|   | West Virginia NADAC Quarterly Report              |               |   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |  |
|---|---|---------------|---|------------------------|-------------------------|--|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|--|
| PBM Name:   |   | Applied Under | writers, Inc.   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |  |
| SBS Number:   |   | 515536312     | 515536312   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |  |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>(the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name          | Pharmacy<br>Provider ID | Amount the<br>Pharmacy was<br>Reimbursed<br>(per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(Yes / No) |  |
| 65862052205   | Naproxen TABS 500MG                               | 2025-03-24    | 60  | ST. GEORGE<br>PHARMACY | 5058640                 | 0.06267  | 10.49                       | 0                              | 0.06272  | 2025-03-19   | -0.02%  |  | N                                   | N   |  |
|   |   |               |   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |  |
|   |   |               |   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |  |
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|   |   |               |   |                        |                         | West Virginia NADA   | C Quarterly Report          |                                |  |  |   |  |                                     |   |
|---|---|---------------|---|------------------------|-------------------------|--|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|
| PBM Name:   |   | Applied Under | writers, Inc.   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |
| SBS Number:   |   | 515536312     |   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>(the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name          | Pharmacy<br>Provider ID | Amount the<br>Pharmacy was<br>Reimbursed<br>(per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(Yes / No) |
| 60219234805   | Tramadol 50mg Tabs                                | 2025-04-04    | 30  | St. George<br>Pharmacy | 5058640                 | 0.02600  | 10.49                       | 0                              | 0.02594  | 2025-04-02   | 0%  | 0%   | N                                   | N   |
|   |   |               |   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |
|   |   |               |   |                        |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |               |                         | West Virginia NADA   | Quarterly Report            |                                |  |  |   |  |                                     |   |
|---|---|---------------|---|---------------|-------------------------|--|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|
| PBM Name:   |   | Applied Under | writers, Inc.   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| SBS Number:   |   | 515536312     |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>(the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name | Pharmacy<br>Provider ID | Amount the<br>Pharmacy was<br>Reimbursed<br>(per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(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  |
|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |  |               |   |               |                         | West Virginia NADAC                                     | Quarterly Report            |                                |  |  |   |  |                                     |   |
|---|--|---------------|---|---------------|-------------------------|---|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|
| PBM Name:   |  | Applied Under | writers, Inc.   |               |                         |   |                             |                                |  |  |   |  |                                     |   |
| SBS Number:   |  | 515536312     |   |               |                         |   |                             |                                |  |  |   |  |                                     |   |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name | Pharmacy<br>Provider ID | Amount the Pharmacy was Reimbursed (per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(Yes / No) |
|   |  |               |   |               |                         |   |                             |                                |  |  |   |  |                                     |   |
|   |  |               |   |               |                         |   |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |               |                         | West Virginia NADAG  | Quarterly Report            |                                |  |  |   |  |                                     |   |
|---|---|---------------|---|---------------|-------------------------|--|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|
| PBM Name:   |   | Applied Under | writers, Inc.   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| SBS Number:   |   | 515536312     |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>(the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name | Pharmacy<br>Provider ID | Amount the<br>Pharmacy was<br>Reimbursed<br>(per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(Yes / No) |
|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |               |                         | West Virginia NADA   | Quarterly Report            |                                |  |  |   |  |                                     |   |
|---|---|---------------|---|---------------|-------------------------|--|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|
| PBM Name:   |   | Applied Under | rwriters, Inc.  |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| SBS Number:   |   | 515536312     |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>(the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name | Pharmacy<br>Provider ID | Amount the<br>Pharmacy was<br>Reimbursed<br>(per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(Yes / No) |
|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |                 |                         | West Virginia NADA   | C Quarterly Report          |                                |  |  |   |  |                                     |   |
|---|---|---------------|---|-----------------|-------------------------|--|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|
| PBM Name:   |   | Applied Under | rwriters, Inc.  |                 |                         |  |                             |                                |  |  |   |  |                                     |   |
| SBS Number:   |   | 515536312     |   |                 |                         |  |                             |                                |  |  |   |  |                                     |   |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>(the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name   | Pharmacy<br>Provider ID | Amount the<br>Pharmacy was<br>Reimbursed<br>(per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(Yes / No) |
| 65162055310   | Metaxalone 800mg Tablets                          | 2023-08-22    | 45  | Kroger Pharmacy | 1336173129              | 3.89   | 0.85                        | 0                              | 0.62   | 2023-08-16   |   | 13.98  | No                                  | No  |
| 59651036205   | Ibuprofen 800mg Tablets                           | 2023-08-31    | 90  | CVS Pharmacy    | 1982707642              | 0.19   | 2.25                        | 0                              | 0.07   | 2023-08-30   |   | 3.17   | No                                  | No  |
|   |   |               |   |                 |                         |  |                             |                                |  |  |   |  |                                     |   |
|   |   |               |   |                 |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |                 |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |               |                         | West Virginia NADAC  | Quarterly Report            |                                |  |  |   |  |                                     |   |
|---|---|---------------|---|---------------|-------------------------|--|-----------------------------|--------------------------------|--|--|---|--|-------------------------------------|---|
| PBM Name:   |   | Applied Under | writers, Inc.   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| SBS Number:   |   | 515536312     |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
| Product NDC<br>Number<br>(complete 11 digit<br>number | Product Name<br>(the complete NDC<br>Description) | Fill Date     | Quantity of the<br>Drug Dispensed<br>(expressed in metric<br>decimal units) | Pharmacy Name | Pharmacy<br>Provider ID | Amount the<br>Pharmacy was<br>Reimbursed<br>(per Unit or Dosage) | Amount of<br>Dispensing Fee | Amount of Member<br>Cost Share | Average NADAC<br>(from CMS survey<br>report as provided<br>by the OIC) | Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate) | 10% and Below<br>Actual Percentage<br>of NADAC<br>Reimbursement | 10% and<br>Above Actual<br>Percentage of<br>NADAC<br>Reimbursement | Affiliate<br>Pharmacy<br>(Yes / No) | Dispensed Pursuant<br>to Federal, State or<br>Local Government<br>Health Plan<br>(Yes / No) |
|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |
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|   |   |               |   |               |                         |  |                             |                                |  |  |   |  |                                     |   |