



West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template														
PBM Name: Magellan Rx Management, LLC														
SBS Number: 512076782														
Product NDC Number <small>(complete 11 digit number)</small>	Product Name <small>(the complete NDC Description)</small>	Fill Date	Quantity of the Drug Dispensed <small>(expressed in metric decimal units)</small>	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed <small>(per Unit or Dosage)</small>	Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC <small>(from CMS survey report as provided by the OIC)</small>	Average NADAC Report Date <small>(date of the CMS Report used to determine the "Average NADAC" rate)</small>	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy <small>(Yes / No)</small>	Dispensed Pursuant to Federal, State or Local Government Health Plan <small>(Yes / No)</small>
There is no data to report for reporting period 2023Q3. The submission does not contain data because Magellan Rx Management did not process claims for services to covered individuals during the reporting period														