

Wholesaler 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
hca.wa.gov

[Month Day Year]

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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 Wholesaler	
Contact Name	
Contact Title	
Email Address	
Telephone Number	
Street Address	
City	
State	
Zip	

Drug Price Information

Average Wholesale Price (AWP)

- *Data requested up to the previous five years or the five most current price changes, whichever is longer.*
- *Submit via the template excel sheet “AWP.”*

Wholesaler Net Price 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 “Wholesaler Net Price.”*
- *A narrative is requested to describe how the net price was calculated (500-word max).*

[Response]