

West Virginia Offices of the Insurance Commissioner

						W	est Virginia NADA	C Quarterly Report Tem	plate					
BM Name: Mage	ellan Rx Managem	ent, LLC				·	COL FIIGHIIG NADA	a quartery report fem	·p·o·c					
BS Number: 5120														
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 Pursuan to Federal, State o Local Government Health Plan (Yes / No)
	This subm	ission doe	s not contain	any data beca	use MRxM did	not contract	with health pl	ans with covered	individuals that ar	e subject to state	e reporting during	ng the reporting	g 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 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	Dispensed Pursuant to Federal, State or Local Government Health Plan (Yes / No)

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