West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template

PBM Name: Vivid Clear Rx, Inc.

SBS Number: 52296850

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)
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