

West Virginia Offices of the Insurance Commissioner

Dispensed oursuant state or
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ocal government health plan (Yes / No)
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NADAC QRT - 2022.05

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 Report Date (date of the CMS Report used to to determine the "Average NADAC" rate)	Affiliate Pharmacy (Yes / No)	Dispensed pursuant state or local government health plan (Yes / No)

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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)	Affiliate Pharmacy (Yes / No)	Dispensed pursuant state or local government health plan (Yes / No)

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