West Virginia Offices of the Insurance Commissioner

West Virginia NADAC Quarterly Report Template (10 fields)									
Company Name:		Cigna Health and Life Insurance Company							
SBS Number:		511484436							
Drug NDC Number (complete 11 digit number)	**Drug Name** (the complete NDC Description)	**Date the Drug was Dispensed** (Fill Date)	**Quantity of the Drug Dispensed** (expressed in metric decimal units)	**Amount the Pharmacy was Reimbursed** (per Unit or Dosage) & includes member cost-sharing	**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)	**Actual Percentage of NADAC Reimbursement**	**Affiliate Pharmacy** (Yes / No)	**Dispensed pursuant state or local government health plan** (Yes / No)
00000000000	N/A	0	0.00	$0.00	$0.00	0	0.00%	N/A	N/A