Washington State Health Care Authority

Carrier Data Submission Guide

Drug Price Transparency – RCW 43.71C
Version 3.0
Effective Date: 10/01/2022

Contents

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 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

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

Definitions

"Authority" means the Health Care Authority.

"Brand Drug" means a product whose national drug code number, depending on the applicable Drug Pricing Reference, (a) has a First Data Bank Generic Product Flag of "0", "2", or "3" on the date the claim was adjudicated; or (b) has a MediSpan Multi-Source Indicator of "M", "O" or an "N" for the Covered Product on the date the claim was adjudicated; except where the claim is submitted with a DAW code of "5" in which case it shall be considered a Generic Drug.

"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 calendar year 2021.

"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.

"Generic Drug" means a product whose national drug code number has either a First Data Bank "Generic Product Flag of "1", or has a MediSpan Multi-Source Indicator of "Y" on the date the claim was adjudicated. A drug product that has a First Data Bank Generic Product Flag of "0", "2", or "3" or has a MediSpan Multi-Source Indicator of "M", "O" or an "N", and is submitted with a DAW code "5" on the date the claim was adjudicated shall be considered a Generic Drug. Covered Entity shall not change the Generic Product Flag for any given paid claim.

"Health care provider," "health plan," "health carrier," and "carrier" mean the same as in RCW 48.43.005.

"Introduced to market" means marketed in Washington State.

"Pharmacy benefit manager" means the same as in RCW 19.340.010.

"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.

"Premium" means the amount members pay to the carrier or health plan for their medical and prescription drug insurance.

"Prior year" means calendar year 2020.

"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
Cost and Utilization Report	October 1, Annually	A carrier must submit to the authority all data specified in RCW 43.71C.020(1) through 43.71C.020(3) and 43.71C.020(8), following the guidelines set forth in this submission guide.
Premium Impact Report	October 1st, Annually	A carrier must submit to the authority all data specified in RCW 43.71C.020(4) through 43.71C.020(6), following the guidelines set forth in this submission guide.
Specialty Drug List	October 1st, Annually	A carrier must submit to the authority all data specified in RCW 43.71C.020(7), following the guidelines set forth in this submission guide.

How to Register

In order to submit data to HCA, you must first complete the registration process and receive credentials for the Secure File Transfer (SFT) service offered by Washington Technology Solutions (WATECH).

To register, you must complete and submit the registration form to HCA. You can access the form at the link below. Once you've completed the required information in the form, click the "Submit" button to generate an email. Registering thirty days in advance of a reporting due date for this program is strongly encouraged, in order to ensure ample time to be added to the system. Once your registration is processed, you will receive a user ID and password from HCA to access the SFT service to submit data to HCA.

https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf

Please email DrugTransparency@hca.wa.gov for any questions or concerns about the form and the registration process.

How to Submit

The SFT credentials will be provided to you by HCA. This will allow you access to a personalized folder for your organization, where you can upload your submissions.

For more details on the process of connecting to SFT, and the tools that can be used to do so, please see "Appendix A – ST Web Client User Guideline" and "Appendix B – SFT Client Options (Partial List)".

There are checks in place to protect the SFT service which may result in the rejection of your submission, without notice. These limits include (but are not limited to) attempting to upload a file greater than 30GB and uploading or downloading more than 50,000 files in a 24-hour period. It is unlikely that you will ever trigger these protections, as the size and frequency of the submissions required for this program will seldom approach these limits. However, accidentally exceeding them could result in termination of your SFT credentials. If you suspect that your SFT credentials are no longer working, please contact the DPT program staff.

Submission Specifications

Data Validation

Data validation is a two-step process and at any time submissions may be rejected. If rejected, reports need to be resubmitted within 10 days.

Step 1   Technical validation - If your submission passes, you will receive a confirmation email at the registered email address for your organization. If your submission is rejected, you will receive an email with an error log attached describing why your file was rejected. 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 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. Please note that the program validation process can take approximatley 90 days to complete before you receive a response from us.

Each submitted file undergoes technical and program validations to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA's reporting software. The technical validation process is automated and applied shortly after submission to ensure that the data meets all of the technical rules described in the Table Specifications. These primarily cover verification of data types (number vs. string) and formats (2021-01-01 vs. 01/01/2021). 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 you need help understanding your error log, the **Data Submission FAQ** clarifies the meaning of the errors and provides guidance on corrections, or you may submit your questions to HCADPTTechSupport@hca.wa.gov for assistance.

Resubmissions

Failed Technical or Program Validations

In the event that your submission is rejected, you have 10-days after you receive the initial rejection notice to make the 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 'carrier_specialty_drug_list_2020_C12345_20212001.csv'and received a rejection, after making corrections you should resubmit the file 'carrier_specialty_drug_list_2020_C12345_20212001.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.

Corrective 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 website 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 text should be encoded using the UTF-8 standard. Line endings in UNIX ("\n") or Windows ("\r\n") format are both acceptable. 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: <u>All fields are required</u>, 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, 2021 would be recorded as "2021-12-01".

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.

Table Specifications

Cost Utilization

This report contains all of the data fields necessary to comply with reporting the cost and utilization data as required in RCW 43.71C.020(1) through 43.71C.020(3) and 43.71C.020(8) to determine the 25 drugs (defined by Drug Name):

- Most frequently prescribed;
- Most costliest based on total plan spending;
- With the highest year over year increase in WAC, and percentage increase; and
- Most frequently prescribed for which the plan received a rebate.

Files submitted for carrier cost utilization report should be named using the following schema:
- where ID is the Washingotn DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting period, 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 "carrier_cost_utilization" with your organizations name as this will result in your submission being rejected.

File naming schema: carrier_cost_utilization_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** carrier_cost_utilization_2020_C12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report for this reporting year is due on October 1, 2022, and should include data effective for 2021.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. 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. **Example:** | Entity Type	Washington DPT Number
Carrier	C12345
Manufacturer	M12345
PSAO	S12345
PBM	P12345	
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.
Name: Line of Business Type: Choice Choices: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, Other	The Line of Business you are reporting on. Possible values are: - Large Group - Small Group - Individual - ERISA - Medicaid - Medicare - Other
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	Current year for which the aggregate data is reported.
Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits	Total number of member-months in the Line of Business for the Year being reported. This number should be the same for all records submitted for each line of business.
Name: NDC Type: Numeric Format: 00000000000 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

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, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets," then this field should be reported as "fluoxetine." All drug product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.

NDC	**Drug Name**	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

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, "fluoxetine HCL 20 mg tablets" is acceptable.

NDC	Drug Name	**Drug Product Name**	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

Name: Label Name Type: String Max Length: 100 characters Format: ABCDE	Proprietary or legal name as marketed by the manufacturer. For example, "fluoxetine HCL" or "fluoxetine DR" are acceptable.

NDC	Drug Name	Drug Product Name	**Label Name**
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

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: Specialty Indicator Type: Choice Choices: Y, N	Indicates if NDC is on the health plan's specialty drug list for each line of business. Choices are: • Y = Yes • N = No

Name: Utilization Rank	Rank of top 25 most frequently prescribed prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most days' supply for each line of business in the current year. Drug Names with the highest utilization should be ranked with "1" to denote the highest utilization for the reported Line of Business for the reporting year. Drug Names with decreasing utilization should be ranked with decreasing values until the 25th Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be reported with the same Utilization Rank value to reflect the total amount of drug products with the same ingredient.

Name: Utilization Rank
Type: Numeric
Format: 99
Max Length: 2 digits
Rule: only values 1 through 25 are accepted
Nullable

Rank of top 25 most frequently prescribed prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most days' supply for each line of business in the current year. Drug Names with the highest utilization should be ranked with "1" to denote the highest utilization for the reported Line of Business for the reporting year. Drug Names with decreasing utilization should be ranked with decreasing values until the 25th Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be reported with the same Utilization Rank value to reflect the total amount of drug products with the same ingredient.

If the NDC is not one of the top 25 most frequently prescribed prescription drugs by Drug Name, then leave the field "blank" (e.g., an empty string, do not report '0' or 'null').

This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.

Correct Example (Drug name has same utilization rank):

NDC	Drug Name	Drug Product Name	Label Name	Utilization Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	1
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	1

Incorrect Example (Drug name has multiple utilization ranks):

NDC	Drug Name	Drug Product Name	Label Name	Utilization Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	2
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	3

| Name: Rebate Rank | Rank of top 25 prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most rebate dollars retained for each line of business in the current year. Drug Names with the highest rebate dollars retained should be ranked with "1" to denote the highest rebate retained for the reported Line of Business for the reporting year. Drug Names with decreasing rebate should be ranked with decreasing values until the 25th Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be reported with the same Rebate Rank value to reflect the rebates received for drug products with the same ingredient. |

Name: Rebate Rank
Type: Numeric
Format: 99
Max Length: 2 digits
Rule: only values 1 through 25 are accepted
Nullable

Rank of top 25 prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most rebate dollars retained for each line of business in the current year. Drug Names with the highest rebate dollars retained should be ranked with "1" to denote the highest rebate retained for the reported Line of Business for the reporting year. Drug Names with decreasing rebate should be ranked with decreasing values until the 25th Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be reported with the same Rebate Rank value to reflect the rebates received for drug products with the same ingredient.

If the NDC is not one of the top 25 prescription drugs by rebate received, then leave the field "blank" (e.g., an empty string, do not report '0' or 'null').

This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.

Correct Example (Drug name has same rebate rank):

NDC	Drug Name	Drug Product Name	Label Name	Rebate Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	1
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	1

Incorrect Example (Drug name has multiple rebate ranks):

NDC	Drug Name	Drug Product Name	Label Name	Rebate Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	2
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	3

Name: WAC Increase Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: only values 1 through 25 are acceptable **Nullable**	Rank of top 25 prescription drugs (aggregated by NDC-9) as defined by the highest WAC increase from the prior year to the current year, excluding prescription drugs made available for the first time that plan year, for each line of business, expressed as a percentage where "1" indicates the greatest increase in WAC and "25" indicates the 25th greatest increase in WAC. WAC increase is defined as WAC on December 31st of the reporting year minus WAC on December 31st, of the prior year, divided by WAC on December 31st of the prior year. For example: (WAC December 31, 2020 – WAC December 31, 2019)/WAC December 31, 2019. If the NDC is not one of the top 25 drugs with a WAC Increase by NDC, then leave the field "blank" (e.g., an empty string, do not report '0' or 'null').

Correct Example (Each NDC-9 has an individual WAC increase rank):

NDC	Drug Name	Drug Product Name	Label Name	WAC Increase Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	1
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	1

Incorrect Example (Each NDC-9 has an multiple WAC increase ranks):

NDC	Drug Name	Drug Product Name	Label Name	WAC Increase Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	2
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	3

Name: WAC Increase Rank Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Rule: required if the prescription drug is reported as one of the top 25 for WAC Increase Rank **Nullable**	The wholesale acquisition cost as of December 31st of the current year, minus wholesale acquisition cost on December 31st of the prior year, divided by the wholesale acquisition cost on December 31st of the prior year, expressed as a percentage. For example, the ((WAC on December 31, 2020 – WAC on December 31, 2019)/WAC on December 31, 2020), expressed as a percentage.Report values for NDCs that were ranked in the top 25 for WAC Increase Rank data field. For all other drugs that are not in the top 25, leave the field "blank" (e.g., an empty string, do not report '0' or 'null'). **NOTE: Do not include the percent sign (%).**

| **Name: Costliest Rank** | Rank of the 25 most costliest prescription drugs (aggregated by Drug Name not individual NDC) as defined by total plan spending for each line of business, including dispensing fees, net of any rebates, and excluding penalties or incentives to the pharmacy, in the current year where "1" indicates the most costliest and "25" is the 25th most costliest prescription drug. Multiple NDCs are expected to be reported with the same Costliest Rank value to reflect the total amount of drug products with the same ingredient. |

Type: Numeric
Format: 99
Max Length: 2 digits
Rule: only values 1 through 25 are accepted
Nullable

Rank of the 25 most costliest prescription drugs (aggregated by Drug Name not individual NDC) as defined by total plan spending for each line of business, including dispensing fees, net of any rebates, and excluding penalties or incentives to the pharmacy, in the current year where "1" indicates the most costliest and "25" is the 25th most costliest prescription drug. Multiple NDCs are expected to be reported with the same Costliest Rank value to reflect the total amount of drug products with the same ingredient.

Highest amount of cost reported in the current year would qualify as the top for costliest rank. This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.

Correct Example (Drug name has same costliest rank):

NDC	Drug Name	Drug Product Name	Label Name	Costliest Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	1
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	1

Incorrect Example (Drug name has multiple costliest ranks):

NDC	Drug Name	Drug Product Name	Label Name	Costliest Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	2
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	3

Name: Top 25 Plan Spending	Total amount paid to the pharmacy, by line of business, including any member cost-shares, for all paid claims, for each NDCs within the Top 25 Most Costliest Rank, aggregated by Drug Name, in the current year. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.

Name: Top 25 Plan Spending
Type: Numeric
Format: 99999999999999.99
Max Length: 17 digits
Rule: Required if Costliest Rank is populated
Nullable

Total amount paid to the pharmacy, by line of business, including any member cost-shares, for all paid claims, for each NDCs within the Top 25 Most Costliest Rank, aggregated by Drug Name, in the current year. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.

NOTE: Do not include the dollar sign ($) or commas.

Correct Example (Individual NDCs have individual spending values):

NDC	Drug Name	Drug Product Name	Label Name	Tope 25 Plan Spending
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	200000
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	125000
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	175000

Incorrect Example (Individual NDCs have aggregate spending values):

NDC	Drug Name	Drug Product Name	Label Name	Top 25 Plan Spending
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	500000
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	500000
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	500000

Name: Top 25 Plan Spending Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Rule: Required if Costliest Rank is populated **Nullable**	Top 25 plan spending for each drug (as defined above) divided by the total plan spending, including member cost share for all paid claims for all prescription drugs in the reporting year, expressed as a percentage. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc. **NOTE: Do not include the percent sign (%).** **Correct Example (Individual NDCs have individual percent values):**

NDC	Drug Name	Drug Product Name	Label Name	Top 25 Plan Spending Percent
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	4.08
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	2.55
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	3.57

Incorrect Example (Individual NDCs have aggregate percent values):

NDC	Drug Name	Drug Product Name	Label Name	Top 25 Plan Spending Percent
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	10.21
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	10.21
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	10.21

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.

Premium Impact

This report contains all of the data fields necessary to comply with reporting the impact of brand, generic, and specialty drugs on health plan premiums as required in RCW 43.71C.020(4), 43.71C.020(5), 43.71C.020(6).

Files submitted for carrier premium impact 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 period, 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 "carrier_premium_impact" with your organizations name, this will result in your submission being rejected.

File naming schema: carrier_premium_impact_{YYYY}_{ID}_{YYYYMMDD}.csv
- **Example:** carrier_premium_impact_2020_C12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report for this reporting year is due on October 1, 2022, and should include data effective for 2021.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. 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. **Example:** | Entity Type	Washington DPT Number
Carrier	C12345
Manufacturer	M12345
PSAO	S12345
PBM	P12345	
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.
Name: Line of Business Type: Choice Choices: **Large Group, Small Group, Indvididual, ERISA, Medicaid, Medicare, Other**	The Line of Business you are reporting on. Possible values are: • Large Group • Small Group • Individual • ERISA • Medicaid • Medicare • Other.
Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits	Total number of member-months in the Line of Business for the Year being reported. This number should be the same for all records submitted for each line of business.
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	Current year for which the aggregate data is reported.

Name: Other Premium Contributors Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the prior reporting year expressed with USD. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Other Premium Contributors Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the current reporting year, expressed in USD. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Other Premium Contributors Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Total change in monthly premium per member from prior plan year to current plan year, expressed in USD. Other Premium Contributors Current $-$ Other Premium Contributors Prior **NOTE: Do not include the dollar sign ($) or commas.**
Name: Other Premium Contributors Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	Percent change in monthly premium per member from prior plan year to current plan year. Defined as: Other Premium Contributors Current minus Other Premium Contributors Prior, divided by Other Premium Contributors Prior. For example, the ((Other Premium Contributors Current $-$ Other Premium Contributors Prior)/ Other Premium Contributors Prior), expressed as a percentage. $$\left[\frac{(Other\ Premium\ Contributors\ Current - Other\ Premium\ Contributors\ Prior)}{Other\ Premium\ Contributors\ Prior}\right] \times 100$$ **NOTE: Do not include the percent sign (%).**
Name: Premium Drugs Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to prescription drugs, from prior plan year, expressed in USD. Includes all prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Drugs Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to prescription drugs, for the current plan year, expressed in USD. Includes all prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Drugs Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	The change in monthly premium per member, from prior plan year to current plan year, expressed in USD. Premium Drugs Current $-$ Premium Drugs Prior **NOTE: Do not include the dollar sign ($) or commas.**

Name: Premium Drugs Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	Percent change in Premium Drugs over current year. Defined as: Premium Drugs Current minus Premium Drugs Prior, divided by Premium Drugs Prior, expressed as a percentage. For example, the ((Premium Drugs Current – Premium Drugs Prior)/ Premium Drugs Prior), expressed as a percentage. $$\left[\frac{(\text{Premium Drugs Current} - \text{Premium Drugs Prior})}{\text{Premium Drugs Prior}}\right] \times 100$$ **NOTE: Do not include the percent sign (%).**
Name: Premium Brand Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the prior plan year, expressed in USD. Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Brand Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the current plan year, expressed in USD. Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Brand Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	The change in premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in USD. Defined as the difference between Premium Brand Current and Premium Brand Prior, expressed in USD. Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs. $$\text{Premium Brand Current} - \text{Premium Brand Prior}$$ **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Brand Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	Percent change in Premium Brand over current year. Defined as: Premium Brand Current minus Premium Brand Prior, divided by Premium Brand Prior, expressed as a percentage. For example, the ((Premium Brand Current – Premium Brand Prior)/ Premium Brand Prior), expressed as a percentage. $$\left[\frac{(\text{Premium Brand Current} - \text{Premium Brand Prior})}{\text{Premium Brand Prior}}\right] \times 100$$ **NOTE: Do not include the percent sign (%).**

Name: Premium Generic Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD. Generic drugs are non-innovator drugs. Exclude specialty prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Generic Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD. Generic drugs are non-innovator drugs. Exclude specialty prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Generic Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	The change in monthly premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in USD. Defined as the difference between Premium Generic Current and Premium Generic Prior, expressed in USD. Generic drugs are non-innovator drugs. Exclude specialty prescription drugs. $$\text{Premium Generic Current} - \text{Premium Generic Prior}$$ **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Generic Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	Percent change in in premium per member, attributable to generic prescription drugs, over prior year. Defined as: Premium Generic Current minus Premium Generic Prior, divided by Premium Generic Prior, expressed as a percentage. For example, the ((Premium Generic Current – Premium Generic Prior)/ Premium Generic Prior), expressed as a percentage. $$\left[\frac{(\text{Premium Generic Current} - \text{Premium Generic Prior})}{\text{Premium Generic Prior}} \right] \times 100$$ **NOTE: Do not include the percent sign (%).**
Name: Premium Specialty Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the prior plan year, expressed in USD. Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Specialty Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the current plan year, expressed in USD. Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report. **NOTE: Do not include the dollar sign ($) or commas.**

Name: Premium Specialty Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Dollar Amount Premium Specialty Change in PMPM over prior year. Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report. $$Premium\ Specialty\ Current\ -\ Premium\ Specialty\ Prior$$ **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Specialty Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	Percent change in in premium per member, attributable to specialty prescription drugs, over prior year. Defined as: Premium Specialty Current minus Premium Specialty Prior, divided by Premium Specialty Prior, expressed as a percentage. For example, the ((Premium Specialty Current – Premium Specialty Prior)/ Premium Specialty Prior), expressed as a percentage. $$\left[\frac{(Premium\ Specialty\ Current - Premium\ Specialty\ Prior)}{Premium\ Specialty\ Prior}\right] \times 100$$ **NOTE: Do not include the percent sign(%).**
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.

Specialty Drug List

This report contains all of the data fields necessary to comply with reporting the list of specialty drugs covered by a health plan as required in RCW 43.71C.020(7).

Files submitted for carrier specialty drug list 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 period, 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 "carrier_specialty_drug_list" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** carrier_specialty_drug_list_{YYYY}_{ID}_{YYYYMMDD}.csv
> - **Example:** carrier_specialty_drug_list_2020_C12345_20221001.csv
> - Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report for this reporting year is due on October 1, 2022, and should include data effective for 2021.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. 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. **Example:** | Entity Type	Washington DPT Number
Carrier	C12345
Manufacturer	M12345
PSAO	S12345
PBM	P12345	
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.
Name: Line of Business Type: Choice Choices: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, Other	The Line of Business you are reporting on. Possible values are: • Large Group • Small Group • Individual • ERISA • Medicaid • Medicare • Other
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	Current year for which the aggregate data is reported.
Name: NDC Type: Numeric Format: 00000000000 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

| 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, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in it's name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient. |

NDC	**Drug Name**	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

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, "fluoxetine HCL 20 mg tablets" is acceptable. |

NDC	Drug Name	**Drug Product Name**	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

| Name: Label Name
Type: String
Max Length: 100 characters
Format: ABCDE | Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable. |

NDC	Drug Name	Drug Product Name	**Label Name**
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

| Name: Drug Type
Type: Choice
Choices: S, N ,I | Drug Type is one of following values:

Single Source (S) – Drugs that have 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: 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. |

Appendix A – ST Web Client User Guideline

Prerequisites
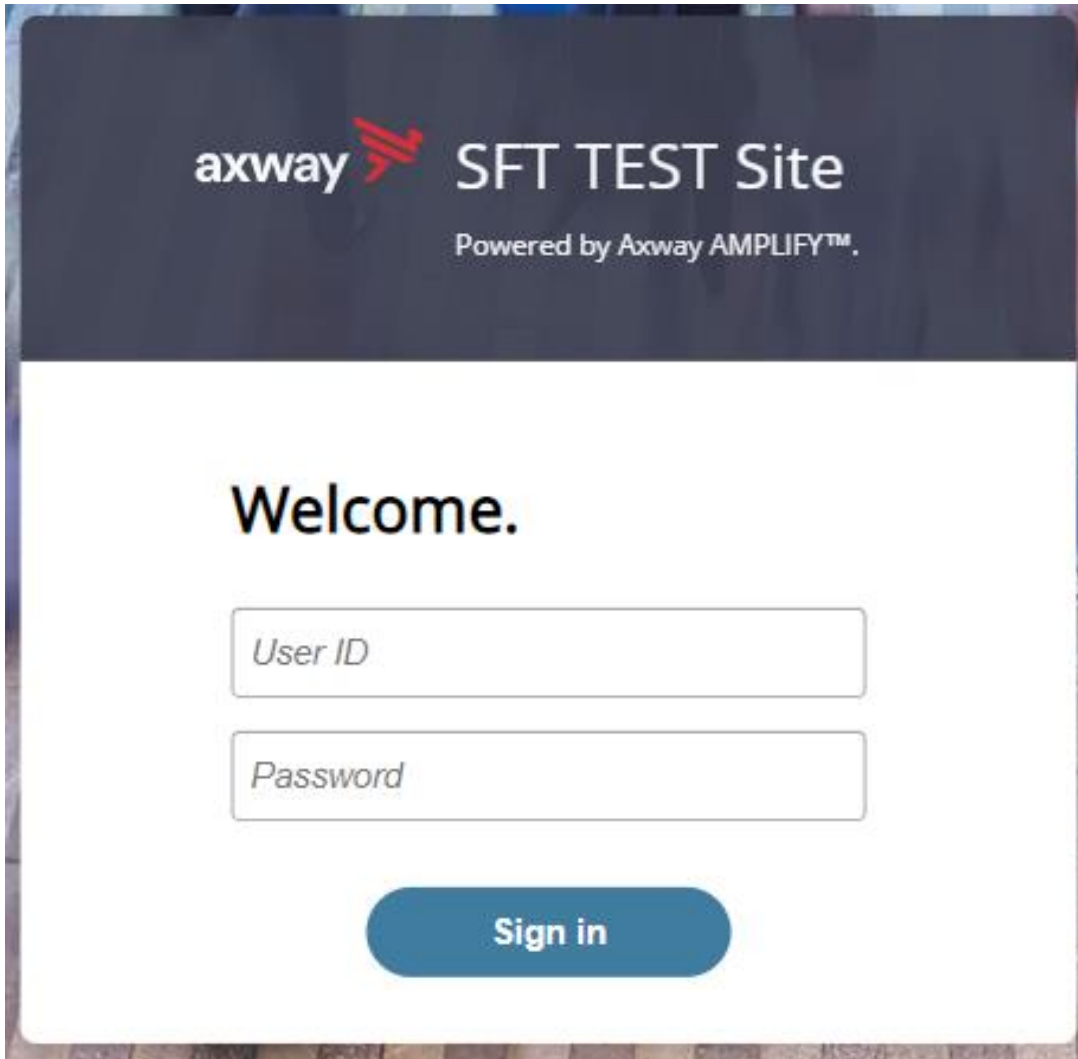
Before you can log in to ST Web Client and open a session, you need:

- 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
- A connection URL to paste into your browser: https://sft.wa.gov or https://sft-test.wa.gov
- A user name and password. This information is provided to you by State of Washington business partner. You must enter this information on the Log in page.

To sign into ST Web Client:

1. Open a supported browser. Use this URL for Production Site - https://sft.wa.gov
2. Enter the connection URL and press enter. This Sign in page should be displayed.
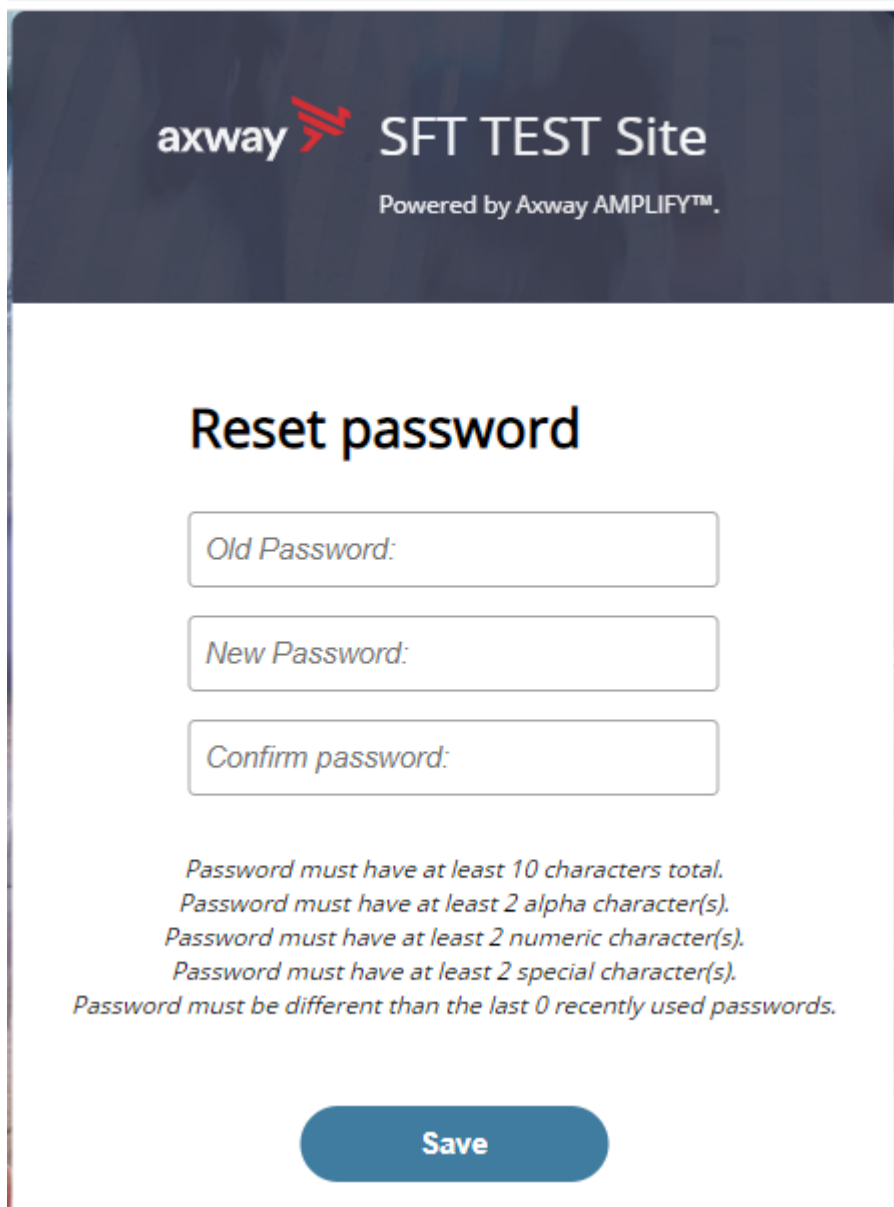
Upon signing in you may be requested to reset your password.

This required when a temporary password was given to you.

Change password page is displayed as above.

If you attempt to sign in and you receive a message that indicates you must reset your password, follow these steps:

1. Enter your old password or the temporary password provided by the system administrator.
2. Enter your new password. Your new password must meet the listed criteria defined by Office of Cyber Security State of Washington.
3. Confirm your new password.
4. Click **Save**.

Main page in ST Web Client

This page is displayed after successful login.
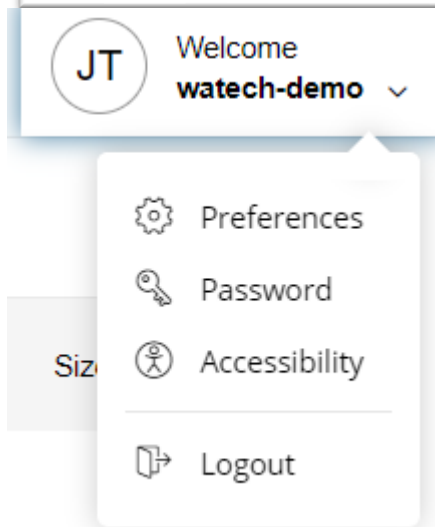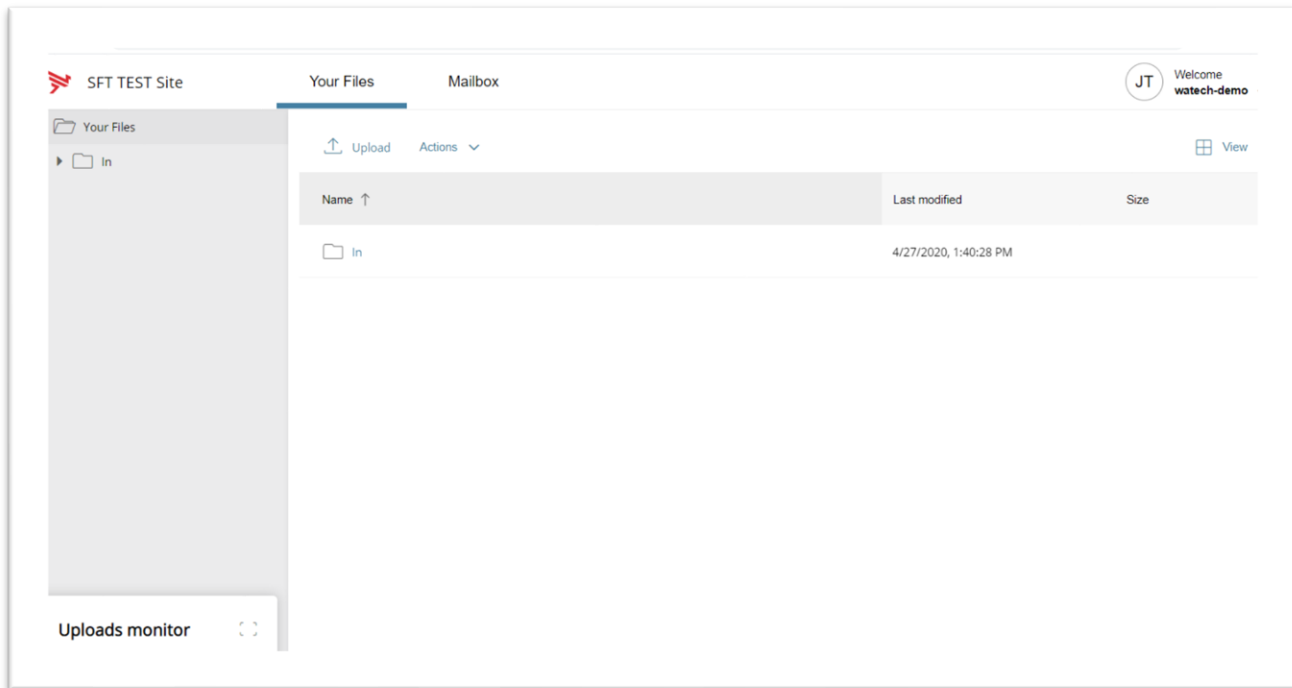
Welcome menu
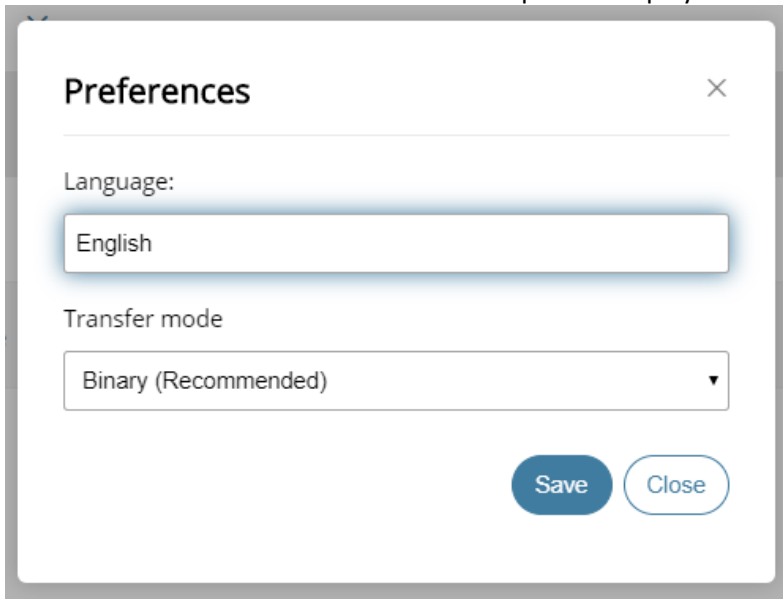
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

- Log out.
- Select the **Welcome** drop-down.
- Click **Logout**.

Set preferences

To set a preference:

- Select the **Welcome** drop-down.
- Click **Preferences**. The Preferences pane is displayed.

Select a Transfer mode

The recommended and default Transfer mode is

Binary

but in rare cases the

ASCII
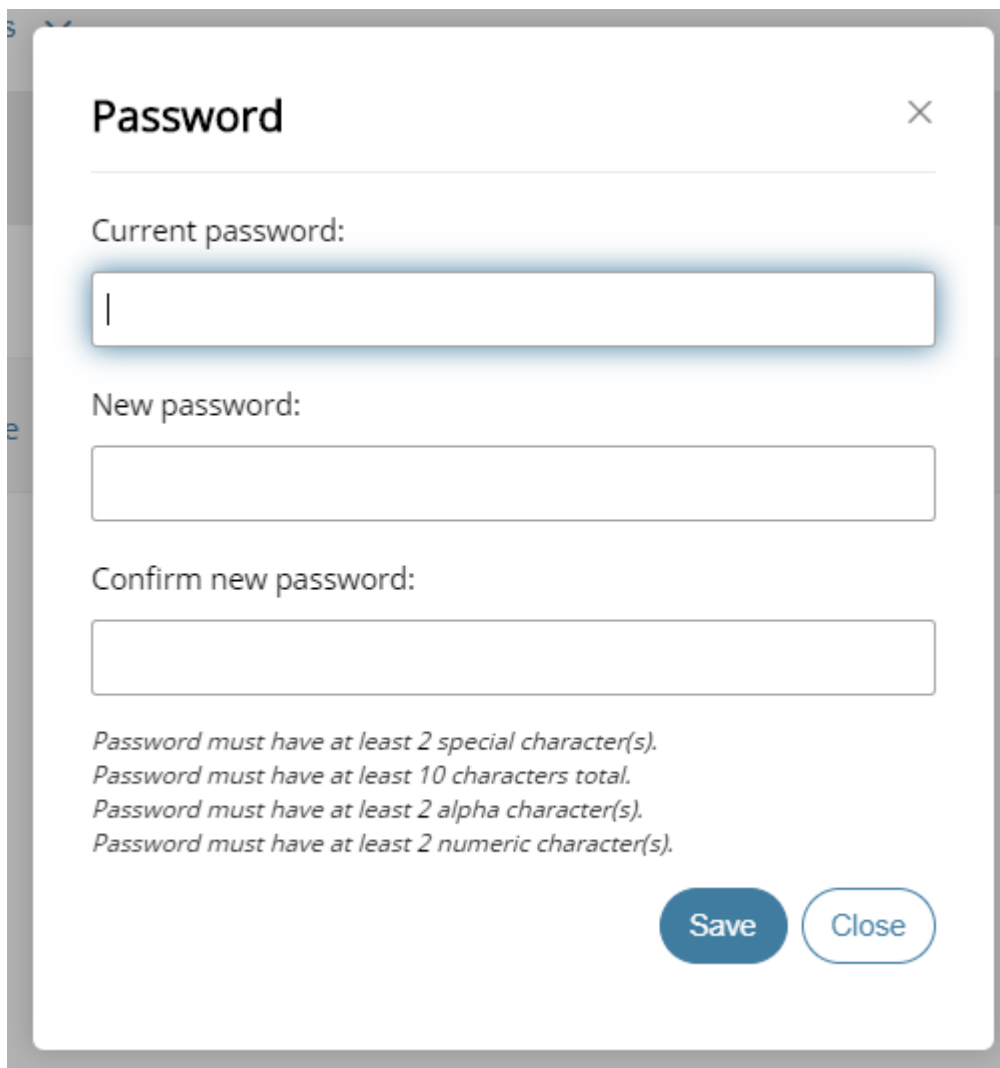
mode may be required for XML, HTML, or TXT files.

Click **Save**.

Change your password

Select the **Welcome** drop-down.

Click **Password**. The Password pane opens.

1. Enter your Current password.
2. Enter your new password.
3. Confirm new password.
4. Click **Save**.

Upload files

To upload files to ST Web Client you click the **Upload** button.

From your files pane, click **Upload**.

Select the file or files to upload. Use the **Ctrl** or **Shift** keys to select multiple files.

Click **Open**.

The below will be display showing progress of your file upload.
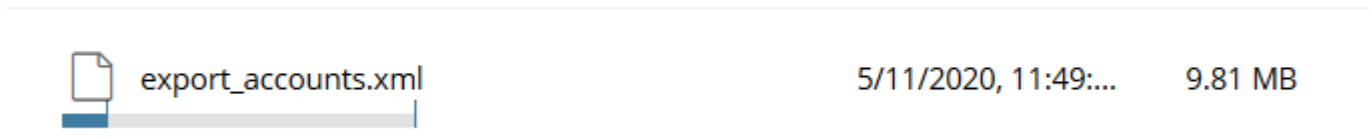
Actions Drop Down Menu
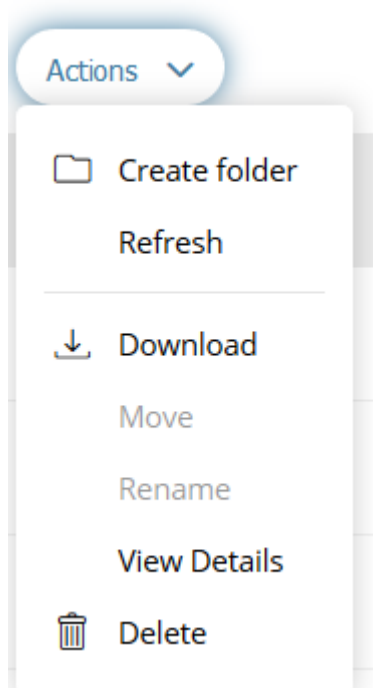
Download files

To download files from ST Web Client you click to the left of this icon on your files pane. Use the **Ctrl** or **Shift** keys to select multiple files.

Click Action dropdown and select Download.

A popup will ask you to "Open" or "Save File". Note: Ensure data accuracy and completeness of data download utilize the "Save File" choice.

Create folders.

Select **Create folder** from the Actions Drop Down.

The Create folder pane opens.

Enter the folder name.

Click **Create**. The new folder is created and displayed on the "Your Files" pane and a message is displayed.

Delete files and folders

To delete a file or folder:

From the "Your Files" pane, select the file or folder to delete. Use the **Ctrl** key to select multiple files.

Select **Delete** from the Actions Drop Down menu. The delete confirmation pane opens.

Click **Delete** to confirm.

View file or folder details

You can view the following details of files and folders:

For files, the View Details pane lists Modified, Size, and Owner details.

For folders, the View Details pane lists Modified and Owner details.

To view file or folder details

From the "Your Files" pane, select a file or folder.

Select **View Details** from the Actions menu.

The View Details pane is displayed.

Click **OK.**

Delete files and folders

To delete a file or folder:

From the "Your Files" pane, select the file or folder to delete. Use the **Ctrl** key to select multiple files.

Select **Delete** from the Actions menu. The Delete confirmation pane opens.

Click **Delete** to confirm.

Uploads monitor Page
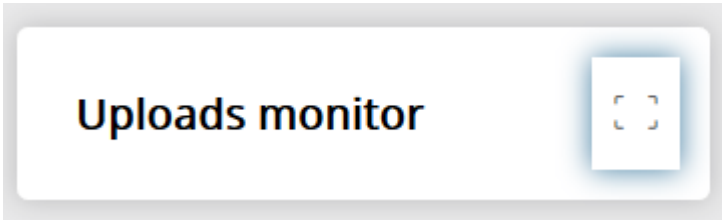
Monitor uploads

At the bottom of the "Your Files" pane, click **Uploads monitor**. The Uploads monitor pane is displayed:

Information Displayed

The current status of the file uploads

The progress of each upload if in upload processing.

Name of file uploaded/uploading.

Folder placement of File.

Size of File.

Start time & date of Upload.

Filter uploads displayed

To filter uploads displayed on the Uploads pane, select the desired filter on the Status drop-down menu.

All statuses

Running

Completed

Paused

Canceled

Failed

Pause uploads

To pause an upload:

Select uploads you want to pause. Use the **Ctrl** key to select multiple uploads.

Click **Pause**.

Resume uploads

To resume an upload:

Select uploads that are paused that you want to resume. Use the **Ctrl** key to select multiple uploads.

Click **Resume**.

Cancel uploads..

To cancel an upload:

Select the upload that is running that you want to cancel. Use the **Ctrl** key to select multiple uploads.

Click **Cancel**.

Remove display entries

To cancel an upload:

Select the upload that is running that you want to cancel. Use the **Ctrl** key to select multiple uploads.

Click **Remove**.

SFT Client Options – Partial List of

WaTech supported clients

Default browser client
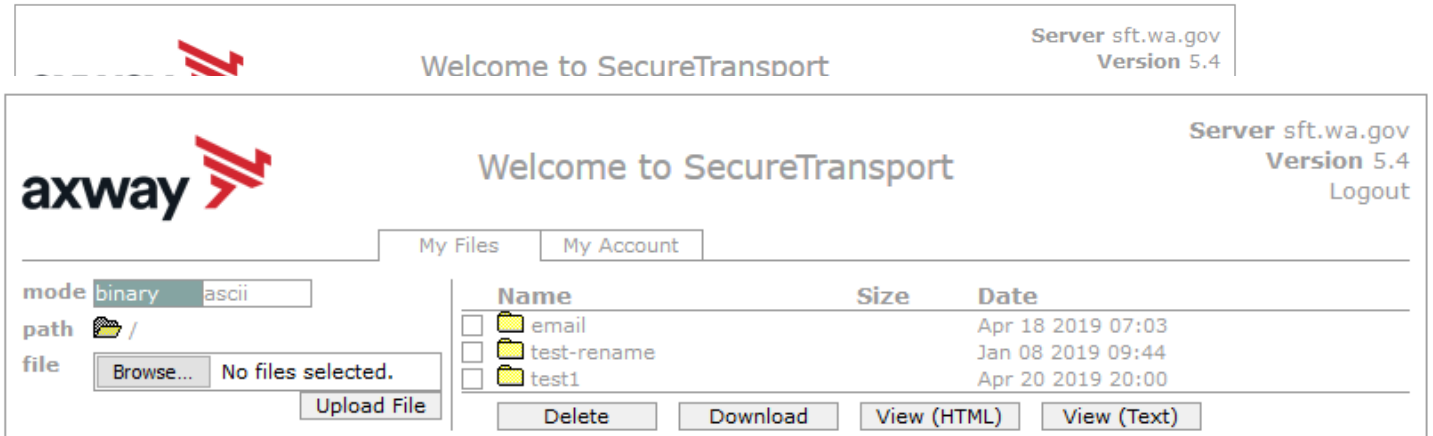
Here is the screen after successful login-

Upload a file by selecting "Browse" tab

Select a file and hit the "Open" tab

The file will appear to the right of the Browse tab.

Select the "Upload File" tab

The file name will be displayed.

Download a file

Check the box to left of your file to download.

Select the "Download" tab

Please do not download a file by selecting the "View" tabs. As you may not get a complete file downloaded.

Enhanced Browser Client

After entering your credentials in the default client above, if your account is assigned the ST Web Client, this screen will appear:

Upload a file by selecting "Upload" tab

Your local folders will be displayed (It defaults to your last location)

Select a file and hit the "Open" tab and this completes the operation of upload. You will get some information on the screen in regards to the file transfer.

Download a file by

On the screen highlight the file you want to download.

Click on "Actions" drop down will appear, select "Download"
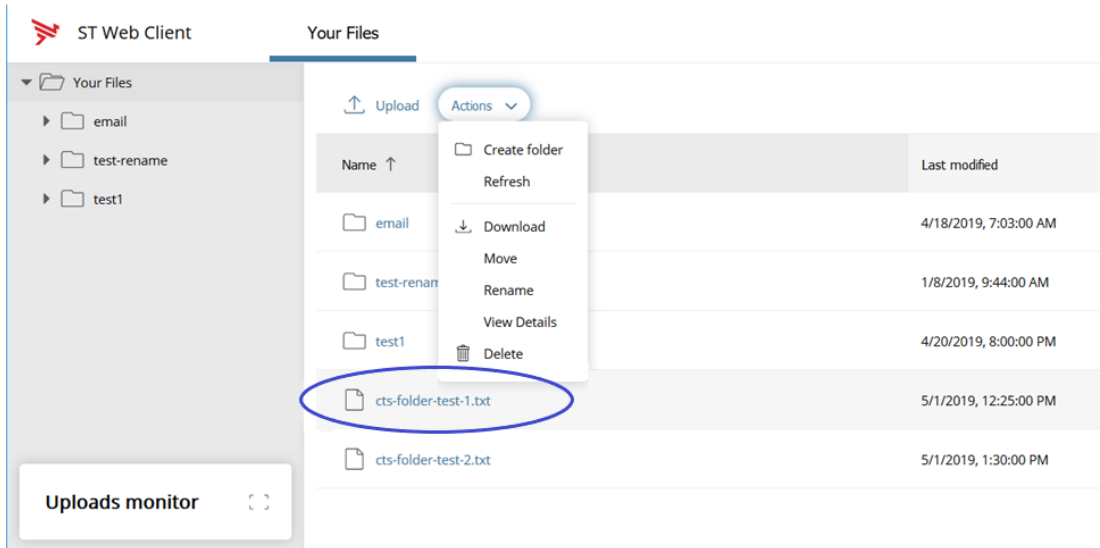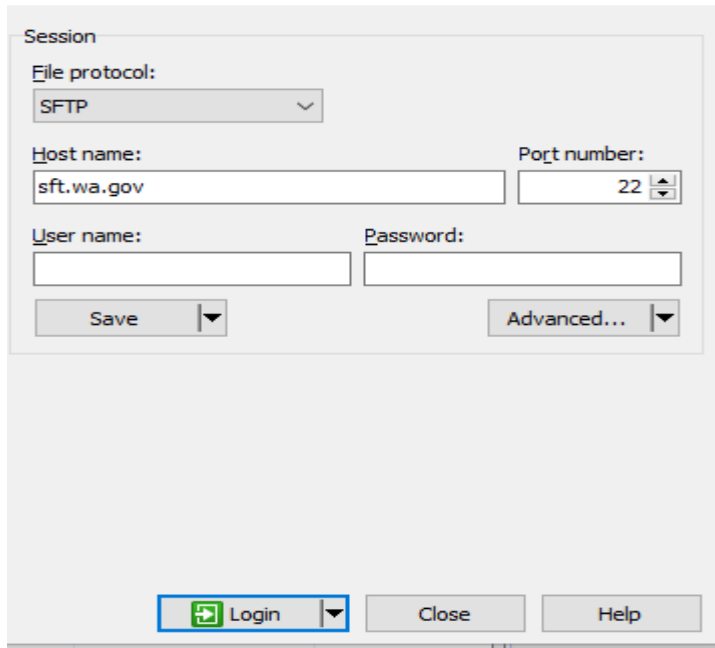
Optional Clients

WaTech **does not support** any third party client or provide technical support.
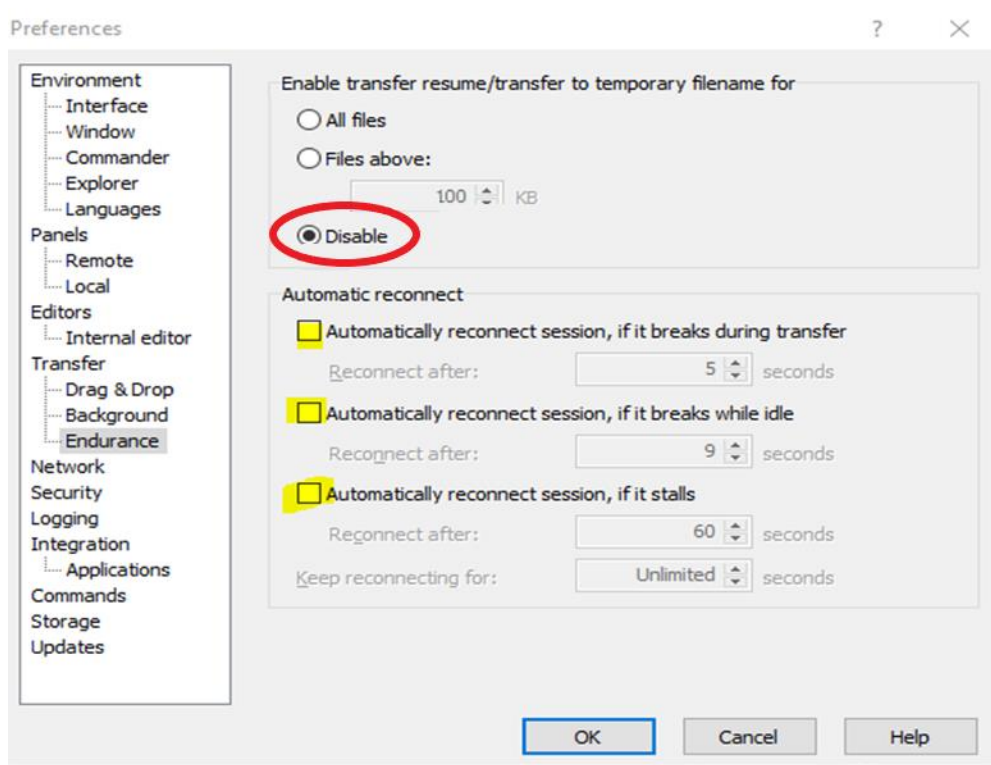
URL and Port requirements-

Setting requirement to work with SFT. Need to Disable
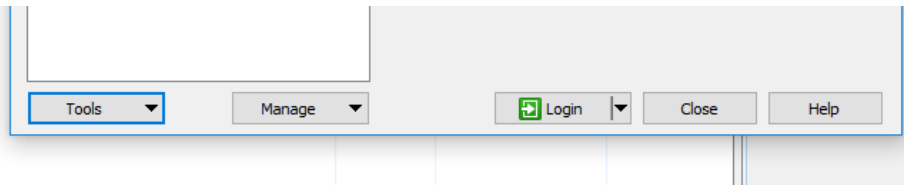
On the right-hand corner of the Login pop up, select the "Tools" tab

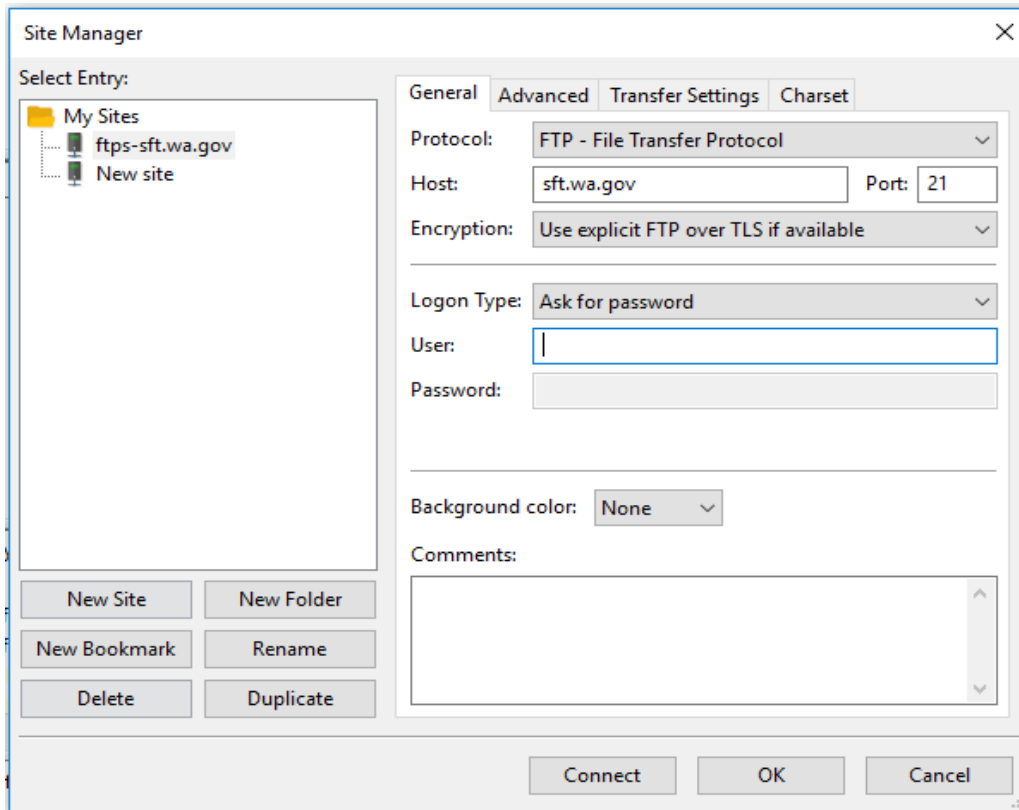Click on "Endurance" tab and disable the resume feature circled in red.

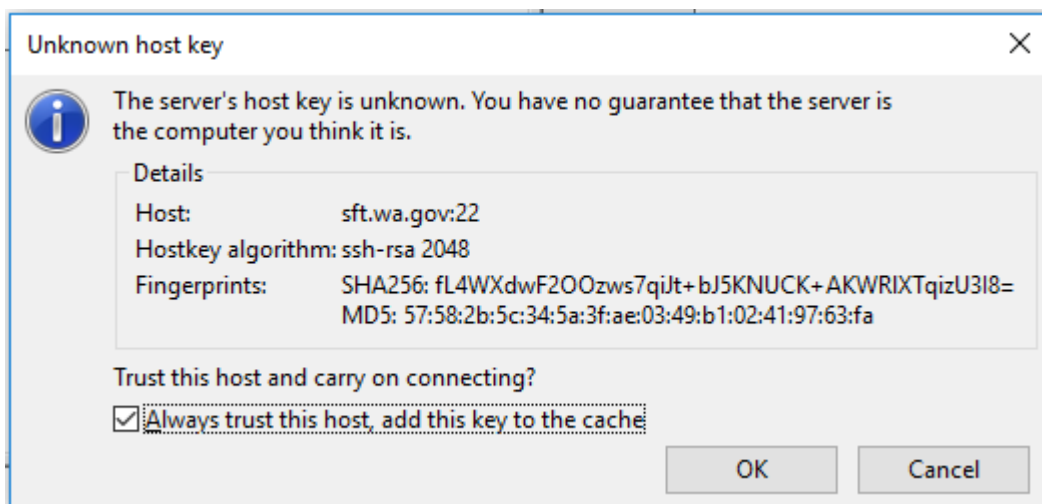The yellow highlight is your choice of operation.

Using FTPS

If using ssh/sftp port 22 need to accept the key on initial login.

Other client information

General

SFT is expected to work properly with any client or server software which complies with:

 RFC 959, RFC 2228, RFC 2389, RFC 2428, RFC 2640, RFC 4217, MD5 Command Extensions, MFxx Command Extensions for FTP transfers

RFC 4251, RFC 4252, RFC 4253, RFC 4254, Draft RFC - Secure Shell File Transfer Protocol, Draft RFC - SSH File Transfer Protocol draft-ietf-secsh-filexfer-04.txt for SFTP and SCP transfers.

List of certified client software by the vendor for file exchange

Software	Versions	Protocols
cURL	7.58.0	FTPS, HTTPS
CuteFTP Professional	9.2.0.8 (Windows)	FTPS
LFTP	4.8.3	FTPS
PSCP (PuTTY)	0.70	SSH
PSFTP (PuTTY SFTP)	0.70	SSH
SmartFTP Client	9.0.2558.0	FTPS
Tectia SSH Client	6.4.15	SSH
VanDyke SecureFX	8.3	SSH
WGET	1.13	FTPS, HTTPS