Washington State Health Care Authority

Draft of 2025 PDAB patient survey questions for review and comment

The Health Care Authority (HCA) is sharing this draft survey to gather feedback and comments on the contents of the survey questions. The official surveys will be released in the coming weeks.

Notes

- Areas highlighted in yellow (e.g. reviewed drug name, indicated conditions) will be edited later to tailor to each drug selected by the Board.
- This document lists all questions for all types of respondents. For the actual survey, questionnaire logic will be built in to include only applicable questions, depending on individual responses to certain demographic questions (e.g. medications that the respondent has an experience with) to make the actual survey shorter.

Cover page

Thank you for your interest in taking a survey for the Washington State Prescription Drug Affordability Board (PDAB).

One of the goals of the PDAB is to determine whether a prescription drug has led or will lead to excess costs to Washingtonians. The purpose of this survey is to collect patient input that will inform the PDAB about patient experience and viewpoints. This information will help the PDAB better understand how prescription drugs affect Washingtonians.

Patient-specific information will not be disclosed. Your data will be compiled with answers from other survey participants when shared with the PDAB.

Patient demographic questions

1. *What is your full name? [This response will be kept confidential and only used to avoid duplicated submissions and to reach out if any follow-up questions are needed. It will not be shared with the PDAB Board members.]
    a. *Free-text response*
2. *What is your email address? [This response will be kept confidential and only used to avoid duplicated submissions and to reach out if any follow-up questions are needed. It will not be shared with the PDAB Board members.]
    a. *Free-text response*
3. *Are you a patient or a caregiver to a patient?
    a. Patient
    b. Caregiver
4. *Which condition do you (or a patient you provide care for) have? If you are a caregiver, subsequent questions use "you" to refer to the patient. Respond on behalf of the patient you provide care for. *(If "no conditions above", the survey is skipped to the "Free Comments" Section.)*

    a. List of approved indications and off-label use from Micromedex
    b. I do not have any of the conditions above.
5. *Are you a Washington resident currently living in Washington?
    a. Yes
    b. No
6. If you are a Washington resident, what is your residential zip code? [This information will be kept confidential and only used to analyze region-specific information.]
    a. Numeric response
7. Do you have any conflict of interest to disclose? Conflict of interest means your relationships, obligations, or incentives that could affect your response to this survey (for example, direct or indirect monetary payment, stock ownership, or employment by pharmaceutical companies).
    a. Yes (if yes, free text description)
    b. No
8. How many adults and children are in your household?
    a. Adults: *(numeric response for a whole numeric number)*
    b. Children (under age 18): (*numeric response for a whole numeric number)*
9. What is your annual gross household income? Gross income is your total earnings before any deductions like taxes or insurance premiums.
    a. Numeric response in USD
10. *Do you have insurance that covers prescription drugs?
    a. Yes
    b. No
11. What type of insurance do you have to cover prescription drugs? If you have any dual enrollment, specify based on your primary coverage. *(This question is skipped if "no" to the previous question.)*
    a. Insurance plans offered by an employer (the employer covers all or part of the premium.)
    b. Individual health plans (Self-purchased commercial insurance; or the employer does not cover part of the premium.)
    c. Medicare (a federal insurance program primarily for patients aged 65 and older)
    d. Medicaid (Apple Health)
12. How much is the out-of-pocket cost of your monthly health insurance premium? A premium is the monthly charge for the cost of your health insurance plan. *(This question is skipped if "no" to the previous question.)*
    a. Numeric response in USD

Medication use questions

13. *Have you ever used [the drug under review]?
    a. Yes
    b. No
14. *Have you ever used a medication other than [the drug under review] to treat [the condition/condition(s)]?

a. Yes
b. No

15. When did you start using [the drug under review]? *(This shows up only if "Yes" to the use of the reviewed drug.)*
    a. *A calendar option*
16. How long have you used [the drug under review]? Specify the number of months. *(This shows up only if "Yes" to the previous question.)*
    a. *Numeric response in months*
17. Which drug have you used to treat [the condition/condition(s)]? Select all that apply. *(This shows up only if "Yes" to the previous question.)*
    a. Multiple-selection list with therapeutic alternatives
18. What is the most current medication you are using among the following list? *(This shows up only if "Yes" to the previous question.)*
    a. Multiple choice with reviewed drug and therapeutic alternatives

Cost questions

19. *Have the costs of the following drugs caused you any difficulties? *(Questions show up only for the drug selected in the earlier section.)*

Drug	Yes, I have had trouble due to costs.	No, I have not had trouble due to costs.
[The reviewed drug]		
[Therapeutic alternative 1]		
[Therapeutic alternative 2]		

20. Have you ever not picked up [the drug under review] due to concern for the cost? *(This shows up only if the respondent is taking the reviewed drug.)*
    a. Yes (If yes, free text description of what the patient did instead.)
    b. No
21. Have you ever delayed picking up [the drug under review] due to concern for the cost? *(This shows up only if the respondent is taking the reviewed drug.)*
    a. Yes
    b. No
22. Have you ever skipped a dose of [the drug under review] due to concern for the cost? *(This shows up only if the respondent is taking the reviewed drug.)*
    a. Yes
    b. No
23. Have you ever taken a reduced dose or amount of [the drug under review] than one recommended by your doctor due to a concern for the cost? *(This shows up only if the respondent is taking the reviewed drug.)*
    a. Yes
    b. No

24. What is your monthly out-of-pocket cost for [the drug under review] before you reach your deductible? A deductible is the amount you pay for medical care before your health plan starts paying. *(This shows up only if the respondent is taking the reviewed drug and has insurance.)*
    a. *Numeric response in USD*
25. What is your monthly out-of-pocket cost for [the drug under review] after reaching your deductible for your prescription drug benefit? *(This shows up only if the respondent is taking the reviewed drug and has insurance.)*
    a. *Numeric response in USD*
26. What is your monthly cost for [the drug under review]? *(This shows up only if the respondent is taking the reviewed drug and does NOT have insurance.)*
    a. *Numeric response in USD*
27. What is your monthly budget for [the drug under review] that would not affect any essential expenses (such as grocery shopping for healthy foods, paying your rent/mortgage, paying for daycare, school tuition, etc.)? *(This shows up only if the respondent is taking the reviewed drug.)*
    a. *Numeric response in USD*

Expense question for therapeutic alternatives *(if the current med is not the reviewed drug)*

28. What is your monthly out-of-pocket cost for your current drug for [the condition] before you reach your deductible? A deductible is the amount you pay for medical care before your health plan starts paying. *(This shows up only if the respondent is taking a therapeutic alternative currently and has insurance.)*
    a. *Numeric response in USD*
29. What is your monthly out-of-pocket cost for your current drug for [the condition] after reaching your deductible for your prescription drug benefit? *(This shows up only if the respondent is taking a therapeutic alternative currently and has insurance.)*
    a. *Numeric response in USD*
30. What is your monthly cost for your current drug for [the condition]? *(This shows up only if the respondent is taking a therapeutic alternative currently and does NOT have insurance.)*
    a. *Numeric response in USD*
31. What is your monthly budget for your current drug for [the condition] that would not affect any essential expenses (such as grocery shopping for healthy foods, paying your rent/mortgage, paying for daycare, school tuition and so on)? *(This shows up only if the respondent is taking a therapeutic alternative currently.)*
    a. *Numeric response in USD*

Coupon use

32. Have you ever used coupons to buy the following drugs? Coupons are sometimes called a copay card or a copay assistance program. These offer a discount or saving on your out-of-pocket cost. *(Questions show up only for the drug selected in the earlier section.)*

Drug	Yes, I have used a coupon.	No, I have not used a coupon.
[The reviewed drug]		
[Therapeutic alternative 1]		
[Therapeutic alternative 2]		

33. Have you had trouble getting or using a coupon to buy [the reviewed drug]?
    a. Yes
    b. No
34. What difficulty have you had with getting or using a coupon? *(If "yes" to the previous question)*
    a. I was ineligible to use the coupon.
    b. I reached the maximum savings amount or a cap.
    c. Other reason

Patient assistance program use

35. Have you ever used any patient assistance program to receive the following drugs? Patient assistance programs help patients afford medications, typically after applying for the program. They are often run by pharmaceutical companies, non-profit organizations, or government agencies. *(Questions show up only for the drug selected in the earlier section.)*

Drug	No, I have not applied for a patient assistance program.	Yes, I have applied but have not been approved for any patient assistance programs.	Yes, I have applied and approved for at least one of the patient assistance programs.
[The reviewed drug]			
[Therapeutic alternative 1]			
[Therapeutic alternative 2]			

36. Which patient assistance program have you applied for? Select all that apply. *(if "Yes" to the previous question for the reviewed drug)*
    a. Program offered by a pharmaceutical company.

b. Program offered by a non-profit organization.
c. Program offered by a government agency.
d. Other programs.

37. Which patient assistance program have you been approved for? Select all that apply. *(if "Yes approval" to the previous question for the reviewed drug)*
    a. Program offered by a pharmaceutical company.
    b. Program offered by a non-profit organization.
    c. Program offered by a government agency.
    d. Other programs.
38. Have you had any difficulty with a patient assistance program to receive [the reviewed drug]? *(if the respondent is taking the reviewed drug)*
    a. Yes
    b. No
39. What difficulty have you had with a patient assistance program? Select all that apply. *(if yes to the previous question)*
    a. Paperwork was too difficult.
    b. My income was too high to be eligible.
    c. The approval was not received in a timely manner.
    d. Other difficulty
40. Do you have concerns about eligibility for the patient assistance program or about the availability to continuously receive [the reviewed drug] in the future? *(if "Yes approval" is selected for the reviewed drug on the previous question)*
    a. Yes
    b. No

Free comments

41. Provide other input you'd like to share with the Prescription Drug Affordability Board regarding [the reviewed drug].
    a. *Free-text response*