

MSQ13.1 – Sample Invoice

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State of State 1
Medicaid Drug Rebate Invoice
CORPORATIONDate: 12/13/22
Manufacturer
Address 1
City, ST XXXXXInvoice #: 002168
Invoice Type: Federal Fee for Service
Period Covered: 22022
State Code: S1
Attn: Manufacturer

NDC	Drug Name	Unit Rebate \$	Record ID	Total Units Reimbursed	Total Rebate Claimed \$	No. of Scripts	Medicaid Reimbursed \$	Non-Medicaid Reimbursed \$	Total Reimbursed \$	Corr Flag
00003029305	KENALOG- 40	5.030880	FFSU	587.000	2,953.13	115	249.46	13,446.67	13,696.13	0
00003029320	KENALOG- 40	5.030880	FFSU	426.000	2,143.15	83	170.46	6,555.29	6,725.75	0
00003029328	KENALOG- 40	5.030880	FFSU	2,646.000	13,311.71	430	1,078.16	41,881.16	42,959.32	0
00003037113	Nulojix	247.718520	FFSU	5,250.000	1,300,522.23	15	5,577.57	14,805.69	20,383.26	0
00003049420	KENALOG- 10	1.556880	FFSU	570.000	887.42	134	217.34	12,412.73	12,630.07	0
00003052411	SPRYCEL	324.379560	FFSU	60.000	19,462.77	2	17,601.62	0.00	17,601.62	0
00003085222	Sprycel	602.702640	FFSU	30.000	18,081.08	1	15,279.27	0.00	15,279.27	0
00003089321	Eliquis	9.548400	FFSU	6,940.000	66,265.90	159	56,695.70	344.94	57,040.64	0
00003089331	Eliquis	9.548400	FFSU	60.000	572.90	1	518.52	0.00	518.52	0
00003089421	Eliquis	9.739320	FFSU	38,551.000	375,460.53	714	321,264.66	939.24	322,203.90	0
00003089431	Eliquis	9.739320	FFSU	642.000	6,252.64	12	4,941.05	0.00	4,941.05	0
00003089470	Eliquis	9.739320	FFSU	432.000	4,207.39	11	3,503.04	0.00	3,503.04	0
00003218713	Orencia	778.418760	FFSU	7,800.000	6,071,666.33	93	87,420.03	260,593.26	348,013.29	0
00003218811	Orencia SC	1,333.036080	FFSU	4.000	5,332.14	1	4,935.63	0.00	4,935.63	0
00003218851	Orencia SC	1,333.036080	FFSU	4.000	5,332.14	1	4,932.48	0.00	4,932.48	0
00003232711	Yervoy	227.111520	FFSU	700.000	158,978.06	13	57,266.76	48,228.37	105,495.13	0
00003232822	Yervoy	230.040240	FFSU	100.000	23,004.02	2	1,128.32	15,206.75	16,335.07	0
00003373413	Opdivo	77.554680	FFSU	26,600.000	2,062,954.49	81	177,834.55	537,758.32	715,592.87	0
00003375614	OPDIVO 120	78.301920	FFSU	120.000	9,396.23	1	3,559.20	0.00	3,559.20	0
00003376474	Eliquis	9.739320	FFSU	74.000	720.71	1	637.21	0.00	637.21	0
00003377211	Opdivo	76.750680	FFSU	800.000	61,400.54	9	10,374.71	13,652.08	24,026.79	0
00003377412	Opdivo	77.018040	FFSU	200.000	15,403.61	2	1,125.69	4,897.35	6,023.04	0
00003452211	Empliciti	727.074480	FFSU	1,100.000	799,781.93	1	1,509.20	6,210.90	7,720.10	0
00003633517	DROXIA	0.209760	FFSU	30.000	6.29	1	32.23	0.00	32.23	0
Totals:				93,726.000	11,024,097.34*	1,883	777,852.86	976,932.75	1,754,785.61	

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Sample of an FFS Medicaid Invoice

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State of State 1
Medicaid Drug Rebate Invoice
CORPORATION

Date: 12/13/22
Supplemental
Manufacturer
Address 1
City, ST 99999

Invoice #: 0021685
Invoice Type: Supplemental FFS
Period Covered: 22022
State Code: S1
Attn: Supplemental Mfr

NDC	Drug Name	Unit Rebate \$	Record ID	Total Units Reimbursed	Total Rebate Claimed \$	No. of Scripts	Medicaid Reimbursed \$	Non- Medicaid Reimbursed \$	Total Reimbursed \$	Corr Flag
00003089321	Eliquis	1.951600	FFSU	6,940.000	13,544.10	159	56,695.70	344.94	57,040.64	OS
00003089331	Eliquis	1.951667	FFSU	60.000	117.10	1	518.52	0.00	518.52	OS
00003089421	Eliquis	1.760680	FFSU	38,551.000	67,875.97	714	321,264.66	939.24	322,203.90	OS
00003089431	Eliquis	1.760685	FFSU	642.000	1,130.36	12	4,941.05	0.00	4,941.05	OS
00003089470	Eliquis	1.760671	FFSU	432.000	760.61	11	3,503.04	0.00	3,503.04	OS
00003376474	Eliquis	1.760676	FFSU	74.000	130.29	1	637.21	0.00	637.21	OS
Totals:				46,699.000	83,558.43*	898	387,560.18	1,284.18	388,844.36	

*Please remit this amount to: NAME FOR PMO S1PMO
ADDRESS LINE 1 FOR ADMINISTRATOR
CITYTOWN ADMINISTARTOR, S1 123123123

Form CMS-R-144 (Exp. 07/01/2021)
OMB No. 0938-0582



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Sample of a Supplemental FFS invoice

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**State of State 1
Medicaid Drug Rebate Invoice
CORPORATION**

Date: 12/13/22
Diabetic Supply Mfr
Address 1
City, ST 99999

Invoice #: 002168S
Invoice Type: Diabetic Supply
Period Covered: 22022
State Code: S1
Attn: Diabetic Supply Mfr

NDC	Drug Name	Unit Rebate \$	Record ID	Total Units Reimbursed	Total Rebate Claimed \$	No. of Scripts	Medicaid Reimbursed \$	Non-Medicaid Reimbursed \$	Total Reimbursed \$	Corr Flag
99073012050	Strips	1.000000	FFSU	100.000	100.00	100	1,000.00	0.00	1,000.00	OT
99073012101	Strips	1.000000	FFSU	20.000	20.00	1	20.00	0.00	20.00	OT
99073013001	Meters	9.999999	FFSU	100.000	1,000.00	100	1,000.00	0.00	1,000.00	OT
99073014002	Meters	9.999999	FFSU	20.000	200.00	20	1,000.00	0.00	1,000.00	OT
99073070805	Lancets	0.500000	FFSU	100.000	50.00	50	100.00	0.00	100.00	OT
99073070822	Lancets	0.500000	FFSU	20.000	10.00	1	100.00	0.00	100.00	OT
Totals:				360.000	1,380.00*	272	2,220.00	0.00	2,220.00	

*Please remit this amount to: NAME FOR PMO S1 PMO
ADDRESS LINE 1 FOR ADMINISTRATOR
CITYTOWN ADMINISTARTOR, S1 123123123

Form CMS-R-144 (Exp. 07/01/2021)
OMB No. 0938-0582



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Sample of a Diabetic Supply Invoice