



*West Virginia Offices of the Insurance Commissioner*

West Virginia NADAC Quarterly Report Template (Q12026)

PBM Name:		MedImpact Healthcare Systems, Inc.																				
SBS Number:		512080966																				
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 by the PBM <small>(per Unit or Dosage)</small>	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 <small>(from CMS survey report as provided by the OIC) or WAC if no NADAC is available</small>	NADAC/WAC Report Date <small>(date of the CMS Report used to determine the "NADAC" rate, date of WAC if no NADAC is available)</small>	Pricing Source <small>(either NADAC or WAC)</small>	Below 10% 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>	INS TEST NADAC/WAC plus \$10.49	INS TEST Actually Paid	INS TEST Difference	INS TEST Compliant / Underpayment with NADAC plus \$10.49 WV Law
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	#VALUE!	N/A	N/A	#VALUE!	#VALUE!	#VALUE!	#VALUE!



*West Virginia Offices of the Insurance Commissioner*

West Virginia NADAC Quarterly Report Template (Q42025)

West Virginia NADAC Quarterly Report Template (Q42025)																					
PBM Name: MedImpact Healthcare Systems, Inc.																					
SBS Number: S12080966																					
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 by the PBM (per Unit or Dosage)	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	Average NADAC (from CMS survey report as provided by the OIC)	Average NADAC Report Date (date of the CMS Report used to determine the "Average NADAC" rate)	Below 10% 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)	INS TEST NADAC plus \$10.49	INS TEST Actually Paid	INS TEST Difference	INS TEST Compliant / Underpayment with NADAC plus \$10.49 WV Law
70010006305	METFORMIN	2025-12-27	180.00	WALGREENS DRU	5055149	0.02010	\$0.00	10.49	\$10.49	\$0.00	\$0.00	0.01415	2025-12-31		42%	N	Y	13.037	14.108	1.071	COMPLIANT
								0						#DIV/0!	#DIV/0!			10.49	0	-10.49	UNDERPAYMENT
								0						#DIV/0!	#DIV/0!			10.49	0	-10.49	UNDERPAYMENT



## West Virginia Offices of the Insurance Commissioner

### West Virginia NADAC Quarterly Report Template (Q32025)

PBM Name: **MedImpact Healthcare Systems, Inc.**

SBS Number: **512080966**

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 by the PBM (per Unit or Dosage)	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	Average NADAC (from CMS survey report as provided by the OIC)	Average NADAC Report Date (date of the CMS Report used to determine the "Average NADAC" rate)	Below 10% 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)	INS TEST NADAC plus \$10.49	INS TEST Actually Paid	INS TEST Difference	INS TEST Compliant / Underpayment with NADAC plus \$10.49 WV Law
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	N/A	N/A	N/A	#VALUE!	#VALUE!	N/A	N/A	#VALUE!	#VALUE!	#VALUE!	#VALUE!



West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template (Q2 2025)

PBM Name:		Medimpact Healthcare Systems, Inc.																			
SBS Number:		512080966																			
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 by the PBM <small>(per Unit or Dosage)</small>	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	Average NADAC <small>(from CMS survey report as provided by the OIC)</small>	Average NADAC Report Date <small>(date of the CMS Report used to determine the "Average NADAC" rate)</small>	Below 10% 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>	INS TEST NADAC plus \$10.49	INS TEST Actually Paid	INS TEST Difference	INS TEST Compliant / Underpayment with NADAC plus \$10.49 WV Law
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	N/A	N/A	N/A	#VALUE!	#VALUE!	N/A	N/A	#VALUE!	#VALUE!	#VALUE!	#VALUE!















