Q1 2024

Select Quarter

West Virginia NADAC Quarterly Report	
PBM Name:	Applied Underwriters, Inc.
SBS Number:	515536312

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 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)
69097015907	Meloxicam 15mg Tablets	2024-01-30	28	CVS Pharmacy	1881797546	1.30	0	0	0.02	2024-01-24		216.90	No	No

Q2 2024

Select Quarter

West Virginia NADAC Quarterly Report	
PBM Name:	Applied Underwriters, Inc.
SBS Number:	515536312

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 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)

Q3 2024

Select Quarter

West Virginia NADAC Quarterly Report	
PBM Name:	Applied Underwriters, Inc.
SBS Number:	515536312

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 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)

Q4 2024

Select Quarter

West Virginia NADAC Quarterly Report	
PBM Name:	Applied Underwriters, Inc.
SBS Number:	515536312

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 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)

Q1 2023

Select Quarter

West Virginia NADAC Quarterly Report	
PBM Name:	Applied Underwriters, Inc.
SBS Number:	515536312

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 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)
59651036205	Ibuprofen 800mg Tablets	2023-01-02	60	CVS Pharmacy	1225132905	4.38	10.49	0	0.07	2022-12-28	100.11		No	No
63304069301	Clindamycin 300mg Capsules	2023-02-01	21	CVS Pharmacy	1982707642	22.17	2.25	0	0.25	2023-01-25		414.74	No	No
59651036205	Ibuprofen 800mg Tablets	2023-02-01	20	CVS Pharmacy	1982707642	1.45	10.49	0	0.07	2023-01-25	99.89		No	No
59651036205	Ibuprofen 800mg Tablets	2023-02-10	90	CVS Pharmacy	1982707642	17.51	2.25	0	0.07	2023-02-08		268.06	No	No
59651036205	Ibuprofen 800mg Tablets	2023-03-08	30	CVS Pharmacy	1225132905	2.24	10.49	0	0.07	2023-03-01	99.96		No	No
00115174801	Metaxalone 800mg Tablets	2023-03-22	21	Kroger Pharmacy	1336173129	66.76	0.85	0	0.61	2023-03-15		521.18	No	No
31722054301	Indomethacin 500mg Capsules	2023-03-22	30	Kroger Pharmacy	1336173129	3.64	10.49	0	0.12	2023-03-15	100.08		No	No
00115174801	Metaxalone 800mg Tablets	2023-03-29	21	Kroger Pharmacy	1336173129	66.76	0.85	0	0.46	2023-03-22		687.99	No	No

Q2 2023

Select Quarter

West Virginia NADAC Quarterly Report	
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SBS Number:	515536312

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 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)
00115174801	Metaxalone 800mg Tablets	2023-04-07	42	Kroger Pharmacy	1336173129	133.52	0.85	0	0.46	2023-03-29		687.99	No	No
00115174801	Metaxalone 800mg Tablets	2023-04-21	42	Kroger Pharmacy	1336173129	133.52	0.85	0	0.46	2023-04-12		687.99	No	No
59651036205	Ibuprofen 800mg Tablets	2023-04-26	30	CVS Pharmacy	1982707642	2.20	10.49	0	0.07	2023-04-19	98.89		No	No
31722054301	Indomethacin 500mg Capsules	2023-05-02	42	Kroger Pharmacy	1336173129	17.34	0.85	0	0.10	2023-04-26		430.78	No	No
00115174801	Metaxalone 800mg Tablets	2023-05-18	42	Kroger Pharmacy	1336173129	133.52	0.85	0	0.57	2023-05-17		552.94	No	No
59651036205	Ibuprofen 800mg Tablets	2023-06-15	30	CVS Pharmacy	1982707642	2.04	10.49	0	0.07	2023-06-14	99.94		No	No
59651036205	Ibuprofen 800mg Tablets	2023-06-28	30	CVS Pharmacy	1982707642	2.05	10.49	0	0.07	2023-06-21	99.80		No	No

Q3 2023

Select Quarter

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65162055310	Metaxalone 800mg Tablets	2023-08-22	45	Kroger Pharmacy	1336173129	175.19	0.85	0	0.62	2023-08-16		629.00	No	No
59651036205	Ibuprofen 800mg Tablets	2023-08-31	90	CVS Pharmacy	1982707642	17.51	2.25	0	0.07	2023-08-30		285.36	No	No

Q4 2023

Select Quarter

West Virginia NADAC Quarterly Report	
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SBS Number:	515536312

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 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)
No Data to Report														