

Pharmacy benefits manager (PBM) Information Submission Form for Affordability Review: [Drug Name]

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

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[Month Day Year]

Table of Contents

Contact Information	3
Drug Price Information	4
PBM Net Payment After All Discounts, Rebates, and Other Price Concessions	4
Impact of Pharmacy Benefit Manager Policies on the Price Consumers Pay for the Drug.....	5
Drug Tier Information.....	5
Prior Authorization (PA) and Step Therapy	5

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

Drug Price Information

PBM Net Payment After All Discounts, Rebates, and Other Price Concessions

- *Data requested up to the previous five years or the five most current price changes, whichever is longer.*
- *Submit via the template excel sheet "PBM Net Payment."*
- *A narrative is requested to describe how the net price was calculated (500-word max).*

[Response]

Impact of Pharmacy Benefit Manager Policies on the Price Consumers Pay for the Drug

Drug Tier Information

- *Information related to the drug-tier/level placement is requested.*
- *Submit via the template excel sheet “Drug Tier.”*
- *Description of (1) how the price consumers pay would change if the drug was placed on a more economical tier/level, (2) how likely it is to change the tier/level with an upper payment limit and (3) at what level of upper payment limit would be needed to change the placement of tiers/levels (1000-word limit).*

[Response]

Prior Authorization (PA) and Step Therapy

- *Information related to prior authorization (PA) is requested.*
- *Submit via the template excel sheet “Prior Auth & Step Therapy.”*
- *If the coverage of the reviewed drug requires prior authorization, the description of the PA criteria is requested, as well as how the PA process might change if an upper payment limit was placed (1000-word limit).*

[Response]