

# NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed by the PBM	Amount of Pharmacy Fees	Total Amount of Dispensing Fee Paid	Total Amount of Dispensing Fee Paid by PBM	Total Amount of Dispensing Fee Paid by Member	Total Amount of Member Cost Share	NADAC	NADAC/WAC Report Date
57894006103	STELARA 90 MG/ML SYRINGE	2026-02-27	1.000	WVUH SPECIALTY PHARMACY AND HO	5056684	2595.22000	0.00	0.00	0.00	0.00	0.00	29794.54472	2026-02-25
27241013436	CHOLESTYRAMINE PACKET	2026-01-21	60.000	CVS PHARMACY	5006285	0.34583	0.00	10.49	10.49	0.00	31.25	0.73928	2026-01-21
69315090405	LORAZEPAM 0.5 MG TABLET	2026-01-21	30.000	CVS PHARMACY	5007225	0.00000	0.00	10.49	1.75	8.74	10.00	0.03804	2026-01-21

Pricing Source	Below 10% Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan	INS TEST NADAC plus \$10.49	INS TEST Actually Paid	INS TEST Difference	INS TEST Compliant / Underpayment with NADAC plus \$10.49 WV Law
NADAC	-0.91	0.00	No	No	29805.03	2595.22	-27209.81	Underpayment
NADAC	0.00	0.17	Yes	No	54.85	62.49	7.64	COMPLIANT
NADAC	0.00	0.10	Yes	No	11.63	11.75	0.12	COMPLIANT