

West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template PBM Name: Prime Therapeutics Management, LLC SBS Number: 512076782 Dispensed Pursuant Average NADAC Product 10% and Below 10% and Above Amount the **Product NDC** Quantity of the to Federal, State or Average NADAC (from Report Date Name Fill Date Pharmacy Amount of **Amount of Member Actual Percentage** Actual Percentage **Pharmacy was** Number Drug Dispensed **Pharmacy Name** Pharmacy **Local Government** CMS survey report as (the complete date of the CMS Report Provider ID Reimbursed **Dispensing Fee** Cost Share of NADAC of NADAC (complete 11 (expressed in metric provided by the OIC) NDC sed to to determine the (Yes / No) **Health Plan** decimal units) digit number) (per Unit or Dosage) Reimbursement Reimbursement 'Average NADAC" rate) Description) (Yes / No) The submission does not contain any data because Prime Therapeutics Management did not contract with health plans with covered individuals that are subject to state reporting during the reporting period.

NADAC QRT - 2022.01 Page 1 of 2