

Washington State Health Care Authority

# Pharmacy Services Administrative Organization Data Submission Guide

Drug Price Transparency – RCW 43.71C

Version 5.0

Effective Date: 10/1/2024

## Contents

|  |    |
|--|----|
| About .....  | 2  |
| Contacts.....  | 2  |
| Compliance Questions or General Program Questions..... | 2  |
| Technical Support.....                                 | 2  |
| Definitions .....                                      | 3  |
| Submission Schedule .....                              | 4  |
| How to Register and Submit.....                        | 4  |
| Submission Specifications .....                        | 4  |
| Data Validation .....                                  | 4  |
| Resubmissions .....                                    | 5  |
| Template Formatting.....                               | 6  |
| Table Specifications .....                             | 6  |
| Pharmacy Contracted Rates .....                        | 6  |
| Pharmacy Year-Over-Year Rate Change .....              | 12 |
| PBM Contracted Rates .....                             | 17 |
| PBM Year-Over-Year Rate Change .....                   | 21 |
| Appendix A – ST Web Client User Guideline .....        | 28 |
| Prerequisites.....                                     | 28 |

## 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 drug cost and price data to HCA. HCA will use the data to create annual reports that demonstrate the overall impact 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 for 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](mailto:drugtransparency@hca.wa.gov)

### Technical Support

For technical assistance related to questions about data definitions, formatting, or the data submission process, please contact the technical support staff by sending an email to:

[HCADPTTechSupport@hca.wa.gov](mailto:HCADPTTechSupport@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.

"Current year" means the year 2023.

"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.

"Pharmacy benefit manager" means the same as in RCW [19.340.010](#).

"Pharmacy services administrative organization" means an entity that:

- (a) Contracts with a pharmacy to act as the pharmacy's agent with respect to matters involving a pharmacy benefit manager, third-party payer, or other entities, including negotiating, executing, or administering contracts with the pharmacy benefit manager, third-party payer, or other entities; and
- (b) Provides administrative services to pharmacies.

"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.

"Prior year" means calendar year 2022.

"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. This includes, 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 (WAC)" 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 for this reporting period.

| Report Type               | Submission Due Date | Submission Information   |
|---------------------------|---------------------|--|
| Pharmacy Contracted Rates | October 1, Annually | A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021. |
| Pharmacy YOY Rate Change  | October 1, Annually | A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021. |
| PBM Contracted Rates      | October 1, Annually | A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021. |
| PBM YOY Rate Change       | October 1, Annually | A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021. |

## How to Register and 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 (2024-01-01 vs. 01/01/2024). 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](mailto:drugtransparency@hca.wa.gov) to confirm that your submission was received and processed.

**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.

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 [HCADPTTechSupport@hca.wa.gov](mailto:HCADPTTechSupport@hca.wa.gov) for assistance.

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 [HCADPTTechSupport@hca.wa.gov](mailto:HCADPTTechSupport@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 that you receive credit for a resubmission, you should use the same YYYYMMDD value in the file name as you did in your first submission.

For example, if you submitted the file ‘psao\_pharmacy\_contract\_rate\_2023\_S12345\_20241201.csv’ and received a rejection, after making corrections you should resubmit the file ‘psao\_pharmacy\_contract\_rate\_2023\_S12345\_20241201.csv’ with the same name as it was originally submitted under, even if the date of resubmission is a different date.

### Correcting 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 technical or program 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 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 may 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

### Pharmacy Contracted Rates

This report shows the contracted rates between the PSAO and the pharmacy as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due 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 “psao\_pharmacy\_contracted\_rates” with your organizations name as this will result in your submission being rejected.

**File naming schema:** psao\_pharmacy\_contracted\_rates\_{YYYY}\_{ID}\_{YYYYMMDD}.csv

- **Example:** psao\_pharmacy\_contracted\_rates\_2023\_S12345\_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2024, and should include data effective for 2023.

| Specification | Description |
|---------------|-------------|
|---------------|-------------|

| <b>Name: Washington DPT Number</b><br>Type: String<br>Max Length: 6 characters<br>Format: ABCDEF  | <p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>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.</p> <p><b>Example:</b></p> <table border="1"> <thead> <tr> <th>Entity Type</th><th>Washington DPT Number</th></tr> </thead> <tbody> <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> </tbody> </table> | Entity Type | Washington DPT Number | Carrier | C12345 | Manufacturer | M12345 | PSAO | S12345 | PBM | P12345 |
|---|--|-------------|-----------------------|---------|--------|--------------|--------|------|--------|-----|--------|
| Entity Type   | Washington DPT Number  |             |                       |         |        |              |        |      |        |     |        |
| Carrier   | C12345   |             |                       |         |        |              |        |      |        |     |        |
| Manufacturer  | M12345   |             |                       |         |        |              |        |      |        |     |        |
| PSAO  | S12345   |             |                       |         |        |              |        |      |        |     |        |
| PBM   | P12345   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PSAO Name</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE  | Name of pharmacy services administrative organization.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Year</b><br>Type: Numeric<br>Format: 9999<br>Max Length: 4 digits<br>Min Length: 4 digits<br>Rule: 2023                            | Current year for which the aggregate data is reported.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Pharmacy Chain Code Location Classification</b><br>Type: Choice<br>Choices: R, M, O  | Network Descriptor for location has one of the following values:<br><br>R = Rural<br>M = Metro<br>O = Other – Describe in General Comments field.  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Pharmacy Chain Code Type Classification</b><br>Type: Choice<br>Choices: G, C, I, O   | Network Descriptor for type has one of the following values:<br><br>G = Grocery<br>C = Chain<br>I = Independent<br>O = Other – Describe in General Comments field.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Number of Pharmacies</b><br>Type: Numeric<br>Format: 9999999<br>Max Length: 7 digits   | Number of pharmacies contracted with the PSAO during the current year.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Administrative Fee</b><br>Type: Numeric<br>Format: 999999999999999.99<br>Max Length: 17 digits<br>Rule: greater than or equal to 0 | Ongoing administrative fee PSAO charges the pharmacy for participating in the PSAO.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Administrative Fee - Basis</b><br>Type: String<br>Max Length: 50 characters<br>Format: ABCDE                                       | The basis for which the fee is accessed. This field should clarify any relevant information about the administrative fee, such as its frequency (e.g., each year, each month, per paid claim, per transaction, etc.).  |             |                       |         |        |              |        |      |        |     |        |



|  |   |
|--|---|
| <b>Name: Administrative Fees Description</b><br>Type: String<br>Max Length: 5000 characters<br>Format: ABCDE                                 | The description of how administrative fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.  |
| <b>Name: Escrow Fees</b><br>Type: Numeric<br>Format: 9999999999999999.99<br>Max Length: 17 digits<br>Rule: greater than or equal to 0        | The total dollar amounts the PSAO charges pharmacies and places in escrow to cover recouped funds from a PBM audit in the current year.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>   |
| <b>Name: Escrow Fees Description</b><br>Type: String<br>Max Length: 5000 characters<br>Format: ABCDE   | The description of how escrow fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.  |
| <b>Name: Initial Fee</b><br>Type: Numeric<br>Format: 9999999999999999.99<br>Max Length: 17 digits<br>Rule: greater than or equal to 0        | Total dollar amount the PSAO charges the pharmacy to join the PSAO.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>   |
| <b>Name: Initial Fees Description</b><br>Type: String<br>Max Length: 5000 characters<br>Format: ABCDE  | The description of how initial fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.   |
| <b>Name: Credentialing Fees</b><br>Type: Numeric<br>Format: 9999999999999999.99<br>Max Length: 17 digits<br>Rule: greater than or equal to 0 | Total dollar amount the PSAO charges the pharmacy related to any credentialing.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>   |
| <b>Name: Credentialing Fees Description</b><br>Type: String<br>Max Length: 5000 characters<br>Format: ABCDE                                  | Interval between credentialing cycles for which the PSAO assesses any credentialing fee.  |
| <b>Name: Credentialing Frequency</b><br>Type: String<br>Max Length: 50 characters<br>Format: ABCDE   | The description of how credentialing fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.   |
| <b>Name: NDC</b><br>Type: Text<br>Format: 00000000000<br>Max Length: 11 digits<br>Min Length: 11 digits                                      | 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.<br><br><b>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</b><br><br><b>Example: 00012345678</b><br><br><b>Formula to keep leading zeros – in a empty column type in field 2 =text(F2,"00000000000")</b><br><b>Copy formula all the way down then copy those NDCs to the NDC column (F). Delete the extra column you created.</b> |

**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-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE 10MG<br>TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ 40MG/0.8   | HUMIRA                        |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ CD/UC/HS   | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET   | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>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.

For example:

| NDC         | Drug Name   | Drug Product Name  | Label Name                    |
|-------------|---|--|-------------------------------|
| 00000000000 | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE 10MG<br>TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ 40MG/0.8   | HUMIRA                        |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ CD/UC/HS   | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET   | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>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.

For example:

| NDC         | Drug Name   | Drug Product Name  | Label Name                    |
|-------------|---|--|-------------------------------|
| 00000000000 | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE 10MG<br>TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ 40MG/0.8   | HUMIRA                        |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ CD/UC/HS   | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET   | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>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: Unit of Measure**

Type: Choice

Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Reimbursement Rate 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: General Comments**

Type: String

Max Length: 5000 characters

Format: ABCDE

Nullable

Any additional information you would like to submit or provide to explain your responses.

**Note: Do not include hard returns.**

## Pharmacy Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and pharmacies in Washington State, as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due 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 “psao\_pharmacy\_yoy\_rate\_change” with your organizations name as this will result in your submission being rejected.

**File naming schema:** psao\_pharmacy\_yoy\_rate\_change\_{YYYY}\_{ID}\_{YYYYMMDD}.csv

- **Example:** psao\_pharmacy\_yoy\_rate\_change\_2023\_S12345\_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2024, and should include data effective for 2023.

| Specification  | Description   |             |                       |         |        |              |        |      |        |     |        |
|--|---|-------------|-----------------------|---------|--------|--------------|--------|------|--------|-----|--------|
| <b>Name: Washington DPT Number</b><br>Type: String<br>Max Length: 6 characters<br>Format: ABCDEF                 | WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.<br><br>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.<br><br><b>Example:</b> <table border="1"> <thead> <tr> <th>Entity Type</th><th>Washington DPT Number</th></tr> </thead> <tbody> <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> </tbody> </table> | Entity Type | Washington DPT Number | Carrier | C12345 | Manufacturer | M12345 | PSAO | S12345 | PBM | P12345 |
| Entity Type  | Washington DPT Number   |             |                       |         |        |              |        |      |        |     |        |
| Carrier  | C12345  |             |                       |         |        |              |        |      |        |     |        |
| Manufacturer   | M12345  |             |                       |         |        |              |        |      |        |     |        |
| PSAO   | S12345  |             |                       |         |        |              |        |      |        |     |        |
| PBM  | P12345  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PSAO Name</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE                             | Name of pharmacy services administrative organization   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Year</b><br>Type: Numeric<br>Format: 9999<br>Max Length: 4 digits<br>Min Length: 4 digits<br>Rule: 2023 | Current year for which the aggregate data is reported.  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Pharmacy Chain Code Location Classification</b><br>Type: Choice<br>Choices: R, M, O                     | Network Descriptor for location has one of the following values:<br><br>R = Rural<br>M = Metro<br>O = Other – Describe in General Comments field.   |             |                       |         |        |              |        |      |        |     |        |

**Name: Pharmacy Chain Code Type Classification**

Type: Choice  
Choices: G, C, I, O

Network Descriptor for type has one of the following values:

G = Grocery  
C = Chain  
I = Independent  
O = Other – Describe in General Comments field.

**Name: NDC**

Type: Text  
Format: 000000000000  
Max Length: 11 digits  
Min Length: 11 digits

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.

**NOTE: The NDC field must be eleven digits long and maintain leading zeros.**
**Example:** 00012345678

**Formula to keep leading zeros – in a empty column type in field 2**  
**=text(F2,"00000000000")**  
**Copy formula all the way down then copy those NDCs to the NDC**  
**column (F). Delete the extra column you created.**

**Name: Drug Name**

Type: String  
Max Length: 80 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-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE<br>10MG TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>40MG/0.8  | HUMIRA                        |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>CD/UC/HS  | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET   | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG CAPSULE  | AMOXICILLIN                   |

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

**Name: Drug Product Name**

Type: String

Max Length: 80 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.

For example:

| NDC         | Drug Name   | Drug Product Name  | Label Name                    |
|-------------|---|--|-------------------------------|
| 00000000000 | EFAVIREN-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE | EFAVIREN-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE<br>10MG TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>40MG/0.8  | HUMIRA                        |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>CD/UC/HS  | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET   | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG CAPSULE  | AMOXICILLIN                   |

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

**Name: Label Name**

Type: String

Max Length: 100 characters

Format: ABCDE

Drug name as marketed by manufacturer.

For example:

| NDC         | Drug Name   | Drug Product Name  | Label Name                    |
|-------------|---|--|-------------------------------|
| 00000000000 | EFAVIREN-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE | EFAVIREN-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE<br>10MG TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>40MG/0.8  | HUMIRA                        |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>CD/UC/HS  | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET   | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>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: Unit of Measure**

Type: Choice

Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Reimbursement Rate 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 - Current**

Type: Numeric

Format: 999999999999999.99

Max Length: 17 digits

Rule: greater than 0

The wholesale acquisition cost per unit of measure prior to the increase.

**NOTE: Do not include any special characters (\$) or commas.**



|   |   |
|---|---|
| <b>Name: Reimbursement Rank</b><br><b>Type: Numeric</b><br><b>Format: 99</b><br><b>Max Length: 2 digits</b><br><b>Rule: less than or equal to 25</b><br><b>Nullable</b> | Rank of top 25 drugs (as defined by Drug Name) by highest aggregate reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.  |
| <b>Name: Reimbursement Rate</b><br>Type: Numeric<br>Format: 9999999999999999.99<br>Max Length: 17 digits<br>Rule: greater than or equal to 0                            | Reimbursement rate of reported drug.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |
| <b>Name: Reimbursement Rate Current</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br>Rule: greater than 0                                       | Contracted reimbursement rate in the current year.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |
| <b>Name: Reimbursement Rate Prior</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br>Rule: greater than 0<br><b>Nullable</b>                      | Contracted reimbursement rate in the prior year.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |
| <b>Name: Largest Increase in Reimbursement Rank</b><br>Type: Numeric<br>Format: 99<br>Max Length: 2 digits<br>Rule: less than or equal to 25<br><b>Nullable</b>         | Rank of top 25 drugs (Drug Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.  |
| <b>Name: Largest Increase Reimbursement Percent</b><br>Type: Numeric<br>Format: 99999.99<br>Max Length: 7 digits<br><b>Nullable</b>                                     | <p>Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31<sup>st</sup> of the current year, minus reimbursement rate as of December 31<sup>st</sup> of the prior year, divided by the reimbursement rate as of December 31<sup>st</sup> of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2020 – RR on December 31, 2019)/RR on December 31, 2019), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[ \frac{(\text{RR December 31, 2020} - \text{RR December 31, 2019})}{\text{RR December 31, 2019}} \right] \times 100$ <p><b>NOTE: Do not include any special characters (\$) or commas.</b></p> |
| <b>Name: Largest Increase Reimbursement Dollar</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br><b>Nullable</b>                                 | <p>Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p><b>NOTE: Do not include any special characters (\$) or commas.</b></p>   |

|   |  |
|---|--|
| <b>Name: Largest Decrease in Reimbursement Rank</b><br>Type: Numeric<br>Format: 99<br>Max Length: 2 digits<br>Rule: less than or equal to 25<br><b>Nullable</b> | Rank of top 25 drugs (as defined by Drug Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank. If not one of the top 25 drugs by drug name for this rank, then leave blank.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |
| <b>Name: Largest Decrease Reimbursement Percent</b><br>Type: Numeric<br>Format: 99999.99<br>Max Length: 7 digits<br><b>Nullable</b>                             | Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31 <sup>st</sup> of the current year, minus reimbursement rate as of December 31 <sup>st</sup> of the prior year, divided by the reimbursement rate as of December 31 <sup>st</sup> of the prior year, expressed as a percentage.<br><br>For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.<br><br>$\left[ \frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}} \right] \times 100$<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b> |
| <b>Name: Largest Decrease Reimbursement Dollar</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br><b>Nullable</b>                         | Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |
| <b>Name: General Comments</b><br>Type: String<br>Max Length: 5000 characters<br>Format: ABCDE<br><b>Nullable</b>  | Any additional information you would like to submit or provide to explain your responses.<br><br><b>Note: Do not include hard returns.</b>   |

## PBM Contracted Rates

This report shows the contracted rates between a PSAO and the PBM as required in RCW 43.71C.080.

Files submitted for PSAO PBM contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due 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 “psao\_pbm\_contracted\_rates” with your organizations name, as this will result in your submission being rejected.

**File naming schema:** psao\_pbm\_contracted\_rates\_{YYYY}\_{ID}\_{YYYYMMDD}.csv

- **Example:** psao\_pbm\_contracted\_rates\_2023\_S12345\_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report is due on October 1, 2024 and should include data effective for 2023.

| Specification  | Description  |             |                       |         |        |              |        |      |        |     |        |
|--|--|-------------|-----------------------|---------|--------|--------------|--------|------|--------|-----|--------|
| <b>Name: Washington DPT Number</b><br>Type: String<br>Max Length: 6 characters<br>Format: ABCDEF                 | <p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>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.</p> <p><b>Example:</b></p> <table border="1"> <thead> <tr> <th>Entity Type</th><th>Washington DPT Number</th></tr> </thead> <tbody> <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> </tbody> </table> | Entity Type | Washington DPT Number | Carrier | C12345 | Manufacturer | M12345 | PSAO | S12345 | PBM | P12345 |
| Entity Type  | Washington DPT Number  |             |                       |         |        |              |        |      |        |     |        |
| Carrier  | C12345   |             |                       |         |        |              |        |      |        |     |        |
| Manufacturer   | M12345   |             |                       |         |        |              |        |      |        |     |        |
| PSAO   | S12345   |             |                       |         |        |              |        |      |        |     |        |
| PBM  | P12345   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PSAO Name</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE                             | Name of pharmacy services administrative organization.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Year</b><br>Type: Numeric<br>Format: 9999<br>Max Length: 4 digits<br>Min Length: 4 digits<br>Rule: 2023 | Current year for which the aggregate data is reported.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PBM Name</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE                              | Name of PBM for which the contracted rates are being reported.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PBM IIN Number</b><br>Type: Numeric<br>Format: 000000<br>Max Length: 6 digits                           | Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Contract Expiration Date</b><br>Type: Date<br>Format: YYYY-MM-DD<br>Min Year: 1900<br>Max Year: 2100    | Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PBM Network Name</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE                      | Name of pharmacy network (or chain code) for which the data is submitted   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PBM Network ID</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE<br><b>Nullable</b>     | Identification number of pharmacy network (or chain code) that PBM assigns to specific networks of pharmacies  |             |                       |         |        |              |        |      |        |     |        |

| <b>Name: Pharmacy Chain Code Location</b><br><b>Classification</b><br>Type: Choice<br>Choices: R, M, O   | Network Descriptor for location has one of the following values:<br><br>R = Rural<br>M = Metro<br>O = Other – Describe in General Comments field.   |   |                               |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
|--|---|---|-------------------------------|-------------------|------------|-------------|--|---|---------|-------------|------------|--------------------------------|--------|-------------|------------|--------------------------------|-------------------------------|-------------|-------------|------------------------------|-------------|-------------|-------------|-------------------------------|-------------|
| <b>Name: Pharmacy Chain Code Type</b><br><b>Classification</b><br>Type: Choice<br>Choices: G, C, I, O    | Network Descriptor for type has one of the following values:<br><br>G = Grocery<br>C = Chain<br>I = Independent<br>O = Other – Describe in General Comments field.  |   |                               |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
| <b>Name: NDC</b><br>Type: Text<br>Format: 000000000000<br>Max Length: 11 digits<br>Min Length: 11 digits | 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.<br><br><b>Example:</b> 00012345678<br><br><b>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</b><br><br><b>Formula to keep leading zeros – in a empty column type in field 2 =text(F2,"00000000000")</b><br><b>Copy formula all the way down then copy those NDCs to the NDC column (F). Delete the extra column you created.</b>   |   |                               |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
| <b>Name: Drug Name</b><br>Type: String<br>Max Length: 100 characters<br>Format: ABCDE                    | Name of the drug for the NDC reported. Only include ingredient name.<br><br>For example: <table border="1"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>00000000000</td> <td>EFAVIRENZ-<br/>EMTRICITABINE-<br/>TENOFVIR<br/>DISOPROXIL<br/>FUMARATE</td> <td>EFAVIRENZ-<br/>EMTRICITABINE-<br/>TENOFVIR<br/>DISOPROXIL<br/>FUMARATE 10MG<br/>TABLET</td> <td>ATRIPLA</td> </tr> <tr> <td>00000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN<br/>INJ 40MG/0.8</td> <td>HUMIRA</td> </tr> <tr> <td>00000000000</td> <td>ADALIMUMAB</td> <td>ADALIMUMAB PEN<br/>INJ CD/UC/HS</td> <td>HUMIRA<br/>CD/UC/HS<br/>STARTER</td> </tr> <tr> <td>00000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500<br/>MG TABLET</td> <td>AMOXICILLIN</td> </tr> <tr> <td>00000000000</td> <td>AMOXICILLIN</td> <td>AMOXICILLIN 500<br/>MG CAPSULE</td> <td>AMOXICILLIN</td> </tr> </tbody> </table> | NDC   | Drug Name                     | Drug Product Name | Label Name | 00000000000 | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE 10MG<br>TABLET | ATRIPLA | 00000000000 | ADALIMUMAB | ADALIMUMAB PEN<br>INJ 40MG/0.8 | HUMIRA | 00000000000 | ADALIMUMAB | ADALIMUMAB PEN<br>INJ CD/UC/HS | HUMIRA<br>CD/UC/HS<br>STARTER | 00000000000 | AMOXICILLIN | AMOXICILLIN 500<br>MG TABLET | AMOXICILLIN | 00000000000 | AMOXICILLIN | AMOXICILLIN 500<br>MG CAPSULE | AMOXICILLIN |
| NDC  | Drug Name   | Drug Product Name   | Label Name                    |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
| 00000000000  | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE  | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE 10MG<br>TABLET | ATRIPLA                       |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
| 00000000000  | ADALIMUMAB  | ADALIMUMAB PEN<br>INJ 40MG/0.8  | HUMIRA                        |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
| 00000000000  | ADALIMUMAB  | ADALIMUMAB PEN<br>INJ CD/UC/HS  | HUMIRA<br>CD/UC/HS<br>STARTER |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
| 00000000000  | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET  | AMOXICILLIN                   |                   |            |             |  |   |         |             |            |                                |        |             |            |                                |                               |             |             |                              |             |             |             |                               |             |
| 00000000000  | AMOXICILLIN   | AMOXICILLIN 500<br>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.

For example:

| NDC         | Drug Name  | Drug Product Name   | Label Name                    |
|-------------|--|---|-------------------------------|
| 00000000000 | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFVIR<br>DISOPROXIL<br>FUMARATE 10MG<br>TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB   | ADALIMUMAB PEN<br>INJ 40MG/0.8  | HUMIRA                        |
| 00000000000 | ADALIMUMAB   | ADALIMUMAB PEN<br>INJ CD/UC/HS  | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN  | AMOXICILLIN 500<br>MG TABLET  | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN  | AMOXICILLIN 500<br>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.

For example:

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

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

|   |   |
|---|---|
| <b>Name: Drug Type</b><br>Type: Choice<br>Choices: S, N, I  | Drug Type is one of following values:<br><br><b>Single Source (S)</b> – Drugs that having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market.<br><b>Non-Innovator Multiple-Source (N)</b> – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market.<br><b>Innovator Multiple-Source (I)</b> – Drugs that have an NDA and no longer have patent exclusivity. |
| <b>Name: Reimbursement Rank</b><br>Type: Numeric<br>Format: 99<br>Max Length: 2 digits<br>Rule: less than or equal to 25<br><b>Nullable</b> | Rank of top 25 drugs (as defined by Drug Name) by highest reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.  |
| <b>Name: Reimbursement Rate</b><br>Type: Numeric<br>Format: 999999999999999.99<br>Max Length: 17 digits<br>Rule: greater than or equal to 0 | Reimbursement rate of the reported drug.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |
| <b>Name: Unit of Measure</b><br>Type: Choice<br>Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA  | Unit of Measure for Reimbursement Rate defined as one of the following values:<br><br><b>AHF:</b> Anti-hemophilia factor<br><b>CAP:</b> Capsule<br><b>SUP:</b> Suppository<br><b>GM:</b> Gram<br><b>ML:</b> Milliliter<br><b>TAB:</b> Tablet<br><b>TDP:</b> Transdermal patch<br><b>EA:</b> Each  |
| <b>Name: General Comments</b><br>Type: String<br>Max Length: 5000 characters<br>Format: ABCDE<br><b>Nullable</b>                            | Any additional information you would like to submit or provide to explain your responses.<br><br><b>Note: Do not include hard returns.</b>  |

## PBM Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and PBM for which a pharmacy in Washington State participated in, as required in RCW 43.71C.080.

Files submitted for PSAO PBM year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due 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 “psao\_pbm\_yoy\_rate\_change” with your organizations name, as this will result in your submission being rejected.

**File naming schema:** psao\_pbm\_yoy\_rate\_change\_{YYYY}\_{ID}\_{YYYYMMDD}.csv

- **Example:** Example: psao\_pbm\_yoy\_rate\_change\_2023\_S12345\_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2024 and should include data effective for 2023.

| Specification  | Description   |             |                       |         |        |              |        |      |        |     |        |
|--|---|-------------|-----------------------|---------|--------|--------------|--------|------|--------|-----|--------|
| <b>Name: Washington DPT Number</b><br>Type: String<br>Max Length: 6 characters<br>Format: ABCDEF                 | WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.<br><br>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.<br><br><b>Example:</b> <table border="1"> <thead> <tr> <th>Entity Type</th><th>Washington DPT Number</th></tr> </thead> <tbody> <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> </tbody> </table> | Entity Type | Washington DPT Number | Carrier | C12345 | Manufacturer | M12345 | PSAO | S12345 | PBM | P12345 |
| Entity Type  | Washington DPT Number   |             |                       |         |        |              |        |      |        |     |        |
| Carrier  | C12345  |             |                       |         |        |              |        |      |        |     |        |
| Manufacturer   | M12345  |             |                       |         |        |              |        |      |        |     |        |
| PSAO   | S12345  |             |                       |         |        |              |        |      |        |     |        |
| PBM  | P12345  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PSAO Name</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE                             | Name of pharmacy services administrative organization   |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Year</b><br>Type: Numeric<br>Format: 9999<br>Max Length: 4 digits<br>Min Length: 4 digits<br>Rule: 2023 | Current year for which the aggregate data is reported.  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PBM Name</b><br>Type: String<br>Max Length: 80 characters<br>Format: ABCDE                              | Name of PBM for which the contracted rates are being reported.  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: PBM IIN Number</b><br>Type: Numeric<br>Format: 000000<br>Max Length: 6 digits                           | Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.  |             |                       |         |        |              |        |      |        |     |        |
| <b>Name: Contract Expiration Date</b><br>Type: Date<br>Format: YYYY-MM-DD<br>Min Year: 1900<br>Max Year: 2100    | Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.   |             |                       |         |        |              |        |      |        |     |        |





**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.

For example:

| NDC         | Drug Name   | Drug Product Name  | Label Name                    |
|-------------|---|--|-------------------------------|
| 00000000000 | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE | EFAVIRENZ-<br>EMTRICITABINE-<br>TENOFIVIR<br>DISOPROXIL<br>FUMARATE<br>10MG TABLET | ATRIPLA                       |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>40MG/0.8  | HUMIRA                        |
| 00000000000 | ADALIMUMAB  | ADALIMUMAB<br>PEN INJ<br>CD/UC/HS  | HUMIRA<br>CD/UC/HS<br>STARTER |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>MG TABLET   | AMOXICILLIN                   |
| 00000000000 | AMOXICILLIN   | AMOXICILLIN 500<br>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.

For example:

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

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
**Name: Drug Type**

Type: Choice

Choices: S, N, I

Drug Type defines whether the drug is a single source (S), non-innovator multiple-source (N) or an innovator multiple-source (I).

**Single Source (S)** – Drugs that having an FDA New Drug Application (NDA), 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), and generic alternatives exist on the market.

**Innovator Multiple-Source (I)** – Drugs that have an NDA and no longer have patent exclusivity.

**Name: Unit of Measure**

Type: Choice

Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

U Unit of Measure for Reimbursement Rate 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

|   |  |
|---|--|
| <b>Name: WAC - Current</b><br>Type: Numeric<br>Format: 999999999999999.99<br>Max Length: 17 digits<br>Rule: greater than 0                                      | The wholesale acquisition cost per unit of measure prior to the increase.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>  |
| <b>Name: Reimbursement Rate Current</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br>Rule: greater than 0                               | Contracted reimbursement rate in the current year.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>   |
| <b>Name: Reimbursement Rate Prior</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br>Rule: greater than 0                                 | Contracted reimbursement rate in the prior year.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>   |
| <b>Nullable</b>   | <b>NOTE: Do not include any special characters (\$) or commas.</b>   |
| <b>Name: Largest Increase in Reimbursement Rank</b><br>Type: Numeric<br>Format: 99<br>Max Length: 2 digits<br>Rule: less than or equal to 25<br><b>Nullable</b> | Rank of top 25 drugs (as defined by Drug Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.   |
| <b>Name: Largest Increase Reimbursement Percent</b><br>Type: Numeric<br>Format: 99999.99<br>Max Length: 7 digits<br><b>Nullable</b>                             | Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31 <sup>st</sup> of the current year, minus reimbursement rate as of December 31 <sup>st</sup> of the prior year, divided by the reimbursement rate as of December 31 <sup>st</sup> of the prior year, expressed as a percentage.<br><br>For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.<br><br>$\left[ \frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}} \right] \times 100$ |
|   | <b>NOTE: Do not include the percent sign (%).</b>  |
| <b>Name: Largest Increase Reimbursement Dollar</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br><b>Nullable</b>                         | Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.<br><br><b>NOTE: Do not include any special characters (\$) or commas.</b>   |
| <b>Name: Largest Decrease in Reimbursement Rank</b><br>Type: Numeric<br>Format: 99<br>Max Length: 2 digits<br>Rule: less than or equal to 25<br><b>Nullable</b> | Rank of top 25 drugs (as defined by Drug Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.   |

|   |  |
|---|--|
| <b>Name: Largest Decrease Reimbursement Percent</b><br>Type: Numeric<br>Format: 99999.99<br>Max Length: 7 digits<br><b>Nullable</b>     | <p>Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31<sup>st</sup> of the current year, minus reimbursement rate as of December 31<sup>st</sup> of the prior year, divided by the reimbursement rate as of December 31<sup>st</sup> of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[ \frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}} \right] \times 100$ <p><b>NOTE: Do not include the percent sign (%).</b></p> |
| <b>Name: Largest Decrease Reimbursement Dollar</b><br>Type: Numeric<br>Format: 999999999.99<br>Max Length: 11 digits<br><b>Nullable</b> | <p>Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p><b>NOTE: Do not include any special characters (\$) or commas.</b></p>   |
| <b>Name: General Comments</b><br>Type: String<br>Max Length: 5000 characters<br>Format: ABCDE<br><b>Nullable</b>                        | <p>Any additional information you would like to submit or provide to explain your responses.</p> <p><b>Note: Do not include hard returns.</b></p>  |

## 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

### Step 1.

All entities will go to the following external portal link

<https://support.hca.wa.gov/>

### 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

Required - Upload

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.

