West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template

PBM Name: DST Pharmacy Solutions, Inc.

SBS Number: 511523880

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)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)