

West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template															
PBM Name: Prime Therapeutics Management LLC (formerly Magellan Rx Management LLC)															
SBS Number:		512076782													
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 Pharmacy Fees	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 Pursuant to Federal, State or Local Government Health Plan (Yes / No)
		T	he submission doe	s not contain any	data because Prim	e Therapeutics Ma	anagement LLC di	d not contract wit	h health plans with cov	vered individuals that are	subject to state repo	rting during the repo	rting period.		
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