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)
00173069500	ADVAIR 100-50 DISKUS	10/9/2023	60.00	CVS #10124	1164858148	$5.06	$10.49	$30.00	5.06	9/27/2023	0.01%		N	N
70436001002	BUPROPION HCL XL 150 MG TABLET	10/10/2023	90.00	CVS #04159	1164525820	$0.22	$10.49	$30.00	0.10	10/4/2023		114.09%	N	N
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	10/24/2023	150.00	CVS #10124	1164858148	$0.13	$10.49	$30.00	0.11	10/18/2023		20.29%	N	N
00378180510	LEVOTHYROXINE 75 MCG TABLET	11/1/2023	90.00	CVS #10124	1164858148	$0.22	$10.49	$30.00	0.06	10/25/2023		247.70%	N	N
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	11/9/2023	30.00	CVS #10124	1164858148	$0.41	$10.49	$22.86	0.08	11/1/2023		442.89%	N	N
00173069500	ADVAIR 100-50 DISKUS	11/15/2023	60.00	CVS #10124	1164858148	$5.06	$10.49	$30.00	5.06	11/8/2023	0.01%		N	N
00173069500	ADVAIR 100-50 DISKUS	11/16/2023	60.00	CVS #10124	1164858148	$5.06	$10.49	$30.00	5.06	11/8/2023	0.01%		N	N
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	12/6/2023	90.00	CVS #10124	1164858148	$0.22	$10.49	$30.00	0.08	11/29/2023		174.02%	N	N
13668013710	ESCITALOPRAM 20 MG TABLET	12/12/2023	90.00	CVS #04159	1164525820	$0.22	$10.49	$30.00	0.08	12/6/2023		166.00%	N	N