West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template

PBM Name:	**Cigna Health and Life Insurance Company**
SBS Number:	**511484436**

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** (per Unit or Dosage)	**Amount of Dispensing Fee**	**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 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)
00378180510	LEVOTHYROXINE 75 MCG TABLET	2023-08-05	90.00	CVS #10124	1164858148	$0.22	$10.49	$30.00	0.09	2023-08-05		131.37%	N	N
00173069500	ADVAIR 100-50 DISKUS	2023-08-05	60.00	CVS #10124	1164858148	$5.06	$10.49	$30.00	1.27	2023-08-05		299.81%	N	N
62135025047	PREDNISOLONE 15 MG/5 ML SOLN	2023-08-23	50.00	CVS #10124	1164858148	$1.20	$10.49	$12.45	0.17	2023-08-23		610.40%	N	N
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	2023-07-05	200.00	CVS #10124	1164858148	$0.10	$10.49	$30.00	0.06	2023-07-05		75.75%	N	N
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2023-08-23	75.00	CVS #10124	1164858148	$0.13	$10.49	$20.20	0.06	2023-08-23		122.72%	N	N