

West Virginia Offices of the Insurance Commissioner

						14	/est Virginia NADA	C Quarterly Report Ten	nlate					
PBM Name: Mage	ellan Rx Managen	nent, LLC				•	COL VIIGINIA NADA	a qualitary report ren	·p·o·c					
BS Number: 512														
Product NDC Number (complete 11 digit number)	Product Name (the complete NDC Description)	Fill Date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed (per Unit or Dosage)	Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC (from CMS survey report as provided by the OIC)	Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate)	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy (Yes / No)	Dispensed Pursuan to Federal, State o Local Government Health Plan (Yes / No)
	This subm	ission do	es not contain	any data beca	use MRxM die	d not contract	with health p	lans with covered	individuals that ar	e subject to state	e reporting duri	ng the reporting	g period	
					_								•	

NADAC QRT - 2022.01 Page 1 of 3

Product NDC Number (complete 11 digit number)	Product Name (the complete NDC Description)	Fill Date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed (per Unit or Dosage)	Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC (from CMS survey report as provided by the OIC)	Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate)	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement		Dispensed Pursuant to Federal, State or Local Government Health Plan (Yes / No)
													· · · ·	

NADAC QRT - 2022.01 Page 2 of 3

|--|

NADAC QRT - 2022.01 Page 3 of 3