



West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template

PBM Name:		Benecard Services, LLC													
SBS Number:		521883094													
Product NDC Number <small>(complete 11 digit number)</small>	Product Name <small>(the complete NDC Description)</small>	Fill Date	Quantity of the Drug Dispensed <small>(expressed in metric decimal units)</small>	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed <small>(per Unit or Dosage)</small>	Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC (from CMS survey report as provided by the OIC)	Average NADAC Report Date <small>(date of the CMS Report used to determine the "Average NADAC" rate)</small>	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy <small>(Yes / No)</small>	Dispensed Pursuant to Federal, State or Local Government Health Plan <small>(Yes / No)</small>	
00173071720	ADVAIR HFA	2024-02-01	12.00	CVS PHARMACY #	5056343	421.84	10.49	10.00	42.66155	2024-01-31	-17.60		N	N	
00173071720	ADVAIR HFA	2024-02-29	12.00	CVS PHARMACY #	5056343	421.84	10.49	10.00	42.66155	2024-02-28	-17.60		N	N	
68180086573	BLISOVI FE T	2024-03-27	28.00	MOUNTAINEER PH	5056420	4.61	10.49	0.00	0.14915	2024-03-20		10.39	N	N	
00093005805	TRAMADOL H	2024-03-15	90.00	CVS PHARMACY #	5010436	3.00	10.49	3.00	0.02996	2024-03-13		11.26	N	N	
70954006020	PREDNISONE	2024-03-25	10.00	WALGREENS	5054793	1.04	10.49	3.00	0.09221	2024-03-20		12.79	N	N	
67877069601	CHLOROTHALID	2024-03-25	90.00	CVS PHARMACY #	5010436	8.95	10.49	3.00	0.08671	2024-03-20		14.69	N	N	
00406851501	OXYCODONE	2024-03-09	90.00	RITE AID PHARMA	3117466	17.18	0.65	3.00	0.15371	2024-03-06		24.19	N	N	
00406851501	OXYCODONE	2024-02-05	90.00	RITE AID PHARMA	3117466	20.47	0.65	3.00	0.15371	2024-01-31		47.97	N	N	