

Change Summary

Manufacturers Data Submission Guide v2.0 and v3.0

The changes between version 2.0 and 3.0 of the manufacturers' data submission guides (DSG) are indicated in red in the table below.

Type of change	Template		Versior	2.0		Version	3.0
Update: Submission Schedule		Report Type	Submission Due Date	Description	Report Type	Submission Due Date	Description
		New Covered Drugs and qualifying price increases	(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.	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. A manufacturer must submit to the authority all data	Covered Drugs with a qualifying price increase	(a)Sixty days in advance of a qualifying prices increase for a covered drug marketed in Washington State; or 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.
		(notice from FDA that drug will be reviewed by deadline)	the manufacturer receiving the FDA approval date.	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.	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	Within sixty calendar days of the manufacturer	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

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			will be reviewed by deadline)	receiving the FDA approval date.	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.
Update:		For example, if you submitted the file	For example, if	you submitted the	file
Resubmissions		'manufacturer_covered_drugs_2021_M12345_20210301.csv', and received a rejection, after making corrections you should resubmit the file 'manufacturer_covered_drugs_2021_M12345_20210301.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.	and received a resubmit the file 'manufacturer_ with the same r	rejection, after male e _covered_drugs_20	23_M12345_20230301.csv', king corrections you should 23_M12345_20230301.csv' inally submitted under, even ferent date.
Change Table	Version 2.0	File naming schema:	File naming schen		
Name: Table Specifications	New Covered Drugs and Qualifying Price	manufacturer_covered_drugs_{YYYY}_[ID]_{YYYYMMDD}.csv Example: manufacturer_covered_drugs_2022_M12345_20210301.csv (Please use the submission due date, not the date the report was prepared)	Example: manufar (Please use the sur prepared)	cturer_price_increase	[ID]_{YYYYMMDD}.csv e_2023_M12345_20230301.csv ot the date the report was
	Increases Version 3.0	For a price increase that occurred prior to the current calendar year the YYYY should be populated with the year the price increase took effect. For example:	manufacturer_pri	ice_increase_2022_M	112345_20210301.csv or 112345_20220301.csv or 112345_20230301.csv
	Covered Drugs with a Qualifying Price Increase	manufacturer_covered_drugs_2019M12345_20210301.csv or manufacturer_covered_drugs_2020M12345_20210301.csv or manufacturer_covered_drugs_2021M12345_20210301.csv	.csv		5555554.65
Update Field:		Name: Washington DPT Number	Name: Washingto	on DPT Number	
Washington DPT Number		Type: String Max Length: 6 characters Format: ABCDE	Type: String Max Length: 6 cha Format: ABCDE	aracters	
		WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.	-	with the Health Care	gned unique submitter identifier Authority Drug Price
		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.	MXXXXX, SXXXXX	or PXXXXX where C, N	ws a format of either CXXXXX, M, S and P indicate whether you BM. The X's are numeric digits
			Example:		
			Entity Type	Washingto	on DPT Number
			Carrier	C12345	
			Manufacturer PSAO	M12345 S12345	
			PBM	P12345	
Update Field:		Name: NDC	Name: NDC	1 . 220 . 3	
NDC		Type: Numeric Format: 0000000000	Type: Numeric Format: 00000000		
		Max Length: 11 digits Min Length: 11 digits	Max Length: 11 di Min Length: 11 di		
		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 (e.g., 12345678910)		at includes a labeler o	he Federal Food and Drug code, a product code, and a
		NOTE: The NDC field must be eleven digits long and maintain leading	Example: 0001234	45678	
		zeros.	NOTE: The NDC fice zeros.	eld must be eleven di	gits long and maintain leading
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Update Field: Drug Name	Name: Drug name Type: String Max Length: 100 characters Format: ABCDE	Name Drug Name Type: String Max Length: 100 c Format: ABCDE	haracters		
	Name of the drug for the NDC reported. Only include ingredient name.	Name of the drug	for the NDC repor	ted. Only include	ngredient name.
	For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.	For example, if them tablets", then to product names with single Drug Name be reported individual ingredient.	this field should be th "fluoxetine" in in this field. Comb	e reported as "fluc its name should be sination drug prod	e reported as a uct names should
	NOTE: Special characters, hyphens, symbols, or slashes are allowed.	NDC	Drug Name	Drug Product Name	Label Name
		00000000000000000000000000000000000000	FLUOEXTINE racters, hyphens,	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL s are allowed.
Update Field: Drug Product Name	Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE	Name: Drug Produ Type: String Max Length: 100 c Format: ABCDE			
	Name of the drug for the NDC reported. Only include ingredient name. For example, if the NDC has a Drug Product Name of "fluoxetine HCL	Name of the drug name as reported include ingredient	in standardized dı	rug databases. Thi	s name should
	20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names	information specif		tablets" is accepta	able.
	should be reported individually as its own Drug Name instead of by each ingredient.	NDC	Drug Name	Drug Product	Label Name
	NOTE: Special characters, hyphens, symbols, or slashes are allowed.	00000000000	FLUOEXTINE	Name FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL
Update Field: Label Name	Name: Label Name Type: String Max Length: 100 characters Format: ABCDE	Name: Label Name Type: String Max Length: 100 c Format: ABCDE		,	
	Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.	Proprietary or lega			
		NDC			Label Name
		0000000000	Drug Name FLUOEXTINE	Drug Product Name FLUOEXTINE	FLUOEXTINE
		000000000	TEOOEXTIVE	HCL 20 MG TABLETS	HCL
Update Field: Qualifying Price Increase	Name: Qualifying Price Increase Type: Choice Choices: Y, N	Name: Qualifying I Type: Choice Choices: Y, N	Price Increase		
	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).	Indicator for qualif as 'yes' or 'no' to it price increase as d If you are looking t Covered Drug repo	ndicate if the drug lefined in RCW 43. to report for a nev	meets the criteria 71C.010(8).	of a qualifying
Update Field:	Name: WAC – Current (Unit Price)	Name: WAC – Curi	rent WAC – Curre	nt (Unit Price)	
WAC – Current (Unit Price)	Type: Numeric Format: 9999999999999999 Max Length: 14 digits Nullable	Type: Numeric Format: 99999999 Max Length: 14 dig	9.99999		

Max Length: 14 digits Multible The wholesale acquisition cost per package on the date of the submission (fold days prior to the effective date of the WAC increase). If the covered durg perport is for a drug being introduced to the market, then leave blank. NOTE: Do not include the dollar sign or commas. NOTE: Do not include the dollar sign or commas. NOTE: Do not include the dollar sign or commas.			
Type: Numeric Format 99999999 99999 Max Length: 14 digits Wildhale The wholesale acquisition cost per package on the date of the submission (60 days prior to the effective date of the W.K. increase). If the covered drug report is for a drug being introduced to the market, the level balant. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. NOTE: Do not include the dollar sign or commus. Note: We will be supported by the manufacture of Drug Type: Choice Choices: Y - Name: WAC increase (Unit Price) Normal System: Y'', the drug has been manufactured by the manufacture of Drug Type: Choice Choices: Y - Name: WAC increase (Unit Price) Normal System: Y'', the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the drug has manufactured by the manufacture of Mark Y'' if the drug has been manufactured by the manufacture of Mark Y'' if the d		submission (60 days prior to the effective date of the WAC increase). If the covered drug report is for a drug being introduced to the market, then leave blank.	submission (60 days prior to the effective date of the WAC increase). If the covered drug report is for a drug being introduced to the market, then leave blank.
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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 with has not sold this drug previously N - Existing manufacturer who has previously sold this drug Name: Previous Manufacturer of Drug Type: Choice Y - New manufacturer of Drug Type: Choice Y - New manufacturer of Drug Type: Choice Name Trevious Manufacturer of Drug Type: Manufacturer Type: Manufacturer Type: Manufacturer Type: Manufacturer Type: Manufacturer Type: Manufactu		submission (60 days prior to the effective date of the WAC increase). If the covered drug report is for a drug being introduced to the market,	submission (60 days prior to the effective date of the WAC increase). If the covered drug report is for a drug being introduced to the market,
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Add Field: Previous Manufacturer of Drug Ame: WAC Increase (Unit Price) Type: Numeric Format: 999999 99999 WAC Increase Unit Price) Max Length: 11 digits Ruie: Required when "WAC Type" field is "Unit" or "Both", Nullable if WAC Type = "Package" or Nullable if WAC Type = "Package" or Sold in the market, leave blank. NOTE: Do not include the dollar sign or commas. Update Field: Name: WAC Increase (Unit Price) Type: Numeric Format: 1999999 99999 Max Length: 11 digits Ruie: Required when "WAC Type" field is "Unit" or "Both", Nullable if WAC Type = "Package" or Nullable if wac frug introduced to market 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. NOTE: Do not include the dollar sign or speckage for the drug product. E			manufacturer of the drug.
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	NOTE: Do not include the dollar sign or commas.	
Delete Field:		Delete
WAC – New		
(Unit Price)		
Delete Field:		Delete
WAC – New		
(Package Price)		
Delete Field:		Delete
Existing		
Manufacturer		
Drug		
Update Field:	Name: Financial Factors	Name: Financial Factors
opuate rieia.	Type: String	Type: String
Financial Factors	Max Length: 5000 characters	Max Length: 5000 characters
	Format: ABCDE	Format: ABCDE
		Rule: value is populated when column "Qualifying Price Increase" is
	A narrative description of the specific financial factors used to make	equal to Y
	the decision to set the WAC for a new Covered Drug or to increase the	
	wholesale acquisition cost of an existing Covered Drug.	
		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.
Update Field:	Name: Non-financial factors	Name: Non-financial factors
N. E	Type: String	Type: String
Non-Financial	Max Length: 5000 characters	Max Length: 5000 characters
Factors	Format: ABCDE	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	equal to f
	decision to set the WAC for a new Covered Drug or to increase the	A narrative description of the specific non-financial used to make the
	wholesale acquisition cost of an existing Covered.	decision to set the WAC for a new Covered Drug or to increase the
		wholesale acquisition cost of an existing Covered.
Under Bild.	Name of MAC Manufact Fortuna Time	
Update Field:	Name: WAC Market Entry Type Type: Choice	Name: WAC Market Entry Type Type: Choice
WAC Market	Choice: Package, Unit or Both	Choice: Package, Unit or Both
Entry Type	Choice. Fackage, Offic of Both	Choice. Fackage, Offic of Both
z, .,pc	Manufacturer must indicate if reporting by package, unit price or both.	Manufacturer must indicate if reporting by package, unit price or both.
		Choice:
		Package
		Unit
		Both
Update Field:	Name: Reporting Period To	Name: Reporting Period From
	Type: Date	Type: Date
Reporting Period	Format: YYYY-MM-DD	Format: YYYY-MM-DD
From	Min Year: 1900	Min Year: 1900
	Max Year: 2100 Nullable for new drug introduced to market	Max Year: 2100
	Wallable for new drug introduced to market	The starting date of the period being used to report for annual
	The starting date of the period being used to report for annual	manufacturing, marketing, and advertising costs. Report the most
	manufacturing, marketing, and advertising costs. Report the most	recent completed calendar year.
	recent completed calendar year.	, , , ,
	, , , , , , , , , , , , , , ,	For example, if the effective date of the WAC increase is January 1,
	For example, if the effective date of the WAC increase is January 1,	2023, through February 28, 2023, report calendar year 2021. If the
	2022, through February 28, 2022, report calendar year 2020. If the	effective date of the WAC increase is March 1, 2023, through December
	effective date of the WAC increase is March 1, 2022, through	31, 2023, report calendar year 2022.
	December 31, 2022, report calendar year 2021.	
Update Field:	Name: Reporting Period To	Name: Reporting Period From
	Type: Date	Type: Date
Reporting Period	Format: YYYY-MM-DD	Format: YYYY-MM-DD
То	Min Year: 1900	Min Year: 1900
	Max Year: 2100	Max Year: 2100
	Nullable for new drug introduced to market	
		The ending date of the period being used to report for annual
	The ending date of the period being used to report for annual	manufacturing, marketing, and advertising costs. Report the most
	manufacturing, marketing, and advertising costs. Report the most	recent completed calendar year.
	recent completed calendar year.	
		For example, if the effective date of the WAC increase is January 1,
	For example, if the effective data of the MAC increase is larger 1	
	For example, if the effective date of the WAC increase is January 1, 2022, through February 28, 2022, report calendar year 2020. If the	2023, through February 28, 2023, report calendar year 2021. If the

	effective date of the WAC increase is March 1, 2022, through December 31, 2022, report calendar year 2021.	effective date of the WAC increase is March 1, 2023, through December 31, 2023, report calendar year 2022.
Update Field: Manufacturing Costs	Name: Manufacturing Costs Type: Numeric Format: 999999999999999999999999999999999999	Name: Manufacturing Costs Type: Numeric Format: 999999999999999999999999999999999999
	The total cost to produce the number of units manufactured in most recent completed calendar year prior to the WAC Effective Date.	The total cost to produce the number of units manufactured in most recent completed calendar year prior to the WAC Effective Date.
	NOTE: Do not include the dollar sign or commas.	For example, if the effective date of the WAC increase is January 1, 2023, through February 28, 2023, report calendar year 2021. If the effective date of the WAC increase is March 1, 2023, through December 31, 2023, report calendar year 2022, 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.
Update Field:	Name: Marketing and Advertising Costs Type: Numeric	Name: Marketing and Advertising Costs Type: Numeric
Marketing and	Format: 999999999999999999999999999999999999	Format: 999999999999999999999999999999999999
Advertising Costs	Max Length: 17 digits Nullable	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.	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.
	NOTE: Do not include the dollar sign or commas.	For example, if the effective date of the WAC increase is January 1, 2023, through February 28, 2023, report calendar year 2021. If the effective date of the WAC increase is March 1, 2023, through December 31, 2023, report calendar year 2022, report calendar year 2022.
		For new to market covered drugs, leave blank.
Update Field:	Name: Previous Owner's Name	NOTE: Do not include the dollar sign or commas. Name: Previous Owner's Name
	Type: String	Type: String
Previous	Max Length: 80 characters	Max Length: 80 characters
Owner's Name	Format: ABCDE Rule: value is populated when column "Acquired from Previous	Format: ABCDE Rule: value is populated when column "Acquired from Previous
	Manufacturer" is equal to Y Nullable	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.	The legal name of entity who sold the covered drug to the manufacturer.
Update Field:	Name: Previous Manufacturer ID	Name: Previous Manufacturer ID
Dravia	Type: Numeric	Type: Numeric
Previous Manufacturer ID	Format: 00000 Max Length: 5 digits	Format: 00000 Max Length: 5 digits
manufacturer ID	Rule: value is populated when column "Acquired from Previous	Rule: value is populated when column "Acquired from Previous
	Manufacturer" is equal to Y Nullable	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.	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.
Update Field:	Name: Previous NDC	Name: Previous NDC
Provious NPC	Type: Numeric	Type: Numeric
Previous NDC	Format: 00000000000 Max Length: 11 digits	Format: 00000000000 Max Length: 11 digits
	Min Length: 11 digits	Min Length: 11 digits Min Length: 11 digits
	Rule: value is populated when column "Acquired from Previous	Rule: value is populated when column "Acquired from Previous
	Manufacturer" is equal to Y	Manufacturer" is equal to Y
		Nullable if Acquired from Previous Manufacturer is "N"

	Nullable 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.	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.
Update Field: Purchase Price	Name: Purchase Price Type: Numeric Format: 99999999999999999999 Max Length: 17 digits Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y Nullable	Name: Purchase Price Type: Numeric Format: 99999999999999999999 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.	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.
Update Field: Currency of Purchase	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 The country of acquisition and type currency used to acquire the drug	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.
Update Field: Acquisition Date	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	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.	If the drug product was not developed by the manufacturer, the date the manufacturer acquired the drug.
WAC Acquisition Type	Name: WAC - Acquisition Type Type: Choice Choice: Package, Unit or Both Manufacturer must indicate if reporting by package, unit, or both.	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
Update Field: WAC – Acquisition (Unit Price)	Name: WAC – Acquisition (Unit Price) Type: Numeric Format: 99999999.99999 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" 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 (Unit Price) Type: Numeric Format: 99999999.99999 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.

Update Field:	Name: WAC – Acquisition (Package Price)	Name: WAC - Acquisition (Package Price)
MAC	Type: Numeric	Type: Numeric
WAC -	Format: 999999999999999999999999999999999999	Format: 999999999999999999999999999999999999
Acquisition (Package Price)	Max Length: 14 digits Rule: value is populated when column "Acquired from Previous	Max Length: 14 digits Rule: value is populated when column "Acquired from Previous
(I dekage I rice)	Manufacturer" is equal to Y and WAC Acquisition Type indicates	Manufacturer" is equal to Y and WAC Acquisition Type indicates
	"Package" or "Both"	"Package" or "Both"
	Nullable if WAC Acquisition Type = "Unit"	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.	The wholesale acquisition cost per package for the drug product on the
		acquisition date.
	NOTE: Do not include the dollar sign or commas.	asyanstion autei
		NOTE: Do not include the dollar sign or commas.
Update Field:	Name: WAC Prior to Acquisition Type	Name: WAC - Prior to Acquisition Type
	Type: Choice	Type: Choice
WAC Prior to	Choice: Package, Unit or Both	Choice: Package, Unit or Both
Acquisition Type		Rule: value is populated when column "Acquired from Previous
	Manufacturer must indicate if reporting by package, unit, or both.	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
Update Field:	WAC - Prior to Acquisition (Unit Price)	Name: WAC - Prior to Acquisition (Unit Price)
	Type: Numeric	Type: Numeric
WAC – Prior to	Format: 9999999999999	Format: 999999999999999
Acquisition (Unit	Max Length: 14 digits	Max Length: 14 digits
Price)	Rule: value is populated when column "Acquired from Previous	Rule: value is populated when column "Acquired from Previous
	Manufacturer" is equal to Y and WAC Prior to Acquisition Type	Manufacturer" is equal to Y and WAC Prior to Acquisition Type indicates
	indicates "Unit" or "Both"	"Unit" or "Both"
	Nullable SAMAC Delegate A 1 111 To 2 110 L 11	Nullable SAMAC Drivets Association T. (C)
	Nullable if WAC Prior to Acquisition Type? = "Package"	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	The sub-decide consists and a sub-decide consist of a second consists of a second consist of a second consists of
	product 12 months prior to the acquisition date.	The wholesale acquisition cost per unit of measure for the drug product
	NOTE: Do not include the dellar size as assessed	12 months prior to the acquisition date.
	NOTE: Do not include the dollar sign or commas.	NOTE: Do not include the dollar sign or commas.
Update Field:	Name: Unit of Measure – Prior to Acquisition	Name: Unit of Measure - Prior to Acquisition
	Type: Choice	Type: Choice
Unit of Measure	Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA	Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA
– Prior to	Rule: value is populated when column "WAC – Prior to Acquisition" is	Rule: value is populated when column "WAC – Prior to Acquisition" is
Acquisition	equal to any non-zero value	equal to any non-zero value
	Nullable	Nullable or Acquired from Previous Manufacturer is "N"
	Unit of Massura for MAC (prior to acquisition) defined as a set of the	Unit of Massure for WAC (prior to assurable a) defined as an - fith-
	Unit of Measure for WAC (prior to acquisition) defined as one of the following values:	Unit of Measure for WAC (prior to acquisition) defined as one of the following values:
	TOTIOWING VALUES.	Tollowing values.
	AHF: Anti-hemophilia factor	AHF: Anti-hemophilia factor
	CAP: Capsule	CAP: Capsule
	SUP: Suppository	SUP: Suppository
	GM: Gram	GM: Gram
	ML: Milliliter	ML: Milliliter
	TAB: Tablet	TAB: Tablet
	TDP: Transdermal patch	TDP: Transdermal patch
	EA: Each	EA: Each
Update Field:	Name: WAC - Prior to Acquisition (Package Price)	Name: WAC - Prior to Acquisition (Package Price)
MAC Driests	Type: Numeric	Type: Numeric
WAC – Prior to	Format: 999999999999999999999999999999999999	Format: 999999999999999999 Max Length: 14 digits
Acquisition (Package Price)	Max Length: 14 digits Rule: value is populated when column "Acquired from Previous	Rule: value is populated when column "Acquired from Previous
(i dekage File)	Manufacturer" is equal to Y and WAC Prior to Acquisition Type	Manufacturer" is equal to Y and WAC Prior to Acquisition Type indicates
	indicates "Package" or "Both"	"Package" or "Both"
	Nullable if WAC Prior to Acquisition Type? = "Unit"	Nullable if WAC Prior to Acquisition Type = "Unit" or Acquired from
	Transact in the first to hequisition type: - office	Previous Manufacturer is "N"
	The wholesale acquisition cost per package for the drug product 12	
	months prior to the acquisition date.	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.	
	NOTE: Do not include the donar sign of commus.	

			NOTE: Do not include the dollar sign or commas.
Update Field:		Name: Rebates	Name: Rebates
		Type: Numeric	Type: Numeric
Rebates		Format: 999999999999999999999999999999999999	Format: 999999999999999999999999999999999999
		Max Length: 17 digits	Max Length: 17 digits
		Rule: greater than or equal to 0	Rule: greater than or equal to 0
		Total amount of rebates paid out associated with the NDC in the	Total amount of rebates paid out associated with the NDC in the
		calendar year prior to the WAC Effective Date.	calendar year prior to the WAC Effective Date.
		For example, if the effective date of the WAC increase is between and including January 1, 2022, through February 28, 2022, report calendar year 2020. If the WAC Effective Date is March 1, 2022, report the total amount of rebates paid to any entity in calendar year 2021. If no rebates were provided fill with zeros.	For example, if the effective date of the WAC increase is between and including January 1, 2022, through February 28, 2022, report calendar year 2020. If the WAC Effective Date is March 1, 2022, report the total amount of rebates paid to any entity in calendar year 2021. If no rebates were provided fill with zeros.
		NOTE: Do not include the dollar sign or commas.	NOTE: Do not include the dollar sign or commas.
Update Field:		Name: Cost Share Assistance	Name: Cost Share Assistance
		Type: Numeric	Type: Numeric
Cost Share		Format: 999999999999999999999999999999999999	Format: 999999999999999999999999999999999999
Assistance		Max Length: 17 digits	Max Length: 17 digits
		Rule: greater than or equal to 0	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.	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	For example, if the effective date of the WAC increase is between and
		including January 1, 2022, through February 28, 2022, report calendar	including January 1, 2022, through February 28, 2022, report calendar
		year 2020. If the WAC Effective Date is March 1, 2022, report the total	year 2020. If the WAC Effective Date is March 1, 2022, report the total
		amount spent on cost share assistance in calendar year 2021. If no	amount spent on cost share assistance in calendar year 2021. If no
		financial assistance was provided fill with zeros.	financial assistance was provided fill with zeros.
		NOTE: Do not include the dollar sign or commas.	NOTE: Do not include the dollar sign or commas.
Update Field:		Name: Other Financial Assistance Amount Type: Numeric	Name: Other Financial Assistance Amount Type: Numeric
Other Financial		Format: 999999999999999999999999999999999999	Format: 999999999999999999999999999999999999
Assistance		Max Length: 17 digits	Max Length: 17 digits
		Rule: greater than or equal to 0	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.	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, 2022, through February 28, 2022, report calendar year 2020. I the WAC Effective Date is March 1, 2022, report the total amount of all other financial assistance paid to any entity in calendar year 2021. If no other financial assistance was provided fill with zeros.	For example, if the effective date of the WAC increase is between and including January 1, 2022, through February 28, 2022, report calendar year 2020. I the WAC Effective Date is March 1, 2022, report the total amount of all other financial assistance paid to any entity in calendar year 2021. If no other financial assistance was provided fill with zeros.
		NOTE: Do not include the dollar sign or commas.	NOTE: Do not include the dollar sign or commas.
New Table:	New Covered		File naming schema:
Table Specifications	Drugs		manufacturer_new_covered_drugs_{YYYY}_{ID}_{YYYYMMDD}.csv Example: manufacturer_new_covered_drugs_2023_M12345_20230301.csv (Please use the submission due date, not the date the report was prepared)
			For example:
			manufacturer_new_covered_drugs_2021_M12345_20210301.csv or manufacturer_new_covered_drugs_2022_M12345_20220301.csv or manufacturer_new_covered_drugs_2023_M12345_20230301.csv
Add Field:			Name: Washington DPT Number
			Type: String
Washington DPT Number			Max Length: 6 characters Format: ABCDE

		WA Drug Price Tran upon registration w Transparency progr	vith the Health Ca	-	
		This number is unic MXXXXX, SXXXXX o are a carrier, manu e.g. 12345.	r PXXXXX where (C, M, S and P indica	ate whether you
		Example:			
		Entity Type	Washin	gton DPT Number	
		Carrier	C12345	5	
		Manufacturer	M12345	j	
		PSAO	S12345		
		PBM	P12345		
Add Field:		Name: Manufactur			
Manufacturer Name		Type: String Max Length: 80 cha Format: ABCDE			
		Labeler name of en corresponding Labe	•	-	*
Add Field:		Name: NDC			
NDC		Type: Numeric	200		
NDC		Format: 000000000 Max Length: 11 dig			
		Min Length: 11 digi			
		20 22 0			
		A three-segment co Administration that package code for a	t includes a labele		-
		Example: 00012345			
		NOTE: The NDC fiel		digits long and ma	aintain leading
		zeros.			
Add Field:		Name Drug Name Type: String			
Drug Name		Max Length: 100 ch Format: ABCDE	naracters		
		Name of the drug f	or the NDC repor	ted. Only include i	ngredient name.
		For example, if the	NDC has a Drug	Product Name of "	fluoxetine HCL 20
		mg tablets", then the	_		
		product names with			
		single Drug Name i			
		be reported individ ingredient.	lually as its own D	rug Name instead	of by each
		NDC	Drug Name	Drug Dreduct	Labal Name
		NDC	Drug Name	Drug Product Name	Label Name
		0000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG	FLUOEXTINE HCL
			L	TABLETS	
		NOTE: Special chara		symbols, or slashes	are allowed.
Add Field:		Name: Drug Produc	ct Name		
Drug Product Name		Type: String Max Length: 100 ch Format: ABCDE	naracters		
		N. 611			1 1 1 2
		Name of the drug p			
		name as reported include ingredient,		-	
		information specific	_	norm, strength, at	iu arry other
		omation specific	e to the NDC.		

		NDC	Drug Name	Drug Product	Label Name
				Name	
		0000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL
		Name: Label Name Type: String			
		Max Length: 100 cl Format: ABCDE	naracters		
		Proprietary or lega			
		For example, "fluo:			
		NDC 00000000000	Drug Name FLUOEXTINE	Drug Product Name FLUOEXTINE	Label Name
		0000000000	TEGGEATINE	HCL 20 MG TABLETS	HCL
		Name: Drug Type Type: Choice			
		Choices: S, N, I	f fallowin		
		Drug Type is one of Single Source (S) –			cation (NDA). c
		biologics with a Bio are no generic alte	ologics License Ap	plication (BLA), an	
		Non-Innovator Mu New Drug Applicat	ion (ANDA).		
		Innovator Multiple patent exclusivity.		s with an NDA and	d no longer hav
		Name: Unit of Mea			
		Choices: AHF, CAP,			
		Unit of Measure fo the following value		isition Cost (WAC	defined as on
		AHF: Anti-hemoph CAP: Capsule	ilia factor		
		SUP: Suppository GM: Gram			
		ML: Milliliter TAB: Tablet			
		TDP: Transdermal EA: Each	oatch		
		Name: Day Supply Type: Numeric			
		Max Length: 100 cl Format: 999	naracters		
		Indicate estimated Example: Package : Package supply of :	size of 100 used o	nce daily will equa	al a 100
		Name: Package Siz Type: Numeric		a, wiii equal a 20.	
		Format: 999999999999999999999999999999999999			
		The package size ic			
		the labeled quantit for example, 100 to			
		quantity complies (Programs (NCPDP)			ption Drug
		Name: WAC - Effec			
J		Type: Date			

		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.
Add Field: WAC – Type		Name: WAC - Type Type: Choice Choices: Package, Unit or Both
WAC - Type		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).
Add Field:		Name: WAC - New (Unit Price) Type: Numeric
WAC – New (Unit Price)		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.
A 11 m; 11		NOTE: Do not include the dollar sign or commas.
Add Field:		Name: WAC - New (Package Price) Type: Numeric
WAC – New (Package Price)		Format: 99999999.99999 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.
Add Field:		NOTE: Do not include the dollar sign or commas. Name: Financial Factors
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.
Add Field:		Name: Non-financial Factors Type: String
Non-financial Factors		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.
Add Field:		Name: Patent Expiration Date
Patent		Type: Date Format: YYYY-MM-DD
Expiration Date		Min Year: 1900 Max Year: 2100
		Rule: Must be populated if "Drug Type = S

				on the drug product will expire. Patents er (i.e., originator or the inventor). Blanks are e field is "N" or "I".	
Add Field:			Name: Market Entry Date		
			Type: Date		
Market Entry			Format: YYYY-MM-DD		
Date			Min Year: 1900		
			Max Year: 2100		
			The date the drug was Inti	roduced to Market in Washington state.	
Add Field:			Name: WAC - Market Entr	у Туре	
			Type: Choice		
WAC - Market			Choice: Package, Unit or Both		
Entry Type			Manufacturer must indica	te if reporting by package, unit price or both.	
			Chainn		
			Choice: Package		
			Unit		
			Both		
Add Field:			Name: General Comments	5	
arreia.			Type: String		
General			Format: ABCDE		
Comments			Max Length: 5000 charact	ers	
			Nullable		
			Any additional information	n you would like to submit or provide to	
			explain your responses.		
•	New Drug	File naming schema:	File naming schema:		
	Application	manufacturer_new_drugs_{YYYY}_{ID}_{YYYYMMDD}.csv	manufacturer_new_drugs_{YYYY}_{ID}_{YYYYMMDD}.csv		
Specifications		Example: manufacturer_new_drugs_2022M12345_20210301.csv	Example: manufacturer_n	ew_drugs_2023_M12345_20230301.csv	
		(Please use the submission due date, not the date the report was	(Please use the submission	n due date, not the date the report was	
		prepared)	prepared)		
			' ' '		
		For a new drug application that occurred prior to the current calendar	For example:		
		year the YYYY should be populated with the year the price increase			
		took effect.	manufacturer new drugs	_2021_M12345_20210301.csv or	
		tookeneet		=_2022_M12345_20220301.csv or	
		For ovample:		=_2023_M12345_20230301.csv	
		For example:	ilialiulacturei_liew_ulugs	2023_W12343_20230301.CSV	
		6			
		manufacturer_new_drugs_2019M12345_20210301.csv or		rence source not found. for details regarding	
		manufacturer_new_drugs_2020M12345_20210301.csv or	the timelines for submittir	ng reports for covered drugs.	
		manufacturer_new_drugs_2021M12345_20210301.csv			
		Please see the Error! Reference source not found. for details			
		regarding the timelines for submitting reports for covered drugs.			
Update Field:		Name: Washington DPT Number	Name: Washington DPT N	umber	
Washingt DDT		Type: String	Type: String		
Washington DPT		Max Length: 6 characters	Max Length: 6 characters		
Number		Format: ABCDE	Format: ABCDE		
			WA Drug Price Transparer	ncy (DPT) assigned unique submitter identifier	
		WA Drug Price Transparency (DPT) assigned unique submitter identifier			
		upon registration with the Health Care Authority Drug Price	upon registration with the Health Care Authority Drug Price Transparency program.		
		Transparency program.			
			This number is unique to y	you and follows a format of either CXXXXX	
		This number is unique to you and follows a format of either CXXXXX,	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		
		MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you		er, PSAO or PBM. The X's are numeric digits	
		are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits	e.g. 12345.		
		e.g. 12345.			
			Example:		
			Entity Type	Washington DPT Number	
			Carrier	C12345	
			Manufacturer	M12345	
			 		
			PSAO	\$12345 B13245	

P12345

PBM

Update Field:	Name: Drug Name	Name: Drug Name	2					
Opuate rielu.	Type: String	Type: String						
Drug Name	Max Length: 80 characters		Max Length: 100 characters					
	Format: ABCDE	Format: ABCDE						
	Name of the drug for the NDC reported. Only include ingredient name.	Name of the drug for the NDC reported. Only include ingredient name.						
	For example, if the NDC has a Drug Product Name of "fluoxetine HCL							
	20 mg tablets", then this field should be reported as "fluoxetine". All							
	drug product names with "fluoxetine" in its name should be reported	For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20" mg tablets", then this field should be reported as "fluoxetine". All drug						
	as a single Drug Name in this field. Combination drug product names							
	should be reported individually as its own Drug Name instead of by	product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names should						
	each ingredient.							
		be reported individually as its own Drug Name instead of by each ingredient.						
	NOTE: Special characters, hyphens, symbols, or slashes are allowed.							
		NDC	Drug Name	Drug Product	Label Name			
				Name				
		0000000000	FLUOEXTINE	FLUOEXTINE	FLUOEXTINE			
				HCL 20 MG TABLETS	HCL			
		NOTE: Special char	ractors hyphons		s are allowed			
Update Field:	Name: Drug Product Name	NOTE: Special characters, hyphens, symbols, or slashes are allowed. Name: Drug Product Name						
- p	Type: String	Type: String						
Drug Product	Max Length: 100 characters	Max Length: 100 c	characters					
Name	Format: ABCDE	Format: ABCDE Nullable						
	Nullable							
	Name of the drug product for the NDC reported, to include ingredient	Name of the drug	Name of the drug product for the NDC reported, to include ingredient					
	name as reported in standardized drug databases. This name should	name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other						
	include ingredient, salt form, dosage form, strength, and any other							
	information specific to the NDC.	_	information specific to the NDC.					
	For example, "fluoxetine HCL 20 mg tablets" is acceptable.	For example, "fluoxetine HCL 20 mg tablets" is acceptable.			able.			
		NDC	Drug Name	Drug Product Name	Label Name			
		00000000000	FLUOEXTINE	FLUOEXTINE	FLUOEXTINE			
				HCL 20 MG TABLETS	HCL			
Update Field:	Name: Label Name or Pipeline Drug Name	Name: Label Name	ne: Label Name or Pipeline Drug Name					
	Type: String	Type: String						
Label Name or	Max Length: 100 characters	Max Length: 100 characters						
Pipeline Drug Name	Format: ABCDE Nullable	Format: ABCDE Nullable						
IVAIIIC	radilable	Ivuliable	Namadic					
	Proprietary or legal name as marketed by manufacturer. For example,	Proprietary or lega	al name as market	ted by manufactur	er. For example,			
	"fluoxetine HCL", "fluoxetine DR" are acceptable.	"fluoxetine HCL", '	"fluoxetine HCL", "fluoxetine DR" are acceptable. If not approved by the FDA, then enter the name of the Pipeline Drug.					
	If not approved by the FDA, then enter the name of the Pipeline Drug.	If not approved by						
	For example, "AAA600".	For example, "AAA	For example, "AAA600".					
		NDC	Drug Name	Drug Product	Label Name			
		NDC	Drug Name	Drug Product	Label Name			
				Name				
		00000000000	FLUOEXTINE	Name FLUOEXTINE	FLUOEXTINE			
				Name				