West Virginia Offices of the Insurance Commissioner

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)	Total Amount of Dispensing Fee Paid	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)	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)
50111064703	FLUOXETINE	2025-06-17	30	WALMART PHARMACY 10-5296	1811914955	$0.38	10.49	$10.00	$0.03387	2025-05-21	1028%	1028%	No	No
68180071160	CEFDINIR 30(	2025-06-30	20	WALMART PHARMACY 10-5296	1811914955	$0.77	10.49	$10.00	$0.47213	2025-06-18	62%	62%	No	No
62332002431	FLUOXETINE	2025-06-17	90	WALMART PHARMACY 10-5296	1811914955	$0.51	10.49	$30.00	$0.06701	2025-05-21	984%	984%	No	No