WV NADAC Quarterly Report

2024-Q1

Product NDC Number	Product Name	FillDate	Qty	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed_ unit	Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant to Federal, State or Local Government Health Plan
00003089421	ELIQUIS	1/12/2024	60	CVS PHARMAC	5008493	10.0752	2.25	0	9.50366	1/17/2024		0.0601	No	No
00003089421	ELIQUIS	2/12/2024	60	CVS PHARMAC	5008493	10.0752	2.25	0	9.50366	2/14/2024		6.01%	No	No
69097015807	MELOXICAM	2/26/2024	30	CVS PHARMAC	5054717	0.019	10.49	0	0.01892	2/28/2024		0.42%	No	No
00003089421	ELIQUIS	3/12/2024	60	CVS PHARMAC	5008493	10.0752	2.25	0	9.50366	3/13/2024		0.0601	No	No

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