Washington State Health Care Authority

Pharmacy Benefit Manager Data Submission Guide

Drug Price Transparency – RCW 43.71C
Version 5.0
Effective Date 03/01/2025

Contents

About

In 2019, the Washington State Legislature passed a law ([Chapter 43.71C RCW](#)) 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 annually. HCA will use the data to create annual reports to demonstrate the overall impact that drug costs, rebates, and other discounts have on health care premiums.

You may visit the 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 for stakeholders to review and comment on the draft 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

Office of Insurance Commissioner (OIC)

The Drug Price Transparency program is a separate state program independent from the OIC. All rules and regulations pertaining to the Drug Price Transparency program must be followed as described in this Data Submission Guide and in Chapter 182.51, regardless of the entity's status with OIC.

Medicaid and Medicare

"Medicaid" means a health plan as administered under Title XIX or Title XXI of the Social Security Act, including any managed care plans operated under contract with a state agency. Medicaid plans should not be reported.

"Medicare" means a health plan as administered under Title XVIII of the Social Security Act, including any managed care plans operated under contract with the Centers for Medicare and Medicaid Services (CMS). Medicare plans are not required to report.

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 "N" for the Covered Product on the date the claim was

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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 reporting period, calendar year 2023.

"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 identifies the data required under RCW 43.71C, and provides instructions for submitting this data to the authority, including guidance on required format.

"Generic Drug" means product that based on the Drug Pricing Reference. Specifically, Generic Drug means a product whose national drug code number, depending on the applicable Drug Pricing Reference, has a First Data Bank "Generic Product Flag of "1" on the date the claim was adjudicated, and the MediSpan Multi-Source Indicator for the Covered Drug is a "Y". A drug product that 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" and is submitted with a DAW code "5" on the date the claim was adjudicated shall be considered a Generic Drug.

"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 name, specialty drugs, 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 previous reporting period, calendar year 2022.

"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

To be considered in compliance with the DPT program, all required submissions listed in the table below must be submitted on time.

Report Type	Submission Due Date	Submission Information
PBM Appeals	March 1, Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(g), following the guidelines set forth in this submission guide for the current year.
PBM Formulary	March 1, Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(a) through (e), following the guidelines set forth in this submission guide for the current year.
PBM Ownership	March 1, Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(f), following the guidelines set forth in this submission guide for the current year.

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

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. 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.

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 for assistance.

Resubmissions

Failed Program Validations

In the event that your submission is rejected, you have 10 business 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 'pbm_appeals_2023_P12345_20251001.csv', and received a rejection, after making corrections you should resubmit the file 'pbm_appeals_2023_P12345_20251001.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.

Correcting Previously Approved 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 must 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 validation, you would be subject to the 30-business day limit for correcting rejected resubmissions. If it is for program validation you would be subject to the 10-business 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 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 "pbm" with your organization's name, this will result in your submission being rejected.

**Do not use commas in Column B – Pharmacy Benefit Manager.

** Do not use trademark symbol anywhere in template.

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

Table Specifications

PBM Appeals

This report contains all of the data fields necessary to comply with reporting the outcomes of all appeals associated with RCW 19.340.100(3).

Files submitted for PBM Appeals report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. 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 "pbm" with your organization's name; this will result in your submission being rejected.

File naming schema: `pbm_appeals_{YYYY}_{ID}_{YYYYMMDD}.csv`
Example: `pbm_appeals_2023_P12345_20251001.csv` (**Please use the submission due date, not the date the report was prepared**)

The submission of this report for this reporting year is due on March, 1, 2025 and should include data for calendar year 2023.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF	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:** <table><tr><td>**Entity Type**</td><td>**Washington DPT Number**</td></tr><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></table>
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data. **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits	Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number. (This field should be repeated for each NDC included in the report) PBM IIN Number should match on Formulary report
Name: Year Type: Numeric Format: 0000 Max Length: 4 digits Min Length: 4 digits Rule: 2023	Current year for which the aggregate data is reported.
Name: PBM Appeals Type: Choice Choices: Y, N Rule: if Y, then all remaining fields are required	Did your organization receive any appeal filed pursuant to RCW 19.340.100(3) in the year reported? This applies to both first and second level appeals. If "Yes", then complete all required fields. If "No", then the fields may be left null. **Choice:** Y N

Name: Pharmacy Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Name of pharmacy chain or pharmacy services administrative organization or independent pharmacy. **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
Name: Number of Pharmacies in Washington Type: Numeric Format: 99999 Max Length: 5 digits Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Number of retail outlets in the pharmacy chain listed in the "Pharmacy Name" field located in Washington.
Name: Appeals ID Type: String Max Length: 30 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	ID number of appeal as assigned by PBM. This should include both first and second level appeals.
Name: Appeals Description Type: String Max Length: 5000 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	A narrative description of the appeal by the pharmacy chain or contractor **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	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	Name of the drug for the NDC reported. Only include ingredient name.
Type: String Max Length: 100 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	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	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.
Type: String Max Length: 100 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	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: Label Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Proprietary or legal name as labeled by manufacturer. 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: Appeal Outcome Type: Choice Choices: A, D, O Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Select "A" if appeal approved; select "D" if appeal denied; select "O" if other outcome was determined (e.g., pharmacy cancelled the appeal). A=Approved D=Denied O=Other (please describe in detail in the General Comments field)
Name: OIC Action Type: Choice Choices: Y, N Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Select "Y" if appeal escalated to OIC; select "N" if appeal was not escalated.
Name: OIC Action Description Type: String Max Length: 5000 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" and "OIC Action" field is "Y", Nullable if "N"	Description of any action from the commissioner such as directing the pharmacy benefit manager to make an adjustment to the disputed claim, deny the pharmacy appeal, or take other actions deemed fair and equitable. **NOTE: Do not include hard returns.**
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. **NOTE: Do not include hard returns.**

This report contains all of the data fields necessary to comply with reporting all data specified in RCW 43.71C.030(1)(a) through (e).

Files submitted for PBM Formulary report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. 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 "pbm" with your organizations name, this will result in your submission being rejected.

File naming schema: pbm_formulary_{YYYY}_{ID}_{YYYYMMDD}.csv
Example: pbm_formulary_2023_P12345_20251001.csv (**Please use the submission due date, not the date the report was prepared)**

The submission of this report for this reporting year is due on March, 1, 2025 and should include data for calendar year 2023.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF	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: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data. **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
Name: PBM Formulary Name Type: String Max Length: 80 characters Format: ABCDE	Name of formulary offered by your PBM to health carriers or health plans for which data is being submitted. (This field should be repeated for each NDC included in the report). **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits	Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number. (This field should be repeated for each NDC included in the report) PBM IIN Number should match on Appeals report

Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE **Nullable**	Unique ID number assigned to the individual health plans managed by PBM if applicable. (This field should be repeated for each NDC included in the report)
Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE	Processor control number used for adjudicating prescription drug claims. (This field should be repeated for each NDC included in the report)
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: 2023	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: Manufacturer Name Type: String Max Length: 80 characters Format: ABCDE	Trademark name of entity who markets the drug. **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
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.
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. |

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: Label Name Type: String Max Length: 100 characters Format: ABCDE	Proprietary or legal name as marketed by manufacturer. 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: Basis for Negotiated Price Type: Choice Choices: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, Other	The pricing benchmark used to determine the negotiated price guarantees. Examples: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, and Other. If Other is selected, please describe the basis in the General Comments field for this row. AWP: Average Wholesale Price MAC: Maximum Allowable Cost NADACB: National Average Drug Acquisition Cost – Brand Drug NADACG: National Average Drug Acquisition Cost – Generic Drug WAC: Wholesale Acquisition Cost U&C: Usual and Customary GAD: Gross Amount Due (Pharmacy Submitted) Vaccine: Vaccine and Administration (describe in the General Comments field) **Other: None of the above (must describe in general comments field)**
Name: Percentage for Negotiated Price Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The negotiated percentage of the pricing benchmark used to determine the reimbursement rates. For example, if the basis for negotiated price is "AWP – 18%", then in the previous field, select "AWP" and enter "-18.0"in this field. Both positive and negative values are accepted. **NOTE: Do not include the percent sign or commas**.

Name: Average Cost Per Claim Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The average paid amount for all paid claims for this NDC. Please enter this field as calculated: The Gross Pharmacy Paid Amount divided by all paid claims for this NDC. This field should be a dollar value representing the 'paid ingredient cost per claim' for the year reported. $$Average\ Cost\ Per\ Claim\ = \frac{Gross\ Pharamcy\ Paid\ Amount}{All\ Paid\ Claims\ for\ NDC}$$
Name: Basis for Negotiated Admin Fee Type: Choice Choices: Per Claim, PMPM, PSPM, Other	The negotiated administrative fee the PBM charges the health plan to administer the benefit. Examples: Per Claim, Per Member Per Month (PMPM), Per Subscriber Per Month (PSPM), Other. If Other is selected, please describe the basis in the General Comments field for this row. Per Claim: Admin fee charged per claim PMPM: Per Member Per Month PSPM: Per Subscriber Per Month **Other: None of the above (must describe in general comments field)**
Name: Amount for Negotiated Admin Fee Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The negotiated price for administrative fees paid to the PBMs by the health plans to manage their pharmacy benefit.
Name: Gross Pharmacy Allowed Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Sum of the reimbursement amounts for each drug the pharmacy benefit manager paid to pharmacies and any copays, coinsurance, and deductible paid by the member. **NOTE: Do not include the dollar sign or commas.**
Name: Gross Pharmacy Paid Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Sum of the reimbursement amounts for each drug the pharmacy benefit manager paid to pharmacies. **NOTE: Do not include the dollar sign or commas.**
Name: Member Cost Share Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	The total out of pocket expenditure for members within the health plan including copays, coinsurance, and deductible. **NOTE: Do not include the dollar sign or commas.**
Name: Net Reimbursed Amount Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount PBM paid to pharmacies for paid claims of this NDC in the reporting period. This is the total amount the provider received after all direct and indirect administrative and other fees are assessed. $$\begin{aligned}Net\ &Reimbursed\ Amount\\&= Gross\ Pharamcy\ Allowed\ Amount\\&\quad- (Direct\ Fees + Indirect\ Fees + Other\ Fees)\end{aligned}$$ **NOTE: Do not include the dollar sign or commas.**

Name: Direct Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount that is paid by the pharmacy to the PBM for all direct administrative fees assessed by the PBM. These fees are specific to the NDC being reported, and this includes but is not limited to: fees related to the adjudication of a claim including the receipt and processing, and any adjustments related to claims for this NDC **NOTE: Do not include the dollar sign or commas.**
Name: Direct Fees Description Type: String Max Length: 5000 characters Format: ABCDE	A narrative description of all direct fees reported in the above field. **NOTE: Do not include hard returns.**
Name: Indirect Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount that is paid by the pharmacy to the PBM for all indirect administrative fees assessed by the PBM. Since these fees are not directly tied to any claims, these fees must be totaled and divided by the total number of claims being reported for that NDC. This includes but is not limited to clawbacks, adjustments, performance penalties, credentialing, participation, certification, accreditation, or enrollment in a network including, development or management of claims processing services, or payments or charges related to quality of care. **NOTE: Do not include the dollar sign or commas.**
Name: Indirect Fees Description Type: String Max Length: 5000 characters Format: ABCDE	A narrative description of all indirect fees reported in the above field. **NOTE: Do not include hard returns.**
Name: Other Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount that is paid by the pharmacy to the PBM for all other fees assessed by the PBM not accounted for in direct or indirect fields above. **NOTE: Do not include the dollar sign or commas.**
Name: Other Fees Description Type: String Max Length: 5000 characters Format: ABCDE	A narrative description of all other fees reported in the above field. **NOTE: Do not include hard returns.**
Name: Spread Price Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	The difference between the sum of the total dollar amount, the health plan paid the pharmacy benefit manager and the total Gross Pharmacy Paid Amount for each drug on the PBMs formulary that was retained by the PBM or PBMs subcontractor. A positive value indicates the sum of the total dollar amount the health plan paid is greater than the total gross pharmacy paid amount. A positive value is retained by the PBM. A negative value indicates the sum of the total dollar amount the health plan paid is less than the total gross pharmacy paid amount. A negative value is paid by the PBM. Positive and negative values are accepted. **NOTE: Do not include the dollar sign or commas.**

Name: Rebates Received Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total rebate received by PBM or its subcontractor for utilization for all units of the NDC for the reporting period. **NOTE: Do not include the dollar sign or commas. If no rebates received for this NDC, then enter 0. Null values are not accepted.**
Name: Total WAC Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: greater than or equal to 0	The sum of the wholesale acquisition cost for all paid claims with this NDC during the Year of the report. **Explain why Total WAC of 0 is reported for any NDC in the General Comments** **NOTE: Do not include the dollar sign or commas.**
Name: Reimbursement Percentage Discount Type: Numeric Format: 99999.99 Max Length: 7 digits	Please enter this field as calculated: [(Total WAC – Gross Pharmacy Allowed Amount)/Total WAC)] *100 $$ReimbursementPercentageDiscount = \left[\frac{(\text{Total WAC} - \text{Gross Pharamcy Allowed Amount})}{\text{Total WAC}}\right] \times 100$$
Name: Rebate Percentage Discount Type: Numeric Format: 99999.99 Max Length: 7 digits	Please enter this field as calculated: [(Total WAC – Rebate Received)/Total WAC)] *100 $$RebatePercentageDiscount = \left[\frac{(\text{Total WAC} - \text{Rebates Received})}{Total\ WAC}\right] \times 100$$ **NOTE: Do not include the percent sign.**
Name: Rebate Retained Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total rebate retained by PBM or its subcontractor. Amount of rebate received for utilization for all units of the NDC minus the amount of rebate distributed to health plans for the reporting period. **NOTE: Do not include the dollar sign or commas.**
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. **NOTE: Do not include hard returns.**

PBM Ownership

This report contains all of the data fields necessary to comply with reporting ownership interests by the PBM in any pharmacy or health plan or by any pharmacy or health plan in the PBM.

Files submitted for PBM Ownership report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. 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 "pbm" with your organizations name, this will result in your submission being rejected.

File naming schema: `pbm_ownership_{YYYY}_{ID}_{YYYYMMDD}.csv`
Example: `pbm_ownership_2023_P12345_20251001.csv` (**Please use the submission due date, not the date the report was prepared)**

The submission of this report for this reporting year is due on March1, 2025 and should include data for calendar year 2023.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF	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: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2023	Current year for which the aggregate data is reported.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data. **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
Name: Ownership Entity Name Type: String Max Length: 5000 characters Format: ABCDE	The name of the entity which the pharmacy benefit manager has ownership interest in. **NOTE: Special characters, hyphens, symbols, or slashes are allowed.**
Name: Ownership Entity Type Type: Choice Choices: PBM, Pharmacy, Health Plan, Other	The type of business which the pharmacy benefit manager has ownership interest in: PBM Pharmacy Health Plan Other
Name: Ownership Interest Description Type: String Max Length: 5000 characters Format: ABCDE	Description of any additional disclosure details or clarifications. **Note: Do not include hard returns.**

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. **Note: Do not include hard returns.**

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

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!"

Step 3.

Click on "Make a request".

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

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
  - o Update contact information
- DPT Template Submission
  - o Submit reports
- DPT Re-submission/Extension
  - o Request an extension for your submission
  - o 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.
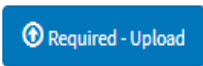
DPT Template Submission

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).

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.