

West Virginia Offices of the Insurance Commissioner

							West Virgi	nia NADAC Quarte	rly Report Template						
PBM Name:		Prime Thera	peutics Manageme	nt LLC (formerly M	agellan Rx Manage	ment LLC)	west viigi	Illa NADAC Quarte	ily Report Template						
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	Provider ID	Amount the Pharmacy was Reimbursed (per Unit or Dosage)	Amount of Pharmacy Fees		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)	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)
		1	The submission do	es not contain any	data because Prin	ne Therapeutics Ma	anagement LLC dic	not contract with	health plans with cove	red individuals that are s	subject to state report	ting during the report	ting period.		
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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)
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