



## West Virginia Offices of the Insurance Commissioner

### West Virginia NADAC Quarterly Report Template (10 fields)

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Company Name:									
SBS Number:									
Drug NDC Number <small>(complete 11 digit number)</small>	Drug Name <small>(the complete NDC Description)</small>	Month Drug was Dispensed <small>(Fill Date)</small>	Quantity of the Drug Dispensed <small>(expressed in metric decimal units)</small>	Amount the Pharmacy was Reimbursed <small>(per Unit or Dosage) &amp; includes member cost-sharing</small>	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>	Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy <small>(Yes / No)</small>	Dispensed pursuant state or local government health plan <small>(Yes / No)</small>
(none)									