca.wa.gov

Definitions

"Authority" means the Health Care Authority.

"Calendar days" means the same as in Washington Administrative Code 182-526-0010.

“Calendar year” means the period from January 1 to December 31 of each year.

"Covered drug" means any prescription drug that:

(a) A covered manufacturer intends to introduce to the market in Washington State at a wholesale acquisition cost of ten thousand dollars or more for a course of treatment lasting less than one month or a thirty-day supply, whichever period is longer; or

(b) Meets all of the following:

(i) Is currently on the market in Washington state;

(ii) Is manufactured by a covered manufacturer; and

(iii) Has a wholesale acquisition cost of more than one hundred dollars for a course of treatment lasting less than one month or a thirty-day supply, and, taking into account only price increases that take effect after July 28, 2019, the manufacturer increases the wholesale acquisition cost such that:

(A) The new wholesale acquisition cost is twenty percent higher than the wholesale acquisition cost on the same day of the month, twelve months before the date of the proposed increase; or

(B) The new wholesale acquisition cost is fifty percent higher than the wholesale acquisition cost on the same day of the month, thirty-six months before the date of the proposed increase.

"Covered manufacturer" means a person, corporation or other entity engaged in the manufacture of prescription drugs sold in or into Washington state. "Covered manufacturer" does not include a private label distributor or retail pharmacy that sells a drug under the retail pharmacy's store label, or a prescription drug repackager.

"Data" means all data provided to the authority under RCW 43.71C.020 through 43.71C.080 and any analysis prepared by the authority.

"Data submission guide" means the document that identifies the required data to be reported under RCW 43.71C and provides instructions for submitting this data to the authority, including guidance on required format.

"Food and drug administration (FDA) approval date" means the deadline for the FDA to review applications for new drugs or new biologics after the new drug application or biologic application is accepted by the FDA as complete in accordance with the Prescription Drug User Fee Act of 1992 (106 Stat. 4491; P.L. 102-571).

"Introduced to market" means marketed in Washington State.

"Pipeline drug" means a drug or biologic product, not yet approved by the Food and Drug Administration, for which a manufacturer intends to seek initial approval from the Food and Drug Administration under an original new drug application under 21 U.S.C. Sec. 355(b) or under a biologics license application under 42 U.S.C. Sec. 262to be marketed in Washington State.

"Prescription drug" means a drug regulated under chapter 69.41 or 69.50 RCW, including generic, brand, specialty, and biological products that are prescribed for outpatient use and distributed in a retail setting.

"Rebate" means negotiated price concessions, discounts, however characterized, that accrue directly or indirectly to a reporting entity in connection with utilization of prescription drugs by reporting entity members including, but is not limited to, rebates, administrative fees, market share rebates, price protection rebates, performance-based price concessions, volume-related rebates, other credits, and any other negotiated price concessions or discounts that are reasonably anticipated to be passed through to a reporting entity during a coverage year, and any other form of price concession prearranged with a covered manufacturer, dispensing pharmacy, pharmacy benefit manager, rebate aggregator, group purchasing organization, or other party which are paid to a reporting entity and are directly attributable to the utilization of certain drugs by reporting entity members.

"Reporting entity" means carriers, covered manufacturers, health carriers, health plans, pharmacy benefit managers, and pharmacy services administrative organizations, which are required to or voluntarily submit data according to chapter 43.71C RCW.

"Wholesale acquisition cost" means, with respect to a prescription drug, the manufacturer's list price for the drug to wholesalers or direct purchasers in the United States, excluding any discounts, rebates, or reductions in price, for the most recent month for which the information is available, as reported in wholesale acquisition cost guides or other publications of prescription drug pricing.

Submission Schedule

The table below describes the schedule of submissions that are required for you to be in compliance with the DPT program.

Report Type	Submission Due Date	Description
Price Increase	(a)Sixty days in advance of a qualifying prices	A covered manufacturer must submit to the authority all data specified in RCW 43.71C.050 and 43.71C.070, following the

(Covered Drugs with a qualifying price increase)	increase for a covered drug marketed in Washington State .	guidelines set forth in this data submission guide, for each newly marketed covered drug or a covered drug that had a qualifying price increase on or after October 16, 2020, as follows: (a) Sixty days in advance of a qualifying prices increase for a covered drug marketed in Washington State; or (b) Within thirty days of a new covered drug's introduction to market in Washington State.
New Covered Drugs	(b)Within thirty days of a new covered drug's introduction to market in Washington State.	A covered manufacturer must submit to the authority all data specified in RCW 43.71C.050 and 43.71C.070, following the guidelines set forth in this data submission guide, for each newly marketed covered drug or a covered drug that had a qualifying price increase on or after October 16, 2020, as follows: (a) Sixty days in advance of a qualifying prices increase for a covered drug marketed in Washington State; or (b) Within thirty days of a new covered drug's introduction to market in Washington State.
New Drug Application (notice from FDA that drug will be reviewed by deadline)	Within sixty calendar days of the manufacturer receiving the FDA approval date.	A manufacturer must submit to the authority all data specified in RCW 43.71C.060(1), following the guidelines set in the authority's applicable data submission guide for all new drug applications or biologic license applications for pipeline drugs submitted on or after October 16, 2020, within sixty calendar days of the manufacturer receiving the FDA approval date.

Required Report Type

Report Type	Covered Drug	Price Increase	Marketed in Washington currently or intend to	60 days in advance	30 days in advance	FDA Approval Date
Price Increase	Yes	Yes	Yes	Yes	No	No
New Covered Drugs	Yes	No	Yes	No	Yes	No
New Drug Application	No	No	No	Yes	No	Yes

How to Register

In order to submit data to HCA, you must first complete the registration process and receive credentials for the Secure File Transfer (SFT) service offering hosted by Washington Technology Solutions (WATECH).

To register, you must complete and submit the registration form to HCA. You can access the form at the link below. Once you've completed the required information in the form, click the "Submit" button to generate an email.

Registering thirty days in advance of a reporting due date for this program is strongly encouraged, in order to ensure ample time to be added to the system. Once your registration is processed, you will receive a user ID and password from HCA to access the SFT service to submit data to HCA.

https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf

Please email DrugTransparency@hca.wa.gov for any questions or concerns about the form and the registration process.

How to Submit

You must sign up for a Secure Access Washington Account (SAW). The email address used for this SAW account must match the DPT primary or secondary contact email address. Please note you are only allowed 2 (two) contacts. This is a change from the previous system.

SAW Instructions

Portal Instructions (also listed at the end of this document)

Submission Specifications

Data Validation

Data validation is a two-step process and at any time submissions may be rejected. Each submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA's reporting software. These primarily cover verification of data types (number vs. string) and formats (2023-01-01 vs. 01/01/2023). The program validation process is performed by program staff after technical validation and includes additional checks of the files to complete the data validation process.

If your report is rejected during Program validation, you will need to resubmit a corrected report within 10 business days of receipt of the rejection notice.

Step 1 Technical validation – You will receive immediate confirmation whether your submission passed or failed Technical Validation. If your submission passed Technical Validation a message indicating your submission was successfully uploaded will appear on the screen. If your submission failed, you would see an error log noting a list of all errors that must be corrected. All errors must be corrected prior to clicking the submit button. If you do not receive an email notification of either success or failure within 72 hours of submitting your report, please contact DPT program staff at drugtransparency@hca.wa.gov to confirm that your

Step 2 Program validation – An analyst will validate information submitted in ensure it meets program requirements. You will receive an approval email or a rejection email. This email will be sent to the email provided when you registered. If your report is rejected, you will need to resubmit within 10-days.

Each submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCAs reporting software. The technical validation process is automated and applied shortly after submission to ensure that the data meets all of the technical rules described in the Table Specifications. These primarily cover verification of data types (number vs. string) and formats (2021-01-01 vs. 01/01/2021). The program validation process is performed by program staff after technical validation and includes additional checks of the files to complete the data validation process.

If you need help understanding your error log, the **Data Submission FAQ** clarifies the meaning of the error and provides guidance on corrections, or you may submit your questions to drugtransparency@hca.wa.gov for assistance.

Resubmissions

Failed Program Validations

In the event that your submission is rejected, you have 10 days after you receive the initial rejection notice to make necessary corrections and resubmit. You may request an extension of the due date subject to HCA approval. If you

fail to comply with reporting requirements after receiving a rejection notice, the authority may assess a fine as allowed under WAC 182-51-1300.

To ensure HCA receives the resubmission, use the same file name (including the YYYYMMDD value) used on the first submission.

> For example, if you submitted the file 'manufacturer_covered_drugs_2023_M12345_20231001.csv', and received a rejection, after making corrections you should resubmit the file 'manufacturer_covered_drugs_2023_M12345_20231001.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.

Corrective Submissions

In the event that you find an error in your approved submission, you will need to fill out the Resubmission form which can be found on our portal prior to resubmitting your report. You will need to let HCA know which report you will be resubmitting and the specific reasons why you request to resubmit. HCA will review your request and approve or deny your request within 5 business days. In the event your resubmission is rejected during validation, you would be subject to the 10 day limit for correcting rejected resubmissions.

File Specifications

All files submitted must be text files with comma-separated values (CSV). The text should be encoded using the UTF-8 standard. Line endings in UNIX ("\n") or Windows ("\r\n") format are both acceptable. The header row must be included in every file. For detailed technical guidance, see the Library of Congress CSV Definition.

Appropriately formatted files can also be generated via Microsoft Excel by saving a spreadsheet in CSV format. This will remove many of the features included in Excel, such as formatting, formulas, and "sheets", so you may want to save a copy in Excel format for your own reference in the future. We recommend using Microsoft Excel 2016 or earlier for the submission guide templates. Using Microsoft Excel 2019 or Microsoft 365 can cause formatting issues when saving as a CSV file and result in errors.

File names should follow the naming scheme specified for the specific data that you are submitting. See Table Specifications section for more information.

Data Specifications

Nullable: All fields are required, unless otherwise indicated in the table specification. A field that is not required, will be indicated with the word "Nullable" in the specification. In those cases, you must leave that field blank. Do NOT provide the value as "NULL", or otherwise provide a special indicator of a null value. In all other cases, providing a blank value will result in a rejection by the automated validation.

Date Formats: Unless otherwise specified, all dates should be reported in ISO-8601 format with hyphens between years, months, and days: "YYYY-MM-DD". For example, December 1, 2023, would be recorded as "2023-12-01".

Important note about Excel version: We recommend using Microsoft Excel 2016 or earlier for the submission guide templates. Using Microsoft Excel 2019 can cause formatting issues when saving as a CSV file and result in the file being rejected.

Template Formatting

**Do not replace "manufacturer" with your organizations name, this will result in your submission being rejected.

**Do not use commas in Column B – Manufacturer Name.

** Do not use trademark symbol anywhere in template.

** Do not use a hard return (enter key) in any field.

Table Specifications

Price Increase (Covered Drugs with a Qualifying Price Increase)

This report contains all of the fields necessary to comply with the notification of a price increase and covered drug as described in RCW 43.71C.050 and 43.71C.070. Files submitted for manufacturer covered drugs should be named using the following example, where ID is the should enter the ID assigned to you by HCA during the registration process (Washington DPT Number), YYYY is the current calendar year, and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

> **File naming schema:** manufacturer_price_increase_{YYYY}_{ID}_{YYYYMMDD}.csv
> Example: manufacturer_price_increase_2023_M12345_20231001.csv **(Please use the submission due date, not the date the report was prepared)**

For example:

manufacturer_price_increase_2023_M12345_20231001.csv

manufacturer_price_increase_2024_M12345_20241001.csv

Please see the Submission Schedule for details regarding the timelines for submitting reports for covered drugs with a qualifying price increase.

Specification	Description

<table>
<tr><td>Name: Washington DPT Number
Type: String
Max Length: 6 characters
Format: ABCDE</td><td>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.

This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X’s are numeric digits e.g. 12345.

Example:

<table><tr><th>Entity Type</th><th>Washington DPT Number</th></tr><tr><td>Carrier</td><td>C12345</td></tr><tr><td>Manufacturer</td><td>M12345</td></tr><tr><td>PSAO</td><td>S12345</td></tr><tr><td>PBM</td><td>P12345</td></tr></table></td></tr>
<tr><td>Name: Manufacturer Name
Type: String
Max Length: 80 characters
Format: ABCDE</td><td>Labeler name of entity who markets the drug. This entity has the corresponding Labeler Code in the following data field.</td></tr>
<tr><td>Name: Labeler Code
Type: Numeric
Format: 00000
Max Length: 5 digits</td><td>Labeler code as assigned by Food and Drug Administration (FDA) These 5 digits should match the first 5 digits of all submitted NDCs in this report.</td></tr>
<tr><td>Name: NDC
Type: Numeric
Format: 00000000000
Max Length: 11 digits
Min Length: 11 digits</td><td>A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.

Example: 00012345678

NOTE: The NDC field must be eleven digits long and maintain leading zeros.</td></tr>
</table>

Name Drug Name
Type: String
Max Length: 100 characters
Format: ABCDE

Name of the drug for the NDC reported. Only include ingredient name.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name
Type: String
Max Length: 100 characters
Format: ABCDE

Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters,hyphens, symbols, or slashes are allowed.

Name: Label Name
Type: String
Max Length: 100 characters
Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Type
Type: Choice
Choices: S, N, I

Drug Type is one of following values:

Single Source (S) – Drugs with an FDA New Drug Application (NDA), or biologics with a Biologics License Application (BLA), and for drugs, there are no generic alternatives available on the market.
Non-Innovator Multiple-Source (N) – Drugs with an FDA Abbreviated New Drug Application (ANDA).
Innovator Multiple-Source (I) – Drugs with an NDA and no longer have patent exclusivity.

Name: Unit of Measure
Type: Choice
Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Wholesale Acquisition Cost (WAC) defined as one of the following values:

AHF: Anti-hemophilia factor
CAP: Capsule
SUP: Suppository
GM: Gram
ML: Milliliter
TAB: Tablet
TDP: Transdermal patch
EA: Each

Name: Day Supply Type: Numeric Max Length: 100 characters Format: 99999	Indicate estimated day supply in relation to package size. Example: Package size of 100 used once daily will equal a 100. Package supply of 100 used 5 x's a day will equal a 20. (If the drug used to treat an acute condition with a maximum dose per day, then use that maximum dosage in estimating the day supply).
Name: Package Size Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The package size identifies the number of billing units (as specified by the labeled quantity) in the package the pharmacist uses to dispense; for example, 100 tablets, 1000 capsules, or 20 ml vial. The package quantity complies with the National Council of Prescription Drug Programs (NCPDP) Billing Unit Standard.
Name: Maximum Unit Type: Numeric Format: 999	Maximum unit per day based on max dose on FDA label.
Name: Course of Treatment Type: Choice Format: Y, N	Is the complete course of treatment expected to be less than one month or a 30-day supply. Choice: Y – Course of Treatment is expected to be less than one month or a 30-day supply. N – Course of Treatment is not expected to be less than one month or a 30-day supply.
Name: Minimum Day Supply Type: Numeric Format: 999 Rule: Required if field Course of Treatment is "Y"	What is the minimum day supply for a course of treatment. **NOTE: Fill out minimum and maximum day supply even if they are the same number.**
Name: Maximum Day Supply Type: Numeric Format: 999 Rule: Required if field Course of Treatment is "Y"	What is the maximum day supply for a course of treatment. **NOTE: Fill out minimum and maximum day supply even if they are the same number.**
Name: Qualifying Price Increase Type: Choice Choices: Y, N	Indicator for qualifying price increase. Manufacturer must use this field as 'yes' or 'no' to indicate if the drug meets the criteria of a qualifying price increase as defined in RCW 43.71C.010(8).
Name: WAC - Current (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The wholesale acquisition cost per unit of measure on the date of the submission (60 days prior to the effective date of the WAC increase). **NOTE: Do not include the dollar sign or commas.**
Name: WAC - Current (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The wholesale acquisition cost per package on the date of the submission (60 days prior to the effective date of the WAC increase). **NOTE: Do not include the dollar sign or commas.**

Name: WAC – New (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Required when "WAC Type" field is "Unit" or "Both" **Nullable if WAC Type = "Package"**	The new wholesale acquisition cost (WAC) per unit of measure on the WAC effective date. . **NOTE: Do not include the dollar sign or commas.**
Name: WAC – New (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Required when "WAC Type" field is "Package" or "Both" **Nullable if WAC Type = "Unit"**	The new wholesale acquisition cost (WAC) per package on the WAC effective date. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - Effective Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	Effective date of the wholesale acquisition cost increase for the drug product. If the covered drug report is for a new covered drug being introduced to the market, then this field should be the date the product will first be available.
Name: WAC - Type Type: Choice Choices: Package, Unit or Both	Manufacturer must indicate if reporting by package, unit price or both. **Package** – Complete WAC Increase (Package Price) and WAC – New (Package Price) fields. **Unit** – Complete WAC Increase (Unit Price) and WAC – New (Unit Price) fields. **Both** – Complete WAC Increase (Package Price), WAC Increase (Unit Price), WAC - New (Package Price) and WAC – New (Unit Price).
Name: New Manufacturer of Drug Type: Choice Choices: Y, N	Manufacturer must indicate "Yes" or "No" if they are a new manufacturer of the drug. Choice: Y – New manufacturer that has not sold this drug previously. N – Existing manufacturer who has previously sold this drug.
Name: Previous Manufacturer of Drug Type: Choice Choices: Y, N	Mark "Y" if the drug has been manufactured by the manufacturer for the previous 5 years. If "Y", the WAC for the previous 5 years must be reported. Mark "N" if the drug has been manufactured by the manufacturer for less than 5 years. The WAC for the previous 5 years is not required. Choice: Y – Have manufactured the drug for the previous 5 years N – Have not manufactured the drug for the previous 5 years
Name: WAC - Increase (Unit Price) Type: Numeric Format: 999999.99999 Max Length: 11 digits Rule: Required when "WAC Type" field is "Unit" or "Both", **Nullable if WAC Type = "Package"**	Amount of wholesale acquisition cost increase per unit of measure for the drug product. Express this as a dollar amount up to 5 decimal places. If the covered drug report is for a new drug being introduced to the market, leave blank. **NOTE: Do not include the dollar sign or commas.**

Name: WAC - Increase (Package Price) Type: Numeric Format: 999999.99999 Max Length: 11 digits Rule: Required when "WAC Type" field is "Package" or "Both" **Nullable if WAC Type = "Unit"**	Amount of wholesale acquisition cost increase per package for the drug product. Express this as a dollar amount up to 5 decimal places. If the covered drug report is for a new drug being introduced to the market, leave blank. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 1 Year Prior (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Unit" or "Both", value must be greater than zero, **Nullable if WAC Type = "Package"**	Wholesale acquisition cost per unit of measure 12 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 2 Year Prior (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Unit" or "Both", value must be greater than zero, **Nullable if WAC Type = "Package"**	Wholesale acquisition cost per unit of measure 24 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 3 Year Prior (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Unit" or "Both", value must be greater than zero, **Nullable if WAC Type = "Package"**	Wholesale acquisition cost per unit of measure 36 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 4 Year Prior (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule Required when "WAC Type" field is "Unit" or "Both", value must be greater than zero, **Nullable if WAC Type = "Package"**	Wholesale acquisition cost per unit of measure 48 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**

Name: WAC - 5 Year Prior (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Unit" or "Both", value must be greater than zero, **Nullable if WAC Type = "Package"**	Wholesale acquisition cost per unit of measure 60 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 1 Year Prior (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Package" or "Both", value must be greater than zero, **Nullable if WAC Type = "Unit"**	Wholesale acquisition cost per package 12 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 2 Year Prior (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Package" or "Both", value must be greater than zero, **Nullable if WAC Type = "Unit"**	Wholesale acquisition cost per package 24 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 3 Year Prior (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Package" or "Both", value must be greater than zero, **Nullable if WAC Type = "Unit"**	Wholesale acquisition cost per package 36 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**

Name: WAC - 4 Year Prior (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Package" or "Both", value must be greater than zero, **Nullable if WAC Type = "Unit"**	Wholesale acquisition cost per package 48 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - 5 Year Prior (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Existing Manufacturer Drug "Y", and Rule: Required when "WAC Type" field is "Package" or "Both", value must be greater than zero, **Nullable if WAC Type = "Unit"**	Wholesale acquisition cost per package 60 months prior to WAC Effective Date. This field must be populated if you have manufactured this drug for 5 or more years. **NOTE: Do not include the dollar sign or commas.**
Name: Change/Improvement Description Type: String Max Length: 5000 characters Format: ABCDE Rule: value is populated when column "Qualifying Price Increase" is equal to Y	A narrative description of any change or improvement in the drug that necessitates the WAC increase.
Name: Financial Factors Type: String Max Length: 5000 characters Format: ABCDE Rule: value is populated when column "Qualifying Price Increase" is equal to Y	A narrative description of the specific financial factors used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered Drug. **Note: Do not include hard returns.**
Name: Non-financial factors Type: String Max Length: 5000 characters Format: ABCDE Rule: value is populated when column "Qualifying Price Increase" is equal to Y	A narrative description of the specific non-financial used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered. **Note: Do not include hard returns.**
Name: Patent Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100 Rule: Must be populated if "Drug Type = S	The date when all patents on the drug product will expire. Patents owned by the manufacturer (i.e., originator or the inventor). Blanks are acceptable if the drug type field is "N" or "I".

Name: Market Entry Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	The date the drug was Introduced to Market in Washington state.
Name: WAC - Market Entry Type Type: Choice Choice: Package, Unit or Both	Manufacturer must indicate if reporting by package, unit price or both. **Choice:** Package Unit Both
Name: WAC - Unit Market Entry Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: value is populated when column "Market Entry Date" is populated, and WAC Market Entry Type indicates "Unit" or "Both" **Nullable if WAC Market Entry = "Package"**	The wholesale acquisition cost per unit of measure for the existing Covered Drug on the Market Entry Date of that Covered Drug. For new to market Covered Drugs, leave blank. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - Package Market Entry Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: value is populated when column "Market Entry Date" is populated, and WAC Market Entry Type indicates "Package" or "Both" **Nullable if WAC Market Entry = "Unit"**	The wholesale acquisition cost per package for the existing Covered Drug on the Market Entry Date of that Covered Drug. For new to market Covered Drugs, leave blank. **NOTE: Do not include the dollar sign or commas.**
Name: Reporting Period From Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	The starting date of the period being used to report for annual manufacturing, marketing, and advertising costs. Report the most recent completed calendar year. For example, if the effective date of the WAC increase is January 1, 2024, through February 28, 2024, report calendar year 2022. If the effective date of the WAC increase is March 1, 2024, through December 31, 2024, report calendar year 2023.
Name: Reporting Period To Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	The ending date of the period being used to report for annual manufacturing, marketing, and advertising costs. Report the most recent completed calendar year. For example, if the effective date of the WAC increase is January 1, 2024, through February 28, 2024, report calendar year 2022. If the effective date of the WAC increase is March 1, 2024, through December 31, 2024, report calendar year 2023.

Name: Manufacturing Costs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	The total cost to produce the number of units manufactured in most recent completed calendar year prior to the WAC Effective Date. For example, if the effective date of the WAC increase is January 1, 2024, through February 28, 2024, report calendar year 2022. If the effective date of the WAC increase is March 1, 2024, through December 31, 2024, report calendar year 2023, report the total cost to manufacture the drug product in calendar year 2022. **For new to market covered drugs, fill with zeros.** **NOTE: Do not include the dollar sign or commas.**
Name: Marketing and Advertising Costs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits **Nullable**	Amount spent on marketing and advertising, in the most recent completed calendar year prior to the WAC Effective Date, including but not limited to direct-to-consumer marketing (television, radio print, digital, etc.), salaries for sales representatives, salaries for medical liaisons, hosted CE events and provider education, and provider detailing. For example, if the effective date of the WAC increase is January 1, 2024, through February 28, 2024, report calendar year 2022. If the effective date of the WAC increase is March 1, 2024, through December 31, 2043, report calendar year 2023, report calendar year 2023. **For new to market covered drugs, leave blank**. **NOTE: Do not include the dollar sign or commas.**
Name: Clinical Trials Costs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Total costs for all clinical trials for the covered drug. **NOTE: Do not include the dollar sign or commas.**
Name: Research and Development Costs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Total expenditure on research and development prior to Market Entry Date. **NOTE: Do not include the dollar sign or commas.**
Name: Regulation Costs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	All costs paid by the manufacturer to the FDA and any other regulatory body for considering their drug application and bringing the drug to market. **NOTE: Do not include the dollar sign or commas.**
Name: Acquired from Previous Manufacturer Type: Choice Choices: Y, N	Indicator for whether the drug was acquired from another manufacturer. Manufacturer must use this field as 'yes' or 'no' to indicate if the drug meets the criteria in RCW 43.71C.050(4).

Name: Previous Owner's Name Type: String Max Length: 80 characters Format: ABCDE Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	The legal name of entity who sold the covered drug to the manufacturer.
Name: Previous Manufacturer ID Type: Numeric Format: 00000 Max Length: 5 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	If the drug product was purchased from another manufacturer, repackager, or private label distributor, the labeler code as assigned by Food and Drug Administration (FDA). If previous owner does not have a labeler ID fill with 5 zeros.
Name: Previous NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	The NDC that was used by the original or previous manufacturer. For new drug products that do not have a previous NDC fill with eleven zeros. **NOTE: The NDC field must be eleven digits long and maintain leading zeros.**
Name: Purchase Price Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	If the drug product was not developed by the manufacturer, the amount the manufacturer paid to acquire the drug. **NOTE: Do not include the dollar sign or commas.**
Name: Currency of Purchase Type: String Max Length: 50 characters Format: ABCDE Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	The country of acquisition and type currency used to acquire the drug e.g., USD, EUR, GBP, CAD, JPY, AUD, INR, CNY, MXN, etc.

Name: Acquisition Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100 Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	If the drug product was not developed by the manufacturer, the date the manufacturer acquired the drug.
Name: WAC - Acquisition Type Type: Choice Choice: Package, Unit or Both Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	Manufacturer must indicate if reporting by package, unit, or both. **Choice:** Package Unit Both
Name: WAC - Acquisition (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Acquisition Type indicates "Unit" or "Both" **Nullable if WAC Acquisition Type = "Package" or Acquired from Previous Manufacturer is "N"**	The wholesale acquisition cost per unit of measure for the drug product on the acquisition date. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - Acquisition (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Acquisition Type indicates "Package" or "Both" **Nullable if WAC Acquisition Type = "Unit" or Acquired from Previous Manufacturer is "N"**	The wholesale acquisition cost per package for the drug product on the acquisition date. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - Prior to Acquisition Type Type: Choice Choice: Package, Unit or Both Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y **Nullable if Acquired from Previous Manufacturer is "N"**	Manufacturer must indicate if reporting by package, unit, or both. **Choice:** Package Unit Both

Name: WAC - Prior to Acquisition (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Prior to Acquisition Type indicates "Unit" or "Both" **Nullable if WAC Prior to Acquisition Type = "Package" or Acquired from Previous Manufacturer is "N"**	The wholesale acquisition cost per unit of measure for the drug product 12 months prior to the acquisition date. **NOTE: Do not include the dollar sign or commas.**
Name: Unit of Measure - Prior to Acquisition Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA Rule: value is populated when column "WAC – Prior to Acquisition" is equal to any non-zero value **Nullable or Acquired from Previous Manufacturer is "N"**	Unit of Measure for WAC (prior to acquisition) defined as one of the following values: **AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each
Name: WAC - Prior to Acquisition (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Prior to Acquisition Type indicates "Package" or "Both" **Nullable if WAC Prior to Acquisition Type = "Unit" or Acquired from Previous Manufacturer is "N"**	The wholesale acquisition cost per package for the drug product 12 months prior to the acquisition date. **NOTE: Do not include the dollar sign or commas.**
Name: Financial Assistance Program Costs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total cost of all financial assistance programs including financial assistance for uninsured individuals, compassionate use, patient assistance, charity care, donated drug product, etc., associated with the drug product for the calendar year prior to the WAC Effective Date. For example, if the WAC Effective Date is March 1, 2021, report the total amount spent on financial assistance programs in calendar year 2020. If no financial assistance was provided fill with zeros. **NOTE: Do not include the dollar sign or commas.**

Name: Rebates Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total amount of rebates paid out associated with the NDC in the calendar year prior to the WAC Effective Date. For example, if the effective date of the WAC increase is between and including January 1, 2023, through February 28, 2023, report calendar year 2021. If the WAC Effective Date is March 1, 2023, report the total amount of rebates paid to any entity in calendar year 2022. If no rebates were provided fill with zeros. **NOTE: Do not include the dollar sign or commas.**
Name: Cost Share Assistance Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total amount of money paid toward lowering an insured individual's out of pocket expenditure for the drug product in the calendar year prior to the WAC Effective Date. For example, if the effective date of the WAC increase is between and including January 1, 2023, through February 28, 2023, report calendar year 2021. If the WAC Effective Date is March 1, 2023, report the total amount spent on cost share assistance in calendar year 2022. If no financial assistance was provided fill with zeros. **NOTE: Do not include the dollar sign or commas.**
Name: Other Financial Assistance Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total amount of all other financial assistance paid out associated with the NDC in the calendar year prior to the WAC Effective Date. For example, if the effective date of the WAC increase is between and including January 1, 2023, through February 28, 2023, report calendar year 2021. I the WAC Effective Date is March 1, 2023, report the total amount of all other financial assistance paid to any entity in calendar year 2022. If no other financial assistance was provided fill with zeros. **NOTE: Do not include the dollar sign or commas.**
Name: General Comments Type: String Format: ABCDE Max Length: 5000 characters **Nullable**	Any additional information you would like to submit or provide to explain your responses. **Note: Do not include hard returns.**

New Covered Drugs

This report contains all of the fields necessary to comply with the notification of a price increase and covered drug as described in RCW 43.71C.050 and 43.71C.070. Files submitted for manufacturer covered drugs should be named using the following schema, where ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), YYYY is the current calendar year, and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "manufacturer" with your organizations name, this will result in your submission being rejected.

File naming schema: `manufacturer_new_covered_drugs_{YYYY}_{ID}_{YYYYMMDD}.csv`

`Example: manufacturer_new_covered_drugs_2023_M12345_20231001.csv` **(Please use the submission due date, not the date the report was prepared)**

For example:

`manufacturer_new_covered_drugs_2023_M12345_20231001.csv`

`manufacturer_new_covered_drugs_2024_M12345_20241001.csv`

Please see the Submission Schedule for details regarding the timelines for submitting reports for new covered drugs.

<table>
<tr><th>Specification</th><th>Description</th></tr>
<tr><td>Name: Washington DPT Number
Type: String
Max Length: 6 characters
Format: ABCDE</td><td>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.

This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X’s are numeric digits e.g. 12345.

Example:

<table>
<tr><th>Entity Type</th><th>Washington DPT Number</th></tr>
<tr><td>Carrier</td><td>C12345</td></tr>
<tr><td>Manufacturer</td><td>M12345</td></tr>
<tr><td>PSAO</td><td>S12345</td></tr>
<tr><td>PBM</td><td>P12345</td></tr>
</table>
</td></tr>
<tr><td>Name: Manufacturer Name
Type: String
Max Length: 80 characters
Format: ABCDE</td><td>Labeler name of entity who markets the drug. This entity has the corresponding Labeler Code in the following data field.</td></tr>
<tr><td>Name: NDC
Type: Numeric
Format: 00000000000
Max Length: 11 digits
Min Length: 11 digits</td><td>A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.

Example: 00012345678

NOTE: The NDC field must be eleven digits long and maintain leading zeros.</td></tr>
</table>

Name: Drug Name
Type: String
Max Length: 100 characters
Format: ABCDE

Name of the drug for the NDC reported. Only include ingredient name.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name
Type: String
Max Length: 100 characters
Format: ABCDE

Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Label Name
Type: String
Max Length: 100 characters
Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Type
Type: Choice
Choices: S, N, I

Drug Type is one of following values:

Single Source (S) – Drugs with an FDA New Drug Application (NDA), or biologics with a Biologics License Application (BLA), and for drugs, there are no generic alternatives available on the market.
Non-Innovator Multiple-Source (N) – Drugs with an FDA Abbreviated New Drug Application (ANDA).
Innovator Multiple-Source (I) – Drugs with an NDA and no longer have patent exclusivity.

Name: Unit of Measure
Type: Choice
Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Wholesale Acquisition Cost (WAC) defined as one of the following values:

AHF: Anti-hemophilia factor
CAP: Capsule
SUP: Suppository
GM: Gram
ML: Milliliter
TAB: Tablet
TDP: Transdermal patch
EA: Each

Name: Day Supply
Type: Numeric
Max Length: 100 characters
Format: 999

Indicate estimated day supply in relation to package size.

Example: Package size of 100 used once daily will equal a 100. Package supply of 100 used 5 x's a day will equal a 20. (If the drug used to treat an acute condition with a maximum dose per day, then use that maximum dosage in estimating the day supply).

Name: Package Size Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The package size identifies the number of billing units (as specified by the labeled quantity) in the package the pharmacist uses to dispense; for example, 100 tablets, 1000 capsules, or 20 ml vial. The package quantity complies with the National Council of Prescription Drug Programs (NCPDP) Billing Unit Standard.
Name: WAC - Effective Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	Effective date of the wholesale acquisition cost increase for the drug product. If the covered drug report is for a new covered drug being introduced to the market, then this field should be the date the product will first be available.
Name: WAC - Type Type: Choice Choices: Package, Unit or Both	Manufacturer must indicate if reporting by package, unit price or both. **Package** – Complete WAC Increase (Package Price) and WAC – New (Package Price) fields. **Unit** – Complete WAC Increase (Unit Price) and WAC – New (Unit Price) fields. **Both** – Complete WAC Increase (Package Price), WAC Increase (Unit Price), WAC - New (Package Price) and WAC – New (Unit Price).
Name: WAC - New (Unit Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Required when "WAC Type" field is "Unit" or "Both" **Nullable if WAC Type = "Package"**	The new wholesale acquisition cost (WAC) per unit of measure on the WAC effective date. If the covered drug report is for a new covered drug being introduced to the market, then this field should be the WAC on the date the product is first available. **NOTE: Do not include the dollar sign or commas.**
Name: WAC - New (Package Price) Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Required when "WAC Type" field is "Package" or "Both" **Nullable if WAC Type = "Unit"**	The new wholesale acquisition cost (WAC) per package on the WAC effective date. If the covered drug report is for a new covered drug being introduced to the market, then this field should be the WAC on the date the product is first available. **NOTE: Do not include the dollar sign or commas.**
Name: Financial Factors Type: String Max Length: 5000 characters Format: ABCDE Rule: value is populated when column "Qualifying Price Increase" is equal to Y	A narrative description of the specific financial factors used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered Drug. **Note: Do not include hard returns.**
Name: Non-financial Factors Type: String Max Length: 5000 characters Format: ABCDE Rule: value is populated when column "Qualifying Price Increase" is equal to Y	A narrative description of the specific non-financial used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered. **Note: Do not include hard returns.**
Name: Patent Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100 Rule: Must be populated if "Drug Type = S	The date when all patents on the drug product will expire. Patents owned by the manufacturer (i.e., originator or the inventor). Blanks are acceptable if the drug type field is "N" or "I".

Name: Market Entry Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	The date the drug was Introduced to Market in Washington state.
Name: WAC - Market Entry Type Type: Choice Choice: Package, Unit or Both	Manufacturer must indicate if reporting by package, unit price or both. **Choice:** Package Unit Both
Name: General Comments Type: String Format: ABCDE Max Length: 5000 characters **Nullable**	Any additional information you would like to submit or provide to explain your responses. **Note: Do not include hard returns.**

New Drug Application

This report contains all of the data fields necessary to comply with reporting a New Drug Application to HCA, per RCW 43.71C.060.

Files submitted for manufacturer new drugs should be named using the following schema, where: ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), YYYY is the current reporting period, and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "manufacturer" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** `manufacturer_new_drugs_{YYYY}_{ID}_{YYYYMMDD}.csv`
> `Example: manufacturer_new_drugs_2023_M12345_20231001.csv` **(Please use the submission due date, not the date the report was prepared)**

For example:

`manufacturer_new_drugs_2023_M12345_20231001.csv`

`manufacturer_new_drugs_2024_M12345_20241001.csv`

Please see the Submission Schedule for details regarding the timelines for submitting reports for covered drugs.

Specification	Description

Name: Washington DPT Number
Type: String
Max Length: 6 characters
Format: ABC123

WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.

This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345.

Example:

Entity Type	Washington DPT Number
Carrier	C12345
Manufacturer	M12345
PSAO	S12345
PBM	P12345

Name: Manufacturer Name
Type: String
Max Length: 80 characters
Format: ABCDE

Labeler name of entity who manufactures and markets the drug.

Name: Labeler Code
Type: Numeric
Format: 00000
Max Length: 5 digits

Labeler code as assigned by Food and Drug Administration (FDA)

Name: Drug Name
Type: String
Max Length: 100 characters
Format: ABCDE

Name of the drug for the NDC reported. Only include ingredient name.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name
Type: String
Max Length: 100 characters
Format: ABCDE
Nullable

Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.

For example, "fluoxetine HCL 20 mg tablets" is acceptable.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Label Name or Pipeline Drug Name
Type: String
Max Length: 100 characters
Format: ABCDE
Nullable

Proprietary or legal name as marketed by manufacturer.

If not approved by the FDA, then enter the name of the Pipeline Drug. For example, “AAA600”.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Type Type: Choice Choices: S, N, I	Drug Type is one of following values: **Single Source (S)** – Drugs that having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA). **Innovator Multiple-Source (I)** – Drugs that have an NDA and no longer have patent exclusivity.
Name: Application Type Type: Choice Choices: BLA, NDA, ANDA	Application Type is one of following values: **New Drug Application (NDA)** – Drug is a pipeline drug and was submitted as a New Drug Application to the FDA. **Biologics License Application (BLA)** – Drugs is a pipeline drug and was submitted as a Biologics License Application to the FDA. **Abbreviate New Drug Application (ANDA)** – contains data which is submitted to FDA for the review and potential approval of a generic drug.
Name: Regulatory Pathway Type: Choice Choices: 505(b)(1), 351(a), Other	Regulatory pathway for approval by the Food and Drug Administration. Acceptable values are 505(b)(1), 351(a) or Other. If choosing "Other" please list the regulatory pathway this product was approved in General Comments.
Name: Application Number Type: String Format: ABC123 Max Length: 6 digits Min Length: 6 digits **Nullable**	The application number assigned by the Food and Drug Administration. For application numbers less than 6 digits, the application number should be preceded using zeros.
Name: Application Supplement Number Type: String Format: AB12 Max Length: 4 digits Min Length: 4 digits **Nullable**	The supplemental application number assigned by the Food and Drug Administration. For application numbers less than 4 digits, the supplemental application number should be preceded using zeros.
Name: Significant Impact on State Expenditures Type: Choice Choices: Y, N	Indicator of whether the pipeline drug will cost Washington State government agencies at least $50,000 per biennium in any future biennium. HCA believes that drugs costing at least $50,000 per biennium for Washington State government agencies to qualify as a significant impact on state expenditures. HCA may request from the manufacturer the information in the remaining fields if HCA believes the drug will have a significant impact on state expenditures and require manufacturers to resubmit with information for all of the following fields. If manufacturers believe drugs to meet or exceed this threshold, the following fields may be completed. WAC 182-51-0700(3)

Name: Proposed Indication Type: String Max Length: 5000 characters Format: ABCDE **Nullable**	The proposed indication or indications submitted on the application to the FDA. Use the SNOMED CT disease term listed on the application. Use a semi-colon to separate multiple indications. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Area of Study Type: String Max Length: 5000 characters Format: ABCDE **Nullable**	A list of diseases, conditions, and therapeutic areas being studied for this drug and whether the chemical drug has received an indication in the FDA approved labeling for use in these diseases, conditions, or therapeutic areas. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Route of Administration Type: String Max Length: 5000 characters Format: ABCDE **Nullable**	List each route of administration being studied for this drug, including any differences between immediate-release and extended-release formulations. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Clinical Comparator Type: String Max Length: 5000 characters Format: ABCDE **Nullable**	All clinical comparators including dosage regimen being used for which to evaluate the comparative differences in safety, efficacy, effectiveness, costs, value, or any other outcomes in clinical trials. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: PDUFA Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100 **Nullable**	Prescription Drug User Fee Act (PDUFA) date assigned by the FDA. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Rare Disease Indication Type: Choice Choices: Y, N **Nullable**	Indicator of whether the FDA assigned the drug as being defined as a treatment for a rare disease. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Orphan Drug Status Type: Choice Choices: Y, N **Nullable**	Indicator of whether the FDA assigned the drug as having an Orphan designation. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).

Name: Orphan Designation Number Type: Numeric Format: 000000 Max Length: 6 digits Min Length: 6 digits **Nullable**	Orphan designation number assigned by the FDA. For Orphan Designation numbers less than 6 digits, the supplemental application number should be preceded using zeros. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Pediatric Indication Type: Choice Choices: Y, N **Nullable**	Indicator of whether the indication is for use in individuals under 18 years of age. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Fast Track Status Type: Choice Choices: Y, N **Nullable**	Indicator of whether the FDA assigned the drug as having fast track status. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Breakthrough Therapy Status Type: Choice Choices: Y, N **Nullable**	Indicator of whether the FDA assigned the drug as having breakthrough therapy status. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Accelerated Approval Status Type: Choice Choices: Y, N **Nullable**	Indicator of whether the FDA assigned the drug as having accelerated approval status. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: Priority Review Status Type: Choice Choices: Y, N **Nullable**	Indicator of whether the FDA assigned the drug as having priority review status. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: New Molecular Entity Status Type: Choice Choices: Y, N **Nullable**	Indicator of whether the FDA assigned the drug as having new molecular entity status. Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least $50,000 per biennium WAC 182-51-0700(3).
Name: General Comments Type: String Format: ABCDE Max Length: 5000 characters **Nullable**	Any additional information you would like to submit or provide to explain your responses. **Note: Do not include hard returns.**

Appendix A – ST Web Client User Guideline

Prerequisites

Before you can log in to ST Web Client and open a session, you need:

- A high-speed Internet connection
- A supported Internet browser:
  - Microsoft Internet Explorer 11
  - Microsoft Edge - latest version
  - Mozilla Firefox - latest version
  - Apple Safari - latest version
  - Google Chrome - latest version

Sign into portal

Step 1.

All entities will go to the following external portal link

https://support.hca.wa.gov/hcasupport

Step 2.

Click on “Public”

Login with your current SAW login in credentials. If you don’t have a SAW account please click on “SIGN UP!”

Step 3.

Click on “Make a request”.

You will now have access to all of your entities’ SAW accounts.

Step 4.

First time registering – you will see "DPT Entity Registration" only

Important:

Primary and secondary contact emails must be for an individual and not a group or shared email.

Once registration is completed your entity will be assigned a unique HCA ID.

Once you have registered you will have the additional options of:

- DPT Registration Correction
  - Update contact information
- DPT Template Submission
  - Submit reports
- DPT Re-submission/Extension
  - Request an extension for your submission
  - Request permission to resubmit a report that has previously been submitted (these reports have previously been accepted for both Technical Validation and Program Validation).

Update contact information click on "DPT Registration Correction Form"

You must know your Tax ID number.

You have the option of updating one or all of the following:

- Organization address
- Primary contact information
- Secondary contact information

Click on the first box you would like to update. When finished with that section click on the next section you would like to update.

Important!

You must click "Submit" when complete.

DPT Template Submission

Organization Type

- Carrier
- Manufacturer
- PBM

- PSAO

Organization Name – Entity name will appear, click on it.

Template – Entity must choose which report they are uploading.

Reporting year – Entity must choose which year they are reporting for.

Click 

You will navigate to your report.

You will receive immediate feedback on errors, and may resubmit at anytime once you have corrected those errors.

row 1 col 15 (WAC Increase Rank Percent): Percent value is too large

You will also receive feedback stating "File successfully validated".

Important!

You must click "Submit" once you receive the file successfully validated in order for the report to be accepted into the Enterprise Data Warehouse (EDW).

DPT Re-submission/Extension

DPT Re-submission form is used when an entity finds an error in a report that has previously been submitted. This report has been accepted by HCA DPT for both technical and program validations. The entity is requested to resubmit this report.

Extension form is used when an entity will not be able to meet the due date of their required reports and is requesting additional time.

You first will need to choose the "Action".

- Resubmit
- Extension

Important!

You must click "Submit" in order to submit your request.