

PDAB Patient Drug Submission Form (Quick Submission)

The Prescription Drug Affordability Board (PDAB) encourages individuals to report drug price increases and affordability issues with a prescription drug. The Board needs to hear from patients like you to obtain important insight into the patient experience. This form is important because it will help the Board identify drugs that may be causing affordability issues.

This form is for **one** specific drug, if you are experiencing affordability issues with multiple prescription drug products please submit multiple forms.

DISCLAIMER: *Information submitted on this form is a public record subject to disclosure under the Public Information Act (PIA). Certain information including sociological and medical information may be withheld or redacted in compliance with the PIA and applicable regulations.*

Section One: General Information

1. Name of Prescription Drug (required):

2. 5 Digit Zip Code (required):

3. Please explain why you are reporting this drug? Check all that apply:

- ☐ The cost increased from the last time I filled my prescription.
- ☐ The cost increase is causing me to stress about my personal finances.
- ☐ I have a high deductible insurance plan and my prescription drugs are very expensive.
- ☐ I experienced a formulary change that increased my cost.
- ☐ I am unable to pay the cost of this prescription.
- ☐ My insurance does not cover this prescription drug.
- ☐ I do not have insurance to cover this prescription drug and the cost is very high.
- ☐ Medication is out of stock.
- ☐ Not a cost issue but a prior authorization issue.
- ☐ Other.



4. If you checked "other" in the previous question, please explain:

5. Is there any other additional information about this drug you would like the Board to know?

