

## West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template (10 fields)										
Company Name:	Capital Rx, Inc.									
SBS Number:	517725050									
Drug NDC Number (complete 11 digit number)	Drug Name (the complete NDC Description)	Date the Drug was Dispensed (Fill Date)	Quantity of the Drug Dispensed (expressed in metric decimal units)	Amount the Pharmacy was Reimbursed (per Unit or Dosage) & includes member cost-sharing	Average NADAC (from CMS survey report as provided by the OIC)	Average NADAC Report Date (date of the CMS Report used to to determine the "Average NADAC" rate)	Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy (Yes / No)	Dispensed pursuant state or local government health plan (Yes / No)	
68382009305	CARVEDILOL 6.25 MG TABLET	9/10/22	180	\$ 0.06	\$ 0.02	8/17/22	174.6%	Υ	Υ	
29300011316	LAMOTRIGINE 150 MG TABLET	9/23/22	30	\$ 0.30	\$ 0.07	9/21/22	304.8%	Υ	Υ	
29300011416	LAMOTRIGINE 200 MG TABLET	9/23/22	30	\$ 0.30	\$ 0.08	9/21/22	260.0%	Υ	Υ	

NADAC QRT - 2022.05 Page 1 of 3

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NADAC QRT - 2022.05

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NADAC QRT - 2022.05 Page 3 of 3