NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed by the PBM	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	NADAC/WAC Report Date	Pricing Source
55111025660	ZIPRASIDONE HCL 20 MG CAPSULE	2026-09-23	30	THREE SPRINGS VILLAGE PHARMACY	5054313	0.29900	0.00	10.49	10.49	0.00	0.00	0.26940	2026-09-23	NADAC

Below 10% Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan	INS TEST NADAC plus $10.49	INS TEST Actually Paid	INS TEST Difference	INS TEST Compliant / Underpayment with NADAC plus $10.49 WV Law
0.00	0.11	No	No	18.57	19.46	0.89	COMPLIANT