

Washington State Health Care Authority

# Manufacturer Data Submission Guide

Drug Price Transparency – RCW 43.71C

Version 5.0

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## Contents

About .....	2
Contacts .....	2
Compliance Questions or General Program Questions .....	2
Definitions .....	2
Submission Schedule .....	3
Required Report Type .....	4
How to Register .....	4
Submission Specifications .....	5
Data Validation .....	5
Resubmissions .....	5
Template Formatting .....	6
Table Specifications .....	6
Price Increase (Covered Drugs with a Qualifying Price Increase) .....	7
New Covered Drugs .....	21
New Drug Application .....	26
Appendix A – ST Web Client User Guideline .....	32
Prerequisites .....	32
Sign into portal .....	32

## 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 data on drug costs and pricing to HCA. HCA will use the data to create annual reports that demonstrate the overall impact that 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](mailto:drugtransparency@hca.wa.gov)

## Definitions

"Authority" means the Health Care Authority.

"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.

"Covered drug" means any prescription drug that:

- (a) A covered manufacturer intends to introduce to the market in Washington State at a wholesale acquisition cost of ten thousand dollars or more for a course of treatment lasting less than one month or a thirty-day supply, whichever period is longer; or
- (b) Meets all of the following:
  - (i) Is currently on the market in Washington state;
  - (ii) Is manufactured by a covered manufacturer; and
  - (iii) Has a wholesale acquisition cost of more than one hundred dollars for a course of treatment lasting less than one month or a thirty-day supply, and, taking into account only price increases that take effect after July 28, 2019, the manufacturer increases the wholesale acquisition cost such that:
    - (A) The new wholesale acquisition cost is twenty percent higher than the wholesale acquisition cost on the same day of the month, twelve months before the date of the proposed increase; or
    - (B) The new wholesale acquisition cost is fifty percent higher than the wholesale acquisition cost on the same day of the month, thirty-six months before the date of the proposed increase.

"Covered manufacturer" means a person, corporation or other entity engaged in the manufacture of prescription drugs sold in or into Washington state. "Covered manufacturer" does not include a private label distributor or retail pharmacy that sells a drug under the retail pharmacy's store label, or a prescription drug repackager.

"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.

"Food and drug administration (FDA) approval date" means the deadline for the FDA to review applications for new drugs or new biologics after the new drug application or biologic application is accepted by the FDA as complete in accordance with the Prescription Drug User Fee Act of 1992 (106 Stat. 4491; P.L. 102-571).

"Introduced to market" means marketed in Washington State.

"Pipeline drug" means a drug or biologic product, not yet approved by the Food and Drug Administration, for which a manufacturer intends to seek initial approval from the Food and Drug Administration under an original new drug application under 21 U.S.C. Sec. 355(b) or under a biologics license application under 42 U.S.C. Sec. 262 to be marketed in Washington State.

"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.

"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 including, 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" 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.

Report Type	Submission Due Date	Description
Price Increase	(a) Sixty days in advance of a qualifying price	A covered manufacturer must submit to the authority all data specified in RCW 43.71C.050 and 43.71C.070, following the

(Covered Drugs with a qualifying price increase)	increase for a covered drug marketed in Washington State .	guidelines set forth in this data submission guide, for each newly marketed covered drug or a covered drug that had a qualifying price increase on or after October 16, 2020, as follows: (a) Sixty days in advance of a qualifying prices increase for a covered drug marketed in Washington State; or (b) Within thirty days of a new covered drug’s introduction to market in Washington State.
New Covered Drugs	(b) Within thirty days of a new covered drug’s introduction to market in Washington State.	A covered manufacturer must submit to the authority all data specified in RCW 43.71C.050 and 43.71C.070, following the guidelines set forth in this data submission guide, for each newly marketed covered drug or a covered drug that had a qualifying price increase on or after October 16, 2020, as follows: (a) Sixty days in advance of a qualifying prices increase for a covered drug marketed in Washington State; or (b) Within thirty days of a new covered drug’s introduction to market in Washington State.
New Drug Application  (notice from FDA that drug will be reviewed by deadline)	Within sixty calendar days of the manufacturer receiving the FDA approval date.	A manufacturer must submit to the authority all data specified in RCW 43.71C.060(1), following the guidelines set in the authority’s applicable data submission guide for all new drug applications or biologic license applications for pipeline drugs submitted on or after October 16, 2020, within sixty calendar days of the manufacturer receiving the FDA approval date.

## Required Report Type

Report Type	Covered Drug	Price Increase	Marketed in Washington currently or intend to	60 days in advance	30 days in advance	FDA Approval Date
Price Increase	Yes	Yes	Yes	Yes	No	No
New Covered Drugs	Yes	No	Yes	No	Yes	No
New Drug Application	No	No	No	Yes	No	Yes

## 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 offering hosted 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](mailto:DrugTransparency@hca.wa.gov) for any questions or concerns about the form and the registration process.

### How to Submit

You must sign up for a Secure Access Washington Account (SAW). The email address used for this SAW account must match the DPT primary or secondary contact email address. Please note you are only allowed 2 (two) contacts. This is a change from the previous system.

### [SAW Instructions](#)

[Portal Instructions](#) (also listed at the end of this document)

## Submission Specifications

### Data Validation

Data validation is a two-step process and at any time submissions may be rejected. Each submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA’s reporting software. These primarily cover verification of data types (number vs. string) and formats (2023-01-01 vs. 01/01/2023). 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 your report is rejected during Program validation, you will need to resubmit a corrected report within 10 business days of receipt of the rejection notice.

- Step 1 Technical validation – You will receive immediate confirmation whether your submission passed or failed Technical Validation. If your submission passed Technical Validation a message indicating your submission was successfully uploaded will appear on the screen. If your submission failed, you would see an error log noting a list of all errors that must be corrected. All errors must be corrected prior to clicking the submit button.
- 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.

If you need help understanding your error log, the [Data Submission FAQ](#) clarifies the meaning of the error and provides guidance on corrections, or you may submit your questions to [drugtransparency@hca.wa.gov](mailto:drugtransparency@hca.wa.gov) for assistance.

### Resubmissions

#### Failed Program Validations

In the event that your submission is rejected, you have 10 days after you receive the initial rejection notice to make 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 HCA receives the resubmission, use the same file name (including the YYYYMMDD value) used on the first submission.

For example, if you submitted the file ‘manufacturer\_covered\_drugs\_2023\_M12345\_20231001.csv’, and received a rejection, after making corrections you should resubmit the file ‘manufacturer\_covered\_drugs\_2023\_M12345\_20231001.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 portal 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 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 CSV comma delimited (.csv). 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

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:** All fields are required, 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 must 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, 2023, would be recorded as “2023-12-01”.

**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.

## Template Formatting

\*\*Do not replace “manufacturer” with your organizations name, this will result in your submission being rejected.

\*\*Do not use commas in Column B – Manufacturer Name.

\*\* Do not use trademark symbol anywhere in template.

\*\* Do not use a hard return (enter key) in any field.

## Table Specifications

## Price Increase (Covered Drugs with a Qualifying Price Increase)

This report contains all of the fields necessary to comply with the notification of a price increase and covered drug as described in RCW 43.71C.050 and 43.71C.070. Files submitted for manufacturer covered drugs should be named using the following example, where ID is the ID assigned to you by HCA during the registration process (Washington DPT Number), YYYY is the current calendar year, and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

**File naming schema:** manufacturer\_price\_increase\_{YYYY}\_{ID}\_{YYYYMMDD}.csv  
**Example:** manufacturer\_price\_increase\_2023\_M12345\_20231001.csv **(Please use the submission due date, not the date the report was prepared)**

Please see the Submission Schedule for details regarding the timelines for submitting reports for covered drugs with a qualifying price increase.

Specification	Description										
<p><b>Name: Washington DPT Number</b>            Type: String            Max Length: 6 characters            Format: ABCDE</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>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.</p> <p><b>Example:</b></p> <table border="1"> <thead> <tr> <th>Entity Type</th> <th>Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table> <p><b>NOTE: Special characters, hyphens, symbols, or slashes are allowed.</b></p>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
Entity Type	Washington DPT Number										
Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										
<p><b>Name: Manufacturer Name</b>            Type: String            Max Length: 80 characters            Format: ABCDE</p>	<p>Labeler name of entity who markets the drug. This entity has the corresponding Labeler Code in the following data field.</p>										
<p><b>Name: Labeler Code</b>            Type: Numeric            Format: 00000            Max Length: 5 digits</p>	<p>Labeler code as assigned by Food and Drug Administration (FDA) These 5 digits should match the first 5 digits of all submitted NDCs in this report.</p> <p>Field must be five digits long and maintain leading zeros. Example: 00123</p>										



**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.

**Example:** 00012345678

**NOTE: The NDC field must be eleven digits long and maintain leading zeros.**

**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:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**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.

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**

**Name: Label Name**

Type: String

Max Length: 100 characters

Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**

<p><b>Name: Drug Type</b> Type: Choice Choices: S, N, I</p>	<p>Drug Type is one of following values:</p> <p><b>Single Source (S)</b> – Drugs with an FDA New Drug Application (NDA), or biologics with a Biologics License Application (BLA), and for drugs, there are no generic alternatives available on the market. This includes Biosimilars.  <b>Non-Innovator Multiple-Source (N)</b> – Drugs with an FDA Abbreviated New Drug Application (ANDA).  <b>Innovator Multiple-Source (I)</b> – Drugs with an NDA and no longer have patent exclusivity.</p>
<p><b>Name: Biosimilar</b> Type: Choice Choices: Y, N</p>	<p>Indicate if this drug is considered a biosimilar.</p> <p>Choices:</p> <p>Y – Yes, this drug is considered a biosimilar.  N – No, this drug is not considered a biosimilar.</p>
<p><b>Name: Patent Expiration Date of Original Biologic</b> Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100 Rule: Must be populated if “Drug Type = S <b>Rule:</b> If Biosimilar is “N” then Nullable. If “Y” date is required</p>	<p>The date when all patents on the drug product will expire. Patents owned by the manufacturer (i.e., originator or the inventor). Blanks are acceptable if the drug type field is “N” or “I”.</p>
<p><b>Name: Unit of Measure</b> Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA</p>	<p>Unit of Measure for Wholesale Acquisition Cost (WAC) defined as one of the following values:</p> <p><b>AHF:</b> Anti-hemophilia factor  <b>CAP:</b> Capsule  <b>SUP:</b> Suppository  <b>GM:</b> Gram  <b>ML:</b> Milliliter  <b>TAB:</b> Tablet  <b>TDP:</b> Transdermal patch  <b>EA:</b> Each</p>
<p><b>Name: Day Supply</b> Type: Numeric Max Length: 100 characters Format: 99999</p>	<p>Indicate estimated day supply in relation to package size.</p> <p>Example: Package size of 100 used once daily will equal a 100.  Package supply of 100 used 5 x’s a day will equal a 20. (If the drug used to treat an acute condition with a maximum dose per day, then use that maximum dosage in estimating the day supply).</p> <p><b>Note: Day Supply must be equal to 1 or greater, N/A is not acceptable</b></p>

<p><b>Name: Package Size</b> Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>The package size identifies the number of billing units (as specified by the labeled quantity) in the package the pharmacist uses to dispense; for example, 100 tablets, 1000 capsules, or 20 ml vial. The package quantity complies with the National Council of Prescription Drug Programs (NCPDP) Billing Unit Standard.</p>
<p><b>Name: Maximum Unit</b> Type: Numeric Format: 999</p>	<p>Maximum unit per day based on max dose on FDA label.</p>
<p><b>Name: Course of Treatment</b> Type: Choice Format: Y, N</p>	<p>Is the complete course of treatment expected to be less than one month or a 30-day supply.</p> <p>Choice:</p> <p>Y – Course of Treatment is expected to be less than one month or a 30-day supply. N – Course of Treatment is not expected to be less than one month or a 30-day supply.</p>
<p><b>Name: Minimum Day Supply</b> Type: Numeric Format: 999</p>	<p>What is the minimum day supply for a course of treatment.</p> <p><b>NOTE: Fill out minimum and maximum day supply even if they are the same number.</b></p> <p><b>Must be greater than zero.</b></p>
<p><b>Name: Maximum Day Supply</b> Type: Numeric Format: 999</p>	<p>What is the maximum day supply for a course of treatment.</p> <p><b>NOTE: Fill out minimum and maximum day supply even if they are the same number.</b></p> <p><b>Must be greater than zero.</b></p>
<p><b>Name: Qualifying Price Increase</b> Type: Choice Choices: Y, N</p>	<p>Indicator for qualifying price increase. Manufacturer must use this field as 'yes' or 'no' to indicate if the drug meets the criteria of a qualifying price increase as defined in RCW 43.71C.010(8) as "Qualifying price increase" means a price increase described in subsection (2)(b) of this section.</p>
<p><b>Name: WAC - Type</b> Type: Choice Choices: Package, Unit or Both</p>	<p>Manufacturer must indicate if reporting by package, unit price or both.</p> <p><b>Package</b> – Complete WAC Increase (Package Price) and WAC – New (Package Price) fields. <b>Unit</b> – Complete WAC Increase (Unit Price) and WAC – New (Unit Price) fields. <b>Both</b> – Complete WAC Increase (Package Price), WAC Increase (Unit Price), WAC - New (Package Price) and WAC – New (Unit Price).</p>
<p><b>Name: WAC - Current (Unit Price)</b> Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>The wholesale acquisition cost per unit of measure on the date of the submission (60 days prior to the effective date of the WAC increase).</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC - Current (Package Price)</b> Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>The wholesale acquisition cost per package on the date of the submission (60 days prior to the effective date of the WAC increase).</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>

<p><b>Name: WAC – New (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Required when “WAC Type” field is “Unit” or “Both”  <b>Nullable if WAC Type = “Package”</b></p>	<p>The new wholesale acquisition cost (WAC) per unit of measure on the WAC effective date. .   <b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC – New (Package Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Required when “WAC Type” field is “Package” or “Both”  <b>Nullable if WAC Type = “Unit”</b></p>	<p>The new wholesale acquisition cost (WAC) per package on the WAC effective date.   <b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC - Effective Date</b>          Type: Date          Format: YYYY-MM-DD          Min Year: 1900          Max Year: 2100</p>	<p>Effective date of the wholesale acquisition cost increase for the drug product.</p>
<p><b>Name: New Manufacturer of Drug</b>          Type: Choice          Choices: Y, N</p>	<p>Manufacturer must indicate “Yes” or “No” if they are a new manufacturer of the drug.           Choice:          Y – New manufacturer that has not sold this drug previously.          N – Existing manufacturer who has previously sold this drug.</p>
<p><b>Name: Previous Manufacturer of Drug</b>          Type: Choice          Choices: Y, N</p>	<p>Mark “Y” if the drug has been manufactured by the manufacturer for the previous 5 years. If “Y”, the WAC for the previous 5 years must be reported.           Mark “N” if the drug has been manufactured by the manufacturer for less than 5 years. The WAC for the previous 5 years is not required.           Choice:          Y – Have manufactured the drug for the previous 5 years          N – Have not manufactured the drug for the previous 5 years</p>
<p><b>Name: WAC - Increase (Unit Price)</b>          Type: Numeric          Format: 999999.99999          Max Length: 11 digits          Rule: Required when “WAC Type” field is “Unit” or “Both”,  <b>Nullable if WAC Type = “Package”</b></p>	<p>Amount of wholesale acquisition cost increase per unit of measure for the drug product. Express this as a dollar amount up to 5 decimal places.   <b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>

<p><b>Name: WAC - Increase (Package Price)</b>          Type: Numeric          Format: 999999.99999          Max Length: 11 digits          Rule: Required when “WAC Type” field is “f          “Both”  <b>Nullable if WAC Type = “Unit”</b></p>	<p>Amount of wholesale acquisition cost increase per package for the drug product. Express this as a dollar amount up to 5 decimal places.          l.   <b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>
<p><b>Name: WAC - 1 Year Prior (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer of Drug “Y”, a          Rule: Required when “WAC Type” field is “l          “Both”, value must be greater than zero,  <b>Nullable if WAC Type = “Package”</b></p>	<p>Wholesale acquisition cost per unit of measure 12 months prior to WAC Effective Date.           This field must be populated if you have manufactured this drug for 5 or more years.   <b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>
<p><b>Name: WAC - 2 Year Prior (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer of Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Unit” or “Both”, value must be greater          than zero,  <b>Nullable if WAC Type = “Package”</b></p>	<p>Wholesale acquisition cost per unit of measure 24 months prior to WAC Effective Date.           This field must be populated if you have manufactured this drug for 5 or more years.   <b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>
<p><b>Name: WAC - 3 Year Prior (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Unit” or “Both”, value must be greater          than zero,  <b>Nullable if WAC Type = “Package”</b></p>	<p>Wholesale acquisition cost per unit of measure 36 months prior to WAC Effective Date.           This field must be populated if you have manufactured this drug for 5 or more years.   <b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>

<p><b>Name: WAC - 4 Year Prior (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule Required when “WAC Type” field is          “Unit” or “Both”, value must be greater          than zero,  <b>Nullable if WAC Type = “Package”</b></p>	<p>Wholesale acquisition cost per unit of measure 48 months prior to          WAC Effective Date.</p> <p>This field must be populated if you have manufactured this drug for 5          or more years.</p> <p><b>NOTE: Do not include the dollar sign or commas if nullable do not          include any data.</b></p>
<p><b>Name: WAC - 5 Year Prior (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Unit” or “Both”, value must be greater          than zero,  <b>Nullable if WAC Type = “Package”</b></p>	<p>Wholesale acquisition cost per unit of measure 60 months prior to          WAC Effective Date.</p> <p>This field must be populated if you have manufactured this drug for 5          or more years.</p> <p><b>NOTE: Do not include the dollar sign or commas if nullable do not          include any data.</b></p>
<p><b>Name: WAC - 1 Year Prior (Package          Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Package” or “Both”, value must be          greater than zero,  <b>Nullable if WAC Type = “Unit”</b></p>	<p>Wholesale acquisition cost per package 12 months prior to WAC          Effective Date.</p> <p>This field must be populated if you have manufactured this drug for 5          or more years.</p> <p><b>NOTE: Do not include the dollar sign or commas if nullable do not          include any data.</b></p>
<p><b>Name: WAC - 2 Year Prior (Package          Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Package” or “Both”, value must be          greater than zero,  <b>Nullable if WAC Type = “Unit”</b></p>	<p>Wholesale acquisition cost per package 24 months prior to WAC          Effective Date.</p> <p>This field must be populated if you have manufactured this drug for 5          or more years.</p> <p><b>NOTE: Do not include the dollar sign or commas if nullable do not          include any data.</b></p>

<p><b>Name: WAC - 3 Year Prior (Package Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Package” or “Both”, value must be          greater than zero,  <b>Nullable if WAC Type = “Unit”</b></p>	<p>Wholesale acquisition cost per package 36 months prior to WAC Effective Date.</p> <p>This field must be populated if you have manufactured this drug for 5 or more years.</p> <p><b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>
<p><b>Name: WAC - 4 Year Prior (Package Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Package” or “Both”, value must be          greater than zero,  <b>Nullable if WAC Type = “Unit”</b></p>	<p>Wholesale acquisition cost per package 48 months prior to WAC Effective Date.</p> <p>This field must be populated if you have manufactured this drug for 5 or more years.</p> <p><b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>
<p><b>Name: WAC - 5 Year Prior (Package Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: Previous Manufacturer Drug “Y”,          and          Rule: Required when “WAC Type” field is          “Package” or “Both”, value must be          greater than zero,  <b>Nullable if WAC Type = “Unit”</b></p>	<p>Wholesale acquisition cost per package 60 months prior to WAC Effective Date.</p> <p>This field must be populated if you have manufactured this drug for 5 or more years.</p> <p><b>NOTE: Do not include the dollar sign or commas if nullable do not include any data.</b></p>
<p><b>Name: Change/Improvement Description</b>          Type: String          Max Length: 5000 characters          Format: ABCDE          Rule: value is populated when column          "Qualifying Price Increase" is equal to Y</p>	<p>A narrative description of any change or improvement in the drug that necessitates the WAC increase.</p>
<p><b>Name: Financial Factors</b>          Type: String          Max Length: 5000 characters          Format: ABCDE          Rule: value is populated when column          "Qualifying Price Increase" is equal to Y</p>	<p>A narrative description of the specific financial factors used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered Drug.</p> <p><b>Note: Do not hit enter when submitted data in this field.</b></p>



<p><b>Name: Non-financial factors</b>          Type: String          Max Length: 5000 characters          Format: ABCDE          Rule: value is populated when column "Qualifying Price Increase" is equal to Y</p>	<p>A narrative description of the specific non-financial used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered.</p> <p><b>Note: Do not hit enter when submitted data in this field.</b></p>
<p><b>Name: Market Entry Date</b>          Type: Date          Format: YYYY-MM-DD          Min Year: 1900          Max Year: 2100</p>	<p>The date the drug was Introduced to Market in Washington state.</p>
<p><b>Name: WAC - Market Entry Type</b>          Type: Choice          Choice: Package, Unit or Both</p>	<p>Manufacturer must indicate if reporting by package, unit price or both.</p> <p><b>Choice:</b>          Package          Unit          Both</p>
<p><b>Name: WAC - Unit Market Entry</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: value is populated when column "Market Entry Date" is populated, and WAC Market Entry Type indicates "Unit" or "Both"  <b>Nullable if WAC Market Entry = "Package"</b></p>	<p>The wholesale acquisition cost per unit of measure on the market entry date for the existing Covered Drug.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC - Package Market Entry</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: value is populated when column "Market Entry Date" is populated, and WAC Market Entry Type indicates "Package" or "Both"  <b>Nullable if WAC Market Entry = "Unit"</b></p>	<p>The wholesale acquisition cost per package for the existing Covered Drug on the Market Entry Date of that Covered Drug.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Reporting Period From</b>          Type: Date          Format: YYYY-MM-DD          Min Year: 1900          Max Year: 2100</p>	<p>The starting date of the period being used to report for annual manufacturing, marketing, and advertising costs. Report the most recent completed calendar year.</p>

<p><b>Name: Reporting Period To</b> Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100</p>	<p>The ending date of the period being used to report for annual manufacturing, marketing, and advertising costs. Report the most recent completed calendar year.</p>
<p><b>Name: Manufacturing Costs</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>The total cost to produce the number of units manufactured in most recent completed calendar year prior to the WAC Effective Date.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Marketing and Advertising Costs</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits <b>Nullable</b></p>	<p>Amount spent on marketing and advertising, in the most recent completed calendar year prior to the WAC Effective Date, including but not limited to direct-to-consumer marketing (television, radio print, digital, etc.), salaries for sales representatives, salaries for medical liaisons, hosted CE events and provider education, and provider detailing.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Clinical Trials Costs</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Total costs for all clinical trials for the covered drug.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Research and Development Costs</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Total expenditure on research and development prior to Market Entry Date.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Regulation Costs</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>All costs paid by the manufacturer to the FDA and any other regulatory body for considering their drug application and bringing the drug to market.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Acquired from Previous Manufacturer</b> Type: Choice Choices: Y, N</p>	<p>Indicator for whether the drug was acquired from another manufacturer. Manufacturer must use this field as 'yes' or 'no' to indicate if the drug meets the criteria in RCW 43.71C.050(4).</p>
<p><b>Name: Previous Owner's Name</b> Type: String Max Length: 80 characters Format: ABCDE Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>The legal name of entity who sold the covered drug to the manufacturer.</p>

<p><b>Name: Previous Manufacturer ID</b>  Type: Numeric  Format: 00000  Max Length: 5 digits  Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y  <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>If the drug product was purchased from another manufacturer, repackager, or private label distributor, the labeler code as assigned by Food and Drug Administration (FDA). If previous owner does not have a labeler ID fill with 5 zeros.</p>
<p><b>Name: Previous NDC</b>  Type: Numeric  Format: 000000000000  Max Length: 11 digits  Min Length: 11 digits  Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y  <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>The NDC that was used by the original or previous manufacturer. For new drug products that do not have a previous NDC fill with eleven zeros.</p> <p><b>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</b></p>
<p><b>Name: Purchase Price</b>  Type: Numeric  Format: 999999999999999.99  Max Length: 17 digits  Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y  <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>If the drug product was not developed by the manufacturer, the amount the manufacturer paid to acquire the drug.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Currency of Purchase</b>  Type: String  Max Length: 50 characters  Format: ABCDE  Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y  <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>The country of acquisition and type currency used to acquire the drug e.g., USD, EUR, GBP, CAD, JPY, AUD, INR, CNY, MXN, etc.</p>
<p><b>Name: Acquisition Date</b>  Type: Date  Format: YYYY-MM-DD  Min Year: 1900  Max Year: 2100  Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y  <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>If the drug product was not developed by the manufacturer, the date the manufacturer acquired the drug.</p>

<p><b>Name: WAC - Acquisition Type</b>          Type: Choice          Choice: Package, Unit or Both          Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y  <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>Manufacturer must indicate if reporting by package, unit, or both.</p> <p><b>Choice:</b>          Package          Unit          Both</p>
<p><b>Name: WAC - Acquisition (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Acquisition Type indicates "Unit" or "Both"  <b>Nullable if WAC Acquisition Type = "Package" or Acquired from Previous Manufacturer is "N"</b></p>	<p>The wholesale acquisition cost per unit of measure for the drug product on the acquisition date.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC - Acquisition (Package Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Acquisition Type indicates "Package" or "Both"  <b>Nullable if WAC Acquisition Type = "Unit" or Acquired from Previous Manufacturer is "N"</b></p>	<p>The wholesale acquisition cost per package for the drug product on the acquisition date.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC - Prior to Acquisition Type</b>          Type: Choice          Choice: Package, Unit or Both          Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y  <b>Nullable if Acquired from Previous Manufacturer is "N"</b></p>	<p>Manufacturer must indicate if reporting by package, unit, or both.</p> <p><b>Choice:</b>          Package          Unit          Both</p>

<p><b>Name: Unit of Measure - Prior to Acquisition</b>          Type: Choice          Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA          Rule: value is populated when column "WAC – Prior to Acquisition" is equal to any non-zero value  <b>Nullable or Acquired from Previous Manufacturer is "N"</b></p>	<p>Unit of Measure for WAC (prior to acquisition) defined as one of the following values:</p> <p><b>AHF:</b> Anti-hemophilia factor  <b>CAP:</b> Capsule  <b>SUP:</b> Suppository  <b>GM:</b> Gram  <b>ML:</b> Milliliter  <b>TAB:</b> Tablet  <b>TDP:</b> Transdermal patch  <b>EA:</b> Each</p>
<p><b>Name: WAC - Prior to Acquisition (Unit Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Prior to Acquisition Type indicates "Unit" or "Both"  <b>Nullable if WAC Prior to Acquisition Type = "Package" or Acquired from Previous Manufacturer is "N"</b></p>	<p>The wholesale acquisition cost per unit of measure for the drug product 12 months prior to the acquisition date.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC - Prior to Acquisition (Package Price)</b>          Type: Numeric          Format: 999999999.99999          Max Length: 14 digits          Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y and WAC Prior to Acquisition Type indicates "Package" or "Both"  <b>Nullable if WAC Prior to Acquisition Type = "Unit" or Acquired from Previous Manufacturer is "N"</b></p>	<p>The wholesale acquisition cost per package for the drug product 12 months prior to the acquisition date.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Financial Assistance Program Costs</b>          Type: Numeric          Format: 99999999999999.99          Max Length: 17 digits          Rule: greater than or equal to 0</p>	<p>Total cost of all financial assistance programs including financial assistance for uninsured individuals, compassionate use, patient assistance, charity care, donated drug product, etc., associated with the drug product for the calendar year prior to the WAC Effective Date. For example, if the WAC Effective Date is March 1, 2021, report the total amount spent on financial assistance programs in calendar year 2020. If no financial assistance was provided fill with zeros.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>

<p><b>Name: Rebates</b>  Type: Numeric  Format: 9999999999999999.99  Max Length: 17 digits  Rule: greater than or equal to 0</p>	<p>Total amount of rebates paid out associated with the NDC in the calendar year prior to the WAC Effective Date.</p> <p>For example, if the effective date of the WAC increase is between and including January 1, 2023, through February 28, 2023, report calendar year 2021. If the WAC Effective Date is March 1, 2023, report the total amount of rebates paid to any entity in calendar year 2022. If no rebates were provided fill with zeros.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Cost Share Assistance</b>  Type: Numeric  Format: 9999999999999999.99  Max Length: 17 digits  Rule: greater than or equal to 0</p>	<p>Total amount of money paid toward lowering an <u>insured individual's</u> out of pocket expenditure for the drug product in the calendar year prior to the WAC Effective Date.</p> <p>For example, if the effective date of the WAC increase is between and including January 1, 2023, through February 28, 2023, report calendar year 2021. If the WAC Effective Date is March 1, 2023, report the total amount spent on cost share assistance in calendar year 2022. If no financial assistance was provided fill with zeros.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: Other Financial Assistance Amount</b>  Type: Numeric  Format: 9999999999999999.99  Max Length: 17 digits  Rule: greater than or equal to 0</p>	<p>Total amount of all other financial assistance paid out associated with the NDC in the calendar year prior to the WAC Effective Date.</p> <p>For example, if the effective date of the WAC increase is between and including January 1, 2023, through February 28, 2023, report calendar year 2021. If the WAC Effective Date is March 1, 2023, report the total amount of all other financial assistance paid to any entity in calendar year 2022. If no other financial assistance was provided fill with zeros.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: General Comments</b>  Type: String  Format: ABCDE  Max Length: 5000 characters  <b>Nullable</b></p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p><b>Note: Do not hit enter when submitted data in this field.</b></p>

## New Covered Drugs

This report contains all of the fields necessary to comply with the notification of a new covered drug as described in RCW 43.71C.050 and 43.71C.070. Files submitted for manufacturer covered drugs should be named using the following schema, where ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), YYYY is the current calendar year, and YYYYMMDD is a placeholder for the submission 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 “manufacturer” with your organizations name, this will result in your submission being rejected.

**File naming schema:** manufacturer\_new\_covered\_drugs\_{YYYY}\_{ID}\_{YYYYMMDD}.csv

Example: manufacturer\_new\_covered\_drugs\_2023\_M12345\_20231001.csv **(Please use the submission due date, not the date the report was prepared)**

Please see the Submission Schedule for details regarding the timelines for submitting reports for new covered drugs.

Specification	Description										
<p><b>Name: Washington DPT Number</b>            Type: String            Max Length: 6 characters            Format: ABCDE</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>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.</p> <p><b>Example:</b></p> <table border="1"> <thead> <tr> <th>Entity Type</th> <th>Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table> <p><b>NOTE: Special characters, hyphens, symbols, or slashes are allowed.</b></p>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
Entity Type	Washington DPT Number										
Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										
<p><b>Name: Manufacturer Name</b>            Type: String            Max Length: 80 characters            Format: ABCDE</p>	<p>Labeler name of entity who markets the drug. This entity has the corresponding Labeler Code in the following data field.</p>										
<p><b>Name: Labeler Code</b>            Type: Numeric            Format: 00000            Max Length: 5 digits</p>	<p>Labeler code as assigned by Food and Drug Administration (FDA) These 5 digits should match the first 5 digits of all submitted NDCs in this report.</p> <p>Field must be five digits long and maintain leading zeros. Example: 00123</p>										
<p><b>Name: NDC</b>            Type: Numeric            Format: 00000000000            Max Length: 11 digits            Min Length: 11 digits</p>	<p>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.</p> <p><b>Example:</b> 00012345678</p> <p><b>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</b></p>										

**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:

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**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.

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**



**Name: Label Name**

Type: String  
Max Length: 100 characters  
Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**

**Name: Drug Type**

Type: Choice  
Choices: S, N, I

Drug Type is one of following values:

**Single Source (S)** – Drugs with an FDA New Drug Application (NDA), or biologics with a Biologics License Application (BLA), and for drugs, there are no generic alternatives available on the market.

**Non-Innovator Multiple-Source (N)** – Drugs with an FDA Abbreviated New Drug Application (ANDA).

**Innovator Multiple-Source (I)** – Drugs with an NDA and no longer have patent exclusivity.

**Name: Unit of Measure**

Type: Choice  
Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Wholesale Acquisition Cost (WAC) defined as one of the following values:

**AHF:** Anti-hemophilia factor

**CAP:** Capsule

**SUP:** Suppository

**GM:** Gram

**ML:** Milliliter

**TAB:** Tablet

**TDP:** Transdermal patch

**EA:** Each

<p><b>Name: Day Supply</b> Type: Numeric Max Length: 100 characters Format: 999</p>	<p>Indicate estimated day supply in relation to package size.</p> <p>Example: Package size of 100 used once daily will equal a 100. Package supply of 100 used 5 x's a day will equal a 20. (If the drug used to treat an acute condition with a maximum dose per day, then use that maximum dosage in estimating the day supply).</p> <p><b>Must be greater than zero.</b></p>
<p><b>Name: Package Size</b> Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>The package size identifies the number of billing units (as specified by the labeled quantity) in the package the pharmacist uses to dispense; for example, 100 tablets, 1000 capsules, or 20 ml vial. The package quantity complies with the National Council of Prescription Drug Programs (NCPDP) Billing Unit Standard.</p>
<p><b>Name: WAC - Effective Date</b> Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100</p>	<p>If the covered drug report is for a new covered drug being introduced to the market, then this field should be the date the product will first be available.</p>
<p><b>Name: WAC - Type</b> Type: Choice Choices: Package, Unit or Both</p>	<p>Manufacturer must indicate if reporting by package, unit price or both.</p> <p><b>Package</b> – Complete WAC Increase (Package Price) and WAC – New (Package Price) fields. <b>Unit</b> – Complete WAC Increase (Unit Price) and WAC – New (Unit Price) fields. <b>Both</b> – Complete WAC Increase (Package Price), WAC Increase (Unit Price), WAC - New (Package Price) and WAC – New (Unit Price).</p>
<p><b>Name: WAC - Market Entry Type</b> Type: Choice Choice: Package, Unit or Both</p>	<p>Manufacturer must indicate if reporting by package, unit price or both.</p> <p><b>Choice:</b> Package Unit Both</p>
<p><b>Name: WAC - New (Unit Price)</b> Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Required when “WAC Type” field is “Unit” or “Both” Nullable if WAC Type = “Package”</p>	<p>The new wholesale acquisition cost (WAC) per unit of measure on the WAC effective date. If the covered drug report is for a new covered drug being introduced to the market, then this field should be the WAC on the date the product is first available.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>
<p><b>Name: WAC - New (Package Price)</b> Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: Required when “WAC Type” field is “Package” or “Both” Nullable if WAC Type = “Unit”</p>	<p>The new wholesale acquisition cost (WAC) per package on the WAC effective date. If the covered drug report is for a new covered drug being introduced to the market, then this field should be the WAC on the date the product is first available.</p> <p><b>NOTE: Do not include the dollar sign or commas.</b></p>

<p><b>Name: Financial Factors</b> Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>A narrative description of the specific financial factors used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered Drug.</p> <p><b>Note: Do not hit enter when submitted data in this field..</b></p>
<p><b>Name: Non-financial Factors</b> Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>A narrative description of the specific non-financial used to make the decision to set the WAC for a new Covered Drug or to increase the wholesale acquisition cost of an existing Covered.</p> <p><b>Note: Do not hit enter when submitted data in this field.</b></p>
<p><b>Name: Patent Expiration Date</b> Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100 Rule: Must be populated if “Drug Type = S</p>	<p>The date when all patents on the drug product will expire. Patents owned by the manufacturer (i.e., originator or the inventor). Blanks are acceptable if the drug type field is “N” or “I”.</p>
<p><b>Name: Market Entry Date</b> Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100</p>	<p>The date the drug was Introduced to Market in Washington state.</p>
<p><b>Name: General Comments</b> Type: String Format: ABCDE Max Length: 5000 characters <b>Nullable</b></p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p><b>Note: Do not hit enter when submitted data in this field.</b></p>

## New Drug Application

This report contains all of the data fields necessary to comply with reporting a New Drug Application to HCA, per RCW 43.71C.060.

Files submitted for manufacturer new drugs should be named using the following schema, where: ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), YYYY is the current reporting period, and YYYYMMDD is a placeholder for the submission 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 “manufacturer” with your organizations name, this will result in your submission being rejected.

**File naming schema:** manufacturer\_new\_drugs\_{YYYY}\_{ID}\_{YYYYMMDD}.csv  
**Example:** manufacturer\_new\_drugs\_2023\_M12345\_20231001.csv **(Please use the submission due date, not the date the report was prepared)**

Please see the Submission Schedule for details regarding the timelines for submitting reports for covered drugs.

Specification	Description
---------------	-------------

**Name: Washington DPT Number**

Type: String  
 Max Length: 6 characters  
 Format: ABC123

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

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**

**Name: Manufacturer Name**

Type: String  
 Max Length: 80 characters  
 Format: ABCDE

Labeler name of entity who manufactures and markets the drug.

**Name: Labeler Code**

Type: Numeric  
 Format: 00000  
 Max Length: 5 digits

Labeler code as assigned by Food and Drug Administration (FDA) These 5 digits should match the first 5 digits of all submitted NDCs in this report.

Field must be five digits long and maintain leading zeros. Example: 00123

**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:

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**

**Name: Drug Product Name**

Type: String

Max Length: 100 characters

Format: ABCDE

Nullable

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
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**

**Name: Label Name or Pipeline Drug Name**

Type: String

Max Length: 100 characters

Format: ABCDE

Nullable

Proprietary or legal name as marketed by manufacturer.

If not approved by the FDA, then enter the name of the Pipeline Drug. For example, "AAA600".

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

**NOTE: Special characters, hyphens, symbols, or slashes are allowed.**

<p><b>Name: Drug Type</b> Type: Choice Choices: S, N, I</p>	<p>Drug Type is one of following values:</p> <p><b>Single Source (S)</b> – 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.</p> <p><b>Non-Innovator Multiple-Source (N)</b> – Drugs that have an FDA Abbreviated New Drug Application (ANDA).</p> <p><b>Innovator Multiple-Source (I)</b> – Drugs that have an NDA and no longer have patent exclusivity.</p>
<p><b>Name: Application Type</b> Type: Choice Choices: BLA, NDA, ANDA</p>	<p>Application Type is one of following values:</p> <p><b>New Drug Application (NDA)</b> – Drug is a pipeline drug and was submitted as a New Drug Application to the FDA.</p> <p><b>Biologics License Application (BLA)</b> – Drugs is a pipeline drug and was submitted as a Biologics License Application to the FDA.</p> <p><b>Abbreviate New Drug Application (ANDA)</b> – contains data which is submitted to FDA for the review and potential approval of a generic drug.</p>
<p><b>Name: Regulatory Pathway</b> Type: Choice Choices: 505(b)(1), 351(a), Other</p>	<p>Regulatory pathway for approval by the Food and Drug Administration. Acceptable values are 505(b)(1), 351(a) or Other.</p> <p>If choosing “Other” please list the regulatory pathway this product was approved in General Comments.</p>
<p><b>Name: Application Number</b> Type: String Format: ABC123 Max Length: 6 digits Min Length: 6 digits <b>Nullable</b></p>	<p>The application number assigned by the Food and Drug Administration. For application numbers less than 6 digits, the application number should be preceded using zeros.</p>
<p><b>Name: Application Supplement Number</b> Type: String Format: AB12 Max Length: 4 digits Min Length: 4 digits <b>Nullable</b></p>	<p>The supplemental application number assigned by the Food and Drug Administration. For application numbers less than 4 digits, the supplemental application number should be preceded using zeros.</p>
<p><b>Name: Significant Impact on State Expenditures</b> Type: Choice Choices: Y, N</p>	<p>Indicator of whether the pipeline drug will cost Washington State government agencies at least \$50,000 per biennium in any future biennium. HCA believes that drugs costing at least \$50,000 per biennium for Washington State government agencies to qualify as a significant impact on state expenditures. HCA may request from the manufacturer the information in the remaining fields if HCA believes the drug will have a significant impact on state expenditures and require manufacturers to resubmit with information for all of the following fields. If manufacturers believe drugs to meet or exceed this threshold, the following fields may be completed. WAC 182-51-0700(3)</p>

<p><b>Name: Proposed Indication</b> Type: String Max Length: 5000 characters Format: ABCDE <b>Nullable</b></p>	<p>The proposed indication or indications submitted on the application to the FDA. Use the SNOMED CT disease term listed on the application. Use a semi-colon to separate multiple indications.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Area of Study</b> Type: String Max Length: 5000 characters Format: ABCDE <b>Nullable</b></p>	<p>A list of diseases, conditions, and therapeutic areas being studied for this drug and whether the chemical drug has received an indication in the FDA approved labeling for use in these diseases, conditions, or therapeutic areas.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Route of Administration</b> Type: String Max Length: 5000 characters Format: ABCDE <b>Nullable</b></p>	<p>List each route of administration being studied for this drug, including any differences between immediate-release and extended-release formulations.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Clinical Comparator</b> Type: String Max Length: 5000 characters Format: ABCDE <b>Nullable</b></p>	<p>All clinical comparators including dosage regimen being used for which to evaluate the comparative differences in safety, efficacy, effectiveness, costs, value, or any other outcomes in clinical trials.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: PDUFA Date</b> Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100 <b>Nullable</b></p>	<p>Prescription Drug User Fee Act (PDUFA) date assigned by the FDA.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Rare Disease Indication</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the FDA assigned the drug as being defined as a treatment for a rare disease.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Orphan Drug Status</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the FDA assigned the drug as having an Orphan designation.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>



<p><b>Name: Orphan Designation Number</b> Type: Numeric Format: 000000 Max Length: 6 digits Min Length: 6 digits <b>Nullable</b></p>	<p>Orphan designation number assigned by the FDA. For Orphan Designation numbers less than 6 digits, the supplemental application number should be preceded using zeros.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Pediatric Indication</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the indication is for use in individuals under 18 years of age.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Fast Track Status</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the FDA assigned the drug as having fast track status.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Breakthrough Therapy Status</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the FDA assigned the drug as having breakthrough therapy status.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Accelerated Approval Status</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the FDA assigned the drug as having accelerated approval status.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: Priority Review Status</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the FDA assigned the drug as having priority review status.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: New Molecular Entity Status</b> Type: Choice Choices: Y, N <b>Nullable</b></p>	<p>Indicator of whether the FDA assigned the drug as having new molecular entity status.</p> <p>Manufacturers may submit this information voluntarily if the pipeline drug is expected to cost Washington State at least \$50,000 per biennium WAC 182-51-0700(3).</p>
<p><b>Name: General Comments</b> Type: String Format: ABCDE Max Length: 5000 characters <b>Nullable</b></p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p><b>Note: Do not hit enter when submitted data in this field.</b></p>



## 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

### Sign into portal

#### Step 1.

All entities will go to the following external portal link

<https://support.hca.wa.gov/hcasupport>

#### Step 2.

Click on “Public”

Login with your current SAW login in credentials. If you don't have a SAW account please click on “SIGN UP!”

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#### Step 3.

Click on “Make a request”.

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You will now have access to all of your entities' SAW accounts.

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View Details	View Details	View Details
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#### Step 4.

**First time registering** – you will see “DPT Entity Registration” only

**Important:**

Primary and secondary contact emails must be for an individual and not a group or shared email.

Once registration is completed your entity will be assigned a unique HCA ID.

Once you have registered you will have the additional options of:

- DPT Registration Correction
  - Update contact information
- DPT Template Submission
  - Submit reports
- DPT Re-submission/Extension
  - Request an extension for your submission
  - Request permission to resubmit a report that has previously been submitted (these reports have previously been accepted for both Technical Validation and Program Validation).

**Update contact information click on “DPT Registration Correction Form”**

You must know your Tax ID number.

You have the option of updating one or all of the following:

- Organization address
- Primary contact information
- Secondary contact information

Click on the first box you would like to update. When finished with that section click on the next section you would like to update.

**Important!**

You must click “Submit” when complete.

**DPT Template Submission**

Organization Type

- Carrier
- Manufacturer
- PBM

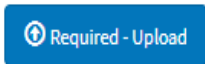
- PSAO

Organization Name – Entity name will appear, click on it.

Template – Entity must choose which report they are uploading.

Reporting year – Entity must choose which year they are reporting for.

Click



You will navigate to your report.

You will receive immediate feedback on errors, and may resubmit at anytime once you have corrected those errors.

*row 1 col 15 (WAC Increase Rank Percent): Percent value is too large*

You will also receive feedback stating “File successfully validated”.

## Important!

You must click “Submit” once you receive the file successfully validated in order for the report to be accepted into the Enterprise Data Warehouse (EDW).

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### DPT Re-submission/Extension

DPT Re-submission form is used when an entity finds an error in a report that has previously been submitted. This report has been accepted by HCA DPT for both technical and program validations. The entity is requested to resubmit this report.

Extension form is used when an entity will not be able to meet the due date of their required reports and is requesting additional time.

You first will need to choose the “Action”.

- Resubmit
- Extension

## Important!

You must click “Submit” in order to submit your request.