



| Logout

Search:

GO

CII Return Form

Return Cart (Empty)

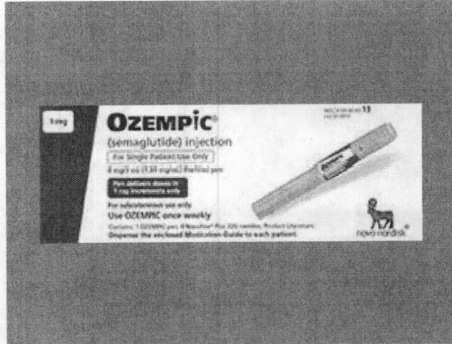
Shopping Cart (Rx: 0)

Home | Orders | Items | Inventory | History | Returns | Reports | Profit Tips | Marketing | Resources | Contact Us

Product Details

Add To Cart

Return

**Wholesaler Code:** 828509**NDC:** 00169413013**GPI:** 2717007000D222**Wholesaler Desc:** OZEMPIC 1MG 1X3ML 1PF PEN NOR**Branded Desc:** OZEMPIC 4 piece**Generic Desc:** Semaglutide Soln Pen-inj 1 MG/**Manufacturer:** NOVO NORDISK INC (NOR)**Mfg Stock #:** 4130-13**Fine Line:** 8560 - PHARMACEUTICALS, RX, ALL OTHER**Type:** RX Branded**AHFS:** 682006**HCPCS:****CONTRACT:****CLASS:****TEE:** NR**UNIT SIZE:** EA**INNER PACK SIZE:** 0**PACKAGE SIZE:** 3**PACKAGE QUANTITY:** 1**TOTAL PACKAGE QUANTITY:** 3**SUGGESTED WAC:** 935.77**AWP:** 1122.92**UNIT PRICE:** 311.9233

RETAIL: 0.00

PRICE: 935.77

Estimated Rebate Price: 900.68

PRIMARY WHS QTY: 100+

TOTAL WHS QTY: 252

AVAILABILITY DATE:

LAST ORDER QTY: 1

LAST ORDER DATE: 11/12/2023

DESCRIPTION:

ADDITIONAL INFO:

REMARKS: MANUFACTURER LIMITED SUPPLY

STRENGTH:
 DOSAGE FORM: SOLUTION
 IMPRINT SIDE 1:
 IMPRINT SIDE 2:
 SHAPE:

COLOR: COLORLESS
 CLARITY: CLEAR
 FLAVOR:
 COATING:
 SCORE:

ACTIVE INGREDIENTS	INACTIVE INGREDIENTS
SEMAGLUTIDE 4MG/3ML	PHENOL 5.5MG/ML PROPYLENE GLYCOL 14MG/ML

12 Month Purchase History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Shipped	3.0000	2.0000	1.0000	0.0000	0.0000	1.0000	5.0000	0.0000	0.0000	2.0000	0.0000	0.0000
Not Shipped	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	1.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Avg Price	935.7700	935.7700	935.7700	0.0000	0.0000	935.7700	935.7700	0.0000	0.0000	935.7700	0.0000	0.0000

- Approved Message Code Count (5F) -- 3
- Approved Message Code (6F) -- 034
- Approved Message Code (6F) -- 035
- Approved Message Code (6F) -- 036
- Additional Message Information Count (UF) -- 06
- Additional Message Information Qualifier (UH) -- 11
- Additional Message Information (FQ) -- EXPIRATION 20240424
- Additional Message Information Qualifier (UH) -- 12
- Additional Message Information (FQ) -- MAX QTY SUPPLY OF 003 PER 021 DAY PERIOD
- Additional Message Information Qualifier (UH) -- 13
- Additional Message Information (FQ) -- MAXIMUM DAY SUPPLY OF 093 ALLOWED
- Additional Message Information Qualifier (UH) -- 04
- Additional Message Information (FQ) -- ERX170444: OLD Copay: \$50.00, NEW Copay:
- UG -- +
- Additional Message Information Qualifier (UH) -- 05
- Additional Message Information (FQ) -- \$24.98, Voucher Amount Applied: \$25.02
- UG -- +
- Additional Message Information Qualifier (UH) -- 06
- Additional Message Information (FQ) -- (EMD584)
- Response Claim Segment (22)
 - Prescription/ Service Reference Number Qualifier (EM) -- 1
 - Prescription/ Service Reference Number (D2) --
- Response Pricing Segment (23)
 - Patient Pay Amount (F5) -- \$24.98 - 249H
 - Ingredient Cost Paid (F6) -- \$885.98 - 8859H
 - Dispensing Fee Paid (F7) -- \$0.00 - 00{
 - Flat Sales Tax Amount Paid (AW) -- \$0.00 - 00{
 - Percentage Sales Tax Amount Paid (AX) -- \$14.18 - 141H
 - Percentage Sales Tax Rate Paid (AY) -- 1600{
 - Percentage Sales Tax Basis Paid (AZ) -- 01
 - **Total Amount Paid (F9) -- \$875.18 - 8751H**
 - Basis Of Reimbursement Determination (FM) -- 9
 - Amount Of Copay/Co-Insurance (FI) -- \$50.00 - 500{
 - 2Y -- 141H
 - Other Payer Amount Recognized (J5) -- \$25.02 - 0000250B

Info PA - F2

Print Claim - F3

RxChange Request - F4

Future Fill - F5

Print Receipt - F7

Medicare Rights - F8

Resubmit - F12

Close - ESC

Transmitted Date: 10/4/2023
 Pay Method: Medco Health
 Rx Number:
 Help Desk Phone:
 Third Party Phone: (800) 922-1557
 Third Party Website:

	Submitted	Paid
Base:	\$1,347.50	\$885.98
Fee:	\$10.00	\$0.00
Subtotal:	\$1,357.50	\$885.98
Tax:	\$21.72	\$14.18
Total:	\$1,379.22	\$875.18
Copay:		\$24.98

Patient

Patient:
 Birthday:
 Gender:
 CardHolder ID:
 Relationship:
 Group ID:

Prescriber

Prescriber:
 NPI:
 DEA:

Rx Information

Rx Item: Ozempic 1 Mg Dose Pen (3 MI)
 Days Supply: 28
 PA: 0
 NDC: 00169413013
 DAW: 0
 Authorization:

Message

Info - Get information about the prescription

Claim approved. Suspending any associated PA Request or Reject Notification.

Reject Codes

Explanation	Possible Error

DUR Response Messages

Reason For Service Code	Free Text Message	Clinical Significance	Previous Date Of Fill	Quantity Of Previous Fill

Prior Authorization Code: 0 - Not Specified Number: 0 This Fill

Submission Clarification Code: 0 = Not Specified This Fill

Product ID Qualification: 03 = National Drug Code (NDC) This Fill

Other Coverage Code: 0 = Not Specified This Fill

Level of Service Code: 0 = Not Specified This Fill

Incentive Amount: 0.00 This Fill

DUR Scope: This Fill

Drug Utilization Reviews New F6 Delete

Reason for Service	Professional Service	Result of Service	Level Of Effort