

# Payer Information Submission Form for Affordability Review: [Drug Name]

---

**Washington State Health Care Authority  
Prescription Drug Affordability Board (PDAB)**

Cherry Street Plaza  
626 8th Avenue SE  
Olympia, WA 98501  
Phone: 360-725-0944  
Email: [hca\\_wa\\_pdab@hca.wa.gov](mailto:hca_wa_pdab@hca.wa.gov)  
[hca.wa.gov](http://hca.wa.gov)

[Month Day Year]

# Table of Contents

---

Contact Information .....	3
Cost to Patients .....	4
Patient Copay .....	4
Patient Coinsurance .....	4
Insurance Premium, Deductible, and Patient Out-of-Pocket (OOP) Maximum .....	4
Average Amount Responsible By Patient Per Claim .....	4

## Contact Information

---

- Provide the name and contact information of an individual who will be able to answer questions regarding the information submitted to the Health Care Authority.

Contact Information	
Name of Payer	
Contact Name	
Contact Title	
Email Address	
Telephone Number	
Street Address	
City	
State	
Zip	
Washington (WA) Drug Price Transparency (DPT) Number (if applicable)	

## Cost to Patients

---

### Patient Copay (if applicable for the plan and the drug)

- Patient copay information is requested during the previous five calendar years from the time of the data request.
- Information is requested during the previous five calendar years from the time of the data request.
- Submit via the template excel sheet “Copay.”
  - For the “Average Copay Amount Per Patient For 30 Day Supply,” if the reviewed drug is typically used for less than 30 days (e.g. acute care treatment), please calculate the average copay amount for the course of therapy.
  - If any assumptions were made to calculate amounts in the dataset or if the payer has any information to be shared, please describe the details on this form (max 500 words).

[Response]

### Patient Coinsurance (if applicable for the plan and the drug)

- Patient coinsurance information is requested during the previous five calendar years from the time of the data request.
- Information is requested during the previous five calendar years from the time of the data request.
- Submit via the template excel sheet “Coinsurance.”
  - For the “Average Copay Amount Per Patient For 30 Day Supply,” if the reviewed drug is typically used for less than 30 days (e.g. acute care treatment), please calculate the average copay amount for the course of therapy.
  - If any assumptions were made to calculate amounts in the dataset or if the payer has any information to be shared, please describe the details on this form (max 500 words).

[Response]

### Insurance Premium, Deductible, and Patient Out-of-Pocket (OOP) Maximum

- Premium, deductible, and out-of-pocket maximum information during the previous five years from WA payers.
- Information is requested during the previous five calendar years from the time of the data request.
- Submit via the template excel sheet “Premium Deductible OOP Max.”
- For the premium amount, it is acceptable to report a combined amount for both medical and prescription drugs.
- Please comment on how the cost of the drug selected for the affordability review is contributing to the monthly premium for the members and/or how this drug cost might affect the future premium. If any quantitative estimates can be provided, this would be helpful (max 1000 words).

[Response]

### Average Amount Responsible By Patient Per Claim

- Average net amount responsible by patient per claim (i.e. deductible and copay/coinsurance amounts per claim)
- Information is requested during the previous five calendar years from the time of the data request.
- Submit via the template excel sheet “Pt Responsible Amt.”