



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 <small>(complete 11 digit number)</small>	Product Name <small>(the complete NDC Description)</small>	Fill Date	Quantity of the Drug Dispensed <small>(expressed in metric decimal units)</small>	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed <small>(per Unit or Dosage)</small>	Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC <small>(from CMS survey report as provided by the OIC)</small>	Average NADAC Report Date <small>(date of the CMS Report used to determine the "Average NADAC" rate)</small>	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy <small>(Yes / No)</small>	Dispensed Pursuant to Federal, State or Local Government Health Plan <small>(Yes / No)</small>
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A