

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00002223680	TRULICITY 3 MG/0.5 ML PEN	6	2.000	961.10	426.02158	10%-25% Above	No	No
00002223680	TRULICITY 3 MG/0.5 ML PEN	7	2.000	961.10	426.02158	10%-25% Above	No	No
00002223680	TRULICITY 3 MG/0.5 ML PEN	8	2.000	961.10	426.02158	10%-25% Above	No	No
00008084181	PROTONIX DR 40 MG TABLET	6	90.000	12.40	15.96595	76%-100% Below	No	No
00008084181	PROTONIX DR 40 MG TABLET	8	30.000	5.73	15.95351	76%-100% Below	No	No
00023649810	UBRELVY 50 MG TABLET	7	10.000	576.62	89.77877	26%-50% Below	No	No
00024542131	AMBIEN 10 MG TABLET	5	30.000	1.73	19.67316	76%-100% Below	No	No
00054000725	CALCITRIOL 0.25 MCG CAPSULE	5	8.000	4.15	0.1778	101%-200% Above	No	No
00054000725	CALCITRIOL 0.25 MCG CAPSULE	6	8.000	4.15	0.18115	101%-200% Above	No	No
00054000725	CALCITRIOL 0.25 MCG CAPSULE	7	8.000	4.15	0.17216	200% Above	No	No
00054001125	FLECAINIDE ACETATE 100 MG TAB	5	180.000	75.60	0.22627	76%-100% Above	Yes	No
00054001125	FLECAINIDE ACETATE 100 MG TAB	6	180.000	75.60	0.24403	51%-75% Above	Yes	No
00054001125	FLECAINIDE ACETATE 100 MG TAB	8	180.000	60.89	0.22578	26%-50% Above	Yes	No
00054001729	PREDNISONE 10 MG TABLET	5	10.000	1.94	0.06823	101%-200% Above	No	No
00054001729	PREDNISONE 10 MG TABLET	7	30.000	4.52	0.06545	101%-200% Above	No	No
00054001820	PREDNISONE 20 MG TABLET	5	14.000	3.03	0.11673	76%-100% Above	No	No
00054001825	PREDNISONE 20 MG TABLET	6	15.000	2.84	0.1107	51%-75% Above	No	No
00054001925	PREDNISONE 50 MG TABLET	5	3.000	1.36	0.24809	76%-100% Above	Yes	No
00054001925	PREDNISONE 50 MG TABLET	5	4.000	1.59	0.24809	51%-75% Above	Yes	No
00054001925	PREDNISONE 50 MG TABLET	5	4.000	1.75	0.24809	76%-100% Above	Yes	No
00054001925	PREDNISONE 50 MG TABLET	5	5.000	0.72	0.24809	26%-50% Below	No	No
00054001925	PREDNISONE 50 MG TABLET	5	7.000	2.54	0.24809	26%-50% Above	No	No
00054001925	PREDNISONE 50 MG TABLET	6	5.000	1.92	0.2565	26%-50% Above	No	No
00054001925	PREDNISONE 50 MG TABLET	6	5.000	2.00	0.2565	51%-75% Above	Yes	No
00054001925	PREDNISONE 50 MG TABLET	7	5.000	1.01	0.26243	10%-25% Below	Yes	No

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00054001925	PREDNISONONE 50 MG TABLET	7	5.000	1.78	0.26243	26%-50% Above	No	No
00054001925	PREDNISONONE 50 MG TABLET	7	5.000	1.91	0.26243	26%-50% Above	No	No
00054001925	PREDNISONONE 50 MG TABLET	7	5.000	2.00	0.26243	51%-75% Above	Yes	No
00054001925	PREDNISONONE 50 MG TABLET	7	7.000	0.95	0.26243	26%-50% Below	Yes	No
00054001925	PREDNISONONE 50 MG TABLET	8	1.000	0.97	0.25638	200% Above	Yes	No
00054001925	PREDNISONONE 50 MG TABLET	8	5.000	1.75	0.25638	26%-50% Above	No	No
00054001925	PREDNISONONE 50 MG TABLET	8	5.000	2.45	0.25638	76%-100% Above	No	No
00054001925	PREDNISONONE 50 MG TABLET	8	7.000	2.39	0.25638	26%-50% Above	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	8	90.000	14.51	0.12883	10%-25% Above	Yes	No
00054002511	MEFLOQUINE HCL 250 MG TABLET	5	10.000	94.84	3.314	101%-200% Above	Yes	No
00054002511	MEFLOQUINE HCL 250 MG TABLET	6	10.000	94.84	3.89855	101%-200% Above	Yes	No
00054002511	MEFLOQUINE HCL 250 MG TABLET	6	16.000	151.73	3.89855	101%-200% Above	Yes	No
00054004641	IPRATROPIUM 0.06% SPRAY	5	15.000	14.99	1.50309	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	6	15.000	14.90	1.57011	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	6	15.000	14.99	1.57011	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	7	15.000	19.99	1.54506	10%-25% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	6	25.000	9.99	0.25222	51%-75% Above	Yes	No
00054012522	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.57	0.09928	51%-75% Above	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	30.000	14.90	1.02246	51%-75% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	5	20.000	7.18	0.27684	26%-50% Above	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	5	84.000	14.99	0.27684	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	7	30.000	10.66	0.28844	10%-25% Above	Yes	No
00054023625	MORPHINE SULFATE IR 30 MG TAB	6	4.000	3.43	0.40596	101%-200% Above	Yes	No
00054025422	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	6	90.000	14.99	0.22301	10%-25% Below	No	No
00054025422	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	8	30.000	9.42	0.23625	26%-50% Above	No	No

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00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	4.99	0.59653	51%-75% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	14.99	0.59653	10%-25% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	4.99	0.59182	51%-75% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	6	90.000	45.00	0.59182	10%-25% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	4.99	0.56885	51%-75% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	4.99	0.54933	51%-75% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	9.99	0.54933	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	11.11	0.59653	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	14.99	0.59653	10%-25% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	19.99	0.59653	10%-25% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	11.11	0.59182	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	19.99	0.59182	10%-25% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	11.11	0.56885	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	7.00	0.54933	51%-75% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	11.11	0.54933	26%-50% Below	No	No
00054040113	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.000	14.99	0.56145	51%-75% Below	No	No
00054040113	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.000	32.96	0.56145	26%-50% Below	No	No
00054060313	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.000	8.74	0.5928	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.700	30.41	3.77614	10%-25% Above	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	13.400	70.75	3.77614	26%-50% Above	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.700	14.99	3.65036	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.700	30.41	3.65036	10%-25% Above	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.700	0.00	3.55916	76%-100% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.700	9.99	3.55916	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.700	11.81	3.55916	26%-50% Below	No	No

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00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.700	30.41	3.55916	26%-50% Above	No	No
00054252625	LITHIUM CARBONATE 150 MG CAP	5	180.000	12.25	0.07709	10%-25% Below	Yes	No
00054252625	LITHIUM CARBONATE 150 MG CAP	6	180.000	9.94	0.07418	10%-25% Below	Yes	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	8	48.000	21.69	0.92039	26%-50% Below	No	No
00054317644	DEXAMETHASONE INTENSOL 1 MG/ML	5	2.000	1.87	0.75006	10%-25% Above	Yes	No
00054318863	DIAZEPAM 5 MG/5 ML SOLUTION	7	90.000	5.99	0.10387	26%-50% Below	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	3.29	0.27933	26%-50% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	3.43	0.27933	10%-25% Below	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	3.65	0.27933	10%-25% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	4.99	0.27933	10%-25% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	6.90	0.27933	51%-75% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	6.99	0.27933	51%-75% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	8.18	0.27933	76%-100% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	9.90	0.27933	101%-200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	9.99	0.27933	101%-200% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	10.55	0.27933	101%-200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	13.65	0.27933	200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	13.69	0.27933	200% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	13.74	0.27933	200% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.06	0.27933	200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.15	0.27933	200% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.28	0.27933	200% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.38	0.27933	200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.38	0.27933	200% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	32.000	7.31	0.27933	10%-25% Below	Yes	No

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00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	5	48.000	8.51	0.27933	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	5	48.000	10.00	0.27933	10%-25% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	5	48.000	20.00	0.27933	26%-50% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	5	48.000	25.00	0.27933	76%-100% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	3.29	0.27769	10%-25% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	3.97	0.27769	10%-25% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	4.90	0.27769	10%-25% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	4.99	0.27769	10%-25% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	4.99	0.27769	10%-25% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	8.18	0.27769	76%-100% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	9.90	0.27769	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	9.99	0.27769	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	9.99	0.27769	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	11.35	0.27769	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	11.64	0.27769	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	13.65	0.27769	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	13.74	0.27769	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	14.15	0.27769	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	14.15	0.27769	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	14.38	0.27769	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	14.43	0.27769	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.000	14.99	0.27769	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	48.000	8.51	0.27769	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	48.000	10.00	0.27769	10%-25% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	48.000	10.73	0.27769	10%-25% Below	Yes	No

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00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	48.000	19.99	0.27769	26%-50% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	2.28	0.27508	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	2.85	0.27508	26%-50% Below	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	3.29	0.27508	10%-25% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	4.90	0.27508	10%-25% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	4.99	0.27508	10%-25% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	6.90	0.27508	51%-75% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	6.99	0.27508	51%-75% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	8.18	0.27508	76%-100% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	9.90	0.27508	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	9.99	0.27508	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	9.99	0.27508	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	11.64	0.27508	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	11.64	0.27508	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	12.23	0.27508	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	13.74	0.27508	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	14.15	0.27508	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	14.15	0.27508	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.000	20.00	0.27508	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	48.000	6.85	0.27508	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	48.000	10.00	0.27508	10%-25% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	48.000	40.98	0.27508	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	3.29	0.28357	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	6.99	0.28357	51%-75% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	9.90	0.28357	101%-200% Above	No	No

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00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	9.99	0.28357	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	9.99	0.28357	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	11.55	0.28357	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	11.64	0.28357	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	11.64	0.28357	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	11.69	0.28357	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	12.23	0.28357	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	13.65	0.28357	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	13.74	0.28357	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	14.15	0.28357	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	14.43	0.28357	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	14.90	0.28357	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	18.12	0.28357	200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	18.12	0.28357	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	18.22	0.28357	200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.000	6.85	0.28357	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.000	10.00	0.28357	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.000	20.00	0.28357	26%-50% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.000	25.00	0.28357	76%-100% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.000	35.50	0.28357	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.000	40.98	0.28357	200% Above	Yes	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	5	15.000	0.87	0.10492	26%-50% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	5	60.000	4.57	0.10492	26%-50% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	6	15.000	0.87	0.09592	26%-50% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	6	60.000	3.47	0.09592	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	7	30.000	1.74	0.08607	26%-50% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	7	60.000	3.47	0.08607	26%-50% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	8	30.000	1.74	0.09072	26%-50% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	8	60.000	3.47	0.09072	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	5	100.000	8.61	0.06432	26%-50% Above	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	6	600.000	0.06	0.06237	76%-100% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	7	100.000	7.53	0.06688	10%-25% Above	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	8	20.000	2.02	0.07544	26%-50% Above	No	No
00054372250	PREDNISONONE 5 MG/5 ML SOLUTION	5	150.000	48.00	0.5522	26%-50% Below	Yes	No
00054372250	PREDNISONONE 5 MG/5 ML SOLUTION	6	90.000	29.82	0.56073	26%-50% Below	No	No
00054372763	PROPRANOLOL 20 MG/5 ML SOLN	5	180.000	9.14	0.08598	26%-50% Below	Yes	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	7	25.000	5.14	0.36926	26%-50% Below	Yes	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	7	25.000	24.25	0.36926	101%-200% Above	Yes	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	8	50.000	10.29	0.45575	51%-75% Below	Yes	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	8	70.000	14.99	0.45575	51%-75% Below	Yes	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	8	90.000	18.51	0.45575	51%-75% Below	Yes	No
00054417925	DEXAMETHASONE 0.5 MG TABLET	7	14.000	1.87	0.10409	26%-50% Above	Yes	No
00054418025	DEXAMETHASONE 0.75 MG TABLET	6	7.000	1.99	0.2004	26%-50% Above	Yes	No
00054418025	DEXAMETHASONE 0.75 MG TABLET	6	30.000	6.80	0.2004	10%-25% Above	No	No
00054418025	DEXAMETHASONE 0.75 MG TABLET	7	9.000	2.57	0.18251	51%-75% Above	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	5	1.000	0.12	0.22832	26%-50% Below	Yes	No
00054418125	DEXAMETHASONE 1 MG TABLET	6	1.000	0.89	0.23072	200% Above	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	5	40.000	15.46	0.43604	10%-25% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	5	90.000	34.79	0.43604	10%-25% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	6	5.000	3.16	0.43122	26%-50% Above	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00054418325	DEXAMETHASONE 2 MG TABLET	6	6.000	1.43	0.43122	26%-50% Below	Yes	No
00054418325	DEXAMETHASONE 2 MG TABLET	6	40.000	15.46	0.43122	10%-25% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	6	90.000	34.79	0.43122	10%-25% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	7	12.000	6.60	0.43122	26%-50% Above	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	7	20.000	6.80	0.43122	10%-25% Below	Yes	No
00054418325	DEXAMETHASONE 2 MG TABLET	8	10.000	3.77	0.44197	10%-25% Below	Yes	No
00054418325	DEXAMETHASONE 2 MG TABLET	8	40.000	12.87	0.44197	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	4.000	3.17	0.49042	51%-75% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	8.000	8.55	0.49042	101%-200% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	10.000	8.40	0.49042	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	24.000	0.24	0.49042	76%-100% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	60.000	46.38	0.49042	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	1.000	1.65	0.51574	200% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	2.000	2.18	0.51574	101%-200% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	5.000	3.68	0.51574	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	5.000	3.77	0.51574	26%-50% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	5.000	4.85	0.51574	76%-100% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	6.000	5.04	0.51574	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	10.000	8.40	0.51574	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	10.000	9.31	0.51574	76%-100% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	11.000	6.90	0.51574	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	14.000	9.90	0.51574	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	5.000	3.68	0.44915	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	5.000	4.20	0.44915	76%-100% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	6.000	0.06	0.44915	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00054418425	DEXAMETHASONE 4 MG TABLET	7	6.000	6.56	0.44915	101%-200% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	8.000	4.90	0.44915	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	9.000	6.20	0.44915	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	10.000	8.40	0.44915	76%-100% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	12.000	7.88	0.44915	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	16.000	10.31	0.44915	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	24.000	0.24	0.44915	76%-100% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	30.000	14.90	0.44915	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	2.000	1.86	0.40528	101%-200% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	5.000	3.68	0.40528	76%-100% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	7.000	4.90	0.40528	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	10.000	6.80	0.40528	51%-75% Above	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	10.000	10.43	0.40528	101%-200% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	11.000	5.00	0.40528	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	11.000	6.90	0.40528	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	11.000	7.00	0.40528	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	12.000	7.88	0.40528	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	15.000	5.00	0.40528	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	15.000	9.75	0.40528	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	30.000	14.90	0.40528	10%-25% Above	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	5	5.000	7.79	1.04967	26%-50% Above	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	5	6.000	9.17	1.04967	26%-50% Above	Yes	No
00054418625	DEXAMETHASONE 6 MG TABLET	6	5.000	5.29	0.94398	10%-25% Above	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	6	7.000	0.00	0.94398	76%-100% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	6	10.000	7.14	0.94398	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00054418625	DEXAMETHASONE 6 MG TABLET	7	7.000	10.71	1.03304	26%-50% Above	Yes	No
00054418625	DEXAMETHASONE 6 MG TABLET	7	10.000	7.14	1.03304	26%-50% Below	Yes	No
00054418625	DEXAMETHASONE 6 MG TABLET	8	7.000	10.92	1.02644	51%-75% Above	Yes	No
00054418625	DEXAMETHASONE 6 MG TABLET	8	10.000	7.14	1.02644	26%-50% Below	Yes	No
00054429731	FUROSEMIDE 20 MG TABLET	5	15.000	1.05	0.03078	101%-200% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	5	30.000	1.26	0.03078	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	30.000	1.19	0.03072	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	39.000	1.76	0.03072	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	7	15.000	1.05	0.02855	101%-200% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	7	30.000	1.19	0.02855	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	7	30.000	3.70	0.02855	200% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	7	60.000	1.91	0.02855	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	15.000	1.05	0.02958	101%-200% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	30.000	1.26	0.02958	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	30.000	1.35	0.02958	51%-75% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	30.000	1.46	0.02958	51%-75% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	90.000	3.07	0.02958	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	6	60.000	2.45	0.03356	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	6	75.000	2.89	0.03356	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	7	75.000	2.89	0.03342	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	8	30.000	1.78	0.03235	76%-100% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	8	75.000	0.01	0.03235	76%-100% Below	No	No
00054452725	LITHIUM CARBONATE 300 MG TAB	5	60.000	10.00	0.13461	10%-25% Above	Yes	No
00054452725	LITHIUM CARBONATE 300 MG TAB	6	60.000	4.13	0.12382	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	6	10.000	5.43	0.98082	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00054458111	MERCAPTOPYRINE 50 MG TABLET	6	180.000	97.70	0.98082	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	7	10.000	5.43	0.92379	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	8	15.000	8.14	0.86861	26%-50% Below	Yes	No
00054472831	PREDNISON 5 MG TABLET	5	21.000	3.03	0.08241	51%-75% Above	No	No
00054472831	PREDNISON 5 MG TABLET	5	30.000	4.30	0.08241	51%-75% Above	No	No
00054472831	PREDNISON 5 MG TABLET	6	21.000	3.03	0.07498	76%-100% Above	No	No
00054472831	PREDNISON 5 MG TABLET	6	30.000	4.20	0.07498	76%-100% Above	No	No
00054472831	PREDNISON 5 MG TABLET	7	21.000	3.03	0.08157	76%-100% Above	No	No
00054472831	PREDNISON 5 MG TABLET	7	30.000	4.20	0.08157	51%-75% Above	No	No
00054472831	PREDNISON 5 MG TABLET	8	5.000	1.22	0.08938	101%-200% Above	No	No
00054472831	PREDNISON 5 MG TABLET	8	30.000	5.20	0.08938	76%-100% Above	No	No
00054474125	PREDNISON 1 MG TABLET	6	91.000	9.99	0.07903	26%-50% Above	Yes	No
00054474125	PREDNISON 1 MG TABLET	7	270.000	34.48	0.07471	51%-75% Above	Yes	No
00054474125	PREDNISON 1 MG TABLET	8	91.000	9.99	0.07713	26%-50% Above	Yes	No
00054474225	PREDNISON 2.5 MG TABLET	7	90.000	6.80	0.08619	10%-25% Below	Yes	No
00054485925	TRIAZOLAM 0.25 MG TABLET	5	10.000	7.52	1.11217	26%-50% Below	No	No
00054485925	TRIAZOLAM 0.25 MG TABLET	5	30.000	23.53	1.11217	26%-50% Below	Yes	No
00054485925	TRIAZOLAM 0.25 MG TABLET	7	1.000	1.77	1.11832	51%-75% Above	No	No
00054485925	TRIAZOLAM 0.25 MG TABLET	7	1.000	1.93	1.11832	51%-75% Above	No	No
00054982825	PREDNISON 5 MG TABLET	5	21.000	3.03	0.08241	51%-75% Above	No	No
00054982825	PREDNISON 5 MG TABLET	8	5.000	1.67	0.08938	200% Above	No	No
00054982831	PREDNISON 5 MG TABLET	8	10.000	1.78	0.08938	76%-100% Above	No	No
00065924007	DUREZOL 0.05% EYE DROPS	7	5.000	84.99	39.8427	51%-75% Below	No	No
00069024430	TOVIAZ ER 8 MG TABLET	7	30.000	44.90	12.05064	76%-100% Below	No	No
00069153068	NORVASC 5 MG TABLET	8	30.000	1.47	7.2439	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00074372790	SYNTHROID 137 MCG TABLET	7	90.000	16.75	1.37274	76%-100% Below	Yes	No
00074455219	SYNTHROID 50 MCG TABLET	5	30.000	15.57	1.3726	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	6	30.000	15.57	1.3726	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	7	30.000	15.57	1.3726	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	8	30.000	15.57	1.3726	51%-75% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	5	90.000	20.00	1.3726	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	6	90.000	20.00	1.3726	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	7	90.000	24.48	1.3726	76%-100% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	8	90.000	20.00	1.3726	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	8	90.000	25.10	1.3726	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	5	90.000	17.47	1.37462	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	5	90.000	17.71	1.37462	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	6	90.000	17.93	1.37462	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	6	90.000	22.90	1.37462	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	7	90.000	15.00	1.37462	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	8	90.000	15.00	1.37462	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	8	90.000	16.95	1.37462	76%-100% Below	Yes	No
00074659490	SYNTHROID 88 MCG TABLET	8	90.000	14.87	1.3729	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	5	30.000	11.02	1.37154	51%-75% Below	No	No
00074706890	SYNTHROID 125 MCG TABLET	6	60.000	20.84	1.37154	51%-75% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	6	90.000	26.97	1.37154	76%-100% Below	Yes	No
00074706990	SYNTHROID 150 MCG TABLET	6	90.000	17.95	1.3722	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	6	90.000	29.00	1.37281	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	6	90.000	29.40	1.37281	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	8	90.000	23.36	1.37281	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00074714890	SYNTHROID 200 MCG TABLET	6	90.000	28.21	1.37258	76%-100% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	8	90.000	22.73	1.37258	76%-100% Below	Yes	No
00074929690	SYNTHROID 112 MCG TABLET	6	90.000	34.88	1.3715	51%-75% Below	Yes	No
00078033705	TRILEPTAL 300 MG TABLET	8	540.000	70.85	8.79698	76%-100% Below	Yes	No
00093001806	TOLTERODINE TARTRATE 2 MG TAB	5	60.000	24.99	0.56918	26%-50% Below	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	42.000	3.34	0.02923	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	60.000	3.99	0.02923	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	90.000	4.99	0.02923	76%-100% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	120.000	8.68	0.02923	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	3.000	0.00	0.02898	76%-100% Below	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	60.000	3.99	0.02898	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	90.000	5.60	0.02898	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	120.000	8.68	0.02898	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	60.000	3.99	0.03022	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	120.000	8.68	0.03022	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	60.000	3.93	0.03018	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	60.000	3.99	0.03018	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	120.000	11.02	0.03018	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	5	30.000	2.91	0.04048	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	6	30.000	2.47	0.03997	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	6	30.000	2.85	0.03997	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	30.000	2.47	0.03933	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	90.000	6.03	0.03933	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	60.000	3.47	0.04048	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	60.000	5.01	0.04048	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	30.000	2.48	0.03997	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	60.000	3.47	0.03997	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	60.000	3.99	0.03997	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	60.000	3.47	0.03924	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	60.000	3.99	0.03924	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	30.000	2.48	0.03933	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	60.000	3.47	0.03933	26%-50% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	5.000	0.08	0.02454	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	10.000	0.96	0.02454	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	12.000	0.75	0.02454	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	20.000	1.18	0.02454	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	21.000	1.20	0.02454	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	28.000	0.46	0.02454	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	30.000	1.40	0.02454	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	30.000	1.42	0.02454	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	60.000	2.08	0.02454	26%-50% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	84.000	7.06	0.02454	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	90.000	2.48	0.02454	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	90.000	2.77	0.02454	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	120.000	1.96	0.02454	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	120.000	3.51	0.02454	10%-25% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	180.000	2.93	0.02454	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	10.000	0.96	0.02486	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	12.000	0.91	0.02486	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	12.000	1.00	0.02486	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093005805	TRAMADOL HCL 50 MG TABLET	6	14.000	1.05	0.02486	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	14.000	1.06	0.02486	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	15.000	0.24	0.02486	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	20.000	1.18	0.02486	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	30.000	1.25	0.02486	51%-75% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	90.000	2.77	0.02486	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	120.000	3.38	0.02486	10%-25% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	180.000	2.93	0.02486	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	8.000	0.13	0.02478	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	8.000	0.92	0.02478	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	9.000	0.91	0.02478	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	10.000	0.69	0.02478	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	10.000	0.88	0.02478	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	10.000	0.96	0.02478	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	12.000	0.40	0.02478	26%-50% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	15.000	0.60	0.02478	51%-75% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	16.000	1.09	0.02478	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	18.000	1.15	0.02478	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	28.000	1.37	0.02478	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	30.000	0.49	0.02478	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	30.000	1.42	0.02478	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	60.000	1.80	0.02478	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	90.000	2.72	0.02478	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	90.000	7.49	0.02478	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	120.000	1.96	0.02478	26%-50% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093005805	TRAMADOL HCL 50 MG TABLET	7	120.000	3.38	0.02478	10%-25% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	180.000	2.93	0.02478	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	10.000	0.16	0.02429	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	12.000	0.20	0.02429	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	12.000	1.07	0.02429	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	20.000	0.78	0.02429	51%-75% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	20.000	1.11	0.02429	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	20.000	1.18	0.02429	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	21.000	1.08	0.02429	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	21.000	1.13	0.02429	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	21.000	1.20	0.02429	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	24.000	1.04	0.02429	76%-100% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	30.000	0.49	0.02429	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	30.000	1.42	0.02429	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	60.000	1.80	0.02429	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	90.000	2.77	0.02429	26%-50% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	120.000	1.96	0.02429	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	120.000	3.38	0.02429	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	180.000	2.93	0.02429	26%-50% Below	Yes	No
00093010901	CARBAMAZEPINE 200 MG TABLET	7	450.000	58.23	0.18301	26%-50% Below	Yes	No
00093026215	FLUOCINONIDE 0.05% CREAM	8	30.000	16.33	0.45754	10%-25% Above	Yes	No
00093026292	FLUOCINONIDE 0.05% CREAM	6	60.000	21.62	0.53228	26%-50% Below	No	No
00093026292	FLUOCINONIDE 0.05% CREAM	7	60.000	26.05	0.51371	10%-25% Below	Yes	No
00093026292	FLUOCINONIDE 0.05% CREAM	8	60.000	26.05	0.49066	10%-25% Below	Yes	No
00093026292	FLUOCINONIDE 0.05% CREAM	8	120.000	52.10	0.49066	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093031101	LOPERAMIDE 2 MG CAPSULE	7	20.000	4.14	0.26356	10%-25% Below	Yes	No
00093031101	LOPERAMIDE 2 MG CAPSULE	8	20.000	6.39	0.26365	10%-25% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	5	10.000	4.99	0.71217	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	5	12.000	4.85	0.71217	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	5	14.000	14.90	0.71217	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	5	15.000	13.61	0.71217	26%-50% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	5	15.000	14.99	0.71217	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	5	20.000	8.39	0.71217	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	5	20.000	9.90	0.71217	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	5	20.000	9.99	0.71217	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	5	20.000	19.90	0.71217	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	5	30.000	12.58	0.71217	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	5	30.000	14.90	0.71217	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	6	10.000	4.99	0.71259	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	6	10.000	11.25	0.71259	51%-75% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	6	12.000	0.12	0.71259	76%-100% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	6	12.000	7.03	0.71259	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	6	14.000	12.61	0.71259	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	6	18.000	14.99	0.71259	10%-25% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	6	20.000	9.99	0.71259	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	6	20.000	21.77	0.71259	51%-75% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	10.000	4.99	0.66045	10%-25% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	12.000	2.70	0.66045	51%-75% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	7	15.000	13.56	0.66045	26%-50% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	15.000	16.51	0.66045	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093031401	KETOROLAC 10 MG TABLET	7	20.000	0.20	0.66045	76%-100% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	7	20.000	8.09	0.66045	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	20.000	9.99	0.66045	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	7	20.000	9.99	0.66045	10%-25% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	20.000	14.99	0.66045	10%-25% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	7	20.000	14.99	0.66045	10%-25% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	30.000	14.90	0.66045	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	7	40.000	19.90	0.66045	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	8	8.000	7.56	0.6484	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	8	10.000	9.72	0.6484	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	8	12.000	4.85	0.6484	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	15.000	14.90	0.6484	51%-75% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	8	16.000	6.47	0.6484	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	7.61	0.6484	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	9.99	0.6484	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	9.99	0.6484	10%-25% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	10.26	0.6484	10%-25% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	14.99	0.6484	10%-25% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	17.85	0.6484	26%-50% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	18.77	0.6484	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	21.46	0.6484	51%-75% Above	Yes	No
00093031801	DILTIAZEM 30 MG TABLET	5	180.000	14.93	0.09387	10%-25% Below	No	No
00093031801	DILTIAZEM 30 MG TABLET	8	180.000	13.61	0.09209	10%-25% Below	No	No
00093032101	DILTIAZEM 120 MG TABLET	7	180.000	44.90	0.29451	10%-25% Below	No	No
00093057610	LOVASTATIN 20 MG TABLET	6	90.000	0.01	0.05522	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093057610	LOVASTATIN 20 MG TABLET	7	30.000	0.00	0.04433	76%-100% Below	No	No
00093057610	LOVASTATIN 20 MG TABLET	8	30.000	0.00	0.05262	76%-100% Below	No	No
00093075210	ATENOLOL 50 MG TABLET	5	10.000	1.54	0.02866	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	6	90.000	8.73	0.02956	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	8	90.000	8.98	0.02776	200% Above	No	No
00093075601	PIROXICAM 10 MG CAPSULE	6	30.000	14.90	0.27636	76%-100% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	30.000	0.00	0.06677	76%-100% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	30.000	1.16	0.06677	26%-50% Below	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	30.000	1.30	0.06677	26%-50% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	90.000	11.23	0.06677	76%-100% Above	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	30.000	1.16	0.06819	26%-50% Below	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	30.000	1.24	0.06819	26%-50% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	90.000	0.01	0.06819	76%-100% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	90.000	3.49	0.06819	26%-50% Below	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	90.000	11.08	0.06819	76%-100% Above	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	7	30.000	1.16	0.06819	26%-50% Below	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	7	30.000	1.24	0.06819	26%-50% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	7	90.000	0.01	0.06819	76%-100% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	7	90.000	3.72	0.06819	26%-50% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	7	90.000	8.93	0.06819	26%-50% Above	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	8	30.000	1.13	0.07262	26%-50% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	8	30.000	1.16	0.07262	26%-50% Below	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	8	90.000	8.93	0.07262	26%-50% Above	Yes	No
00093078701	ATENOLOL 25 MG TABLET	6	30.000	3.02	0.02573	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	5	30.000	0.42	0.02518	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093078710	ATENOLOL 25 MG TABLET	5	30.000	1.28	0.02518	51%-75% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	6	30.000	0.41	0.02573	26%-50% Below	No	No
00093078710	ATENOLOL 25 MG TABLET	6	30.000	1.28	0.02573	51%-75% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	6	30.000	2.31	0.02573	101%-200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	6	30.000	2.75	0.02573	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	6	90.000	7.04	0.02573	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	7	30.000	1.28	0.02522	51%-75% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	7	30.000	2.75	0.02522	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	8	30.000	0.41	0.02477	26%-50% Below	No	No
00093078710	ATENOLOL 25 MG TABLET	8	30.000	0.91	0.02477	10%-25% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	8	30.000	2.75	0.02477	200% Above	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	6	30.000	0.30	0.07121	76%-100% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	7	30.000	0.30	0.06505	76%-100% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	7	150.000	14.99	0.06505	51%-75% Above	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	8	30.000	4.25	0.07167	76%-100% Above	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	8	30.000	4.25	0.07167	76%-100% Above	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	8	90.000	9.99	0.07167	51%-75% Above	No	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	6	180.000	8.55	0.07121	26%-50% Below	Yes	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	5	90.000	9.99	0.09727	10%-25% Above	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	6	90.000	9.99	0.09711	10%-25% Above	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	7	30.000	3.19	0.08587	10%-25% Above	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	7	90.000	15.45	0.08587	76%-100% Above	Yes	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	8	90.000	9.99	0.10001	10%-25% Above	No	No
00093081105	NORTRIPTYLINE HCL 25 MG CAP	8	90.000	6.17	0.10001	26%-50% Below	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	6	180.000	27.74	0.12	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093083201	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.21	0.0266	51%-75% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.32	0.0266	51%-75% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	20.000	2.01	0.02541	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	0.42	0.02541	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	0.86	0.02541	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	0.90	0.02541	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.14	0.02541	26%-50% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.28	0.02541	51%-75% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.30	0.02541	51%-75% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.32	0.02541	51%-75% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.59	0.02541	101%-200% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	45.000	0.00	0.02541	76%-100% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.000	0.60	0.02541	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.72	0.02541	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.87	0.02541	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.89	0.02541	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	15.000	0.21	0.02593	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	25.000	1.78	0.02593	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	28.000	0.39	0.02593	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	0.42	0.02593	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.09	0.02593	26%-50% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.16	0.02593	26%-50% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.30	0.02593	51%-75% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.30	0.02593	51%-75% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.32	0.02593	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	45.000	0.00	0.02593	76%-100% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.000	0.60	0.02593	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.000	0.83	0.02593	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.000	1.72	0.02593	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.000	1.89	0.02593	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	15.000	0.21	0.02552	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	15.000	1.09	0.02552	101%-200% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	25.000	1.21	0.02552	76%-100% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	0.42	0.02552	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	0.58	0.02552	10%-25% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	0.85	0.02552	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.07	0.02552	26%-50% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.09	0.02552	26%-50% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.30	0.02552	51%-75% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.32	0.02552	51%-75% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	45.000	0.00	0.02552	76%-100% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	60.000	0.83	0.02552	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	60.000	1.72	0.02552	10%-25% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	60.000	1.89	0.02552	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	60.000	3.06	0.02552	76%-100% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	90.000	0.01	0.02552	76%-100% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	90.000	1.25	0.02552	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	4.000	0.80	0.0266	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	10.000	0.85	0.0266	200% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	15.000	0.21	0.0266	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	15.000	1.09	0.0266	101%-200% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	25.000	1.21	0.0266	76%-100% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.000	0.42	0.0266	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.000	0.58	0.0266	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.09	0.0266	26%-50% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.30	0.0266	51%-75% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.30	0.0266	51%-75% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.32	0.0266	51%-75% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	45.000	0.00	0.0266	76%-100% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	60.000	0.83	0.0266	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	60.000	1.86	0.0266	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	60.000	1.89	0.0266	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	60.000	3.06	0.0266	76%-100% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	90.000	1.25	0.0266	26%-50% Below	Yes	No
00093092610	LOVASTATIN 10 MG TABLET	5	90.000	0.01	0.04775	76%-100% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	5	30.000	3.01	0.06089	51%-75% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	5	90.000	3.60	0.06089	26%-50% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	5	180.000	0.02	0.06089	76%-100% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	6	16.000	1.95	0.06155	76%-100% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	6	30.000	3.01	0.06155	51%-75% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	7	30.000	3.01	0.05775	51%-75% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	7	90.000	3.30	0.05775	26%-50% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	8	30.000	3.01	0.05733	51%-75% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	8	180.000	0.02	0.05733	76%-100% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	7	60.000	38.68	0.29096	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093094801	DICLOFENAC POT 50 MG TABLET	8	30.000	14.99	0.20931	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	60.000	4.99	0.05104	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	60.000	6.01	0.05104	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	90.000	8.93	0.05104	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	60.000	4.90	0.04759	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	60.000	5.92	0.04759	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	60.000	6.01	0.04759	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	90.000	8.90	0.04759	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	60.000	5.92	0.04751	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	60.000	6.01	0.04751	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	90.000	8.90	0.04751	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	120.000	7.49	0.04751	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	270.000	9.90	0.04751	10%-25% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	60.000	5.04	0.04691	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	60.000	5.92	0.04691	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	90.000	8.90	0.04691	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	120.000	9.48	0.04691	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	180.000	9.90	0.04691	10%-25% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	5	60.000	1.84	0.05104	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	5	120.000	6.90	0.05104	10%-25% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	6	60.000	1.68	0.04759	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	7	60.000	1.68	0.04751	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	7	90.000	2.52	0.04751	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	8	60.000	1.68	0.04691	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	8	60.000	3.64	0.04691	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093100305	BUSPIRONE HCL 15 MG TABLET	8	90.000	2.52	0.04691	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	0.00	0.17815	76%-100% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	2.14	0.17815	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	3.40	0.17815	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	4.35	0.17815	10%-25% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	4.99	0.17815	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	6.72	0.17815	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	7.33	0.17815	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	7.77	0.17815	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	8.08	0.17815	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	8.08	0.17815	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	8.31	0.17815	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	8.31	0.17815	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	8.56	0.17815	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	9.14	0.17815	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	9.99	0.17815	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	2.14	0.17091	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	4.72	0.17091	10%-25% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	4.99	0.17091	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	6.87	0.17091	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	7.05	0.17091	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	7.15	0.17091	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	8.08	0.17091	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	8.31	0.17091	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	8.31	0.17091	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	9.14	0.17091	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	9.99	0.17091	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	6	44.000	15.88	0.17091	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	2.14	0.17062	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	4.99	0.17062	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	4.99	0.17062	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	6.87	0.17062	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	6.92	0.17062	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	7.72	0.17062	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	8.41	0.17062	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	9.14	0.17062	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	0.00	0.17431	76%-100% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	2.14	0.17431	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	3.23	0.17431	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	4.99	0.17431	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	6.87	0.17431	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	6.99	0.17431	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	8.08	0.17431	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	8.08	0.17431	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	8.31	0.17431	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	9.14	0.17431	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	9.99	0.17431	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	44.000	18.27	0.17431	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	66.000	6.41	0.17431	26%-50% Below	Yes	No
00093106001	SOTALOL 120 MG TABLET	5	180.000	28.75	0.11534	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093106001	SOTALOL 120 MG TABLET	6	60.000	9.99	0.11021	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	7	60.000	8.85	0.09512	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	8	60.000	8.85	0.09592	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	8	180.000	28.75	0.09592	51%-75% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	6	180.000	18.33	0.07701	26%-50% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	7	270.000	14.99	0.0737	10%-25% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	5	20.000	4.21	0.09821	101%-200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	5	21.000	6.67	0.09821	200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	6	30.000	6.20	0.09203	101%-200% Above	No	No
00093117410	PENICILLIN VK 500 MG TABLET	7	20.000	2.20	0.09056	10%-25% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	20.000	3.90	0.09056	101%-200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	28.000	1.57	0.09056	26%-50% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	28.000	4.99	0.09056	76%-100% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	28.000	5.22	0.09056	101%-200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	28.000	8.77	0.09056	200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	40.000	8.14	0.09056	101%-200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	8	28.000	2.25	0.1091	26%-50% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	8	28.000	4.99	0.1091	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	8	28.000	5.92	0.1091	76%-100% Above	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	5	6.000	3.14	0.81303	26%-50% Below	No	No
00093117701	NEOMYCIN 500 MG TABLET	6	4.000	4.62	0.81303	26%-50% Above	No	No
00093171201	WARFARIN SODIUM 1 MG TABLET	5	30.000	1.51	0.09676	26%-50% Below	Yes	No
00093171201	WARFARIN SODIUM 1 MG TABLET	6	30.000	1.51	0.09954	26%-50% Below	Yes	No
00093171201	WARFARIN SODIUM 1 MG TABLET	7	30.000	1.51	0.10207	26%-50% Below	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	5	90.000	5.36	0.09728	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093171301	WARFARIN SODIUM 2 MG TABLET	8	90.000	5.36	0.09403	26%-50% Below	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	5	35.000	8.88	0.08812	101%-200% Above	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	5	90.000	20.64	0.08812	101%-200% Above	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	6	35.000	7.24	0.10406	76%-100% Above	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	7	35.000	7.24	0.08747	101%-200% Above	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	8	35.000	7.24	0.12159	51%-75% Above	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	8	90.000	16.40	0.12159	26%-50% Above	Yes	No
00093172101	WARFARIN SODIUM 5 MG TABLET	5	90.000	21.91	0.09716	101%-200% Above	Yes	No
00093172101	WARFARIN SODIUM 5 MG TABLET	6	90.000	21.61	0.10331	101%-200% Above	Yes	No
00093172101	WARFARIN SODIUM 5 MG TABLET	8	90.000	5.07	0.11058	26%-50% Below	Yes	No
00093172101	WARFARIN SODIUM 5 MG TABLET	8	120.000	14.99	0.11058	10%-25% Above	Yes	No
00093172110	WARFARIN SODIUM 5 MG TABLET	5	60.000	15.33	0.09716	101%-200% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	8	60.000	13.10	0.11058	76%-100% Above	No	No
00093172301	WARFARIN SODIUM 7.5 MG TABLET	5	30.000	9.59	0.10299	200% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	5	60.000	7.45	0.15284	10%-25% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	5	180.000	20.00	0.15284	26%-50% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	5	180.000	24.07	0.15284	10%-25% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	6	60.000	6.97	0.13682	10%-25% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	8	60.000	6.97	0.1332	10%-25% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	8	180.000	19.90	0.1332	10%-25% Below	No	No
00093206506	CILOSTAZOL 50 MG TABLET	6	180.000	14.99	0.11697	26%-50% Below	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	5	90.000	47.84	0.078	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	7	90.000	38.02	0.06537	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	8	90.000	38.02	0.07972	200% Above	Yes	No
00093214062	TRI-LO-SPRINTEC TABLET	5	28.000	3.00	0.16476	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093214062	TRI-LO-SPRINTEC TABLET	5	84.000	0.01	0.16476	76%-100% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	6	84.000	8.99	0.16267	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	6	84.000	57.08	0.16267	200% Above	Yes	No
00093214062	TRI-LO-SPRINTEC TABLET	7	28.000	0.00	0.16056	76%-100% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	7	28.000	2.96	0.16056	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	7	28.000	3.00	0.16056	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	8	28.000	0.00	0.1664	76%-100% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	8	28.000	2.92	0.1664	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	8	84.000	45.98	0.1664	200% Above	Yes	No
00093216568	NALOXONE HCL 4 MG NASAL SPRAY	6	2.000	14.99	41.825	76%-100% Below	No	No
00093216568	NALOXONE HCL 4 MG NASAL SPRAY	7	2.000	57.00	41.26625	26%-50% Below	Yes	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	6	30.000	2.11	0.04855	26%-50% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	30.000	1.79	0.04651	26%-50% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	8	30.000	1.79	0.05087	10%-25% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	6	28.000	1.80	0.04855	26%-50% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	6	30.000	1.88	0.04855	26%-50% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	30.000	1.88	0.04651	26%-50% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	30.000	1.93	0.04651	26%-50% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	60.000	3.57	0.04651	26%-50% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	60.000	8.16	0.04651	101%-200% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	1.000	0.74	0.05087	200% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	20.000	1.71	0.05087	51%-75% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	30.000	1.03	0.05087	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	30.000	1.88	0.05087	10%-25% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	60.000	3.57	0.05087	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	60.000	8.16	0.05087	101%-200% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	120.000	4.99	0.05087	10%-25% Below	Yes	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	5	60.000	3.20	0.04628	10%-25% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	8	28.000	1.85	0.04456	26%-50% Above	Yes	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	8	30.000	1.88	0.04456	26%-50% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	8	56.000	3.04	0.04456	10%-25% Above	No	No
00093220405	METOCLOPRAMIDE 5 MG TABLET	6	90.000	4.34	0.04305	10%-25% Above	No	No
00093220405	METOCLOPRAMIDE 5 MG TABLET	8	120.000	4.81	0.04456	10%-25% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	5	60.000	6.62	0.19497	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	5	90.000	10.00	0.19497	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	5	120.000	13.25	0.19497	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	5	180.000	18.56	0.19497	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	56.000	6.18	0.18218	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	60.000	13.89	0.18218	26%-50% Above	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	120.000	13.25	0.18218	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	120.000	14.99	0.18218	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	360.000	37.12	0.18218	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	21.000	4.71	0.17142	26%-50% Above	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	56.000	11.03	0.17142	10%-25% Above	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	120.000	13.25	0.17142	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	120.000	14.54	0.17142	26%-50% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	7	270.000	65.69	0.17142	26%-50% Above	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	56.000	6.18	0.1785	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	60.000	6.62	0.1785	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	120.000	9.97	0.1785	51%-75% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093221001	SUCRALFATE 1 GM TABLET	8	120.000	13.25	0.1785	26%-50% Below	Yes	No
00093221005	SUCRALFATE 1 GM TABLET	7	120.000	14.90	0.17142	26%-50% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	8	120.000	14.90	0.1785	26%-50% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	8	360.000	44.90	0.1785	26%-50% Below	No	No
00093221098	SUCRALFATE 1 GM TABLET	6	120.000	14.90	0.18218	26%-50% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	7	14.000	47.58	1.95929	51%-75% Above	No	No
00093224001	CEPHALEXIN 500 MG TABLET	7	120.000	166.51	1.95929	26%-50% Below	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	5	20.000	6.43	0.13209	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	5	21.000	6.71	0.13209	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	21.000	4.99	0.12173	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	21.000	4.99	0.13433	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	21.000	6.71	0.13433	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	30.000	7.87	0.13433	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	8	14.000	2.85	0.13987	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	8	20.000	4.99	0.13987	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	8	30.000	4.99	0.13987	10%-25% Above	Yes	No
00093227434	AMOX-CLAV 500-125 MG TABLET	5	14.000	9.58	0.31172	101%-200% Above	Yes	No
00093227434	AMOX-CLAV 500-125 MG TABLET	5	14.000	9.90	0.31172	101%-200% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	8	30.000	4.90	0.31307	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	16.000	9.16	0.27033	101%-200% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.29	0.27033	101%-200% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	30.000	14.90	0.27033	76%-100% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	14.000	2.47	0.27145	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	20.000	6.90	0.27145	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.50	0.27145	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	30.000	14.90	0.27145	76%-100% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	14.000	4.90	0.29478	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.28	0.29478	51%-75% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	14.000	2.44	0.29465	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.05	0.29465	51%-75% Above	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.87	0.29465	76%-100% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.72	0.29465	51%-75% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	20.000	11.05	0.29465	76%-100% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	30.000	13.62	0.29465	51%-75% Above	No	No
00093227973	AMOX-CLAV 400-57 MG/5 ML SUSP	8	100.000	4.27	0.06482	26%-50% Below	No	No
00093301756	TADALAFIL 5 MG TABLET	5	30.000	2.45	0.13295	26%-50% Below	Yes	No
00093301756	TADALAFIL 5 MG TABLET	6	10.000	4.99	0.14299	200% Above	Yes	No
00093301756	TADALAFIL 5 MG TABLET	6	30.000	2.45	0.14299	26%-50% Below	Yes	No
00093301756	TADALAFIL 5 MG TABLET	6	30.000	19.99	0.14299	200% Above	Yes	No
00093301756	TADALAFIL 5 MG TABLET	8	20.000	19.99	0.11195	200% Above	Yes	No
00093301756	TADALAFIL 5 MG TABLET	8	30.000	2.45	0.11195	26%-50% Below	Yes	No
00093301956	TADALAFIL 20 MG TABLET	5	9.000	9.99	0.37289	101%-200% Above	Yes	No
00093301956	TADALAFIL 20 MG TABLET	6	6.000	9.99	0.36562	200% Above	Yes	No
00093301956	TADALAFIL 20 MG TABLET	6	10.000	24.99	0.36562	200% Above	Yes	No
00093301956	TADALAFIL 20 MG TABLET	7	6.000	9.99	0.34668	200% Above	Yes	No
00093301956	TADALAFIL 20 MG TABLET	8	6.000	9.99	0.25261	200% Above	Yes	No
00093309256	ARMODAFINIL 150 MG TABLET	7	90.000	279.05	0.73363	200% Above	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	5	60.000	4.48	0.06407	10%-25% Above	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	7	60.000	4.48	0.05235	26%-50% Above	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	8	60.000	4.48	0.05369	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	10.000	1.50	0.07606	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	14.000	1.75	0.07606	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	14.000	1.80	0.07606	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	15.000	1.83	0.07606	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	16.000	0.98	0.07606	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	20.000	1.88	0.07606	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	20.000	2.18	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	20.000	2.20	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	20.000	3.52	0.07606	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.000	0.77	0.07606	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.000	1.16	0.07606	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.000	2.25	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.000	2.30	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.000	2.33	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	24.000	3.38	0.07606	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.000	1.10	0.07606	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.70	0.07606	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.90	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.96	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.97	0.07606	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	40.000	3.62	0.07606	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	40.000	3.71	0.07606	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	3.000	0.11	0.0666	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	4.000	0.15	0.0666	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	8.000	0.77	0.0666	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	14.000	0.51	0.0666	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	14.000	1.59	0.0666	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	14.000	1.75	0.0666	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	15.000	0.55	0.0666	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	15.000	1.82	0.0666	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	16.000	1.89	0.0666	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	20.000	2.00	0.0666	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	0.77	0.0666	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	1.94	0.0666	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	1.96	0.0666	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.25	0.0666	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.30	0.0666	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	3.05	0.0666	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	3.66	0.0666	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.000	4.94	0.0666	200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	22.000	2.12	0.0666	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	28.000	2.39	0.0666	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	28.000	2.75	0.0666	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	30.000	2.90	0.0666	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	30.000	3.15	0.0666	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	32.000	1.17	0.0666	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	4.000	0.15	0.07825	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	9.000	1.39	0.07825	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	14.000	2.69	0.07825	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	15.000	3.96	0.07825	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	20.000	0.73	0.07825	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	20.000	1.88	0.07825	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	20.000	1.90	0.07825	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	21.000	1.96	0.07825	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	21.000	2.25	0.07825	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	23.000	2.39	0.07825	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	27.000	2.68	0.07825	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.000	1.10	0.07825	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.000	1.56	0.07825	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.000	1.81	0.07825	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.000	2.90	0.07825	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.000	2.97	0.07825	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.000	6.42	0.07825	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	40.000	3.62	0.07825	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	40.000	3.71	0.07825	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	10.000	1.30	0.07382	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	12.000	1.60	0.07382	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	14.000	1.75	0.07382	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	15.000	1.85	0.07382	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.000	1.08	0.07382	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.000	1.90	0.07382	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.000	2.18	0.07382	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.000	2.22	0.07382	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	21.000	0.77	0.07382	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.16	0.07382	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.96	0.07382	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.25	0.07382	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.30	0.07382	26%-50% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	28.000	1.02	0.07382	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	40.000	3.62	0.07382	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	56.000	3.04	0.07382	26%-50% Below	Yes	No
00093312501	DICLOXACILLIN 500 MG CAPSULE	7	28.000	28.06	0.90823	10%-25% Above	Yes	No
00093312501	DICLOXACILLIN 500 MG CAPSULE	7	56.000	32.58	0.90823	26%-50% Below	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	7	15.000	1.93	0.08875	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	5	21.000	2.44	0.12954	10%-25% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	7	30.000	1.94	0.13363	51%-75% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	7	40.000	4.08	0.13363	10%-25% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	7	60.000	5.63	0.13363	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	14.000	0.95	0.12954	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	21.000	2.26	0.12954	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	28.000	3.14	0.12954	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	30.000	3.22	0.12954	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	40.000	4.08	0.12954	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	60.000	5.63	0.12954	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	20.000	3.36	0.11531	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	30.000	1.89	0.11531	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	14.000	1.58	0.13363	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	14.000	1.63	0.13363	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	20.000	2.09	0.13363	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	28.000	2.58	0.13363	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	28.000	3.06	0.13363	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	30.000	3.27	0.13363	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	40.000	5.97	0.13363	10%-25% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	60.000	5.63	0.13363	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	14.000	1.67	0.13311	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	15.000	3.09	0.13311	51%-75% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.000	3.36	0.13311	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	21.000	2.45	0.13311	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	21.000	4.04	0.13311	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	28.000	4.27	0.13311	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	14.99	3.06189	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	16.23	3.06189	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	19.87	3.06189	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	19.99	3.06189	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	19.99	3.06189	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	33.11	3.06189	26%-50% Above	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	34.02	3.06189	26%-50% Above	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	34.07	3.06189	26%-50% Above	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	35.12	3.06189	26%-50% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	17.000	39.74	3.06189	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	25.500	48.69	3.06189	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	25.500	59.61	3.06189	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	0.09	3.00568	76%-100% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	9.99	3.00568	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	14.98	3.00568	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	14.99	3.00568	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	19.87	3.00568	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	19.99	3.00568	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	20.59	3.00568	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	34.07	3.00568	26%-50% Above	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	35.12	3.00568	26%-50% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	0.09	3.04778	76%-100% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	9.99	3.04778	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	14.98	3.04778	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	14.99	3.04778	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	19.87	3.04778	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	19.90	3.04778	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	19.99	3.04778	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	19.99	3.04778	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	28.66	3.04778	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	29.99	3.04778	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	35.08	3.04778	26%-50% Above	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	35.12	3.04778	26%-50% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	25.500	59.61	3.04778	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	25.500	61.04	3.04778	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	9.99	3.02755	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	12.86	3.02755	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	14.98	3.02755	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	14.99	3.02755	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	18.50	3.02755	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	19.87	3.02755	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	19.90	3.02755	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	19.99	3.02755	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	19.99	3.02755	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	28.66	3.02755	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	28.75	3.02755	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	28.80	3.02755	10%-25% Above	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	35.12	3.02755	26%-50% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	0.00	0.03181	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	0.64	0.03181	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	1.53	0.03181	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	1.55	0.03181	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	3.51	0.03181	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	60.000	0.01	0.03181	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	60.000	2.31	0.03181	10%-25% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	14.000	1.11	0.03019	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	0.00	0.03019	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	0.64	0.03019	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	1.35	0.03019	26%-50% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	1.53	0.03019	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	1.55	0.03019	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	60.000	2.02	0.03019	10%-25% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	60.000	2.31	0.03019	26%-50% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	60.000	2.31	0.03019	26%-50% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	90.000	3.10	0.03019	10%-25% Above	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.000	0.00	0.03088	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.000	0.64	0.03088	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.000	1.26	0.03088	26%-50% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.000	1.53	0.03088	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.000	1.55	0.03088	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	60.000	1.39	0.03088	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	60.000	2.31	0.03088	10%-25% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	90.000	3.10	0.03088	10%-25% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	6.000	0.73	0.03053	200% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	14.000	1.11	0.03053	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.000	0.00	0.03053	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.000	0.64	0.03053	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.000	1.26	0.03053	26%-50% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.000	1.53	0.03053	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.000	1.55	0.03053	51%-75% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	60.000	1.39	0.03053	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	60.000	2.02	0.03053	10%-25% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	60.000	2.31	0.03053	26%-50% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	90.000	3.10	0.03053	10%-25% Above	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	5	30.000	2.03	0.0357	76%-100% Above	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	6	60.000	3.40	0.03516	51%-75% Above	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	7	30.000	2.03	0.03525	76%-100% Above	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	7	60.000	3.40	0.03525	51%-75% Above	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	8	30.000	2.03	0.0353	76%-100% Above	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	8	60.000	3.40	0.0353	51%-75% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093321915	KETOCONAZOLE 2% CREAM	5	15.000	5.75	0.50062	10%-25% Below	Yes	No
00093321915	KETOCONAZOLE 2% CREAM	5	45.000	17.26	0.50062	10%-25% Below	Yes	No
00093321915	KETOCONAZOLE 2% CREAM	6	45.000	24.99	0.37909	26%-50% Above	Yes	No
00093321915	KETOCONAZOLE 2% CREAM	7	15.000	9.99	0.34271	76%-100% Above	Yes	No
00093321915	KETOCONAZOLE 2% CREAM	7	15.000	14.99	0.34271	101%-200% Above	Yes	No
00093321915	KETOCONAZOLE 2% CREAM	8	15.000	16.50	0.32906	200% Above	No	No
00093321915	KETOCONAZOLE 2% CREAM	8	30.000	0.00	0.32906	76%-100% Below	No	No
00093321915	KETOCONAZOLE 2% CREAM	8	30.000	24.99	0.32906	101%-200% Above	No	No
00093321915	KETOCONAZOLE 2% CREAM	8	45.000	17.26	0.32906	10%-25% Above	Yes	No
00093321930	KETOCONAZOLE 2% CREAM	6	30.000	14.90	0.36209	26%-50% Above	No	No
00093321930	KETOCONAZOLE 2% CREAM	8	30.000	14.99	0.31794	51%-75% Above	Yes	No
00093321930	KETOCONAZOLE 2% CREAM	8	30.000	19.99	0.31794	101%-200% Above	Yes	No
00093321930	KETOCONAZOLE 2% CREAM	8	30.000	27.32	0.31794	101%-200% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	6	60.000	13.30	0.30462	26%-50% Below	No	No
00093321992	KETOCONAZOLE 2% CREAM	7	60.000	13.30	0.28369	10%-25% Below	No	No
00093321992	KETOCONAZOLE 2% CREAM	7	60.000	19.99	0.28369	10%-25% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	8	60.000	17.37	0.24642	10%-25% Above	Yes	No
00093324201	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	90.000	27.16	0.34708	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	10.000	0.99	0.02236	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	15.000	1.11	0.02236	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	15.000	1.12	0.02236	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	15.000	1.13	0.02236	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	1.23	0.02236	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	1.25	0.02236	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	21.000	1.25	0.02236	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	0.42	0.02236	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	0.80	0.02236	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	0.93	0.02236	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.36	0.02236	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.48	0.02236	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.50	0.02236	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	4.26	0.02236	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	40.000	0.56	0.02236	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	2.21	0.02236	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	2.26	0.02236	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	3.02	0.02236	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	7.000	0.83	0.02026	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	9.000	0.97	0.02026	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	12.000	0.94	0.02026	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	15.000	1.11	0.02026	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	21.000	0.76	0.02026	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	21.000	1.05	0.02026	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	0.42	0.02026	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.15	0.02026	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.48	0.02026	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.50	0.02026	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	4.26	0.02026	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	60.000	2.21	0.02026	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	60.000	2.26	0.02026	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	2.04	0.02026	10%-25% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	4.000	0.82	0.02322	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	9.000	0.97	0.02322	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	10.000	0.99	0.02322	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	12.000	0.94	0.02322	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	15.000	1.11	0.02322	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	16.000	0.59	0.02322	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	20.000	0.65	0.02322	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	20.000	1.25	0.02322	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	21.000	0.76	0.02322	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	0.42	0.02322	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	0.77	0.02322	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.25	0.02322	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.31	0.02322	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.48	0.02322	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.50	0.02322	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	4.26	0.02322	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	60.000	2.26	0.02322	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	9.000	0.79	0.02315	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	9.000	0.97	0.02315	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	10.000	0.99	0.02315	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	20.000	1.10	0.02315	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	20.000	2.40	0.02315	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	21.000	0.76	0.02315	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	21.000	1.27	0.02315	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.77	0.02315	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.31	0.02315	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.48	0.02315	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.50	0.02315	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	4.26	0.02315	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	2.71	0.02315	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	9.80	0.02315	200% Above	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	6	10.000	0.10	0.03945	51%-75% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	7	30.000	1.52	0.04178	10%-25% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	8	30.000	1.52	0.04007	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	8	30.000	2.44	0.04007	101%-200% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	6	30.000	1.45	0.03945	10%-25% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	7	1.000	0.77	0.04178	200% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	7	3.000	0.73	0.04178	200% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	7	30.000	1.52	0.04178	10%-25% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	8	3.000	0.73	0.04007	200% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	8	60.000	2.12	0.04007	10%-25% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	5	30.000	1.91	0.04457	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	5	60.000	3.18	0.04457	10%-25% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	6	16.000	1.43	0.04323	101%-200% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	6	30.000	1.91	0.04323	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	6	60.000	3.18	0.04323	10%-25% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	6	80.000	4.02	0.04323	10%-25% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	7	15.000	1.39	0.04169	101%-200% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	7	45.000	2.63	0.04169	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	7	60.000	3.18	0.04169	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093342601	LORAZEPAM 1 MG TABLET	7	80.000	4.02	0.04169	10%-25% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	30.000	1.91	0.04151	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	40.000	2.33	0.04151	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	45.000	2.63	0.04151	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	58.000	3.09	0.04151	26%-50% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	5	120.000	7.12	0.04457	26%-50% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	6	7.000	1.03	0.04323	200% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	7	20.000	1.52	0.04169	76%-100% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	7	30.000	2.00	0.04169	51%-75% Above	Yes	No
00093342605	LORAZEPAM 1 MG TABLET	8	44.000	2.56	0.04151	26%-50% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	6	10.000	1.07	0.04323	101%-200% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	8	10.000	1.07	0.04151	101%-200% Above	No	No
00093342701	LORAZEPAM 2 MG TABLET	8	60.000	3.34	0.07569	26%-50% Below	No	No
00093342705	LORAZEPAM 2 MG TABLET	5	1.000	0.78	0.07602	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	6	42.500	17.93	0.75091	26%-50% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	6	42.500	44.99	0.75091	26%-50% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	7	42.500	14.99	0.70817	26%-50% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	7	42.500	44.99	0.70817	26%-50% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	8	42.500	0.00	0.81891	76%-100% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	8	42.500	9.99	0.81891	51%-75% Below	No	No
00093354456	ATOMOXETINE HCL 25 MG CAPSULE	5	60.000	14.99	0.90103	51%-75% Below	No	No
00093406701	PRAZOSIN 1 MG CAPSULE	5	30.000	9.99	0.20606	51%-75% Above	No	No
00093406701	PRAZOSIN 1 MG CAPSULE	7	30.000	9.90	0.2145	51%-75% Above	No	No
00093406710	PRAZOSIN 1 MG CAPSULE	8	20.000	10.37	0.21223	101%-200% Above	No	No
00093406801	PRAZOSIN 2 MG CAPSULE	7	60.000	29.99	0.30204	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093406901	PRAZOSIN 5 MG CAPSULE	7	90.000	29.99	0.51857	26%-50% Below	No	No
00093414856	LEVAlBUTEROL 1.25 MG/3 ML SOL	5	90.000	20.73	0.32003	26%-50% Below	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	5	100.000	3.87	0.01975	76%-100% Above	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	5	300.000	7.99	0.01806	26%-50% Above	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	5	300.000	8.72	0.01806	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	1.55	0.02436	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	6.14	0.02436	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	6.43	0.02436	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	3.10	0.02436	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	9.99	0.02436	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	10.66	0.02436	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	300.000	9.99	0.02436	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	5.74	0.02324	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	6.14	0.02324	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	7.31	0.02324	200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	9.93	0.02324	200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	9.93	0.02324	200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	3.10	0.02324	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	9.99	0.02324	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	9.99	0.02324	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	100.000	6.14	0.02404	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	100.000	7.70	0.02404	200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	9.99	0.02404	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	13.05	0.02404	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	13.55	0.02404	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	1.55	0.02439	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	5.65	0.02439	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	6.55	0.02439	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	6.72	0.02439	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	7.70	0.02439	200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	10.75	0.02439	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	14.66	0.02439	200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	75.000	3.33	0.02691	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	4.86	0.02691	10%-25% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	9.99	0.02691	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	11.18	0.02691	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	225.000	19.97	0.02691	200% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	2.27	0.02553	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	6.15	0.02553	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	8.17	0.02553	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	8.99	0.02553	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	225.000	4.00	0.02553	26%-50% Below	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	225.000	14.99	0.02553	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	75.000	5.09	0.02536	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	150.000	2.27	0.02536	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	150.000	9.98	0.02536	101%-200% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	75.000	3.43	0.02658	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	4.99	0.02658	10%-25% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	6.62	0.02658	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	8.17	0.02658	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	9.84	0.02658	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	9.99	0.02658	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	225.000	6.74	0.02658	10%-25% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	225.000	9.80	0.02658	51%-75% Above	Yes	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	6	300.000	14.99	0.09312	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	7	100.000	6.09	0.08047	10%-25% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	8	100.000	14.99	0.09054	51%-75% Above	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	8	200.000	12.18	0.09054	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	8	200.000	14.90	0.09054	10%-25% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	5	30.000	0.30	0.03195	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	5	90.000	0.90	0.03195	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	6	30.000	0.30	0.03764	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	6	90.000	0.90	0.03764	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	7	30.000	0.30	0.0327	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	7	90.000	0.90	0.0327	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	8	30.000	0.30	0.03497	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	8	90.000	0.90	0.03497	51%-75% Below	No	No
00093505705	ATORVASTATIN 80 MG TABLET	8	30.000	6.61	0.10232	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	30.000	6.86	0.09762	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	90.000	0.90	0.09762	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	6	30.000	5.63	0.09675	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	6	30.000	5.84	0.09675	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	7	30.000	5.63	0.09381	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	7	30.000	5.84	0.09381	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	7	90.000	18.89	0.09381	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093505798	ATORVASTATIN 80 MG TABLET	8	30.000	5.63	0.10232	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	8	30.000	5.84	0.10232	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	8	30.000	6.61	0.10232	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	8	90.000	0.90	0.10232	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	0.30	0.06231	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	4.18	0.06231	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	4.99	0.06231	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	5.02	0.06231	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	5.82	0.06231	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	6.04	0.06231	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	6.23	0.06231	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.000	12.49	0.06231	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.000	14.99	0.06231	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.000	16.79	0.06231	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.000	4.18	0.06219	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.000	4.97	0.06219	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.000	5.02	0.06219	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.000	5.82	0.06219	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	56.000	10.52	0.06219	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.000	0.90	0.06219	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.000	15.99	0.06219	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.000	0.30	0.05572	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.000	4.97	0.05572	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.000	5.18	0.05572	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.000	5.82	0.05572	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093505898	ATORVASTATIN 40 MG TABLET	7	90.000	13.52	0.05572	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	90.000	14.99	0.05572	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	90.000	15.99	0.05572	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	30.000	5.14	0.05662	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	30.000	5.82	0.05662	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	56.000	13.42	0.05662	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.000	0.90	0.05662	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.000	9.99	0.05662	76%-100% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.000	12.49	0.05662	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.000	13.52	0.05662	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	30.000	0.30	0.04423	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	90.000	0.90	0.04423	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	30.000	0.30	0.04596	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	90.000	0.90	0.04596	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	30.000	0.30	0.04441	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	30.000	4.96	0.04441	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	90.000	0.90	0.04441	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	8	30.000	0.30	0.04748	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	8	30.000	4.96	0.04748	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	8	90.000	0.90	0.04748	76%-100% Below	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	8	30.000	0.00	0.03679	76%-100% Below	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	8	40.000	5.16	0.03679	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	6	30.000	3.13	0.03611	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.43	0.05113	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.52	0.05113	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093506101	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.77	0.05113	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	5	60.000	6.29	0.05113	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	6	60.000	6.13	0.05215	76%-100% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	6	90.000	9.07	0.05215	76%-100% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	7	30.000	3.52	0.05022	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	8	21.000	2.27	0.05172	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	8	30.000	3.57	0.05172	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	8	60.000	5.22	0.05172	51%-75% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.34	0.05113	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	20.000	2.20	0.05215	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	30.000	3.34	0.05215	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	30.000	3.52	0.05215	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	7	30.000	3.34	0.05022	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	15.000	2.13	0.05215	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	30.000	3.52	0.05215	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	7	30.000	3.00	0.05022	76%-100% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	30.000	2.87	0.05172	76%-100% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	30.000	3.52	0.05172	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	90.000	7.81	0.05172	51%-75% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	5	2.000	0.09	0.06545	26%-50% Below	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	6	30.000	5.39	0.0731	101%-200% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	6	30.000	7.98	0.0731	200% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	8	30.000	4.57	0.08006	76%-100% Above	No	No
00093506205	HYDROXYZINE HCL 50 MG TABLET	5	30.000	4.72	0.06545	101%-200% Above	No	No
00093506205	HYDROXYZINE HCL 50 MG TABLET	8	30.000	9.90	0.08006	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093515001	MOEXIPRIL HCL 15 MG TABLET	6	180.000	183.38	0.70198	26%-50% Above	Yes	No
00093515001	MOEXIPRIL HCL 15 MG TABLET	8	180.000	183.38	0.83217	10%-25% Above	Yes	No
00093520006	BUSPIRONE HCL 30 MG TABLET	5	60.000	14.99	0.16103	51%-75% Above	No	No
00093520006	BUSPIRONE HCL 30 MG TABLET	6	60.000	14.99	0.17129	26%-50% Above	No	No
00093520006	BUSPIRONE HCL 30 MG TABLET	7	60.000	14.99	0.16406	51%-75% Above	No	No
00093520006	BUSPIRONE HCL 30 MG TABLET	8	60.000	14.99	0.15619	51%-75% Above	No	No
00093532828	JUNEL FE 24 TABLET	6	84.000	0.01	0.52933	76%-100% Below	No	No
00093545528	MIMVEY 1-0.5 MG TABLET	5	28.000	18.21	1.17513	26%-50% Below	Yes	No
00093545528	MIMVEY 1-0.5 MG TABLET	5	28.000	24.99	1.17513	10%-25% Below	Yes	No
00093545528	MIMVEY 1-0.5 MG TABLET	6	28.000	18.21	1.03529	26%-50% Below	Yes	No
00093545528	MIMVEY 1-0.5 MG TABLET	6	28.000	24.99	1.03529	10%-25% Below	Yes	No
00093545528	MIMVEY 1-0.5 MG TABLET	7	84.000	135.51	1.01507	51%-75% Above	Yes	No
00093545542	MIMVEY 1-0.5 MG TABLET	5	28.000	14.99	1.17513	51%-75% Below	No	No
00093545542	MIMVEY 1-0.5 MG TABLET	6	28.000	14.99	1.03529	26%-50% Below	No	No
00093545542	MIMVEY 1-0.5 MG TABLET	7	28.000	14.99	1.01507	26%-50% Below	No	No
00093545542	MIMVEY 1-0.5 MG TABLET	8	28.000	14.99	0.95069	26%-50% Below	No	No
00093553801	ESZOPICLONE 2 MG TABLET	5	30.000	14.99	0.13273	200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	5	30.000	28.44	0.13273	200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	6	30.000	14.99	0.13113	200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	7	30.000	14.99	0.17927	101%-200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	7	30.000	19.90	0.17927	200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	8	30.000	14.99	0.10517	200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	8	30.000	19.90	0.10517	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	5	30.000	9.99	0.13834	101%-200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	6	30.000	9.99	0.14144	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093553901	ESZOPICLONE 3 MG TABLET	6	90.000	44.99	0.14144	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	7	30.000	9.99	0.12004	101%-200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	8	30.000	9.99	0.1242	101%-200% Above	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	8	30.000	34.88	2.22286	26%-50% Below	Yes	No
00093598527	EPINEPHRINE 0.15 MG AUTO-INJCT	6	2.000	160.44	137.2065	26%-50% Below	No	No
00093598527	EPINEPHRINE 0.15 MG AUTO-INJCT	6	2.000	162.68	137.2065	26%-50% Below	Yes	No
00093598527	EPINEPHRINE 0.15 MG AUTO-INJCT	6	2.000	173.09	137.2065	26%-50% Below	No	No
00093598527	EPINEPHRINE 0.15 MG AUTO-INJCT	8	2.000	160.80	135.95421	26%-50% Below	No	No
00093598527	EPINEPHRINE 0.15 MG AUTO-INJCT	8	4.000	325.35	135.95421	26%-50% Below	Yes	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	115.00	137.78589	51%-75% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	152.78	137.78589	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	6	1.000	82.76	138.81707	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.000	115.00	138.81707	51%-75% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.000	152.78	138.81707	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.000	165.51	138.81707	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	115.00	138.88114	51%-75% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	152.16	138.88114	26%-50% Below	Yes	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	152.78	138.88114	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	165.51	138.88114	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	7	4.000	305.56	138.88114	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.000	152.16	137.61021	26%-50% Below	Yes	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.000	152.78	137.61021	26%-50% Below	No	No
00093681573	BUDESONIDE 0.25 MG/2 ML SUSP	8	60.000	9.99	0.76985	76%-100% Below	No	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	7	120.000	9.99	0.52614	76%-100% Below	No	No
00093681773	BUDESONIDE 1 MG/2 ML INH SUSP	7	60.000	154.94	3.61149	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093681773	BUDESONIDE 1 MG/2 ML INH SUSP	8	60.000	154.94	3.34905	10%-25% Below	Yes	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	4.99	0.08415	76%-100% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	7.16	0.08415	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	7.45	0.08415	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	4.99	0.07987	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.10	0.07987	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.34	0.07987	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	7.16	0.07987	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	4.99	0.08045	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	6.10	0.08045	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	7.16	0.08045	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.10	0.078	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.34	0.078	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	7.16	0.078	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	20.62	0.078	101%-200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	5	90.000	0.90	0.05536	76%-100% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	6	90.000	2.93	0.05437	26%-50% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	7	90.000	3.18	0.0563	26%-50% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	0.90	0.05788	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	30.000	0.00	0.05536	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	30.000	1.03	0.05536	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	90.000	0.01	0.05536	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	90.000	3.09	0.05536	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	90.000	12.22	0.05536	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	90.000	20.00	0.05536	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	90.000	29.99	0.05536	200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	0.00	0.05437	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.000	0.01	0.05437	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.000	2.93	0.05437	26%-50% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.000	3.09	0.05437	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.000	12.05	0.05437	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.000	12.22	0.05437	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.000	15.39	0.05437	200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	30.000	0.00	0.0563	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	30.000	1.03	0.0563	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	90.000	0.01	0.0563	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	90.000	3.09	0.0563	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	90.000	9.71	0.0563	76%-100% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	0.00	0.05788	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	1.03	0.05788	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	3.09	0.05788	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	3.18	0.05788	26%-50% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	9.71	0.05788	76%-100% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	20.00	0.05788	200% Above	Yes	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	1.76	0.08849	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	9.90	0.08849	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	14.90	0.08849	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	90.000	0.90	0.08849	76%-100% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	0.30	0.09067	76%-100% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	1.76	0.09067	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	9.90	0.09067	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	14.90	0.09067	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	0.90	0.09067	76%-100% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	180.000	10.53	0.09067	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	1.76	0.0866	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	9.90	0.0866	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	0.90	0.0866	76%-100% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	1.41	0.09038	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	9.90	0.09038	200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	1.21	0.08849	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	1.62	0.08849	26%-50% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	5	90.000	3.64	0.08849	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	5	90.000	17.12	0.08849	101%-200% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	5	90.000	17.36	0.08849	101%-200% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	1.21	0.09067	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	1.62	0.09067	26%-50% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	3.64	0.09067	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	5.27	0.09067	26%-50% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	17.12	0.09067	101%-200% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	0.00	0.0866	76%-100% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	1.21	0.0866	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	1.62	0.0866	26%-50% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	0.01	0.0866	76%-100% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	3.64	0.0866	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	13.79	0.0866	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	135.000	5.45	0.0866	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	0.00	0.09038	76%-100% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	0.65	0.09038	76%-100% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	1.31	0.09038	51%-75% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	8	90.000	2.10	0.09038	51%-75% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	8	90.000	3.64	0.09038	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	8	90.000	13.79	0.09038	51%-75% Above	Yes	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	5	30.000	2.66	0.1479	26%-50% Below	No	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	5	30.000	2.80	0.1479	26%-50% Below	Yes	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	5	30.000	4.90	0.1479	10%-25% Above	No	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	5	90.000	8.41	0.1479	26%-50% Below	Yes	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	5	90.000	18.45	0.1479	26%-50% Above	Yes	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	5	90.000	20.75	0.1479	51%-75% Above	Yes	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	6	30.000	2.09	0.15255	51%-75% Below	No	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	6	30.000	2.80	0.15255	26%-50% Below	Yes	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	7	30.000	2.90	0.1429	26%-50% Below	No	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	8	30.000	2.90	0.1682	26%-50% Below	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	5	30.000	6.09	0.09117	101%-200% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	7	30.000	0.00	0.08944	76%-100% Below	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	7	90.000	14.99	0.08944	76%-100% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	7	90.000	16.41	0.08944	101%-200% Above	No	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	5	45.000	5.66	0.09117	26%-50% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	5	90.000	14.52	0.09117	76%-100% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	6	90.000	5.28	0.09175	26%-50% Below	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	6	90.000	11.32	0.09175	26%-50% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	7	90.000	10.00	0.08944	10%-25% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	7	90.000	14.52	0.08944	76%-100% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	8	90.000	14.52	0.08794	76%-100% Above	Yes	No
00093727256	PIOGLITAZONE HCL 30 MG TABLET	5	30.000	8.59	0.12209	101%-200% Above	No	No
00093727256	PIOGLITAZONE HCL 30 MG TABLET	5	30.000	8.73	0.12209	101%-200% Above	No	No
00093727256	PIOGLITAZONE HCL 30 MG TABLET	6	30.000	8.73	0.11664	101%-200% Above	No	No
00093727256	PIOGLITAZONE HCL 30 MG TABLET	7	30.000	8.49	0.11621	101%-200% Above	No	No
00093727256	PIOGLITAZONE HCL 30 MG TABLET	7	90.000	19.64	0.11621	76%-100% Above	No	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.000	7.14	0.12209	26%-50% Below	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.000	14.99	0.12209	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.000	16.47	0.12209	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.000	20.00	0.12209	76%-100% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	6	90.000	16.25	0.11664	51%-75% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	6	90.000	18.95	0.11664	76%-100% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	7	90.000	24.43	0.11621	101%-200% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	8	90.000	7.14	0.12236	26%-50% Below	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	8	90.000	13.09	0.12236	10%-25% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	8	90.000	14.99	0.12236	26%-50% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	5	30.000	7.44	0.14019	76%-100% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	5	90.000	17.24	0.14019	26%-50% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	5	90.000	17.47	0.14019	26%-50% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	6	30.000	7.44	0.1465	51%-75% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	6	90.000	25.81	0.1465	76%-100% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	7	30.000	7.44	0.13944	76%-100% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	7	90.000	9.03	0.13944	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	7	90.000	13.88	0.13944	10%-25% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	7	90.000	22.10	0.13944	76%-100% Above	Yes	No
00093729001	RALOXIFENE HCL 60 MG TABLET	5	30.000	0.30	0.34946	76%-100% Below	No	No
00093729001	RALOXIFENE HCL 60 MG TABLET	7	30.000	0.30	0.29891	76%-100% Below	No	No
00093733405	MYCOPHENOLATE 250 MG CAPSULE	7	180.000	4.99	0.20024	76%-100% Below	No	No
00093733405	MYCOPHENOLATE 250 MG CAPSULE	8	180.000	4.99	0.20614	76%-100% Below	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	14.90	0.10812	200% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	14.90	0.11577	200% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	14.90	0.11264	200% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	14.90	0.11132	200% Above	No	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	5	30.000	14.99	0.1778	101%-200% Above	No	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	6	30.000	14.99	0.18115	101%-200% Above	No	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	7	30.000	14.99	0.17216	101%-200% Above	No	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	8	30.000	14.99	0.18572	101%-200% Above	No	No
00093736898	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	14.90	0.1916	101%-200% Above	No	No
00093736898	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	14.90	0.17082	101%-200% Above	No	No
00093738498	VENLAFAXINE HCL ER 37.5 MG CAP	5	90.000	11.83	0.11294	10%-25% Above	No	No
00093738498	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.000	11.83	0.10063	26%-50% Above	No	No
00093747243	RIZATRIPTAN 10 MG TABLET	5	30.000	9.93	0.56838	26%-50% Below	No	No
00093762056	LETROZOLE 2.5 MG TABLET	6	10.000	1.78	0.13309	26%-50% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	7	10.000	1.78	0.14253	10%-25% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	8	10.000	1.78	0.14242	10%-25% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	8	90.000	16.33	0.14242	26%-50% Above	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	5	1.000	58.52	98.81639	26%-50% Below	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	5	1.000	69.20	98.81639	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093767902	ETONOGESTREL-EE VAGINAL RING	5	3.000	207.60	98.81639	26%-50% Below	Yes	No
00093767902	ETONOGESTREL-EE VAGINAL RING	6	1.000	60.80	91.57263	26%-50% Below	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	6	1.000	69.20	91.57263	10%-25% Below	Yes	No
00093767902	ETONOGESTREL-EE VAGINAL RING	6	3.000	207.60	91.57263	10%-25% Below	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	30.000	9.90	0.07553	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.99	0.07034	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	30.000	9.90	0.07034	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	90.000	11.18	0.07034	76%-100% Above	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	90.000	24.90	0.07034	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	8	30.000	4.90	0.06668	101%-200% Above	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	5	90.000	38.66	0.70245	26%-50% Below	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	6	30.000	20.77	0.6258	10%-25% Above	Yes	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	6	90.000	38.61	0.6258	26%-50% Below	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	8	30.000	11.88	0.61293	26%-50% Below	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	8	90.000	62.30	0.61293	10%-25% Above	Yes	No
00093811956	FAMCICLOVIR 500 MG TABLET	7	90.000	44.48	0.85484	26%-50% Below	Yes	No
00093820401	CIMETIDINE 400 MG TABLET	7	10.000	6.45	0.39793	51%-75% Above	No	No
00093823298	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	6	90.000	28.58	0.2784	10%-25% Above	Yes	No
00093823298	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	7	90.000	14.90	0.24172	26%-50% Below	No	No
00093823898	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	6	90.000	0.01	0.22301	76%-100% Below	No	No
00093834401	GLYBURIDE 5 MG TABLET	5	60.000	8.97	0.08981	51%-75% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	6	60.000	8.97	0.08947	51%-75% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	7	60.000	8.72	0.06705	101%-200% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	8	60.000	8.72	0.08716	51%-75% Above	No	No
00093867578	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	75.000	8.23	0.08204	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	5	270.000	93.80	0.08344	200% Above	Yes	No
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	8	270.000	74.52	0.08438	200% Above	Yes	No
00093915701	VENLAFAXINE HCL 75 MG TABLET	6	270.000	16.74	0.10705	26%-50% Below	Yes	No
00093915701	VENLAFAXINE HCL 75 MG TABLET	7	90.000	28.11	0.09393	200% Above	Yes	No
00093915701	VENLAFAXINE HCL 75 MG TABLET	7	180.000	56.21	0.09393	200% Above	Yes	No
00093916301	VENLAFAXINE HCL 100 MG TABLET	5	90.000	14.99	0.13312	10%-25% Above	No	No
00093916301	VENLAFAXINE HCL 100 MG TABLET	7	90.000	14.99	0.11597	26%-50% Above	No	No
00093936401	GLYBURIDE 5 MG TABLET	5	30.000	1.34	0.08981	26%-50% Below	Yes	No
00093936401	GLYBURIDE 5 MG TABLET	5	90.000	12.61	0.08981	51%-75% Above	Yes	No
00093936401	GLYBURIDE 5 MG TABLET	6	30.000	1.34	0.08947	26%-50% Below	Yes	No
00093936401	GLYBURIDE 5 MG TABLET	8	30.000	1.34	0.08716	26%-50% Below	Yes	No
00093936401	GLYBURIDE 5 MG TABLET	8	90.000	11.43	0.08716	26%-50% Above	Yes	No
00093970205	CARBIDOPA-LEVODOPA 25-100 TAB	8	90.000	14.17	0.11955	26%-50% Above	No	No
00093970210	CARBIDOPA-LEVODOPA 25-100 TAB	8	30.000	6.49	0.11955	76%-100% Above	No	No
00115101203	BACLOFEN 20 MG TABLET	6	360.000	59.29	0.11149	26%-50% Above	Yes	No
00115132019	COLESEVELAM 625 MG TABLET	6	180.000	44.99	0.40983	26%-50% Below	Yes	No
00115164301	NITROFURANTOIN MCR 50 MG CAP	5	60.000	43.12	0.3865	76%-100% Above	No	No
00115164301	NITROFURANTOIN MCR 50 MG CAP	8	60.000	43.12	0.35937	76%-100% Above	No	No
00115164501	NITROFURANTOIN MCR 100 MG CAP	5	30.000	8.93	0.48465	26%-50% Below	No	No
00115164501	NITROFURANTOIN MCR 100 MG CAP	6	30.000	8.93	0.40764	26%-50% Below	No	No
00115164501	NITROFURANTOIN MCR 100 MG CAP	7	14.000	14.51	0.39836	101%-200% Above	No	No
00115164501	NITROFURANTOIN MCR 100 MG CAP	7	30.000	8.93	0.39836	10%-25% Below	No	No
00115165901	PROPRANOLOL 10 MG TABLET	5	90.000	14.90	0.06525	101%-200% Above	No	No
00115166103	PROPRANOLOL 40 MG TABLET	7	180.000	45.70	0.10684	101%-200% Above	Yes	No
00115166201	PROPRANOLOL 80 MG TABLET	5	60.000	14.90	0.21109	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00115166201	PROPRANOLOL 80 MG TABLET	5	120.000	29.90	0.21109	10%-25% Above	No	No
00115166202	PROPRANOLOL 80 MG TABLET	5	90.000	43.63	0.21109	101%-200% Above	Yes	No
00115168774	BUDESONIDE 0.25 MG/2 ML SUSP	6	60.000	33.64	0.84826	26%-50% Below	Yes	No
00115168774	BUDESONIDE 0.25 MG/2 ML SUSP	8	180.000	100.91	0.76985	26%-50% Below	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	5	120.000	47.14	0.55113	26%-50% Below	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	6	120.000	47.14	0.51246	10%-25% Below	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	7	120.000	47.14	0.52614	10%-25% Below	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	8	60.000	23.57	0.52912	10%-25% Below	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	8	120.000	47.14	0.52912	10%-25% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	109.99	118.94206	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	165.51	118.94206	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.000	109.99	119.88802	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	4.000	219.99	119.88802	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	109.99	123.1322	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	115.00	123.1322	51%-75% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	165.51	123.1322	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.000	109.99	122.00778	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.000	115.00	122.00778	51%-75% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.000	165.51	122.00778	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	4.000	219.99	122.00778	51%-75% Below	Yes	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	7	2.000	109.99	131.59357	51%-75% Below	Yes	No
00115169701	HYDROCORTISONE 10 MG TABLET	8	180.000	33.44	0.2767	26%-50% Below	No	No
00115170001	HYDROCORTISONE 20 MG TABLET	6	59.000	18.20	0.51714	26%-50% Below	No	No
00115172501	GRISEOFULVIN ULTRA 250 MG TAB	7	30.000	72.79	4.19176	26%-50% Below	Yes	No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	7	30.000	30.23	1.3242	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	8	30.000	26.44	1.37661	26%-50% Below	No	No
00115173701	METHYLPHENIDATE ER(CD) 20 MG CP	5	30.000	25.14	1.26717	26%-50% Below	No	No
00115173801	METHYLPHENIDATE ER(CD) 30 MG CP	8	30.000	113.62	1.08905	200% Above	No	No
00115174801	METAXALONE 800 MG TABLET	7	90.000	14.99	0.61911	51%-75% Below	No	No
00115174801	METAXALONE 800 MG TABLET	8	90.000	0.01	0.6425	76%-100% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	30.000	2.77	0.07277	26%-50% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	30.000	2.97	0.07277	26%-50% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	30.000	3.04	0.07277	26%-50% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	60.000	2.79	0.07277	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	60.000	3.35	0.07277	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	60.000	4.99	0.07277	10%-25% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	60.000	5.34	0.07277	10%-25% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	90.000	0.01	0.07277	76%-100% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.000	2.57	0.07413	10%-25% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.000	2.59	0.07413	10%-25% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.000	2.62	0.07413	10%-25% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.000	2.97	0.07413	26%-50% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.000	3.04	0.07413	26%-50% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	60.000	2.79	0.07413	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	60.000	3.19	0.07413	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	60.000	5.20	0.07413	10%-25% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	60.000	5.34	0.07413	10%-25% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	90.000	0.01	0.07413	76%-100% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	20.000	1.94	0.06952	26%-50% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	30.000	2.59	0.06952	10%-25% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	30.000	2.97	0.06952	26%-50% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	30.000	3.09	0.06952	26%-50% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	90.000	4.19	0.06952	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	1.000	0.81	0.07143	200% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	30.000	2.57	0.07143	10%-25% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	30.000	2.59	0.07143	10%-25% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	30.000	2.97	0.07143	26%-50% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	90.000	4.19	0.07143	26%-50% Below	Yes	No
00115180302	HYDROXYZINE PAM 25 MG CAP	7	60.000	5.11	0.06952	10%-25% Above	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	8	60.000	2.69	0.07143	26%-50% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	8	60.000	5.21	0.07143	10%-25% Above	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	8	60.000	5.34	0.07143	10%-25% Above	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	5	90.000	7.03	0.10145	10%-25% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	8	90.000	7.03	0.10099	10%-25% Below	Yes	No
00115201101	ORPHENADRINE ER 100 MG TABLET	5	20.000	6.90	0.39259	10%-25% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	7	100.000	14.99	0.22824	26%-50% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	8	100.000	14.99	0.23373	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	6	180.000	81.86	0.74321	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	6	180.000	155.96	0.74321	10%-25% Above	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	6	360.000	178.24	0.74321	26%-50% Below	Yes	No
00115552210	FENOFIBRATE 160 MG TABLET	5	90.000	0.90	0.15773	76%-100% Below	No	No
00115552210	FENOFIBRATE 160 MG TABLET	6	30.000	6.90	0.18907	10%-25% Above	No	No
00115552210	FENOFIBRATE 160 MG TABLET	6	90.000	30.00	0.18907	76%-100% Above	No	No
00115552210	FENOFIBRATE 160 MG TABLET	7	30.000	6.90	0.17065	26%-50% Above	No	No
00115552210	FENOFIBRATE 160 MG TABLET	7	30.000	14.99	0.17065	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00115552210	FENOFIBRATE 160 MG TABLET	8	30.000	14.99	0.17375	101%-200% Above	No	No
00115552210	FENOFIBRATE 160 MG TABLET	8	90.000	0.90	0.17375	76%-100% Below	No	No
00115552210	FENOFIBRATE 160 MG TABLET	8	90.000	44.90	0.17375	101%-200% Above	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	6	45.000	12.78	0.4929	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	6	90.000	25.55	0.4929	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	7	60.000	17.03	0.47076	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	8	45.000	12.78	0.48883	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	8	60.000	17.03	0.48883	26%-50% Below	No	No
00115991801	DEXMETHYLPHENIDATE ER 5 MG CAP	8	30.000	9.99	1.07151	51%-75% Below	No	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.000	31.12	1.18881	10%-25% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	8	30.000	31.12	1.19639	10%-25% Below	Yes	No
00115992001	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.000	14.99	1.02251	51%-75% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.000	32.60	1.64802	26%-50% Below	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.000	32.60	1.3916	10%-25% Below	Yes	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	8	300.000	56.19	0.30563	26%-50% Below	No	No
00115993278	LEVALBUTEROL 1.25 MG/3 ML SOL	6	150.000	28.58	0.33329	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	1.42	0.00551	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	1.99	0.00551	10%-25% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	2.99	0.00551	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.62	0.00551	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.62	0.00551	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.63	0.00551	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.63	0.00551	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.77	0.00551	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.86	0.00551	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.97	0.00551	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	4.20	0.00551	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	4.38	0.00551	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	5.14	0.00551	76%-100% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	5.17	0.00551	76%-100% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	1.99	0.00556	10%-25% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.05	0.00556	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.10	0.00556	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.14	0.00556	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.15	0.00556	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.54	0.00556	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.63	0.00556	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.63	0.00556	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.72	0.00556	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.97	0.00556	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	4.07	0.00556	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	4.20	0.00556	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	4.38	0.00556	51%-75% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	5.17	0.00556	76%-100% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	0.05	0.00521	76%-100% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	1.42	0.00521	26%-50% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	2.81	0.00521	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.10	0.00521	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.14	0.00521	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.14	0.00521	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.15	0.00521	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.54	0.00521	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.63	0.00521	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.63	0.00521	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.88	0.00521	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.97	0.00521	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	4.20	0.00521	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	5.17	0.00521	101%-200% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	0.05	0.00547	76%-100% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	1.42	0.00547	26%-50% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	1.99	0.00547	10%-25% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	2.05	0.00547	10%-25% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	2.23	0.00547	10%-25% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.01	0.00547	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.08	0.00547	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.10	0.00547	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.10	0.00547	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.14	0.00547	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.63	0.00547	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.63	0.00547	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.72	0.00547	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.72	0.00547	26%-50% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.97	0.00547	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	4.20	0.00547	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	4.57	0.00547	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	4.81	0.00547	76%-100% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	1419.000	9.94	0.00547	26%-50% Above	No	No
00121064908	CIMETIDINE 300 MG/5 ML SOLN	7	150.000	15.00	0.1943	26%-50% Below	Yes	No
00121072104	FLUOXETINE 20 MG/5 ML SOLUTION	5	150.000	36.48	0.3506	26%-50% Below	Yes	No
00121072104	FLUOXETINE 20 MG/5 ML SOLUTION	6	150.000	36.48	0.34809	26%-50% Below	Yes	No
00121072104	FLUOXETINE 20 MG/5 ML SOLUTION	7	150.000	36.48	0.34435	26%-50% Below	Yes	No
00121072104	FLUOXETINE 20 MG/5 ML SOLUTION	8	150.000	36.48	0.33946	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	14.000	2.10	0.10833	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	15.000	0.78	0.10833	51%-75% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	20.000	2.81	0.10833	26%-50% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	25.000	3.24	0.10833	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	25.000	3.34	0.10833	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	30.000	2.71	0.10833	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	30.000	3.76	0.10833	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	30.000	3.85	0.10833	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	30.000	3.87	0.10833	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	30.000	5.35	0.10833	51%-75% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	35.000	4.28	0.10833	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	50.000	5.99	0.10833	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	12.000	1.76	0.10818	26%-50% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	25.000	1.21	0.10818	51%-75% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	25.000	2.98	0.10818	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	40.000	1.93	0.10818	51%-75% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	40.000	4.89	0.10818	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	45.000	2.17	0.10818	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	70.000	6.53	0.10818	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	10.000	1.66	0.10791	51%-75% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	16.000	2.15	0.10791	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	20.000	2.73	0.10791	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	25.000	3.34	0.10791	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	30.000	3.76	0.10791	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	30.000	3.76	0.10791	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	30.000	3.85	0.10791	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	35.000	4.28	0.10791	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	70.000	6.62	0.10791	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	12.500	2.04	0.10584	51%-75% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	15.000	2.21	0.10584	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	16.500	2.40	0.10584	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	18.000	2.21	0.10584	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	20.000	1.47	0.10584	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	25.000	3.25	0.10584	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	25.000	3.34	0.10584	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	35.000	4.37	0.10584	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	45.000	2.17	0.10584	51%-75% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	50.000	3.44	0.10584	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	50.000	7.47	0.10584	26%-50% Above	Yes	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	7	90.000	9.12	0.06217	51%-75% Above	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	7	180.000	9.99	0.06217	10%-25% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	5	240.000	4.90	0.02727	10%-25% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	120.000	6.77	0.0279	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	240.000	12.98	0.0279	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	240.000	14.99	0.0279	101%-200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	7	100.000	8.82	0.02623	200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	7	180.000	13.50	0.02623	101%-200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	7	200.000	11.01	0.02623	101%-200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	7	237.000	14.99	0.02623	101%-200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	8	120.000	6.82	0.02869	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	8	120.000	10.36	0.02869	200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	8	150.000	8.36	0.02869	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	8	180.000	0.02	0.02869	76%-100% Below	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	5	140.000	6.90	0.06983	26%-50% Below	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	6	150.000	6.90	0.06239	26%-50% Below	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	8	200.000	14.99	0.06364	10%-25% Above	No	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	5	120.000	9.92	0.10874	10%-25% Below	Yes	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	6	140.000	11.58	0.10802	10%-25% Below	Yes	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	7	200.000	16.54	0.10976	10%-25% Below	Yes	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	7	224.000	19.99	0.10976	10%-25% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	6	473.000	14.99	0.03895	10%-25% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	5	120.000	2.43	0.01605	26%-50% Above	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	6	900.000	11.36	0.01612	10%-25% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	7	450.000	4.99	0.01654	26%-50% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	7	900.000	11.36	0.01654	10%-25% Below	No	No
00121089316	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.54	0.00521	26%-50% Above	No	No
00121089316	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.63	0.00521	26%-50% Above	No	No
00121089316	CHLORHEXIDINE 0.12% RINSE	8	473.000	1.56	0.00547	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00121089316	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.54	0.00547	26%-50% Above	No	No
00121089316	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.63	0.00547	26%-50% Above	No	No
00121092816	PROMETHAZINE-CODEINE SOLUTION	5	180.000	6.16	0.04114	10%-25% Below	Yes	No
00121092816	PROMETHAZINE-CODEINE SOLUTION	8	210.000	6.38	0.03856	10%-25% Below	Yes	No
00121093304	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	450.000	0.05	0.06286	76%-100% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	150.000	9.90	0.05034	26%-50% Above	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	200.000	19.90	0.05034	76%-100% Above	No	No
00131247935	VIMPAT 150 MG TABLET	5	120.000	231.84	16.89365	76%-100% Below	Yes	No
00131247935	VIMPAT 150 MG TABLET	6	120.000	231.84	16.89365	76%-100% Below	Yes	No
00131247935	VIMPAT 150 MG TABLET	8	60.000	115.92	16.89365	76%-100% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	20.000	4.68	0.17025	26%-50% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	5	20.000	4.68	0.17025	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	30.000	2.86	0.17025	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	30.000	6.66	0.17025	26%-50% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	5	60.000	5.72	0.17025	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	6	20.000	3.12	0.17336	10%-25% Below	No	No
00143122701	DICYCLOMINE 20 MG TABLET	6	20.000	4.16	0.17336	10%-25% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	6	20.000	4.68	0.17336	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	6	28.000	5.43	0.17336	10%-25% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	6	30.000	2.86	0.17336	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	6	60.000	5.72	0.17336	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	6	120.000	11.45	0.17336	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	7	12.000	3.28	0.16946	51%-75% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	7	15.000	3.70	0.16946	26%-50% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	7	20.000	1.91	0.16946	26%-50% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143122701	DICYCLOMINE 20 MG TABLET	7	90.000	17.94	0.16946	10%-25% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	7	90.000	18.49	0.16946	10%-25% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	7	120.000	11.45	0.16946	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	7	270.000	25.76	0.16946	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	8	21.000	5.00	0.16459	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	8	90.000	9.99	0.16459	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	8	120.000	11.45	0.16459	26%-50% Below	Yes	No
00143177101	ISOSORBIDE DINITRATE 10 MG TAB	5	60.000	6.99	0.32282	51%-75% Below	No	No
00143177101	ISOSORBIDE DINITRATE 10 MG TAB	6	60.000	6.99	0.34705	51%-75% Below	No	No
00143177101	ISOSORBIDE DINITRATE 10 MG TAB	7	60.000	6.99	0.2844	51%-75% Below	No	No
00143177101	ISOSORBIDE DINITRATE 10 MG TAB	8	60.000	6.99	0.29191	51%-75% Below	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	14.90	0.13546	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.000	0.00	0.13546	76%-100% Below	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.000	5.00	0.14755	51%-75% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	7	30.000	0.00	0.14755	76%-100% Below	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	14.90	0.14383	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	14.90	0.14383	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	14.99	0.14383	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	4.90	0.13546	101%-200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	7	6.000	9.80	0.14755	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	4.90	0.14383	101%-200% Above	No	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	12.000	2.38	0.10141	76%-100% Above	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	20.000	5.16	0.10141	101%-200% Above	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	60.000	4.99	0.10141	10%-25% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	90.000	13.57	0.10141	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	180.000	10.62	0.10141	26%-50% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	6	12.000	0.71	0.10797	26%-50% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	6	30.000	5.41	0.10797	51%-75% Above	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	6	120.000	9.99	0.10797	10%-25% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	7	30.000	4.15	0.11783	10%-25% Above	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	7	90.000	5.31	0.11783	26%-50% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	8	180.000	13.01	0.11738	26%-50% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	8	270.000	19.52	0.11738	26%-50% Below	Yes	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	6.000	1.93	0.27033	10%-25% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	10.000	5.90	0.27033	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	14.000	8.19	0.27033	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.99	0.27033	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	10.000	5.90	0.27145	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	14.000	0.14	0.27145	76%-100% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	14.000	4.28	0.27145	10%-25% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	14.000	8.19	0.27145	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	14.000	9.86	0.27145	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	20.000	0.20	0.27145	76%-100% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.05	0.27145	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.38	0.27145	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	21.000	23.12	0.27145	200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	16.000	6.99	0.29478	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	20.000	2.42	0.29478	51%-75% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.99	0.29478	51%-75% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	20.000	11.05	0.29478	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	28.000	14.99	0.29478	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.96	0.29465	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.37	0.29465	51%-75% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	20.000	11.38	0.29465	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	20.000	14.52	0.29465	101%-200% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	14.000	2.99	0.14794	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.000	2.37	0.14794	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.000	2.46	0.14794	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.000	3.54	0.14794	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.000	3.77	0.14794	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.000	3.86	0.14794	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	14.000	2.92	0.14463	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	16.000	3.22	0.14463	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	20.000	2.46	0.14463	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	20.000	3.31	0.14463	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	20.000	3.86	0.14463	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	20.000	3.95	0.14463	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	20.000	4.02	0.14463	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	14.000	2.99	0.14915	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	20.000	3.77	0.14915	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	20.000	3.86	0.14915	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	20.000	4.02	0.14915	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	8	10.000	2.21	0.15002	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	8	14.000	2.92	0.15002	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	8	16.000	2.79	0.15002	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143928501	AMOXICILLIN 875 MG TABLET	8	20.000	3.95	0.15002	26%-50% Above	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	5	1.000	3.29	3.70711	10%-25% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	6	1.000	3.29	3.711	10%-25% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	7	1.000	3.29	3.71059	10%-25% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	8	1.000	3.29	3.71059	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	3.62	2.92024	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	14.00	2.92024	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.000	7.24	2.92024	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.000	14.90	2.92024	26%-50% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.000	3.62	2.84759	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.000	14.00	2.84759	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.000	7.24	2.84759	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.000	19.90	2.84759	51%-75% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.000	40.83	2.84759	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	7.30	2.72218	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.000	6.90	2.72218	26%-50% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.000	14.00	2.72218	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	20.71	2.72218	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.000	7.24	2.72218	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	10.000	20.00	2.72218	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.000	7.30	2.82672	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.000	6.90	2.82672	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.000	14.00	2.82672	101%-200% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	12.40	2.82672	26%-50% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.000	7.24	2.82672	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	10.000	39.90	2.82672	26%-50% Above	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	1.000	11.76	14.64277	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	1.000	18.13	14.64277	10%-25% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.000	16.55	14.64277	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.000	16.96	14.64277	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.000	35.47	14.64277	10%-25% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	4.000	33.11	14.64277	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.000	16.55	14.63185	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.000	16.96	14.63185	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.000	22.77	14.63185	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.000	35.47	14.63185	10%-25% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	3.000	24.83	14.63185	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	3.000	25.45	14.63185	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	4.000	33.11	14.63185	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	1.000	11.76	14.45568	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.000	16.55	14.45568	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.000	16.96	14.45568	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.000	19.99	14.45568	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	3.000	24.83	14.45568	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	4.000	33.11	14.45568	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	6.000	49.66	14.45568	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	1.000	9.99	14.36912	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.000	16.55	14.36912	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.000	16.96	14.36912	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.000	35.47	14.36912	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	3.000	24.83	14.36912	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	4.000	33.11	14.36912	26%-50% Below	Yes	No
00143972601	TESTOSTERON CYP 2,000 MG/10 ML	8	10.000	29.90	3.42801	10%-25% Below	No	No
00143972601	TESTOSTERON CYP 2,000 MG/10 ML	8	10.000	44.90	3.42801	26%-50% Above	No	No
00143972601	TESTOSTERON CYP 2,000 MG/10 ML	8	10.000	59.99	3.42801	51%-75% Above	Yes	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	5	14.000	9.99	0.23457	200% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	6	60.000	0.01	0.25093	76%-100% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	4.90	0.14499	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	6.90	0.14499	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	14.99	0.14499	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	40.98	0.14499	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	9.99	0.14499	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	14.99	0.14499	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	40.000	14.90	0.14499	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	9.99	0.14499	10%-25% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	7.000	20.86	0.13661	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	14.90	0.13661	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	4.90	0.13432	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	6.90	0.13432	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.90	0.13432	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	40.000	14.90	0.13432	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.000	14.90	0.13432	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	14.90	0.13869	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	6.90	0.13869	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	14.90	0.13869	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	5	40.000	0.00	0.14499	76%-100% Below	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	19.90	0.13661	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.000	14.90	0.13661	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	14.90	0.13869	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	19.90	0.13869	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	4.90	0.13869	76%-100% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	7.00	0.13869	101%-200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	14.90	0.13869	200% Above	No	No
00143983701	PENICILLIN VK 250 MG TABLET	7	40.000	5.71	0.06309	101%-200% Above	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.000	6.14	0.06772	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.000	13.38	0.06772	51%-75% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.000	13.59	0.06772	51%-75% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.000	6.14	0.06308	10%-25% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.000	11.02	0.06308	26%-50% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	125.000	6.14	0.06418	10%-25% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	80.000	9.99	0.0629	76%-100% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.000	11.02	0.0629	26%-50% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.000	12.99	0.0629	51%-75% Above	Yes	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	200.000	9.99	0.05604	10%-25% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.000	16.17	0.08204	26%-50% Above	Yes	No
00143988601	AMOXICILLIN 200 MG/5 ML SUSP	7	100.000	6.15	0.02668	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	0.00	0.02436	76%-100% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	4.99	0.02436	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	0.00	0.02436	76%-100% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	6.79	0.02436	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	300.000	9.90	0.02436	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	6.43	0.02324	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	6.56	0.02324	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	6.90	0.02324	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	7.49	0.02324	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	9.90	0.02324	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	9.99	0.02324	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	10.75	0.02324	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	100.000	3.40	0.02404	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	100.000	5.65	0.02404	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	9.90	0.02404	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	9.99	0.02404	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	14.66	0.02404	200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	300.000	4.99	0.02404	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	500.000	14.90	0.02404	10%-25% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	4.99	0.02439	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	6.73	0.02439	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	7.61	0.02439	200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	7.70	0.02439	200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	6.65	0.02439	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	7.49	0.02439	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	9.90	0.02439	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	9.99	0.02439	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	10.75	0.02439	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	300.000	10.20	0.02439	26%-50% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	9.99	0.0313	51%-75% Above	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	8	50.000	3.15	0.03286	76%-100% Above	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	5.65	0.03286	51%-75% Above	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	11.18	0.03286	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	0.00	0.02691	76%-100% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	4.86	0.02691	10%-25% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	5.72	0.02691	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	6.90	0.02691	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	9.24	0.02691	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	9.99	0.02691	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	2.18	0.02553	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	4.99	0.02553	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	7.49	0.02553	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	9.24	0.02553	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	225.000	14.61	0.02553	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	7	150.000	0.02	0.02536	76%-100% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	7	150.000	7.49	0.02536	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	7	150.000	9.48	0.02536	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	7	150.000	11.18	0.02536	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	8.08	0.02658	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	8	225.000	7.49	0.02658	10%-25% Above	No	No
00143988801	AMOXICILLIN 125 MG/5 ML SUSP	6	200.000	4.63	0.01867	10%-25% Above	No	No
00143988815	AMOXICILLIN 125 MG/5 ML SUSP	7	300.000	7.26	0.01677	26%-50% Above	Yes	No
00143988815	AMOXICILLIN 125 MG/5 ML SUSP	8	150.000	4.09	0.01416	76%-100% Above	Yes	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	5	300.000	7.80	0.01806	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	6	150.000	3.53	0.01829	26%-50% Above	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	7	150.000	4.95	0.01802	76%-100% Above	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	8	300.000	7.49	0.01766	26%-50% Above	No	No
00143988980	AMOXICILLIN 250 MG/5 ML SUSP	8	80.000	3.99	0.02333	101%-200% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	6	6.000	3.13	0.0843	200% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	6	10.000	2.33	0.0843	101%-200% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	6	14.000	3.47	0.0843	101%-200% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	8	14.000	3.48	0.08708	101%-200% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	10.000	2.35	0.15555	51%-75% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	10.000	2.36	0.15555	51%-75% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	0.00	0.15555	76%-100% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.85	0.15555	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.92	0.15555	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.94	0.15555	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	3.01	0.15555	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	3.26	0.15555	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.49	0.15555	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.90	0.15555	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.96	0.15555	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	4.05	0.15555	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	5.65	0.15555	76%-100% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	7.28	0.15555	101%-200% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	6.000	0.99	0.14361	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	6.000	1.71	0.14361	76%-100% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	10.000	1.20	0.14361	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.92	0.14361	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.94	0.14361	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	4.18	0.14361	101%-200% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	3.99	0.14361	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	4.00	0.14361	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	28.000	5.00	0.14361	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	28.000	5.28	0.14361	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	28.000	5.29	0.14361	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	6.000	1.58	0.14867	76%-100% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	10.000	2.22	0.14867	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.55	0.14867	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.85	0.14867	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.94	0.14867	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	3.01	0.14867	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	1.75	0.14867	26%-50% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.49	0.14867	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.89	0.14867	26%-50% Above	Yes	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	28.000	5.29	0.14867	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	60.000	6.11	0.14867	26%-50% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	1.37	0.15502	26%-50% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	2.56	0.15502	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	3.01	0.15502	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	8	20.000	3.89	0.15502	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	8	20.000	3.99	0.15502	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	8	20.000	4.83	0.15502	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143992950	CIPROFLOXACIN HCL 750 MG TAB	8	28.000	13.32	0.24145	76%-100% Above	Yes	No
00143993905	AMOXICILLIN 500 MG CAPSULE	6	21.000	3.13	0.0666	101%-200% Above	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	6	30.000	2.97	0.0666	26%-50% Above	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.16	0.07382	10%-25% Below	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	8	30.000	2.51	0.07382	10%-25% Above	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	5	200.000	9.99	0.06288	10%-25% Below	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	6	100.000	4.99	0.0686	26%-50% Below	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	7	200.000	14.99	0.06713	10%-25% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	8	200.000	19.90	0.06482	51%-75% Above	No	No
00143998250	AMOX-CLAV 400-57 MG/5 ML SUSP	6	100.000	14.99	0.09408	51%-75% Above	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	5	75.000	9.99	0.07465	76%-100% Above	No	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	5	75.000	23.57	0.07465	200% Above	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	7	75.000	9.99	0.07121	76%-100% Above	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	7	150.000	14.99	0.07121	26%-50% Above	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	5	30.000	0.30	0.25276	76%-100% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	5	30.000	9.65	0.25276	26%-50% Above	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	6	15.000	6.31	0.25072	51%-75% Above	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	6	45.000	4.99	0.25072	51%-75% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	7	15.000	4.99	0.23358	26%-50% Above	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	7	60.000	9.99	0.23358	26%-50% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	8	15.000	6.31	0.23748	76%-100% Above	No	No
00168000480	TRIAMCINOLONE 0.1% CREAM	5	80.000	7.59	0.05539	51%-75% Above	No	No
00168000580	TRIAMCINOLONE 0.025% OINT	6	240.000	27.70	0.07682	26%-50% Above	No	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	15.000	4.29	0.15898	76%-100% Above	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	30.000	8.06	0.15898	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	120.000	12.46	0.15898	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	120.000	14.65	0.15898	10%-25% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	6	15.000	4.29	0.15641	76%-100% Above	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	7	15.000	1.56	0.12184	10%-25% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	7	30.000	6.66	0.12184	76%-100% Above	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	7	30.000	8.80	0.12184	101%-200% Above	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	15.000	4.29	0.1214	101%-200% Above	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	30.000	3.11	0.1214	10%-25% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	60.000	8.90	0.1214	10%-25% Above	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	60.000	12.69	0.1214	51%-75% Above	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	120.000	12.46	0.1214	10%-25% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	6	80.000	9.99	0.06677	76%-100% Above	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	6	80.000	10.95	0.06677	101%-200% Above	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	7	80.000	9.99	0.06318	76%-100% Above	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	7	80.000	11.00	0.06318	101%-200% Above	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	8	80.000	9.99	0.06514	76%-100% Above	Yes	No
00168008031	HYDROCORTISONE 2.5% CREAM	5	30.000	3.92	0.0852	51%-75% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	7	30.000	3.11	0.08001	26%-50% Above	Yes	No
00168008031	HYDROCORTISONE 2.5% CREAM	7	30.000	4.48	0.08001	76%-100% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	8	30.000	4.60	0.08047	76%-100% Above	No	No
00168009915	KETOCONAZOLE 2% CREAM	5	45.000	13.24	0.50062	26%-50% Below	No	No
00168009930	KETOCONAZOLE 2% CREAM	6	30.000	14.99	0.36209	26%-50% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	6	60.000	18.11	0.36209	10%-25% Below	No	No
00168009930	KETOCONAZOLE 2% CREAM	8	60.000	16.72	0.31794	10%-25% Below	No	No
00168009960	KETOCONAZOLE 2% CREAM	5	60.000	13.30	0.31446	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00168009960	KETOCONAZOLE 2% CREAM	5	60.000	14.99	0.31446	10%-25% Below	No	No
00168009960	KETOCONAZOLE 2% CREAM	7	60.000	13.30	0.28369	10%-25% Below	No	No
00168009960	KETOCONAZOLE 2% CREAM	7	60.000	19.90	0.28369	10%-25% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	7	60.000	19.99	0.28369	10%-25% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	8	60.000	19.99	0.24642	26%-50% Above	No	No
00168013460	FLUOCINONIDE 0.05% SOLUTION	5	60.000	13.96	0.31469	26%-50% Below	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	6	28.350	5.14	0.10255	76%-100% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	8	28.350	5.18	0.1048	51%-75% Above	No	No
00168016215	CLOBETASOL 0.05% OINTMENT	7	45.000	14.99	0.39125	10%-25% Below	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	5	60.000	14.99	0.75668	51%-75% Below	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	5	60.000	16.63	0.75668	51%-75% Below	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	6	60.000	14.99	0.73836	51%-75% Below	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	6	60.000	55.24	0.73836	10%-25% Above	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	7	60.000	28.01	0.69175	26%-50% Below	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	8	60.000	14.99	0.73114	51%-75% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	6	40.000	40.30	1.69541	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	6	40.000	43.66	1.69541	26%-50% Below	No	No
00168032346	METRONIDAZOLE 0.75% CREAM	8	45.000	22.60	0.7227	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	6	45.000	6.99	0.65035	76%-100% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	7	45.000	6.99	0.63312	51%-75% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	7	45.000	9.99	0.63312	51%-75% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	5	20.000	18.54	1.25511	26%-50% Below	Yes	No
00168034720	TERCONAZOLE 0.8% CREAM	6	20.000	15.62	1.27635	26%-50% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	8	20.000	9.99	1.35348	51%-75% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	8	20.000	14.99	1.35348	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00168035550	HALOBETASOL PROP 0.05% CREAM	5	50.000	20.15	0.60887	26%-50% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE CREAM	8	30.000	0.30	0.41233	76%-100% Below	No	No
00168042446	ADAPALENE 0.1% CREAM	8	45.000	14.99	3.47217	76%-100% Below	No	No
00169255013	TRESIBA FLEXTOUCH 200 UNIT/ML	7	9.000	661.41	65.09205	10%-25% Above	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	5	1.000	124.41	287.00972	51%-75% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	6	1.000	124.41	287.00972	51%-75% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	7	1.000	124.41	287.00972	51%-75% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	8	1.000	124.41	287.00972	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	6	15.000	605.82	35.83585	10%-25% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.29	0.01329	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.30	0.01329	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.33	0.01329	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.40	0.01329	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.70	0.01329	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.73	0.01329	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.30	0.01342	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.33	0.01342	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.40	0.01342	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	0.01	0.01342	76%-100% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.45	0.01342	10%-25% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.22	0.01322	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.16	0.01322	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.25	0.01322	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.30	0.01322	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.33	0.01322	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.40	0.01322	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	0.01	0.01322	76%-100% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.27	0.01322	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.42	0.01322	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.70	0.01322	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	0.22	0.01334	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.16	0.01334	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.30	0.01334	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.33	0.01334	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.40	0.01334	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	0.71	0.01334	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.36	0.01334	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.64	0.01334	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.70	0.01334	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.73	0.01334	101%-200% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	8	7.000	0.88	0.02226	200% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	6	30.000	1.34	0.02272	76%-100% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	5	5.000	0.74	0.02283	200% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	5	90.000	2.29	0.02283	10%-25% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	6	20.000	1.01	0.02609	76%-100% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	7	6.000	0.76	0.02397	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	5	2.000	0.03	0.02283	26%-50% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	3.000	0.79	0.02283	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	4.000	0.81	0.02283	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	30.000	0.45	0.02283	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00172392670	DIAZEPAM 5 MG TABLET	5	30.000	1.30	0.02283	76%-100% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	1.000	0.61	0.02609	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	2.000	0.72	0.02609	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	4.000	0.75	0.02609	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	4.000	0.80	0.02609	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	6	9.000	0.95	0.02609	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	15.000	0.92	0.02609	101%-200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	30.000	1.30	0.02609	51%-75% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	6	60.000	0.90	0.02609	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	1.000	0.01	0.02397	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	2.000	0.42	0.02397	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	8.000	0.80	0.02397	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	10.000	0.14	0.02397	26%-50% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	14.000	0.99	0.02397	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	15.000	1.01	0.02397	101%-200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	30.000	1.30	0.02397	76%-100% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	1.000	0.76	0.02117	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	2.000	0.62	0.02117	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	2.000	0.78	0.02117	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	3.000	0.80	0.02117	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	4.000	0.44	0.02117	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	10.000	0.56	0.02117	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	25.000	1.13	0.02117	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	30.000	0.41	0.02117	26%-50% Below	Yes	No
00172392680	DIAZEPAM 5 MG TABLET	5	2.000	0.94	0.02283	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00172392680	DIAZEPAM 5 MG TABLET	5	30.000	0.44	0.02283	26%-50% Below	No	No
00172392680	DIAZEPAM 5 MG TABLET	6	4.000	0.07	0.02609	26%-50% Below	No	No
00172392680	DIAZEPAM 5 MG TABLET	7	40.000	1.22	0.02397	26%-50% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	1.000	0.01	0.02561	51%-75% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	20.000	1.06	0.02561	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	30.000	1.26	0.02561	51%-75% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	60.000	2.21	0.02561	26%-50% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	1.000	0.76	0.02469	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	3.000	0.43	0.02469	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	60.000	2.17	0.02469	26%-50% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	2.000	0.42	0.02526	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	60.000	2.65	0.02526	51%-75% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	5	1.000	0.00	0.03697	76%-100% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	5	1.000	0.01	0.03697	51%-75% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	5	1.000	0.71	0.03697	200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	5	30.000	3.25	0.03697	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	6	1.000	0.01	0.02561	51%-75% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	6	30.000	0.37	0.02561	51%-75% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	6	30.000	1.24	0.02561	51%-75% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	6	30.000	3.25	0.02561	200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	7	1.000	0.76	0.02469	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	7	12.000	0.89	0.02469	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	7	30.000	0.37	0.02469	26%-50% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	7	30.000	3.25	0.02469	200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	8	1.000	0.25	0.02526	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00172392770	DIAZEPAM 10 MG TABLET	8	2.000	0.26	0.02526	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	8	4.000	0.82	0.02526	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	8	30.000	3.25	0.02526	200% Above	No	No
00172392780	DIAZEPAM 10 MG TABLET	5	1.000	0.01	0.03697	51%-75% Below	No	No
00172392780	DIAZEPAM 10 MG TABLET	5	2.000	0.69	0.03697	200% Above	No	No
00172392780	DIAZEPAM 10 MG TABLET	6	2.000	0.03	0.02561	26%-50% Below	No	No
00172392780	DIAZEPAM 10 MG TABLET	6	2.000	0.69	0.02561	200% Above	No	No
00172409660	BACLOFEN 10 MG TABLET	5	40.000	6.62	0.06891	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	20.000	1.40	0.03426	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	60.000	3.08	0.03426	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	180.000	7.29	0.03426	10%-25% Above	Yes	No
00172572860	FAMOTIDINE 20 MG TABLET	6	60.000	2.65	0.03197	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	6	60.000	2.67	0.03197	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	6	60.000	3.08	0.03197	51%-75% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	6	90.000	3.71	0.03197	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	30.000	1.59	0.03197	51%-75% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	60.000	2.67	0.03197	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	60.000	3.08	0.03197	51%-75% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	180.000	7.29	0.03197	26%-50% Above	Yes	No
00172572860	FAMOTIDINE 20 MG TABLET	8	28.000	1.84	0.03311	76%-100% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	8	60.000	2.67	0.03311	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	8	60.000	3.08	0.03311	51%-75% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	8	90.000	4.27	0.03311	26%-50% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	5	60.000	3.08	0.03426	26%-50% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	6	60.000	3.08	0.03197	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00172572870	FAMOTIDINE 20 MG TABLET	7	60.000	1.34	0.03197	26%-50% Below	No	No
00172572870	FAMOTIDINE 20 MG TABLET	7	60.000	3.08	0.03197	51%-75% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	8	60.000	3.08	0.03311	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	5	30.000	1.68	0.03426	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	5	60.000	3.00	0.03426	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	5	120.000	5.61	0.03426	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	6	10.000	1.06	0.03197	200% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	6	30.000	1.68	0.03197	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	6	60.000	3.00	0.03197	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	7	30.000	1.68	0.03197	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	7	120.000	5.61	0.03197	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	8	120.000	5.61	0.03311	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	30.000	4.90	0.06791	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	30.000	5.26	0.06791	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	60.000	9.88	0.06791	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	90.000	11.72	0.06791	76%-100% Above	Yes	No
00172572960	FAMOTIDINE 40 MG TABLET	6	10.000	2.30	0.0686	200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	30.000	4.90	0.0686	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	30.000	5.26	0.0686	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	180.000	9.90	0.0686	10%-25% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	30.000	4.37	0.0617	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	30.000	4.51	0.0617	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	30.000	4.59	0.0617	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	30.000	5.26	0.0617	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	30.000	5.35	0.0617	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00172572960	FAMOTIDINE 40 MG TABLET	7	90.000	11.72	0.0617	101%-200% Above	Yes	No
00172572960	FAMOTIDINE 40 MG TABLET	7	90.000	14.16	0.0617	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	30.000	1.27	0.06339	26%-50% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	63.000	9.99	0.06339	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	90.000	12.60	0.06339	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	180.000	20.00	0.06339	51%-75% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	6	30.000	0.52	0.0686	51%-75% Below	No	No
00172572970	FAMOTIDINE 40 MG TABLET	6	60.000	9.88	0.0686	101%-200% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	7	14.000	2.80	0.0617	200% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	7	60.000	9.88	0.0617	101%-200% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	8	30.000	1.27	0.06339	26%-50% Below	No	No
00172572970	FAMOTIDINE 40 MG TABLET	8	30.000	5.26	0.06339	101%-200% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	8	60.000	9.88	0.06339	101%-200% Above	No	No
00185011701	LABETALOL HCL 200 MG TABLET	6	60.000	14.90	0.18085	26%-50% Above	No	No
00185011701	LABETALOL HCL 200 MG TABLET	7	60.000	14.90	0.17818	26%-50% Above	No	No
00185011701	LABETALOL HCL 200 MG TABLET	8	60.000	14.90	0.1713	26%-50% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	0.00	0.4588	76%-100% Below	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	4.99	0.4588	10%-25% Below	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	9.99	0.4588	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	10.00	0.4588	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	14.90	0.4588	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	19.90	0.4588	200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	9.99	0.43658	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	14.99	0.43658	200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	9.90	0.43658	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.90	0.43658	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.99	0.43658	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	19.99	0.43658	200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	23.56	0.43658	200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	20.000	9.99	0.43658	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	20.000	19.90	0.43658	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	60.000	29.99	0.43658	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	6.99	0.42263	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	14.99	0.42263	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	20.000	14.90	0.42263	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	15.37	0.43273	200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	4.99	0.43273	10%-25% Below	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	14.99	0.43273	101%-200% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	5	60.000	0.01	0.21273	76%-100% Below	No	No
00185012901	BUMETANIDE 1 MG TABLET	6	60.000	0.01	0.22391	76%-100% Below	No	No
00185012901	BUMETANIDE 1 MG TABLET	7	60.000	0.01	0.20365	76%-100% Below	No	No
00185012901	BUMETANIDE 1 MG TABLET	8	60.000	0.01	0.22082	76%-100% Below	No	No
00185013001	BUMETANIDE 2 MG TABLET	6	30.000	9.99	0.40546	10%-25% Below	No	No
00185013001	BUMETANIDE 2 MG TABLET	7	30.000	0.00	0.36932	76%-100% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.000	78.30	0.544	10%-25% Below	Yes	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.000	34.69	0.51326	10%-25% Below	Yes	No
00185032501	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.000	25.38	0.44826	26%-50% Below	Yes	No
00185041505	BUPROPION HCL SR 150 MG TABLET	6	60.000	11.47	0.09733	76%-100% Above	No	No
00185041560	BUPROPION HCL SR 150 MG TABLET	7	90.000	6.90	0.09562	10%-25% Below	No	No
00185041560	BUPROPION HCL SR 150 MG TABLET	8	30.000	5.99	0.0933	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00185067401	HYDROXYZINE PAM 25 MG CAP	7	30.000	2.88	0.06952	26%-50% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	5	90.000	7.54	0.07277	10%-25% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	30.000	2.88	0.07413	26%-50% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	60.000	2.48	0.07413	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	14.000	1.43	0.06952	26%-50% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	30.000	2.95	0.06952	26%-50% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	30.000	2.97	0.06952	26%-50% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	90.000	4.99	0.06952	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	90.000	7.54	0.06952	10%-25% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	8	21.000	2.30	0.07143	51%-75% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	8	30.000	2.88	0.07143	26%-50% Above	No	No
00185067501	ETODOLAC 400 MG TABLET	7	12.000	8.84	0.29728	101%-200% Above	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	5	90.000	7.39	0.10145	10%-25% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	5	120.000	9.04	0.10145	10%-25% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	6	120.000	9.04	0.09559	10%-25% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	7	120.000	9.04	0.10276	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	8	120.000	9.04	0.10099	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	14.90	0.24995	76%-100% Above	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.000	13.22	0.24995	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	14.000	13.69	0.23987	200% Above	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	9.99	0.22972	26%-50% Above	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	14.90	0.23945	101%-200% Above	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	90.000	17.19	0.29443	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	9.90	0.2864	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	10.73	0.2942	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	90.000	14.90	0.2942	26%-50% Below	No	No
00185086401	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	4.99	0.28077	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.000	28.92	0.2028	200% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	60.000	14.99	0.2028	10%-25% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.000	9.99	0.19678	51%-75% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.000	14.99	0.19678	101%-200% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	45.000	9.99	0.19678	10%-25% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	60.000	9.99	0.19678	10%-25% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	21.000	4.99	0.28074	10%-25% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.000	9.99	0.28074	10%-25% Above	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.000	19.99	0.28074	101%-200% Above	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	45.000	14.90	0.28074	10%-25% Above	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	6.08	0.28074	51%-75% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	9.99	0.28074	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	9.90	0.28077	10%-25% Above	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	9.99	0.28077	10%-25% Above	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	14.90	0.28077	76%-100% Above	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	14.99	0.28077	76%-100% Above	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	19.99	0.28077	101%-200% Above	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	9.99	0.28077	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	14.99	0.28077	10%-25% Below	Yes	No
00186037020	SYMBICORT 160-4.5 MCG INHALER	6	10.200	44.99	35.6911	76%-100% Below	No	No
00186037020	SYMBICORT 160-4.5 MCG INHALER	6	30.600	456.82	35.6911	51%-75% Below	No	No
00186037020	SYMBICORT 160-4.5 MCG INHALER	8	10.200	44.99	35.6911	76%-100% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	5	10.200	129.93	31.17623	51%-75% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00186037220	SYMBICORT 80-4.5 MCG INHALER	6	10.200	129.95	31.17623	51%-75% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	7	10.200	130.13	31.17623	51%-75% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	8	10.200	131.22	31.17623	51%-75% Below	No	No
00186504031	NEXIUM DR 40 MG CAPSULE	7	30.000	49.90	8.80528	76%-100% Below	No	No
00187073130	WELLBUTRIN XL 300 MG TABLET	6	90.000	80.28	71.95396	76%-100% Below	No	No
00228158003	LAMOTRIGINE ER 300 MG TABLET	6	90.000	190.58	4.20732	26%-50% Below	Yes	No
00228158003	LAMOTRIGINE ER 300 MG TABLET	8	90.000	190.58	3.77819	26%-50% Below	Yes	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	8	30.000	1.28	0.0217	76%-100% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	15.000	0.20	0.02187	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	30.000	1.33	0.02187	101%-200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	30.000	1.35	0.02187	101%-200% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	30.000	1.43	0.02187	101%-200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	60.000	2.09	0.02187	51%-75% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	20.000	1.08	0.02165	101%-200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	30.000	1.21	0.02165	76%-100% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	30.000	1.44	0.02165	101%-200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	60.000	1.87	0.02165	26%-50% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	6.000	0.88	0.02134	200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	30.000	1.28	0.02134	76%-100% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	30.000	1.44	0.02134	101%-200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	60.000	1.87	0.02134	26%-50% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	20.000	1.08	0.0217	101%-200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	60.000	2.09	0.0217	51%-75% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	90.000	2.45	0.0217	10%-25% Above	Yes	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	7	60.000	2.09	0.02134	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.25	0.02114	76%-100% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.20	0.02137	76%-100% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	7	10.000	0.99	0.02034	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.46	0.02225	101%-200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	90.000	2.80	0.02225	26%-50% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	3.000	0.81	0.02114	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.000	0.50	0.02114	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.46	0.02114	101%-200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.46	0.02114	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	1.60	0.02114	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	1.89	0.02114	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	1.95	0.02114	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.10	0.02114	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.13	0.02114	51%-75% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.17	0.02114	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.25	0.02114	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	90.000	4.02	0.02114	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	90.000	9.14	0.02114	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	270.000	4.54	0.02114	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	5.000	0.70	0.02137	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	20.000	1.09	0.02137	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.000	0.50	0.02137	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.46	0.02137	101%-200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.46	0.02137	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.48	0.02137	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.000	1.77	0.02137	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.000	2.10	0.02137	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.000	2.13	0.02137	51%-75% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.000	2.17	0.02137	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.000	2.22	0.02137	51%-75% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	90.000	1.51	0.02137	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	90.000	2.89	0.02137	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	90.000	2.95	0.02137	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	90.000	3.45	0.02137	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	180.000	5.17	0.02137	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	2.000	0.79	0.02034	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.000	0.50	0.02034	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.29	0.02034	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.46	0.02034	101%-200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.46	0.02034	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	45.000	1.68	0.02034	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	45.000	1.85	0.02034	101%-200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.57	0.02034	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.87	0.02034	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.95	0.02034	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.000	2.13	0.02034	51%-75% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.000	2.17	0.02034	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.000	2.22	0.02034	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	90.000	3.45	0.02034	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	2.000	0.80	0.02225	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	15.000	0.69	0.02225	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	30.000	0.50	0.02225	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.20	0.02225	76%-100% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.29	0.02225	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.46	0.02225	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.57	0.02225	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.87	0.02225	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.90	0.02225	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	2.17	0.02225	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	2.22	0.02225	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	2.32	0.02225	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	2.56	0.02225	76%-100% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.000	2.76	0.02225	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	90.000	2.41	0.02225	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	90.000	2.89	0.02225	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	90.000	3.45	0.02225	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	90.000	9.14	0.02225	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	270.000	4.54	0.02225	10%-25% Below	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	1.000	0.01	0.02114	51%-75% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.39	0.02114	101%-200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.39	0.02137	101%-200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.20	0.02034	76%-100% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.20	0.02225	76%-100% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	7	60.000	1.15	0.02482	10%-25% Below	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	8	2.000	0.79	0.02534	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228203110	ALPRAZOLAM 1 MG TABLET	8	60.000	1.15	0.02534	10%-25% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	5	45.000	0.73	0.02444	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	5	60.000	1.15	0.02444	10%-25% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	30.000	1.74	0.02481	101%-200% Above	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	45.000	0.64	0.02481	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	45.000	0.73	0.02481	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	60.000	1.15	0.02481	10%-25% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	7	45.000	0.72	0.02482	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	8	45.000	0.75	0.02534	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	6	90.000	2.49	0.02481	10%-25% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	7	45.000	1.55	0.02482	26%-50% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	7	90.000	2.49	0.02482	10%-25% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	8	45.000	1.55	0.02534	26%-50% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	6	10.000	1.39	0.08037	51%-75% Above	Yes	No
00228207650	TEMAZEPAM 15 MG CAPSULE	8	30.000	2.76	0.07595	10%-25% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	5	30.000	1.70	0.09972	26%-50% Below	Yes	No
00228207710	TEMAZEPAM 30 MG CAPSULE	6	30.000	3.17	0.09454	10%-25% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	7	30.000	3.17	0.09523	10%-25% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	8	30.000	3.17	0.09381	10%-25% Above	No	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.11	0.02791	26%-50% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	5	180.000	8.41	0.02844	51%-75% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	6	90.000	3.34	0.02827	26%-50% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	6	180.000	8.30	0.02827	51%-75% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.55	0.0275	76%-100% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	7	90.000	3.16	0.0275	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228212750	CLONIDINE HCL 0.1 MG TABLET	7	90.000	3.34	0.0275	26%-50% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	7	180.000	6.68	0.0275	26%-50% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	8	60.000	2.41	0.02791	26%-50% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	8	180.000	6.68	0.02791	26%-50% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	5	30.000	2.21	0.03752	76%-100% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	6	90.000	3.96	0.03794	10%-25% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	6	90.000	4.10	0.03794	10%-25% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	7	90.000	4.10	0.03785	10%-25% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	7	90.000	5.16	0.03785	51%-75% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	7	180.000	3.92	0.03785	26%-50% Below	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	8	90.000	3.73	0.03695	10%-25% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	8	90.000	4.10	0.03695	10%-25% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	8	180.000	8.19	0.03695	10%-25% Above	Yes	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	5	60.000	3.69	0.03752	51%-75% Above	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	6	60.000	3.79	0.03794	51%-75% Above	No	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	7	30.000	3.54	0.03972	101%-200% Above	No	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	7	60.000	1.48	0.03972	26%-50% Below	Yes	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	7	90.000	5.20	0.03972	26%-50% Above	Yes	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	8	270.000	13.53	0.04156	10%-25% Above	Yes	No
00228253950	CARBIDOPA-LEVODOPA 25-100 TAB	5	90.000	14.27	0.13939	10%-25% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	5	30.000	4.99	0.11531	26%-50% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	5	35.000	10.04	0.11531	101%-200% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	6	25.000	4.99	0.12124	51%-75% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	6	30.000	8.50	0.12124	101%-200% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	7	30.000	4.99	0.11919	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228259711	INDAPAMIDE 1.25 MG TABLET	7	30.000	8.50	0.11919	101%-200% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	8	30.000	4.99	0.11827	26%-50% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	8	30.000	9.65	0.11827	101%-200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	6	30.000	14.99	0.30022	51%-75% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	7	90.000	29.99	0.22509	26%-50% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	8	30.000	19.99	0.20204	200% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	5	30.000	9.99	0.43619	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	6	30.000	9.99	0.42061	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	7	30.000	9.99	0.28445	10%-25% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	8	30.000	9.99	0.27433	10%-25% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	0.00	0.05079	76%-100% Below	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	2.14	0.05079	26%-50% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	8.64	0.05079	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	0.00	0.04917	76%-100% Below	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	2.14	0.04917	26%-50% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	8.64	0.04917	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	25.20	0.04917	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	2.14	0.04954	26%-50% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	2.14	0.05648	26%-50% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	5	90.000	29.99	0.26252	26%-50% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	6	30.000	23.35	0.27526	101%-200% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	7	30.000	23.35	0.27695	101%-200% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	8	30.000	23.35	0.26118	101%-200% Above	No	No
00228285311	GUANFACINE HCL ER 3 MG TABLET	6	90.000	74.99	0.27389	200% Above	No	No
00228285511	GUANFACINE HCL ER 4 MG TABLET	7	30.000	9.99	0.25452	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228285511	GUANFACINE HCL ER 4 MG TABLET	8	30.000	9.99	0.248	26%-50% Above	No	No
00228289006	DULOXETINE HCL DR 20 MG CAP	5	60.000	14.90	0.11247	101%-200% Above	No	No
00228289006	DULOXETINE HCL DR 20 MG CAP	6	60.000	14.90	0.11367	101%-200% Above	No	No
00228289006	DULOXETINE HCL DR 20 MG CAP	7	60.000	14.90	0.09676	101%-200% Above	No	No
00228289103	DULOXETINE HCL DR 30 MG CAP	6	30.000	14.90	0.1056	200% Above	No	No
00228289103	DULOXETINE HCL DR 30 MG CAP	7	30.000	14.90	0.10271	200% Above	No	No
00228289103	DULOXETINE HCL DR 30 MG CAP	8	30.000	14.90	0.09834	200% Above	No	No
00228308406	ALPRAZOLAM ER 1 MG TABLET	5	30.000	10.12	0.17042	76%-100% Above	No	No
00228308406	ALPRAZOLAM ER 1 MG TABLET	6	30.000	10.12	0.19976	51%-75% Above	No	No
00228308406	ALPRAZOLAM ER 1 MG TABLET	7	30.000	10.12	0.18818	76%-100% Above	No	No
00228308406	ALPRAZOLAM ER 1 MG TABLET	8	30.000	13.05	0.18356	101%-200% Above	No	No
00228315303	BUPRENORPHINE 8 MG TABLET SL	8	35.000	9.99	0.79088	51%-75% Below	No	No
00228331603	DOXEPIN HCL 6 MG TABLET	6	30.000	162.29	8.27135	26%-50% Below	Yes	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	7	60.000	14.90	0.35191	26%-50% Below	No	No
00245003660	PREVALITE PACKET	5	90.000	35.51	1.29598	51%-75% Below	No	No
00245003660	PREVALITE PACKET	8	90.000	35.51	1.18597	51%-75% Below	No	No
00245531711	KLOR-CON M10 TABLET	6	90.000	9.98	0.20109	26%-50% Below	Yes	No
00245531711	KLOR-CON M10 TABLET	7	90.000	30.65	0.20109	51%-75% Above	Yes	No
00245531711	KLOR-CON M10 TABLET	8	4.000	2.15	0.20109	101%-200% Above	Yes	No
00245531790	KLOR-CON M10 TABLET	6	90.000	24.67	0.20109	26%-50% Above	Yes	No
00245531911	KLOR-CON M20 TABLET	6	90.000	14.99	0.25243	26%-50% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	6	90.000	28.04	0.25243	10%-25% Above	Yes	No
00245531911	KLOR-CON M20 TABLET	8	90.000	28.90	0.1357	101%-200% Above	Yes	No
00245531990	KLOR-CON M20 TABLET	8	90.000	10.23	0.1357	10%-25% Below	Yes	No
00254100752	ALBUTEROL HFA 90 MCG INHALER	6	6.700	11.81	3.77614	51%-75% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00254100752	ALBUTEROL HFA 90 MCG INHALER	7	6.700	28.66	3.65036	10%-25% Above	No	No
00254200801	COLCHICINE 0.6 MG TABLET	5	3.000	4.99	0.50086	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	5	3.000	9.99	0.50086	200% Above	No	No
00254200801	COLCHICINE 0.6 MG TABLET	6	3.000	9.99	0.48855	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	6	6.000	14.99	0.48855	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	6	90.000	233.12	0.48855	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	7	3.000	9.99	0.40299	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	7	10.000	14.99	0.40299	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	7	15.000	19.99	0.40299	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	7	30.000	9.90	0.40299	10%-25% Below	No	No
00254200801	COLCHICINE 0.6 MG TABLET	7	30.000	15.17	0.40299	10%-25% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	8	14.000	14.99	0.46423	101%-200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	8	15.000	9.99	0.46423	26%-50% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	8	20.000	14.99	0.46423	51%-75% Above	No	No
00254200801	COLCHICINE 0.6 MG TABLET	8	90.000	233.12	0.46423	200% Above	Yes	No
00254302802	LUBIPROSTONE 8 MCG CAPSULE	5	60.000	160.30	4.62148	26%-50% Below	Yes	No
00254302802	LUBIPROSTONE 8 MCG CAPSULE	8	60.000	160.30	4.60534	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	5	10.200	9.99	23.43011	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	5	10.200	152.27	23.43011	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	6	10.200	9.99	23.45246	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	6	10.200	152.27	23.45246	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	7	10.200	9.99	23.24345	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	8	10.200	9.99	22.95367	76%-100% Below	No	No
00378001401	METHOTREXATE 2.5 MG TABLET	5	20.000	14.99	0.25274	101%-200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	5	96.000	86.91	0.25274	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378001401	METHOTREXATE 2.5 MG TABLET	5	96.000	88.12	0.25274	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	5	104.000	45.00	0.25274	51%-75% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	6	20.000	14.99	0.23868	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	6	30.000	14.99	0.23868	101%-200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	7	36.000	26.25	0.2335	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	7	65.000	12.30	0.2335	10%-25% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	7	96.000	59.99	0.2335	101%-200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	7	96.000	70.01	0.2335	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	20.000	14.99	0.22123	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	32.000	6.05	0.22123	10%-25% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	54.000	27.18	0.22123	101%-200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	96.000	59.99	0.22123	101%-200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	104.000	45.00	0.22123	76%-100% Above	Yes	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	5	60.000	2.37	0.01899	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	5	180.000	5.62	0.01899	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	6	60.000	1.71	0.01823	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	6	60.000	1.94	0.01823	76%-100% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	6	180.000	5.62	0.01823	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	7	60.000	1.71	0.01823	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	7	60.000	2.36	0.01823	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	7	60.000	2.37	0.01823	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	7	180.000	4.70	0.01823	26%-50% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	8	20.000	1.28	0.01797	200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	8	60.000	0.01	0.01797	76%-100% Below	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	8	60.000	1.71	0.01797	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378001805	METOPROLOL TARTRATE 25 MG TAB	8	180.000	5.62	0.01797	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	8	180.000	5.76	0.01797	76%-100% Above	No	No
00378005301	CIMETIDINE 200 MG TABLET	6	60.000	10.39	0.32053	26%-50% Below	No	No
00378005301	CIMETIDINE 200 MG TABLET	7	60.000	10.39	0.34333	26%-50% Below	No	No
00378005301	CIMETIDINE 200 MG TABLET	8	60.000	10.39	0.29993	26%-50% Below	No	No
00378013701	ALLOPURINOL 100 MG TABLET	5	30.000	9.20	0.05378	200% Above	No	No
00378013701	ALLOPURINOL 100 MG TABLET	5	60.000	9.90	0.05378	200% Above	No	No
00378013701	ALLOPURINOL 100 MG TABLET	6	30.000	9.20	0.05366	200% Above	No	No
00378013701	ALLOPURINOL 100 MG TABLET	6	180.000	29.90	0.05366	200% Above	No	No
00378013701	ALLOPURINOL 100 MG TABLET	7	30.000	9.20	0.04747	200% Above	No	No
00378013701	ALLOPURINOL 100 MG TABLET	8	30.000	9.20	0.0477	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	5	30.000	4.90	0.05378	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	5	30.000	6.90	0.05378	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	30.000	4.90	0.05366	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	30.000	6.90	0.05366	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	90.000	19.90	0.05366	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	7	30.000	6.90	0.04747	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	8	30.000	4.90	0.0477	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	8	30.000	6.90	0.0477	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	8	30.000	7.85	0.0477	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	8	90.000	22.83	0.0477	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	5	30.000	6.90	0.07705	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	5	30.000	9.90	0.07705	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	6	14.000	7.41	0.07528	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	6	30.000	6.90	0.07528	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378018105	ALLOPURINOL 300 MG TABLET	6	30.000	9.90	0.07528	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	7	14.000	6.55	0.07381	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	8	14.000	6.55	0.07633	200% Above	No	No
00378020801	FUROSEMIDE 20 MG TABLET	7	30.000	2.20	0.02855	101%-200% Above	No	No
00378020810	FUROSEMIDE 20 MG TABLET	5	30.000	1.46	0.03078	51%-75% Above	No	No
00378020810	FUROSEMIDE 20 MG TABLET	6	30.000	1.46	0.03072	51%-75% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	6	30.000	2.79	0.02573	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	6	60.000	4.93	0.02573	200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	5	90.000	7.58	0.13957	26%-50% Below	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	8	90.000	7.08	0.12125	26%-50% Below	No	No
00378027105	DIAZEPAM 2 MG TABLET	6	60.000	1.84	0.02272	26%-50% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	8	90.000	2.29	0.02117	10%-25% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	5	4.000	0.73	0.02283	200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	6	60.000	1.74	0.02609	10%-25% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	8	60.000	1.52	0.02117	10%-25% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	8	60.000	1.74	0.02117	26%-50% Above	No	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	5	30.000	9.93	0.68162	51%-75% Below	No	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	6	30.000	8.47	0.6335	51%-75% Below	No	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	7	30.000	8.47	0.63971	51%-75% Below	No	No
00378041501	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	15.000	6.00	0.20146	76%-100% Above	No	No
00378041501	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	40.000	14.99	0.20146	76%-100% Above	No	No
00378041510	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	30.000	13.56	0.19744	101%-200% Above	Yes	No
00378041510	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	60.000	14.99	0.19744	26%-50% Above	Yes	No
00378041510	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	20.000	9.29	0.19401	101%-200% Above	Yes	No
00378041510	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	30.000	13.56	0.19401	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378041510	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	45.000	5.13	0.20146	26%-50% Below	Yes	No
00378041510	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	90.000	19.99	0.20146	10%-25% Above	Yes	No
00378043401	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	78.87	1.54164	26%-50% Below	Yes	No
00378047701	DIAZEPAM 10 MG TABLET	5	90.000	2.09	0.03697	26%-50% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	5	1.000	0.01	0.03697	51%-75% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	6	60.000	1.87	0.02561	10%-25% Above	No	No
00378047705	DIAZEPAM 10 MG TABLET	8	60.000	1.87	0.02526	10%-25% Above	No	No
00378064010	PREDNISONE 5 MG TABLET	5	10.000	1.67	0.08241	101%-200% Above	Yes	No
00378064010	PREDNISONE 5 MG TABLET	5	30.000	1.43	0.08241	26%-50% Below	Yes	No
00378064010	PREDNISONE 5 MG TABLET	6	10.000	0.48	0.07498	26%-50% Below	Yes	No
00378064010	PREDNISONE 5 MG TABLET	6	30.000	1.43	0.07498	26%-50% Below	Yes	No
00378064010	PREDNISONE 5 MG TABLET	6	30.000	4.90	0.07498	101%-200% Above	Yes	No
00378064010	PREDNISONE 5 MG TABLET	6	90.000	11.49	0.07498	51%-75% Above	Yes	No
00378064010	PREDNISONE 5 MG TABLET	7	7.000	1.51	0.08157	101%-200% Above	Yes	No
00378064010	PREDNISONE 5 MG TABLET	7	30.000	1.43	0.08157	26%-50% Below	Yes	No
00378064010	PREDNISONE 5 MG TABLET	7	60.000	4.27	0.08157	10%-25% Below	Yes	No
00378064010	PREDNISONE 5 MG TABLET	8	30.000	1.43	0.08938	26%-50% Below	Yes	No
00378064010	PREDNISONE 5 MG TABLET	8	30.000	4.04	0.08938	26%-50% Above	Yes	No
00378064010	PREDNISONE 5 MG TABLET	8	90.000	4.29	0.08938	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	5.000	1.26	0.06823	200% Above	No	No
00378064110	PREDNISONE 10 MG TABLET	5	5.000	1.27	0.06823	200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	10.000	0.51	0.06823	10%-25% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	10.000	1.97	0.06823	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	10.000	1.98	0.06823	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	12.000	0.61	0.06823	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378064110	PREDNISONONE 10 MG TABLET	5	12.000	1.50	0.06823	76%-100% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	5	20.000	1.80	0.06823	26%-50% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	5	21.000	3.32	0.06823	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	5	22.000	3.53	0.06823	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	5	42.000	4.99	0.06823	51%-75% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	5	45.000	5.56	0.06823	76%-100% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	5	63.000	8.82	0.06823	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	3.000	0.46	0.06582	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	10.000	1.80	0.06582	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	12.000	2.21	0.06582	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	18.000	1.59	0.06582	26%-50% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	18.000	2.60	0.06582	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	20.000	3.19	0.06582	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	21.000	1.07	0.06582	10%-25% Below	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	21.000	2.87	0.06582	101%-200% Above	No	No
00378064110	PREDNISONONE 10 MG TABLET	6	30.000	1.53	0.06582	10%-25% Below	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	30.000	4.42	0.06582	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	6	30.000	4.46	0.06582	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	5.000	1.35	0.06545	200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	7.000	1.60	0.06545	200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	9.000	1.84	0.06545	200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	10.000	0.99	0.06545	51%-75% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	10.000	1.97	0.06545	200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	14.000	2.46	0.06545	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	18.000	0.92	0.06545	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378064110	PREDNISONONE 10 MG TABLET	7	18.000	2.55	0.06545	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	18.000	2.65	0.06545	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	20.000	1.02	0.06545	10%-25% Below	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	20.000	2.78	0.06545	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	20.000	3.19	0.06545	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	21.000	2.77	0.06545	101%-200% Above	No	No
00378064110	PREDNISONONE 10 MG TABLET	7	21.000	2.96	0.06545	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	30.000	1.53	0.06545	10%-25% Below	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	30.000	3.84	0.06545	76%-100% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	30.000	3.88	0.06545	76%-100% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	40.000	3.06	0.06545	10%-25% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	7	120.000	13.45	0.06545	51%-75% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	5.000	0.25	0.06767	26%-50% Below	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	5.000	1.27	0.06767	200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	5.000	1.35	0.06767	200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	10.000	1.72	0.06767	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	10.000	1.80	0.06767	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	12.000	2.06	0.06767	101%-200% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	18.000	1.59	0.06767	26%-50% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	20.000	2.77	0.06767	101%-200% Above	No	No
00378064110	PREDNISONONE 10 MG TABLET	8	21.000	3.48	0.06767	101%-200% Above	No	No
00378064110	PREDNISONONE 10 MG TABLET	8	60.000	2.56	0.06767	26%-50% Below	No	No
00378064110	PREDNISONONE 10 MG TABLET	8	60.000	6.89	0.06767	51%-75% Above	Yes	No
00378064110	PREDNISONONE 10 MG TABLET	8	63.000	7.41	0.06767	51%-75% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	7.000	1.93	0.11673	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378064205	PREDNISONONE 20 MG TABLET	5	10.000	0.63	0.11673	26%-50% Below	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	10.000	1.87	0.11673	51%-75% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	10.000	2.16	0.11673	76%-100% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	10.000	2.38	0.11673	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	10.000	2.44	0.11673	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	12.000	2.10	0.11673	26%-50% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	90.000	14.99	0.11673	26%-50% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	4.000	1.26	0.1107	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	5.000	1.00	0.1107	76%-100% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	5.000	1.31	0.1107	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	5.000	1.59	0.1107	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	5.000	1.67	0.1107	200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	7.000	1.64	0.1107	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	10.000	0.63	0.1107	26%-50% Below	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	10.000	1.82	0.1107	51%-75% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	10.000	2.12	0.1107	76%-100% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	10.000	2.44	0.1107	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	10.000	3.30	0.1107	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	30.000	1.90	0.1107	26%-50% Below	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	7	5.000	1.31	0.11267	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	7	5.000	1.59	0.11267	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	7	5.000	1.67	0.11267	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	7	5.000	1.94	0.11267	200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	7	7.000	1.53	0.11267	76%-100% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	7	10.000	1.28	0.11267	10%-25% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378064205	PREDNISON 20 MG TABLET	7	10.000	2.11	0.11267	76%-100% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	7	10.000	2.44	0.11267	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	7	12.000	2.10	0.11267	51%-75% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	7	14.000	2.72	0.11267	51%-75% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	7	19.000	3.97	0.11267	76%-100% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	7	21.000	3.79	0.11267	51%-75% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	3.000	1.03	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	3.000	1.12	0.1164	200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	3.000	1.25	0.1164	200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	4.000	1.23	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	5.000	1.31	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	5.000	1.59	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	6.000	1.42	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	6.000	1.76	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	7.000	1.53	0.1164	76%-100% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	8.000	1.84	0.1164	76%-100% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	8.000	2.10	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	10.000	0.63	0.1164	26%-50% Below	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	10.000	1.87	0.1164	51%-75% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	10.000	2.11	0.1164	76%-100% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	10.000	2.44	0.1164	101%-200% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	14.000	2.32	0.1164	26%-50% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	14.000	2.57	0.1164	51%-75% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	15.000	3.29	0.1164	76%-100% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	18.000	2.77	0.1164	26%-50% Above	Yes	No

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00378064205	PREDNISON 20 MG TABLET	8	20.000	3.26	0.1164	26%-50% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	30.000	4.13	0.1164	10%-25% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	45.000	7.18	0.1164	26%-50% Above	Yes	No
00378064205	PREDNISON 20 MG TABLET	8	60.000	4.99	0.1164	26%-50% Below	Yes	No
00378075710	ATENOLOL 100 MG TABLET	6	90.000	11.59	0.04504	101%-200% Above	No	No
00378104910	DOXEPIN 10 MG CAPSULE	7	30.000	9.99	0.16939	76%-100% Above	No	No
00378104910	DOXEPIN 10 MG CAPSULE	8	30.000	9.99	0.18966	51%-75% Above	No	No
00378108601	COLCHICINE 0.6 MG TABLET	8	3.000	9.99	0.46423	200% Above	No	No
00378110101	PRAZOSIN 1 MG CAPSULE	5	60.000	28.05	0.20606	101%-200% Above	No	No
00378110101	PRAZOSIN 1 MG CAPSULE	6	60.000	14.90	0.21165	10%-25% Above	No	No
00378110101	PRAZOSIN 1 MG CAPSULE	7	180.000	44.90	0.2145	10%-25% Above	No	No
00378111001	GLIPIZIDE 10 MG TABLET	5	30.000	1.72	0.04772	10%-25% Above	No	No
00378111001	GLIPIZIDE 10 MG TABLET	6	30.000	1.72	0.04956	10%-25% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	5	15.000	14.90	0.71217	26%-50% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	5	20.000	0.00	0.71217	76%-100% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	5	20.000	18.50	0.71217	26%-50% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	5	30.000	12.58	0.71217	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	6	15.000	14.99	0.71259	26%-50% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	6	20.000	8.39	0.71259	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	6	20.000	21.13	0.71259	26%-50% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	7	10.000	11.16	0.66045	51%-75% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	7	10.000	11.25	0.66045	51%-75% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	7	15.000	14.90	0.66045	26%-50% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	7	20.000	8.39	0.66045	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	7	20.000	9.90	0.66045	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378113401	KETOROLAC 10 MG TABLET	7	20.000	14.99	0.66045	10%-25% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	8	10.000	11.16	0.6484	51%-75% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	8	16.000	14.99	0.6484	26%-50% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	8	20.000	6.99	0.6484	26%-50% Below	No	No
00378114501	BUSPIRONE HCL 7.5 MG TABLET	5	60.000	9.90	0.21892	10%-25% Below	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	7	180.000	146.25	1.29718	26%-50% Below	No	No
00378140496	RIZATRIPTAN 10 MG TABLET	8	9.000	14.99	0.49457	200% Above	No	No
00378161001	DICYCLOMINE 10 MG CAPSULE	6	180.000	14.90	0.10797	10%-25% Below	No	No
00378172193	AMLODIPINE-VALSARTAN 5-160 MG	5	90.000	24.35	0.50244	26%-50% Below	Yes	No
00378172193	AMLODIPINE-VALSARTAN 5-160 MG	8	90.000	24.35	0.51605	26%-50% Below	Yes	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	5	30.000	9.99	0.6052	26%-50% Below	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	6	30.000	9.99	0.56934	26%-50% Below	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	6	30.000	44.38	0.56934	101%-200% Above	Yes	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	7	30.000	9.99	0.5402	26%-50% Below	No	No
00378172393	AMLODIPINE-VALSARTAN 5-320 MG	5	25.000	19.99	0.59977	26%-50% Above	No	No
00378172393	AMLODIPINE-VALSARTAN 5-320 MG	8	30.000	19.99	0.54429	10%-25% Above	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	5	28.000	14.90	0.73193	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	5	90.000	38.57	0.73193	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	5	90.000	44.16	0.73193	26%-50% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	6	28.000	14.90	0.69636	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	7	28.000	14.90	0.69487	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	8	28.000	14.90	0.70845	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	8	90.000	35.60	0.70845	26%-50% Below	No	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	30.000	3.23	0.12092	10%-25% Below	No	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	30.000	4.99	0.12092	26%-50% Above	Yes	No

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00378180010	LEVOTHYROXINE 25 MCG TABLET	5	30.000	6.49	0.12092	76%-100% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	90.000	15.52	0.12092	26%-50% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	90.000	15.73	0.12092	26%-50% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	90.000	18.09	0.12092	51%-75% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	90.000	18.97	0.12092	51%-75% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	90.000	26.06	0.12092	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	30.000	4.99	0.13396	10%-25% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	30.000	6.49	0.13396	51%-75% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	90.000	17.24	0.13396	26%-50% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	90.000	20.00	0.13396	51%-75% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	90.000	20.79	0.13396	51%-75% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	135.000	30.00	0.13396	51%-75% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.49	0.10706	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	7	90.000	12.50	0.10706	26%-50% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	7	90.000	17.24	0.10706	76%-100% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	7	90.000	18.32	0.10706	76%-100% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	7	90.000	21.22	0.10706	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	7	90.000	21.47	0.10706	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	30.000	6.49	0.10675	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	30.000	7.77	0.10675	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	90.000	12.50	0.10675	26%-50% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	90.000	18.32	0.10675	76%-100% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	90.000	18.97	0.10675	76%-100% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	90.000	20.79	0.10675	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	90.000	26.06	0.10675	101%-200% Above	Yes	No

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00378180077	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.90	0.10706	101%-200% Above	No	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	6.28	0.15418	26%-50% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	9.62	0.15418	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	9.99	0.15418	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	90.000	16.26	0.15418	10%-25% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	90.000	19.99	0.15418	26%-50% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	90.000	20.53	0.15418	26%-50% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	90.000	23.51	0.15418	51%-75% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	90.000	28.04	0.15418	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.17	0.13879	76%-100% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	30.000	9.62	0.13879	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	30.000	9.99	0.13879	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	90.000	14.14	0.13879	10%-25% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	90.000	19.99	0.13879	51%-75% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	90.000	24.99	0.13879	76%-100% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	90.000	27.37	0.13879	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	10.000	3.70	0.1219	200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	15.000	5.18	0.1219	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	30.000	9.62	0.1219	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	30.000	9.99	0.1219	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	90.000	23.51	0.1219	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	90.000	23.83	0.1219	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	90.000	27.37	0.1219	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.85	0.11359	26%-50% Below	No	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	30.000	5.66	0.11359	51%-75% Above	Yes	No

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00378180310	LEVOTHYROXINE 50 MCG TABLET	8	30.000	8.17	0.11359	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	30.000	9.62	0.11359	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	11.39	0.11359	10%-25% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	19.99	0.11359	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	30.000	9.03	0.14995	76%-100% Above	No	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	30.000	9.29	0.14995	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	90.000	14.99	0.14995	10%-25% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	90.000	17.47	0.14995	26%-50% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	90.000	19.99	0.14995	26%-50% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	90.000	23.58	0.14995	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	90.000	25.24	0.14995	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	30.000	7.57	0.15361	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	30.000	7.62	0.15361	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	30.000	9.03	0.15361	76%-100% Above	No	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	17.47	0.15361	26%-50% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	20.00	0.15361	26%-50% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	21.32	0.15361	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	21.37	0.15361	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	22.69	0.15361	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	25.24	0.15361	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	25.90	0.15361	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	30.000	7.57	0.13143	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	30.000	7.62	0.13143	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	30.000	8.91	0.13143	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	10.60	0.13143	10%-25% Below	Yes	No

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00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	13.50	0.13143	10%-25% Above	No	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	14.08	0.13143	10%-25% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	19.99	0.13143	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	22.69	0.13143	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	23.75	0.13143	76%-100% Above	No	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	25.24	0.13143	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	25.90	0.13143	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	30.000	7.57	0.11066	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	30.000	7.62	0.11066	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.000	14.08	0.11066	26%-50% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.000	14.96	0.11066	26%-50% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.000	14.99	0.11066	26%-50% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.000	23.09	0.11066	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.000	25.24	0.11066	101%-200% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	5	90.000	26.19	0.16213	76%-100% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	6	30.000	7.84	0.15966	51%-75% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	6	32.000	8.31	0.15966	51%-75% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	6	90.000	18.46	0.15966	26%-50% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	7	30.000	9.27	0.1297	101%-200% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	7	90.000	14.87	0.1297	26%-50% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	7	90.000	14.99	0.1297	26%-50% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	7	90.000	26.33	0.1297	101%-200% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	8	30.000	9.17	0.11666	101%-200% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	8	90.000	8.50	0.11666	10%-25% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	5	90.000	18.36	0.16405	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378180910	LEVOTHYROXINE 100 MCG TABLET	5	90.000	26.53	0.16405	76%-100% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	5	90.000	29.45	0.16405	76%-100% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	5	90.000	32.12	0.16405	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	6	90.000	18.11	0.16588	10%-25% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	6	90.000	20.00	0.16588	26%-50% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	30.000	4.99	0.13857	10%-25% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	30.000	9.61	0.13857	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	30.000	11.34	0.13857	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	90.000	14.59	0.13857	10%-25% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	90.000	29.99	0.13857	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	90.000	32.60	0.13857	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	30.000	4.73	0.11812	26%-50% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.000	14.59	0.11812	26%-50% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.000	26.53	0.11812	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.000	27.46	0.11812	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.000	29.45	0.11812	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.000	32.53	0.11812	200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	5	90.000	23.28	0.14855	51%-75% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	5	90.000	29.99	0.14855	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	5	90.000	35.62	0.14855	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	6	45.000	11.64	0.17448	26%-50% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	6	90.000	32.31	0.17448	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	6	90.000	32.88	0.17448	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	6	180.000	24.43	0.17448	10%-25% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	7	90.000	29.99	0.1483	101%-200% Above	Yes	No



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00378181110	LEVOTHYROXINE 112 MCG TABLET	7	90.000	30.56	0.1483	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	7	90.000	32.88	0.1483	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	7	96.000	30.00	0.1483	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	8	90.000	18.76	0.13525	51%-75% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	8	90.000	29.99	0.13525	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	8	90.000	30.07	0.13525	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	8	90.000	32.88	0.13525	101%-200% Above	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	8	90.000	35.62	0.13525	101%-200% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	5	30.000	6.38	0.18461	10%-25% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	5	90.000	22.63	0.18461	26%-50% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	5	90.000	29.02	0.18461	51%-75% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	5	90.000	30.00	0.18461	76%-100% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	6	30.000	4.99	0.18708	10%-25% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	6	90.000	14.99	0.18708	10%-25% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	6	90.000	22.32	0.18708	26%-50% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	6	90.000	31.14	0.18708	76%-100% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	7	90.000	17.98	0.17372	10%-25% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	7	90.000	30.89	0.17372	76%-100% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	7	90.000	30.97	0.17372	76%-100% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	8	90.000	17.98	0.15643	26%-50% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	8	90.000	26.97	0.15643	76%-100% Above	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	8	90.000	28.41	0.15643	101%-200% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	5	90.000	40.04	0.19838	101%-200% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	30.000	11.40	0.21626	51%-75% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	60.000	9.99	0.21626	10%-25% Below	Yes	No

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00378181510	LEVOTHYROXINE 150 MCG TABLET	6	90.000	13.01	0.21626	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	90.000	14.99	0.21626	10%-25% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	90.000	29.99	0.21626	51%-75% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	7	30.000	11.40	0.18218	101%-200% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	8	30.000	4.99	0.14785	10%-25% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	8	30.000	11.40	0.14785	101%-200% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	8	90.000	25.00	0.14785	76%-100% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	8	90.000	33.98	0.14785	101%-200% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	5	45.000	20.88	0.21869	101%-200% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	5	90.000	29.00	0.21869	26%-50% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	6	90.000	39.00	0.24963	51%-75% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	8	45.000	20.88	0.19356	101%-200% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	8	90.000	23.36	0.19356	26%-50% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	8	90.000	39.00	0.19356	101%-200% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	5	45.000	20.33	0.2002	101%-200% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	5	90.000	28.60	0.2002	51%-75% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	6	30.000	5.43	0.22661	10%-25% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	6	90.000	29.90	0.22661	26%-50% Above	No	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	6	90.000	32.03	0.22661	51%-75% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	6	90.000	39.92	0.22661	76%-100% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	7	90.000	32.03	0.18108	76%-100% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	8	90.000	22.73	0.19197	26%-50% Above	Yes	No
00378182177	LEVOTHYROXINE 300 MCG TABLET	6	90.000	40.33	0.15506	101%-200% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	5	30.000	9.88	0.19605	51%-75% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	5	90.000	26.40	0.19605	26%-50% Above	Yes	No

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00378182377	LEVOTHYROXINE 137 MCG TABLET	6	90.000	21.08	0.21034	10%-25% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	6	90.000	28.17	0.21034	26%-50% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	6	90.000	29.99	0.21034	51%-75% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	7	90.000	16.75	0.16676	10%-25% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	8	90.000	16.75	0.15697	10%-25% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	8	90.000	25.85	0.15697	76%-100% Above	Yes	No
00378210001	LOPERAMIDE 2 MG CAPSULE	6	270.000	29.99	0.27654	51%-75% Below	No	No
00378247401	DICLOFENAC POT 50 MG TABLET	5	60.000	24.99	0.19362	101%-200% Above	Yes	No
00378247401	DICLOFENAC POT 50 MG TABLET	6	28.000	22.43	0.29096	101%-200% Above	Yes	No
00378247401	DICLOFENAC POT 50 MG TABLET	6	30.000	19.71	0.29096	101%-200% Above	Yes	No
00378247401	DICLOFENAC POT 50 MG TABLET	7	30.000	19.71	0.29096	101%-200% Above	Yes	No
00378247401	DICLOFENAC POT 50 MG TABLET	8	60.000	16.40	0.20931	26%-50% Above	Yes	No
00378306577	FENOFIBRATE 48 MG TABLET	5	15.000	4.90	0.10862	200% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	6	30.000	14.90	0.11833	200% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	7	30.000	14.90	0.11057	200% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	8	30.000	14.90	0.10926	200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	5	30.000	2.99	0.15582	26%-50% Below	No	No
00378306605	FENOFIBRATE 145 MG TABLET	5	30.000	6.90	0.15582	26%-50% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	6	30.000	2.98	0.16264	26%-50% Below	No	No
00378306605	FENOFIBRATE 145 MG TABLET	6	30.000	6.90	0.16264	26%-50% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	7	30.000	2.84	0.14883	26%-50% Below	No	No
00378306605	FENOFIBRATE 145 MG TABLET	7	30.000	6.90	0.14883	51%-75% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	7	30.000	14.90	0.14883	200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	7	90.000	14.90	0.14883	10%-25% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	8	30.000	2.79	0.16496	26%-50% Below	No	No

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00378306677	FENOFIBRATE 145 MG TABLET	5	30.000	6.90	0.15582	26%-50% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	5	30.000	14.90	0.15582	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	5	30.000	15.17	0.15582	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	5	90.000	44.90	0.15582	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	6	30.000	2.98	0.16264	26%-50% Below	No	No
00378306677	FENOFIBRATE 145 MG TABLET	6	30.000	6.90	0.16264	26%-50% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	6	30.000	9.90	0.16264	101%-200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	6	30.000	9.99	0.16264	101%-200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	6	30.000	13.50	0.16264	101%-200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	6	30.000	14.90	0.16264	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	7	30.000	6.90	0.14883	51%-75% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	7	90.000	44.99	0.14883	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	8	30.000	6.90	0.16496	26%-50% Above	No	No
00378323193	CANDESARTAN CILEXETIL 16 MG TB	7	30.000	12.45	0.83539	26%-50% Below	No	No
00378323193	CANDESARTAN CILEXETIL 16 MG TB	7	30.000	14.90	0.83539	26%-50% Below	No	No
00378323293	CANDESARTAN CILEXETIL 32 MG TB	8	30.000	9.99	1.13832	51%-75% Below	No	No
00378343393	ARMODAFINIL 250 MG TABLET	5	30.000	14.99	1.02418	51%-75% Below	No	No
00378345823	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.000	63.55	4.19496	26%-50% Below	No	No
00378345823	AZELASTIN-FLUTIC 137-50 MCG SPR	7	23.000	63.55	4.01882	26%-50% Below	No	No
00378345823	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.000	63.55	4.07456	26%-50% Below	No	No
00378363405	CARVEDILOL 25 MG TABLET	5	180.000	8.28	0.03227	26%-50% Above	No	No
00378363405	CARVEDILOL 25 MG TABLET	8	180.000	8.28	0.03302	26%-50% Above	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.82	0.07336	10%-25% Below	No	No
00378392693	FEBUXOSTAT 80 MG TABLET	5	90.000	456.72	0.83615	200% Above	Yes	No
00378395005	ATORVASTATIN 10 MG TABLET	5	30.000	0.00	0.03195	76%-100% Below	No	No

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00378395005	ATORVASTATIN 10 MG TABLET	5	90.000	0.01	0.03195	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	6	30.000	0.00	0.03764	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	7	30.000	0.00	0.0327	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	7	90.000	0.01	0.0327	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	8	30.000	0.00	0.03497	76%-100% Below	No	No
00378395077	ATORVASTATIN 10 MG TABLET	5	90.000	9.02	0.03195	200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	5	90.000	14.01	0.03195	200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	6	90.000	7.16	0.03764	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	6	90.000	8.90	0.03764	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	7	90.000	13.73	0.0327	200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	8	90.000	7.16	0.03497	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	8	90.000	13.73	0.03497	200% Above	Yes	No
00378395105	ATORVASTATIN 20 MG TABLET	5	30.000	0.00	0.04423	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	5	90.000	0.01	0.04423	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	6	30.000	0.00	0.04596	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	6	30.000	9.99	0.04596	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	6	90.000	0.01	0.04596	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	7	30.000	9.99	0.04441	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	7	90.000	0.01	0.04441	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	8	30.000	0.00	0.04748	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	8	30.000	9.99	0.04748	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	5	90.000	11.13	0.04423	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	6	90.000	8.85	0.04596	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	6	90.000	10.98	0.04596	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	6	90.000	11.13	0.04596	101%-200% Above	Yes	No

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00378395177	ATORVASTATIN 20 MG TABLET	6	90.000	20.00	0.04596	200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	7	90.000	8.85	0.04441	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	8	90.000	8.85	0.04748	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	8	90.000	20.00	0.04748	200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	5	90.000	20.00	0.06231	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	90.000	16.46	0.06219	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.000	10.97	0.05662	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.000	13.52	0.05662	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.000	15.99	0.05662	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.000	20.00	0.05662	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	5	45.000	5.80	0.06231	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	5	90.000	14.12	0.06231	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	5	90.000	15.26	0.06231	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	6	90.000	11.01	0.06219	76%-100% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	6	90.000	14.12	0.06219	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	6	90.000	14.94	0.06219	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	7	90.000	14.12	0.05572	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	8	45.000	5.49	0.05662	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	8	90.000	8.87	0.05662	51%-75% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	8	90.000	12.83	0.05662	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	8	90.000	14.12	0.05662	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	8	90.000	14.94	0.05662	101%-200% Above	Yes	No
00378395305	ATORVASTATIN 80 MG TABLET	5	30.000	6.86	0.09762	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	6	30.000	5.63	0.09675	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	30.000	0.00	0.09381	76%-100% Below	No	No

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00378395305	ATORVASTATIN 80 MG TABLET	7	30.000	5.68	0.09381	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	30.000	6.61	0.09381	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	90.000	20.00	0.09381	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	8	30.000	5.68	0.10232	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	8	30.000	6.61	0.10232	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	8	90.000	0.01	0.10232	76%-100% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	5	90.000	12.70	0.09762	26%-50% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	5	90.000	12.88	0.09762	26%-50% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	5	90.000	15.00	0.09762	51%-75% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	6	90.000	12.70	0.09675	26%-50% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	6	90.000	17.37	0.09675	76%-100% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	6	90.000	20.00	0.09675	101%-200% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	7	90.000	15.00	0.09381	76%-100% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	8	90.000	10.23	0.10232	10%-25% Above	Yes	No
00378416201	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	5	30.000	133.73	2.5297	76%-100% Above	Yes	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	6	10.000	6.92	0.26668	101%-200% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	12.64	0.26668	51%-75% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	6	56.000	9.99	0.26668	26%-50% Below	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	6	60.000	29.99	0.26668	76%-100% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	9.99	0.28203	10%-25% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	14.99	0.28203	76%-100% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	9.99	0.28822	10%-25% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	14.99	0.28822	51%-75% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.000	5.73	0.54181	101%-200% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.000	9.99	0.54181	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.000	29.99	0.54181	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	9.99	0.55379	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	31.25	0.55379	76%-100% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	7	5.000	3.93	0.49908	51%-75% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	9.99	0.49908	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	14.99	0.49832	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	9.99	0.49832	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.000	29.99	0.49832	26%-50% Below	No	No
00378428808	ELETRIPTAN HBR 40 MG TABLET	7	6.000	14.90	3.42485	26%-50% Below	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	8	6.000	6.99	3.57352	51%-75% Below	No	No
00378438691	NAPROXEN-ESOMEPRAZ DR 500-20 MG	5	60.000	9.99	17.77748	76%-100% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	6	39.000	16.12	0.13358	200% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	6	120.000	9.99	0.13358	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	6	360.000	29.90	0.13358	26%-50% Below	No	No
00378461501	DOXYLAMINE-PYRIDOXINE 10-10 MG	6	90.000	157.76	2.26216	10%-25% Below	No	No
00378461501	DOXYLAMINE-PYRIDOXINE 10-10 MG	7	90.000	132.34	2.03289	26%-50% Below	No	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	6	24.000	115.75	6.81616	26%-50% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	8	24.000	115.75	7.33141	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	5	40.000	441.53	8.21265	26%-50% Above	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	6	40.000	441.53	7.71756	26%-50% Above	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	7	24.000	99.51	7.52741	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	7	24.000	153.65	7.52741	10%-25% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	7	24.000	264.92	7.52741	26%-50% Above	Yes	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	6	8.000	14.99	7.71756	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	6	8.000	37.38	7.71756	26%-50% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	7	8.000	14.99	7.52741	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	8	8.000	37.38	7.35441	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	5	8.000	9.99	7.86815	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	6	8.000	9.99	6.81616	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	7	8.000	9.99	7.35276	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	8	8.000	9.99	7.33141	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.000	9.99	7.8738	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.000	9.99	7.20176	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.000	102.01	7.20176	26%-50% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.000	9.99	7.55743	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.000	14.99	7.55743	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.000	35.54	7.48813	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	24.000	4.99	7.48813	76%-100% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.000	34.32	7.56634	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	8.000	35.44	7.09527	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	24.000	4.99	7.09527	76%-100% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	8	8.000	35.44	7.57681	26%-50% Below	No	No
00378518593	PRASUGREL 5 MG TABLET	6	90.000	248.97	0.47939	200% Above	Yes	No
00378518693	PRASUGREL 10 MG TABLET	5	90.000	44.99	0.35611	26%-50% Above	Yes	No
00378518693	PRASUGREL 10 MG TABLET	5	90.000	265.05	0.35611	200% Above	Yes	No
00378518693	PRASUGREL 10 MG TABLET	7	90.000	44.99	0.33203	26%-50% Above	Yes	No
00378518693	PRASUGREL 10 MG TABLET	7	90.000	59.99	0.33203	76%-100% Above	Yes	No
00378581377	VALSARTAN 80 MG TABLET	8	30.000	14.99	0.21399	101%-200% Above	No	No
00378581577	VALSARTAN 320 MG TABLET	5	30.000	19.90	0.3068	101%-200% Above	No	No
00378581577	VALSARTAN 320 MG TABLET	5	90.000	0.01	0.3068	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378581577	VALSARTAN 320 MG TABLET	6	30.000	19.90	0.28885	101%-200% Above	No	No
00378581577	VALSARTAN 320 MG TABLET	6	90.000	17.80	0.28885	26%-50% Below	No	No
00378581577	VALSARTAN 320 MG TABLET	6	90.000	44.99	0.28885	51%-75% Above	Yes	No
00378581577	VALSARTAN 320 MG TABLET	7	30.000	19.90	0.29921	101%-200% Above	No	No
00378581577	VALSARTAN 320 MG TABLET	7	90.000	0.01	0.29921	76%-100% Below	No	No
00378581577	VALSARTAN 320 MG TABLET	8	30.000	19.90	0.29079	101%-200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	5	30.000	2.12	0.02701	101%-200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	5	90.000	0.01	0.02701	76%-100% Below	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	5	90.000	13.95	0.02701	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	7	90.000	5.23	0.02549	101%-200% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.81	0.03008	76%-100% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	5	90.000	4.04	0.03008	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	5	90.000	4.12	0.03008	51%-75% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.50	0.02936	51%-75% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.81	0.02936	101%-200% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	6	90.000	3.95	0.02936	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.81	0.03153	76%-100% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	8	30.000	2.17	0.03177	101%-200% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.85	0.03177	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.94	0.03177	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	5	30.000	1.63	0.03919	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	5	30.000	2.02	0.03919	51%-75% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.62	0.03919	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	6	90.000	4.59	0.03767	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	6	90.000	4.62	0.03767	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378623301	CITALOPRAM HBR 40 MG TABLET	7	30.000	1.60	0.03951	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	7	30.000	1.77	0.03951	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	7	90.000	3.93	0.03951	10%-25% Above	No	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	5	30.000	23.12	1.13674	26%-50% Below	Yes	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	6	30.000	23.12	1.12495	26%-50% Below	Yes	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	8	30.000	23.12	1.10194	26%-50% Below	Yes	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	30.000	14.90	0.27206	76%-100% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	30.000	14.99	0.27206	76%-100% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	30.000	14.99	0.24589	101%-200% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	8	30.000	5.46	0.24377	10%-25% Below	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	8	90.000	44.99	0.24377	101%-200% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	90.000	22.85	0.2903	10%-25% Below	Yes	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	90.000	32.09	0.2903	10%-25% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	30.000	4.90	0.23692	26%-50% Below	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	90.000	14.64	0.23692	26%-50% Below	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	90.000	18.41	0.28943	26%-50% Below	Yes	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	90.000	43.52	0.28943	51%-75% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	30.000	6.49	0.2854	10%-25% Below	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	30.000	9.90	0.2854	10%-25% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	30.000	9.99	0.2854	10%-25% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	90.000	14.99	0.2854	26%-50% Below	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	30.000	5.57	0.3184	26%-50% Below	No	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	6	90.000	19.99	0.3854	26%-50% Below	No	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	8	90.000	19.99	0.46028	51%-75% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.000	0.01	0.36681	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378633380	ACAMPROSATE CALC DR 333 MG TAB	7	180.000	63.79	0.51103	26%-50% Below	No	No
00378638001	VERAPAMIL ER 180 MG CAPSULE	6	90.000	127.96	1.20118	10%-25% Above	Yes	No
00378647097	SCOPOLAMINE 1 MG/3 DAY PATCH	8	4.000	26.83	10.7959	26%-50% Below	No	No
00378647097	SCOPOLAMINE 1 MG/3 DAY PATCH	8	10.000	67.08	10.7959	26%-50% Below	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	5	10.000	71.19	11.42131	26%-50% Below	Yes	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	24.39	11.39164	26%-50% Below	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	28.48	11.39164	26%-50% Below	Yes	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	8	5.000	33.54	10.7959	26%-50% Below	No	No
00378655053	LEVONOR-ETH ESTRAD 0.15-0.03	8	28.000	2.36	0.16226	26%-50% Below	No	No
00378661493	AMNESTEEM 40 MG CAPSULE	6	30.000	14.99	2.72164	76%-100% Below	No	No
00378661493	AMNESTEEM 40 MG CAPSULE	7	30.000	14.99	2.79604	76%-100% Below	No	No
00378661493	AMNESTEEM 40 MG CAPSULE	8	60.000	0.01	2.82292	76%-100% Below	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.000	1.05	0.05365	26%-50% Below	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	6	90.000	19.27	0.05369	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	14.000	2.51	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	1.05	0.06651	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	2.87	0.06651	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.06	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.54	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.66	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.69	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.74	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.91	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	8.23	0.06651	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	8.33	0.06651	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.00	0.06651	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	11.75	0.06651	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.13	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.49	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	15.59	0.06651	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	18.12	0.06651	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	29.99	0.06651	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	1.05	0.06001	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	2.74	0.06001	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.89	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.94	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.06	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.54	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.66	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.79	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.000	7.09	0.06001	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	3.15	0.06001	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	6.62	0.06001	10%-25% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	6.96	0.06001	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	6.99	0.06001	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	7.04	0.06001	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	8.23	0.06001	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.00	0.06001	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.55	0.06001	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	11.99	0.06001	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.13	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.40	0.06001	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.49	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	14.99	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	15.12	0.06001	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	14.000	2.18	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	1.05	0.06225	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	2.74	0.06225	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.89	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.94	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.06	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.54	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.66	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.94	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.000	7.09	0.06225	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	3.15	0.06225	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	6.62	0.06225	10%-25% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	9.59	0.06225	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.19	0.06225	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.55	0.06225	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.13	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.38	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.49	0.06225	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	1.05	0.06139	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.89	0.06139	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.94	0.06139	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.06	0.06139	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.54	0.06139	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.66	0.06139	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	6.22	0.06139	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	6.62	0.06139	10%-25% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.00	0.06139	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.13	0.06139	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.49	0.06139	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	15.12	0.06139	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	15.97	0.06139	101%-200% Above	Yes	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	0.00	0.06651	76%-100% Below	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.54	0.06651	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	9.99	0.06651	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.00	0.06001	76%-100% Below	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	9.99	0.06001	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	7.04	0.06001	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.13	0.06001	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.49	0.06001	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.89	0.06225	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.90	0.06225	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.54	0.06225	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.66	0.06225	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	7.37	0.06225	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	9.99	0.06225	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.13	0.06225	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.90	0.06139	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.54	0.06139	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.66	0.06139	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.94	0.06139	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	7.37	0.06139	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.13	0.06139	101%-200% Above	No	No
00378698188	LANSOPRAZOLE ODT 15 MG TABLET	5	30.000	97.75	6.03964	26%-50% Below	No	No
00378699252	ALBUTEROL SUL 1.25 MG/3 ML SOL	7	150.000	38.30	0.19806	26%-50% Above	No	No
00378699252	ALBUTEROL SUL 1.25 MG/3 ML SOL	8	150.000	23.85	0.19912	10%-25% Below	Yes	No
00378718505	METFORMIN HCL 500 MG TABLET	5	30.000	1.15	0.0157	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	30.000	1.27	0.0157	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	60.000	1.81	0.0157	76%-100% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	60.000	2.09	0.0157	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	180.000	2.21	0.0157	10%-25% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	180.000	3.31	0.0157	10%-25% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	180.000	4.28	0.0157	51%-75% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	180.000	20.00	0.0157	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	60.000	1.59	0.01484	76%-100% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	60.000	1.81	0.01484	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	180.000	4.03	0.01484	26%-50% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	180.000	6.81	0.01484	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	7	60.000	1.81	0.01464	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	7	90.000	2.39	0.01464	76%-100% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	7	180.000	3.39	0.01464	26%-50% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378718505	METFORMIN HCL 500 MG TABLET	7	180.000	3.94	0.01464	26%-50% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	8	60.000	1.81	0.0148	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	8	180.000	3.39	0.0148	26%-50% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	8	180.000	3.94	0.0148	26%-50% Above	No	No
00378718605	METFORMIN HCL 850 MG TABLET	7	90.000	3.59	0.02512	51%-75% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.74	0.02598	51%-75% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	5	180.000	6.57	0.02598	26%-50% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	6	60.000	7.60	0.02642	200% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	6	180.000	0.02	0.02642	76%-100% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.60	0.02642	10%-25% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.57	0.02642	26%-50% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.75	0.02642	26%-50% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.68	0.02396	76%-100% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.33	0.02446	51%-75% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	5	28.000	2.92	0.15975	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	5	28.000	14.99	0.15975	200% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	6	28.000	0.00	0.14915	76%-100% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	6	28.000	1.87	0.14915	51%-75% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	6	28.000	14.99	0.14915	200% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	6	84.000	0.01	0.14915	76%-100% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	7	28.000	2.34	0.1578	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	7	28.000	2.43	0.1578	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	7	28.000	14.99	0.1578	200% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	7	84.000	7.29	0.1578	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	8	28.000	0.00	0.13998	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378727253	NORETHINDRONE 0.35 MG TABLET	8	28.000	2.43	0.13998	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	8	28.000	14.99	0.13998	200% Above	No	No
00378728153	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	5	91.000	71.74	0.18016	200% Above	Yes	No
00378728153	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	8	91.000	13.20	0.21308	26%-50% Below	Yes	No
00378728153	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	8	91.000	57.79	0.21308	101%-200% Above	Yes	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	5	28.000	3.19	0.18951	26%-50% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	5	28.000	3.46	0.18951	26%-50% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	5	84.000	10.38	0.18951	26%-50% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	6	28.000	2.08	0.18957	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	6	28.000	2.25	0.18957	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	6	84.000	6.23	0.18957	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	7	28.000	2.06	0.17272	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	7	28.000	2.08	0.17272	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	7	28.000	2.23	0.17272	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	7	28.000	2.25	0.17272	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	8	28.000	2.06	0.1758	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	8	28.000	2.23	0.1758	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	8	84.000	6.69	0.1758	51%-75% Below	No	No
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	8	28.000	2.23	0.1758	51%-75% Below	No	No
00378728490	LEVONOR-E ESTRAD 0.1-0.02-0.01	8	91.000	0.01	0.35752	76%-100% Below	No	No
00378728590	LEVONO-E ESTRAD 0.15-0.03-0.01	5	91.000	25.39	0.5348	26%-50% Below	Yes	No
00378728590	LEVONO-E ESTRAD 0.15-0.03-0.01	5	91.000	138.64	0.5348	101%-200% Above	Yes	No
00378728590	LEVONO-E ESTRAD 0.15-0.03-0.01	7	91.000	25.39	0.31877	10%-25% Below	Yes	No
00378728590	LEVONO-E ESTRAD 0.15-0.03-0.01	7	91.000	110.16	0.31877	200% Above	Yes	No
00378728590	LEVONO-E ESTRAD 0.15-0.03-0.01	8	91.000	110.16	0.33475	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378729189	NORETHINDRONE 5 MG TABLET	8	30.000	14.99	0.41046	10%-25% Above	No	No
00378729189	NORETHINDRONE 5 MG TABLET	8	90.000	29.99	0.41046	10%-25% Below	No	No
00378729253	NORETHINDRONE 0.35 MG TABLET	6	28.000	0.28	0.14915	76%-100% Below	No	No
00378729453	ESTRADIOL-NORETH 0.5-0.1 MG TB	6	28.000	19.90	0.79305	10%-25% Below	No	No
00378729453	ESTRADIOL-NORETH 0.5-0.1 MG TB	7	28.000	19.90	0.83937	10%-25% Below	No	No
00378729453	ESTRADIOL-NORETH 0.5-0.1 MG TB	8	28.000	19.90	0.95724	10%-25% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.000	18.77	1.17513	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.000	14.90	1.03529	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.000	14.99	1.03529	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	7	28.000	14.90	1.01507	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	7	28.000	14.99	1.01507	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	8	28.000	14.90	0.95069	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	8	28.000	14.99	0.95069	26%-50% Below	No	No
00378729653	DESOGESTR-ETH ESTRAD ETH ESTRA	5	28.000	3.68	0.24502	26%-50% Below	No	No
00378730853	NORETHIN-ESTRA-FE 0.8-0.025 MG	6	84.000	105.07	1.71099	26%-50% Below	No	No
00378740178	MESALAMINE DR 1.2 GM TABLET	5	60.000	107.40	2.64947	26%-50% Below	No	No
00378740178	MESALAMINE DR 1.2 GM TABLET	6	60.000	107.40	2.66757	26%-50% Below	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	4.90	0.10812	51%-75% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	4.90	0.11577	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	4.90	0.11264	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	4.90	0.11132	26%-50% Above	No	No
00378808220	TRETINOIN 0.025% CREAM	6	20.000	6.99	1.97808	76%-100% Below	No	No
00378808220	TRETINOIN 0.025% CREAM	6	20.000	14.99	1.97808	51%-75% Below	No	No
00378808245	TRETINOIN 0.025% CREAM	8	45.000	24.99	1.75821	51%-75% Below	No	No
00378808345	TRETINOIN 0.05% CREAM	6	45.000	0.45	1.75848	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378808345	TRETINOIN 0.05% CREAM	6	45.000	14.99	1.75848	76%-100% Below	No	No
00378808345	TRETINOIN 0.05% CREAM	6	45.000	19.99	1.75848	51%-75% Below	No	No
00378808445	TRETINOIN 0.1% CREAM	6	45.000	9.99	2.32231	76%-100% Below	No	No
00378808445	TRETINOIN 0.1% CREAM	6	45.000	24.99	2.32231	76%-100% Below	No	No
00378808445	TRETINOIN 0.1% CREAM	7	45.000	9.99	2.28838	76%-100% Below	No	No
00378818099	BETAMETHASONE VALER 0.12% FOAM	6	100.000	62.46	0.99064	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.000	4.00	0.04345	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.000	8.66	0.04345	101%-200% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	150.000	3.89	0.04345	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	150.000	7.22	0.04345	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	300.000	7.77	0.04345	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	2.13	0.04117	26%-50% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	2.13	0.04117	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	3.84	0.04117	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	3.94	0.04117	26%-50% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	150.000	3.89	0.04117	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	150.000	4.02	0.04117	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	150.000	6.85	0.04117	10%-25% Above	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	225.000	10.33	0.04117	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	300.000	7.77	0.04117	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	375.000	9.71	0.04117	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	1.94	0.0408	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	3.75	0.0408	10%-25% Above	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	3.84	0.0408	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	150.000	3.89	0.0408	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	150.000	6.99	0.0408	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	225.000	10.33	0.0408	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	300.000	7.77	0.0408	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.84	0.04206	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.94	0.04206	10%-25% Above	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	150.000	3.89	0.04206	26%-50% Below	Yes	No
00378827055	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	180.000	9.90	0.04527	10%-25% Above	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	180.000	9.90	0.0439	10%-25% Above	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	180.000	6.86	0.0432	10%-25% Below	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	90.000	4.66	0.04527	10%-25% Above	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.000	4.46	0.0437	10%-25% Above	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	90.000	4.46	0.04367	10%-25% Above	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	90.000	5.72	0.0446	26%-50% Above	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	90.000	5.99	0.0446	26%-50% Above	No	No
00378868854	CLINDAMYCIN-BENZOYL PEROX 1-5%	8	50.000	55.67	0.67748	51%-75% Above	Yes	No
00378870006	ACYCLOVIR 5% OINTMENT	7	15.000	9.99	0.80894	10%-25% Below	No	No
00378876693	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	8	60.000	178.23	4.81563	26%-50% Below	No	No
00378876693	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	8	90.000	267.35	4.81563	26%-50% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	84.000	153.26	3.28656	26%-50% Below	No	No
00378877035	ESTRADIOL 0.01% CREAM	5	42.500	19.99	0.76259	26%-50% Below	No	No
00378877035	ESTRADIOL 0.01% CREAM	6	42.500	9.99	0.75091	51%-75% Below	No	No
00378911293	NITROGLYCERIN 0.4 MG/HR PATCH	5	30.000	14.99	0.5856	10%-25% Below	Yes	No
00378911293	NITROGLYCERIN 0.4 MG/HR PATCH	6	30.000	14.99	0.58806	10%-25% Below	Yes	No
00378911293	NITROGLYCERIN 0.4 MG/HR PATCH	7	30.000	14.99	0.61086	10%-25% Below	Yes	No
00378912598	FENTANYL 37.5 MCG/HR PATCH	8	10.000	261.26	41.8485	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378967130	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	270.000	20.03	0.06683	10%-25% Above	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	0.00	0.10657	76%-100% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	2.96	0.10657	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	3.09	0.10657	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.000	4.22	0.10657	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	16.000	4.43	0.10657	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	5.21	0.10657	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.000	1.52	0.10657	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	2.000	1.20	0.09163	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.000	1.00	0.09163	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	2.98	0.09163	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	3.05	0.09163	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	3.33	0.09163	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.000	0.00	0.09163	76%-100% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.000	4.09	0.09163	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	4.99	0.09163	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.000	6.70	0.09163	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	3.06	0.09843	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.000	2.48	0.0991	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	16.000	4.23	0.0991	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	7.05	0.0991	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	26.000	5.59	0.0991	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	8.000	1.22	0.10657	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	2.96	0.10657	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	3.05	0.10657	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	3.42	0.10657	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	3.51	0.10657	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	4.08	0.10657	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	24.000	6.19	0.10657	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	26.000	6.65	0.10657	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	35.000	8.81	0.10657	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	2.98	0.09163	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	3.05	0.09163	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	3.42	0.09163	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	14.000	4.70	0.09163	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	16.000	4.23	0.09163	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	26.000	6.65	0.09163	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.000	7.45	0.09163	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	5.000	1.77	0.09843	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	0.61	0.09843	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	1.49	0.09843	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	2.59	0.09843	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	2.95	0.09843	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	3.42	0.09843	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	3.51	0.09843	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	4.84	0.09843	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	5.21	0.09843	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.000	4.85	0.09843	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	5.000	0.30	0.0991	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	5.000	1.77	0.0991	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	8.000	1.64	0.0991	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	0.73	0.0991	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	2.02	0.0991	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.42	0.0991	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	3.59	0.0991	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	21.000	4.79	0.0991	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	24.000	6.28	0.0991	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	6.17	0.0991	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	16.000	0.97	0.10657	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	3.33	0.09163	200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	5.26	0.09843	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	4.000	1.35	0.0991	200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	2.90	0.0991	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.33	0.0991	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	3.42	0.0991	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	4.37	0.0991	101%-200% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	10.000	1.55	0.12718	10%-25% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	40.000	3.99	0.12718	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.000	3.51	0.11449	51%-75% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	28.000	1.81	0.11449	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	30.000	2.65	0.11449	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	10.000	0.65	0.11267	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.000	1.71	0.11267	26%-50% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.000	1.28	0.11267	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	30.000	3.16	0.11884	10%-25% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	30.000	3.17	0.11884	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	10.000	0.70	0.12718	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	16.000	2.33	0.12718	10%-25% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	45.000	4.39	0.12718	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.000	5.67	0.12718	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	84.000	8.56	0.12718	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.000	8.44	0.12718	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.000	2.41	0.11449	26%-50% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.000	6.74	0.11449	200% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.000	5.67	0.11449	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	84.000	8.56	0.11449	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.000	7.75	0.11449	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	45.000	4.39	0.11267	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.000	5.67	0.11267	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.000	7.75	0.11267	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	8.000	1.15	0.11884	10%-25% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	10.000	1.55	0.11884	26%-50% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.000	1.61	0.11884	10%-25% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	15.000	6.74	0.11884	200% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.000	5.67	0.11884	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	120.000	7.64	0.11884	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	40.000	3.99	0.12718	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	90.000	8.27	0.12718	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	26.000	2.37	0.11884	10%-25% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	6.88	0.13467	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	11.59	0.11931	10%-25% Below	Yes	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	1.000	1.11	0.12039	200% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	84.000	8.01	0.12039	10%-25% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	14.000	10.43	0.13059	200% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	84.000	8.01	0.13059	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.000	11.50	0.13059	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	12.000	1.79	0.13467	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	8.88	0.13467	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	9.13	0.13467	10%-25% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.000	0.01	0.13467	76%-100% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	180.000	17.01	0.13467	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	4.99	0.11931	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	6.89	0.11931	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	8.87	0.11931	10%-25% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	8.88	0.11931	10%-25% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	0.01	0.11931	76%-100% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	180.000	17.01	0.11931	10%-25% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	60.000	6.16	0.12039	10%-25% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	6.89	0.12039	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	8.87	0.12039	10%-25% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	0.01	0.12039	76%-100% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	180.000	17.01	0.12039	10%-25% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	40.000	3.06	0.13059	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.000	6.89	0.13059	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.000	0.01	0.13059	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	12.000	0.92	0.13467	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.000	6.07	0.13467	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	8.79	0.13467	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.000	9.17	0.13467	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	60.000	6.07	0.11931	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	8.79	0.11931	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	5.32	0.11931	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	6.90	0.11931	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	9.17	0.11931	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	9.18	0.11931	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	60.000	4.90	0.12039	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	60.000	6.07	0.12039	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	8.79	0.12039	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	9.18	0.12039	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	10.000	0.71	0.13059	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	28.000	3.18	0.13059	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	60.000	4.90	0.13059	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	60.000	6.07	0.13059	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.000	8.79	0.13059	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.000	9.18	0.13059	26%-50% Below	No	No
00406048301	ACETAMINOPHEN-COD #2 TABLET	8	8.000	1.88	0.13261	76%-100% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	16.000	3.99	0.10807	101%-200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	18.000	4.19	0.10807	101%-200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	20.000	4.68	0.10807	101%-200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	28.000	4.99	0.10807	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	12.000	3.01	0.10898	101%-200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	20.000	5.00	0.10898	101%-200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	8.000	2.22	0.10779	101%-200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	8	20.000	4.68	0.1081	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	9.000	2.48	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	10.000	2.68	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	10.000	2.71	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	12.000	3.09	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	12.000	3.43	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	12.000	5.03	0.10807	200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	15.000	3.69	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	15.000	3.80	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	16.000	4.00	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	20.000	4.68	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	21.000	4.78	0.10807	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	30.000	5.71	0.10807	76%-100% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	4.000	0.68	0.10898	51%-75% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	8.000	2.31	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	10.000	2.35	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	10.000	2.62	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	10.000	2.68	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	12.000	0.76	0.10898	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	12.000	2.70	0.10898	101%-200% Above	Yes	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	12.000	3.10	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	12.000	3.18	0.10898	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	14.000	3.58	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	16.000	3.99	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	18.000	2.17	0.10898	10%-25% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	28.000	4.99	0.10898	51%-75% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	28.000	6.25	0.10898	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	8.000	2.31	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	10.000	0.64	0.10779	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	12.000	2.68	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	12.000	3.09	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	12.000	3.10	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	12.000	3.10	0.10779	101%-200% Above	Yes	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	14.000	3.01	0.10779	76%-100% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	16.000	3.89	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	18.000	3.67	0.10779	76%-100% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	18.000	4.19	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	20.000	3.91	0.10779	76%-100% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	20.000	4.59	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	20.000	4.71	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	24.000	4.72	0.10779	76%-100% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	30.000	2.07	0.10779	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	30.000	2.57	0.10779	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	45.000	9.79	0.10779	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	3.000	1.33	0.1081	200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	10.000	2.62	0.1081	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	12.000	1.68	0.1081	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	16.000	3.90	0.1081	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	16.000	4.59	0.1081	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	28.000	5.33	0.1081	76%-100% Above	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	5	60.000	14.99	0.20743	10%-25% Above	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	6	30.000	3.92	0.2085	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	6	60.000	14.99	0.2085	10%-25% Above	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	7	40.000	0.00	0.20416	76%-100% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	7	60.000	14.99	0.20416	10%-25% Above	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	7	150.000	19.61	0.20416	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	8	60.000	14.99	0.2158	10%-25% Above	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	8	150.000	19.61	0.2158	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	6.000	3.21	0.08837	200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	10.000	2.31	0.08837	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.000	2.97	0.08837	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	20.000	0.20	0.08837	76%-100% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	20.000	4.58	0.08837	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	28.000	6.36	0.08837	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.000	0.00	0.08641	76%-100% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.000	3.82	0.08641	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	25.000	5.39	0.08641	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	28.000	3.09	0.08641	26%-50% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	10.000	2.26	0.08811	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	15.000	3.04	0.08811	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	52.000	8.83	0.08811	76%-100% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.000	3.82	0.08891	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.000	4.46	0.08891	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.000	7.22	0.08891	200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	24.000	6.71	0.08891	200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	25.000	4.75	0.08891	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	30.000	5.39	0.08891	101%-200% Above	Yes	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	40.000	8.52	0.08891	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	25.000	4.99	0.08837	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.000	4.46	0.08641	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	24.000	4.99	0.08641	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	15.000	3.62	0.08811	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	20.000	4.46	0.08811	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	10.000	1.38	0.08891	51%-75% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	15.000	5.47	0.08891	200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.000	3.87	0.08891	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	30.000	6.32	0.08891	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	39.000	6.85	0.08891	76%-100% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.000	4.78	0.12722	10%-25% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.000	2.05	0.13454	26%-50% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.000	2.50	0.13454	10%-25% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.000	3.01	0.12424	10%-25% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	90.000	0.01	0.12424	76%-100% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	10.000	2.09	0.13171	51%-75% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	90.000	0.01	0.13171	76%-100% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	90.000	9.99	0.19912	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.000	14.99	0.19912	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	56.000	11.96	0.16192	26%-50% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	90.000	9.99	0.16192	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.000	9.90	0.16192	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.000	14.99	0.16192	10%-25% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	20.000	4.83	0.19209	10%-25% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	25.000	7.52	0.19209	51%-75% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	28.000	6.18	0.19209	10%-25% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	56.000	11.96	0.19209	10%-25% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	90.000	9.99	0.19209	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	98.000	14.99	0.19209	10%-25% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.000	14.99	0.19209	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	15.000	3.74	0.16489	51%-75% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	20.000	4.62	0.16489	26%-50% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	30.000	8.10	0.16489	51%-75% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	56.000	15.28	0.16489	51%-75% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	90.000	9.99	0.16489	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.000	14.99	0.16489	10%-25% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	2.000	1.13	0.19912	101%-200% Above	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	26.000	5.79	0.16489	26%-50% Above	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	84.000	5.14	0.16489	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	18.000	4.13	0.07015	200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	20.000	0.00	0.07015	76%-100% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	30.000	7.00	0.07015	200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	6	8.000	2.01	0.07545	200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	6	11.000	3.07	0.07545	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	10.000	3.11	0.07012	200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	15.000	3.91	0.0702	200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	20.000	4.88	0.0702	200% Above	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	7	30.000	9.62	0.09791	200% Above	No	No
00406117003	NALTREXONE 50 MG TABLET	5	15.000	10.06	0.77622	10%-25% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	5	90.000	59.99	0.77622	10%-25% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	6	30.000	0.00	0.69749	76%-100% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	7	30.000	4.99	0.7227	76%-100% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	8	15.000	6.99	0.73298	26%-50% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	30.000	13.56	0.19744	101%-200% Above	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	600.000	159.93	0.19744	26%-50% Above	No	No
00406144501	METHYLPHENIDATE ER 10 MG TAB	5	30.000	9.99	0.46657	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	5	30.000	27.24	1.26717	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	6	30.000	27.24	1.18196	10%-25% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	7	30.000	25.14	1.37496	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	7	30.000	27.24	1.37496	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	8	30.000	25.14	1.31061	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	8	30.000	27.24	1.31061	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	5	60.000	0.01	0.07439	76%-100% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	6	60.000	0.01	0.07105	76%-100% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	7	40.000	0.00	0.07219	76%-100% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	7	60.000	0.01	0.07219	76%-100% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	8	15.000	0.00	0.0721	76%-100% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	8	60.000	0.01	0.0721	76%-100% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	8	20.000	0.00	0.09049	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406324901	HYDROMORPHONE 8 MG TABLET	5	90.000	9.99	0.27374	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	6	90.000	9.99	0.26226	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	7	86.000	9.99	0.24727	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	8	90.000	9.99	0.26426	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	45.000	14.99	1.06428	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	75.000	14.99	1.06428	76%-100% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	45.000	14.99	0.96956	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	75.000	14.99	0.96956	76%-100% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	90.000	14.99	0.96917	76%-100% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	5	56.000	19.90	0.30844	10%-25% Above	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	6	56.000	19.90	0.31923	10%-25% Above	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	7	56.000	19.90	0.29793	10%-25% Above	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	8	56.000	19.90	0.31046	10%-25% Above	No	No
00406838001	MORPHINE SULF ER 60 MG TABLET	5	60.000	116.38	0.54879	200% Above	No	No
00406838001	MORPHINE SULF ER 60 MG TABLET	6	60.000	21.43	0.60173	26%-50% Below	No	No
00406838001	MORPHINE SULF ER 60 MG TABLET	6	60.000	99.01	0.60173	101%-200% Above	No	No
00406838001	MORPHINE SULF ER 60 MG TABLET	7	60.000	99.01	0.48702	200% Above	No	No
00406838001	MORPHINE SULF ER 60 MG TABLET	8	60.000	21.43	0.55361	26%-50% Below	No	No
00406851001	OXYCODONE HCL (IR) 10 MG TAB	7	42.000	9.99	0.11566	101%-200% Above	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	6	120.000	0.01	0.1245	76%-100% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	7	120.000	0.01	0.12144	76%-100% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	8	120.000	0.01	0.11925	76%-100% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	90.000	13.09	0.18902	10%-25% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	60.000	14.90	0.2028	10%-25% Above	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	60.000	14.90	0.19678	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	90.000	13.09	0.19678	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	14.90	0.2864	10%-25% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.90	0.2942	26%-50% Below	No	No
00406896201	DEXTROAMPHETAMINE ER 15 MG CAP	6	120.000	137.83	1.45741	10%-25% Below	No	No
00406996001	TEMAZEPAM 7.5 MG CAPSULE	6	30.000	14.99	1.50424	51%-75% Below	No	No
00406996001	TEMAZEPAM 7.5 MG CAPSULE	7	30.000	14.99	1.09834	51%-75% Below	No	No
00406996001	TEMAZEPAM 7.5 MG CAPSULE	8	30.000	14.99	1.21367	51%-75% Below	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	5	10.000	1.28	0.08071	51%-75% Above	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	6	10.000	1.17	0.08037	26%-50% Above	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	8	10.000	1.17	0.07595	51%-75% Above	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	6	30.000	3.16	0.09454	10%-25% Above	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	7	30.000	3.16	0.09523	10%-25% Above	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	8	30.000	3.16	0.09381	10%-25% Above	No	No
00409656220	TESTOSTERONE CYP 200 MG/ML	8	10.000	59.90	3.42801	51%-75% Above	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	5	30.000	11.56	0.83787	51%-75% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	5	30.000	11.61	0.83787	51%-75% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	6	30.000	11.75	0.83787	51%-75% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	6	30.000	16.63	0.83787	26%-50% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	7	30.000	16.63	0.83787	26%-50% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	8	30.000	11.96	0.83787	51%-75% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	8	30.000	16.63	0.83787	26%-50% Below	No	No
00456045901	ARMOUR THYROID 60 MG TABLET	5	30.000	18.99	0.93012	26%-50% Below	Yes	No
00456045901	ARMOUR THYROID 60 MG TABLET	5	30.000	19.86	0.93012	26%-50% Below	No	No
00456045901	ARMOUR THYROID 60 MG TABLET	6	30.000	18.99	0.93012	26%-50% Below	Yes	No
00456045901	ARMOUR THYROID 60 MG TABLET	6	30.000	19.86	0.93012	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00456045901	ARMOUR THYROID 60 MG TABLET	6	90.000	56.97	0.93012	26%-50% Below	Yes	No
00456045901	ARMOUR THYROID 60 MG TABLET	7	30.000	18.99	0.93012	26%-50% Below	Yes	No
00456045901	ARMOUR THYROID 60 MG TABLET	7	30.000	19.86	0.93012	26%-50% Below	No	No
00456045901	ARMOUR THYROID 60 MG TABLET	8	30.000	13.23	0.93012	51%-75% Below	No	No
00456045901	ARMOUR THYROID 60 MG TABLET	8	30.000	18.99	0.93012	26%-50% Below	Yes	No
00456045901	ARMOUR THYROID 60 MG TABLET	8	30.000	19.86	0.93012	26%-50% Below	No	No
00456201001	LEXAPRO 10 MG TABLET	5	90.000	12.29	12.68383	76%-100% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	5	20.000	18.27	2.33792	51%-75% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	5	20.000	18.35	2.33792	51%-75% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	5	20.000	79.91	2.33792	51%-75% Above	No	No
00472011720	TRETINOIN 0.025% CREAM	7	20.000	0.20	2.04728	76%-100% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	7	20.000	34.59	2.04728	10%-25% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	8	20.000	19.29	1.94081	26%-50% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	8	20.000	34.59	1.94081	10%-25% Below	No	No
00472011745	TRETINOIN 0.025% CREAM	5	45.000	0.45	1.91469	76%-100% Below	No	No
00472011745	TRETINOIN 0.025% CREAM	7	45.000	42.56	1.71503	26%-50% Below	No	No
00472011745	TRETINOIN 0.025% CREAM	8	45.000	46.10	1.75821	26%-50% Below	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	5	30.000	14.13	0.27667	51%-75% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	5	30.000	17.06	0.27667	101%-200% Above	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	6	30.000	17.06	0.29006	76%-100% Above	No	No
00472032126	HYDROCORTISONE 1% CREAM	5	28.400	4.46	0.11489	26%-50% Above	No	No
00472032126	HYDROCORTISONE 1% CREAM	8	28.400	4.41	0.0813	76%-100% Above	No	No
00472033730	HYDROCORTISONE 2.5% CREAM	7	30.000	1.70	0.08001	26%-50% Below	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	5	15.000	14.99	0.21877	200% Above	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	5	15.000	20.50	0.21877	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	6	15.000	6.90	0.20909	101%-200% Above	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.000	14.99	0.20909	51%-75% Above	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	7	30.000	36.85	0.19994	200% Above	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	8	30.000	14.99	0.20092	101%-200% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.000	33.38	0.16636	200% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.000	33.38	0.15741	200% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.000	14.99	0.16153	101%-200% Above	No	No
00472038045	BETAMETHASONE DP 0.05% CRM	5	45.000	18.90	0.62516	26%-50% Below	No	No
00472103016	HYDROMET 5 MG-1.5 MG/5 ML SOLN	7	75.000	4.02	0.08456	26%-50% Below	No	No
00472103016	HYDROMET 5 MG-1.5 MG/5 ML SOLN	8	120.000	4.90	0.09512	51%-75% Below	No	No
00472173803	MICONAZOLE 3 200 MG VAG SUPP	6	3.000	21.03	12.11267	26%-50% Below	Yes	No
00472178310	DICLOFENAC SODIUM 3% GEL	8	100.000	0.01	0.46401	76%-100% Below	No	No
00486112501	K-PHOS NEUTRAL TABLET	5	120.000	0.01	0.21723	76%-100% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	8	90.000	4.99	0.07226	10%-25% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	180.000	7.43	0.06463	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	180.000	7.43	0.06315	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	7	180.000	6.90	0.06022	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	8	180.000	7.38	0.06346	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.000	4.46	0.0437	10%-25% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	3.84	0.04117	10%-25% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	150.000	7.04	0.04117	10%-25% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.84	0.04206	10%-25% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.94	0.04206	10%-25% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	8.20	0.04206	101%-200% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	375.000	9.41	0.04206	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	8	90.000	19.99	0.2853	10%-25% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.000	9.90	2.92024	10%-25% Above	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.000	5.11	2.84759	76%-100% Above	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	19.67	2.84759	101%-200% Above	Yes	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	6.000	10.86	2.82672	26%-50% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	5	5.000	64.18	21.49527	26%-50% Below	Yes	No
00527058601	DICYCLOMINE 10 MG CAPSULE	5	120.000	14.90	0.10141	10%-25% Above	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	6	120.000	14.90	0.10797	10%-25% Above	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	8	30.000	2.16	0.11738	26%-50% Below	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	8	30.000	4.99	0.11738	26%-50% Above	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	8	180.000	14.04	0.11738	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	5	180.000	12.62	0.10141	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	6	80.000	9.92	0.10797	10%-25% Above	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	6	90.000	13.07	0.10797	26%-50% Above	No	No
00527105001	ACETAZOLAMIDE 250 MG TABLET	6	10.000	14.90	0.26568	200% Above	No	No
00527105001	ACETAZOLAMIDE 250 MG TABLET	6	120.000	17.46	0.26568	26%-50% Below	No	No
00527128201	DICYCLOMINE 20 MG TABLET	5	12.000	3.36	0.17025	51%-75% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	7	15.000	3.61	0.16946	26%-50% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	7	20.000	3.91	0.16946	10%-25% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	8	20.000	4.59	0.16459	26%-50% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	8	28.000	6.26	0.16459	26%-50% Above	No	No
00527128210	DICYCLOMINE 20 MG TABLET	6	20.000	4.59	0.17336	26%-50% Above	No	No
00527128210	DICYCLOMINE 20 MG TABLET	7	42.000	4.90	0.16946	26%-50% Below	No	No
00527128210	DICYCLOMINE 20 MG TABLET	7	90.000	9.85	0.16946	26%-50% Below	No	No
00527130101	PRIMIDONE 50 MG TABLET	6	30.000	4.17	0.16274	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527130101	PRIMIDONE 50 MG TABLET	7	90.000	10.53	0.16805	26%-50% Below	Yes	No
00527130105	PRIMIDONE 50 MG TABLET	6	30.000	3.93	0.16274	10%-25% Below	No	No
00527130105	PRIMIDONE 50 MG TABLET	7	30.000	3.93	0.16805	10%-25% Below	No	No
00527130105	PRIMIDONE 50 MG TABLET	8	30.000	3.93	0.15114	10%-25% Below	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	5	360.000	0.04	0.22268	76%-100% Below	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	8	30.000	14.90	0.25982	76%-100% Above	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	8	90.000	9.99	0.25982	51%-75% Below	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	8	360.000	0.04	0.25982	76%-100% Below	No	No
00527133850	DOXYCYCLINE MONO 100 MG TABLET	6	14.000	9.70	0.37356	76%-100% Above	No	No
00527134110	LEVOTHYROXINE 25 MCG TABLET	5	90.000	20.70	0.12092	76%-100% Above	No	No
00527136701	PROBENECID 500 MG TABLET	5	60.000	9.99	0.73961	76%-100% Below	No	No
00527136701	PROBENECID 500 MG TABLET	6	60.000	9.99	0.96726	76%-100% Below	No	No
00527136701	PROBENECID 500 MG TABLET	7	60.000	14.99	0.98952	51%-75% Below	No	No
00527136701	PROBENECID 500 MG TABLET	8	60.000	32.14	0.98952	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	5	30.000	9.90	0.58036	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	5	90.000	23.99	0.58036	51%-75% Below	No	No
00527143501	METAXALONE 800 MG TABLET	6	20.000	15.00	0.50626	26%-50% Above	No	No
00527143501	METAXALONE 800 MG TABLET	6	45.000	14.90	0.50626	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	6	180.000	339.88	0.50626	200% Above	Yes	No
00527143501	METAXALONE 800 MG TABLET	7	30.000	14.90	0.61911	10%-25% Below	No	No
00527143501	METAXALONE 800 MG TABLET	7	90.000	0.01	0.61911	76%-100% Below	No	No
00527143501	METAXALONE 800 MG TABLET	8	90.000	23.80	0.6425	51%-75% Below	No	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	9.90	0.24995	26%-50% Above	No	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	9.99	0.24995	26%-50% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	14.99	0.24995	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	27.84	0.24995	200% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	9.66	0.24995	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	9.99	0.24995	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	24.99	0.24995	51%-75% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	53.19	0.24995	200% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	9.99	0.23987	26%-50% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	9.66	0.23987	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	9.99	0.23987	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	24.99	0.23987	51%-75% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	56.61	0.23987	200% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	9.99	0.22972	26%-50% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	28.67	0.22972	200% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	9.66	0.22972	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	9.99	0.22972	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	9.99	0.23945	26%-50% Above	No	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	9.99	0.23945	26%-50% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	14.99	0.23945	101%-200% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	25.48	0.23945	200% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	28.67	0.23945	200% Above	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	9.66	0.23945	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	9.99	0.23945	26%-50% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	24.99	0.23945	51%-75% Above	Yes	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.000	10.52	0.26695	26%-50% Below	Yes	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.000	24.99	0.26695	51%-75% Above	Yes	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.000	14.99	0.25008	76%-100% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.000	33.43	0.25008	200% Above	No	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.000	10.52	0.25008	26%-50% Below	Yes	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	30.000	33.43	0.23981	200% Above	No	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.000	10.52	0.23981	26%-50% Below	Yes	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.000	66.85	0.23981	200% Above	No	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.000	33.43	0.23949	200% Above	No	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.000	66.85	0.23949	200% Above	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	5.36	0.29443	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	5.73	0.29443	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	9.99	0.29443	10%-25% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	14.99	0.29443	51%-75% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	15.31	0.29443	51%-75% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	19.99	0.29443	101%-200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	10.73	0.29443	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	14.99	0.29443	10%-25% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	4.90	0.30183	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	5.36	0.30183	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	5.73	0.30183	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	14.49	0.30183	51%-75% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	14.99	0.30183	51%-75% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	24.26	0.30183	101%-200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	10.73	0.30183	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	14.90	0.30183	10%-25% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	14.99	0.30183	10%-25% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	24.99	0.30183	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	4.90	0.2864	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	5.36	0.2864	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	14.49	0.2864	51%-75% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	14.99	0.2864	51%-75% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	9.99	0.2864	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	10.73	0.2864	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	13.50	0.2864	10%-25% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	19.99	0.2864	10%-25% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	24.99	0.2864	26%-50% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	61.42	0.2864	200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.000	20.00	0.2864	10%-25% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	4.90	0.2942	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	5.36	0.2942	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	14.49	0.2942	51%-75% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	24.26	0.2942	101%-200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.99	0.2942	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	10.73	0.2942	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	14.99	0.2942	10%-25% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	19.99	0.2942	10%-25% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	24.99	0.2942	26%-50% Above	Yes	No
00527150637	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	6.08	0.28074	51%-75% Below	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	6	20.000	11.37	0.79945	26%-50% Below	No	No
00527163201	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	90.000	9.90	0.12659	10%-25% Below	No	No
00527163201	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	8	90.000	17.13	0.1362	26%-50% Above	Yes	No
00527163210	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	6	90.000	18.33	0.14392	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527169501	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	7	48.000	5.90	0.18395	26%-50% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	5	30.000	5.00	0.19508	10%-25% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	5	30.000	5.01	0.19508	10%-25% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	5	30.000	5.19	0.19508	10%-25% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	6	12.000	2.41	0.18045	10%-25% Above	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	6	42.000	5.64	0.18045	10%-25% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	7	30.000	4.90	0.18395	10%-25% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	8	15.000	3.51	0.18391	26%-50% Above	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	8	30.000	4.90	0.18391	10%-25% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	8	42.000	5.64	0.18391	26%-50% Below	No	No
00527191769	LEVOCETIRIZINE 2.5 MG/5 ML SOL	5	75.000	14.99	0.24125	10%-25% Below	No	No
00527193206	CLARITHROMYCIN 500 MG TABLET	6	28.000	9.99	0.4702	10%-25% Below	Yes	No
00527193206	CLARITHROMYCIN 500 MG TABLET	7	20.000	6.65	0.47649	26%-50% Below	Yes	No
00527193206	CLARITHROMYCIN 500 MG TABLET	7	28.000	49.13	0.47649	200% Above	Yes	No
00527217037	DICLOFENAC SOD ER 100 MG TAB	6	30.000	19.34	1.0824	26%-50% Below	No	No
00527217037	DICLOFENAC SOD ER 100 MG TAB	6	30.000	20.19	1.0824	26%-50% Below	No	No
00527217037	DICLOFENAC SOD ER 100 MG TAB	7	30.000	20.19	1.10305	26%-50% Below	No	No
00527217037	DICLOFENAC SOD ER 100 MG TAB	8	30.000	20.19	1.07593	26%-50% Below	No	No
00527293337	PREDNISONE 10 MG TABLET	6	21.000	3.23	0.06582	101%-200% Above	No	No
00527293437	PREDNISONE 20 MG TABLET	5	10.000	1.92	0.11673	51%-75% Above	No	No
00527293441	PREDNISONE 20 MG TABLET	5	7.000	1.63	0.11673	76%-100% Above	No	No
00527293441	PREDNISONE 20 MG TABLET	5	13.000	2.48	0.11673	51%-75% Above	No	No
00527293441	PREDNISONE 20 MG TABLET	5	42.000	6.39	0.11673	26%-50% Above	No	No
00527293441	PREDNISONE 20 MG TABLET	6	5.000	0.84	0.1107	51%-75% Above	No	No
00527293441	PREDNISONE 20 MG TABLET	6	18.000	0.00	0.1107	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527328043	LEVOTHYROXINE 25 MCG TABLET	5	30.000	7.61	0.12092	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	6	30.000	7.61	0.13396	76%-100% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.61	0.10706	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	7	30.000	7.61	0.10706	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	8	30.000	6.61	0.10675	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	8	30.000	7.61	0.10675	101%-200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.08	0.13879	76%-100% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.41	0.1219	101%-200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	8	14.000	4.09	0.11359	101%-200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	8	30.000	6.90	0.11359	101%-200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	8	30.000	8.08	0.11359	101%-200% Above	No	No
00527328146	LEVOTHYROXINE 50 MCG TABLET	8	90.000	24.90	0.11359	101%-200% Above	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	5	15.000	1.90	0.14995	10%-25% Below	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	6	15.000	1.90	0.15361	10%-25% Below	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	6	90.000	26.44	0.15361	76%-100% Above	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	7	30.000	8.82	0.13143	101%-200% Above	No	No
00527328443	LEVOTHYROXINE 100 MCG TABLET	5	28.000	10.91	0.16405	101%-200% Above	No	No
00527328443	LEVOTHYROXINE 100 MCG TABLET	6	28.000	9.35	0.16588	101%-200% Above	No	No
00527328443	LEVOTHYROXINE 100 MCG TABLET	7	7.000	3.12	0.13857	200% Above	No	No
00527328446	LEVOTHYROXINE 100 MCG TABLET	7	90.000	14.90	0.13857	10%-25% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	5	30.000	11.06	0.14855	101%-200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	6	30.000	11.06	0.17448	101%-200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	6	90.000	29.98	0.17448	76%-100% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	7	30.000	11.06	0.1483	101%-200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	8	30.000	11.06	0.13525	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527328543	LEVOTHYROXINE 112 MCG TABLET	8	30.000	12.28	0.13525	200% Above	No	No
00527328546	LEVOTHYROXINE 112 MCG TABLET	8	72.000	14.90	0.13525	51%-75% Above	No	No
00527328643	LEVOTHYROXINE 125 MCG TABLET	5	90.000	14.18	0.18461	10%-25% Below	No	No
00527328643	LEVOTHYROXINE 125 MCG TABLET	6	30.000	10.70	0.18708	76%-100% Above	No	No
00527328643	LEVOTHYROXINE 125 MCG TABLET	8	90.000	6.99	0.15643	26%-50% Below	No	No
00527328646	LEVOTHYROXINE 125 MCG TABLET	8	30.000	9.43	0.15643	76%-100% Above	No	No
00527328846	LEVOTHYROXINE 150 MCG TABLET	5	30.000	13.31	0.19838	101%-200% Above	No	No
00527328846	LEVOTHYROXINE 150 MCG TABLET	6	30.000	13.31	0.21626	101%-200% Above	No	No
00527328846	LEVOTHYROXINE 150 MCG TABLET	7	60.000	25.96	0.18218	101%-200% Above	No	No
00527328846	LEVOTHYROXINE 150 MCG TABLET	8	30.000	11.83	0.14785	101%-200% Above	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	5	30.000	13.45	0.2002	101%-200% Above	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	6	30.000	5.88	0.22661	10%-25% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	6	30.000	13.45	0.22661	76%-100% Above	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	7	30.000	13.45	0.18108	101%-200% Above	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	7	90.000	13.50	0.18108	10%-25% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	8	30.000	4.90	0.19197	10%-25% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	8	30.000	13.52	0.19197	101%-200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	5	60.000	10.88	0.31733	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	5	90.000	20.00	0.31733	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	8	30.000	0.00	0.20204	76%-100% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	8	30.000	14.90	0.20204	101%-200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	6	30.000	4.39	0.34171	51%-75% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	6	90.000	43.50	0.34171	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	0.99	0.22434	76%-100% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	4.39	0.22434	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	9.90	0.22434	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	30.000	4.37	0.25404	26%-50% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	30.000	9.90	0.25404	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	90.000	13.12	0.25404	26%-50% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	90.000	44.90	0.25404	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	7	90.000	44.99	0.28445	51%-75% Above	No	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	6	30.000	25.14	1.18196	26%-50% Below	No	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	7	30.000	27.24	1.37496	26%-50% Below	No	No
00527512170	NYSTATIN 100,000 UNIT/ML SUSP	5	300.000	8.82	0.0418	26%-50% Below	No	No
00527512170	NYSTATIN 100,000 UNIT/ML SUSP	7	600.000	19.90	0.03855	10%-25% Below	No	No
00527512170	NYSTATIN 100,000 UNIT/ML SUSP	8	200.000	9.99	0.03981	10%-25% Above	No	No
00527518070	SULFAMETHOXAZOLE-TMP SUSP	5	140.000	14.65	0.06983	26%-50% Above	Yes	No
00527518070	SULFAMETHOXAZOLE-TMP SUSP	5	150.000	14.99	0.06983	26%-50% Above	Yes	No
00527518070	SULFAMETHOXAZOLE-TMP SUSP	6	100.000	4.74	0.06239	10%-25% Below	Yes	No
00527518070	SULFAMETHOXAZOLE-TMP SUSP	8	30.000	9.99	0.06364	200% Above	Yes	No
00527530264	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	240.000	8.93	0.07417	26%-50% Below	No	No
00527600274	LIDOCAINE 2% VISCOUS SOLN	8	400.000	4.99	0.07544	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.000	0.00	1.27429	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.000	23.09	1.27429	26%-50% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.000	0.00	1.18881	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.000	23.09	1.18881	26%-50% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	7	30.000	14.99	1.11372	51%-75% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	7	30.000	23.09	1.11372	26%-50% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	8	30.000	0.00	1.19639	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	8	30.000	23.09	1.19639	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	6	30.000	22.55	1.31855	26%-50% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.000	26.51	1.64802	26%-50% Below	No	No
00536589588	NICOTINE 14 MG/24HR PATCH	6	28.000	23.99	1.62365	26%-50% Below	Yes	No
00536589588	NICOTINE 14 MG/24HR PATCH	7	28.000	23.99	1.66929	26%-50% Below	Yes	No
00536589588	NICOTINE 14 MG/24HR PATCH	8	14.000	12.00	1.58362	26%-50% Below	Yes	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	17.32	30.26292	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	11.92	30.98551	51%-75% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	0.01	31.1472	76%-100% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	0.01	42.89202	76%-100% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	27.28	42.89202	26%-50% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	0.01	45.18095	76%-100% Below	No	No
00555007102	ISONIAZID 300 MG TABLET	6	30.000	3.88	0.23413	26%-50% Below	No	No
00555015902	CHLORDIAZEPOXIDE 25 MG CAPSULE	6	24.000	2.43	0.13146	10%-25% Below	No	No
00555015902	CHLORDIAZEPOXIDE 25 MG CAPSULE	8	24.000	2.43	0.13146	10%-25% Below	No	No
00555017178	MEFLOQUINE HCL 250 MG TABLET	6	4.000	9.99	3.89855	26%-50% Below	No	No
00555017178	MEFLOQUINE HCL 250 MG TABLET	7	4.000	9.99	3.35573	10%-25% Below	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	5	30.000	14.90	0.43281	10%-25% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	6	30.000	14.90	0.44478	10%-25% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	7	30.000	14.90	0.44728	10%-25% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	8	30.000	14.90	0.44961	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	5	16.000	14.99	0.25274	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	6	32.000	9.99	0.23868	26%-50% Above	No	No
00555057235	METHOTREXATE 2.5 MG TABLET	5	24.000	6.90	0.25274	10%-25% Above	No	No
00555057235	METHOTREXATE 2.5 MG TABLET	5	24.000	9.90	0.25274	51%-75% Above	No	No
00555057235	METHOTREXATE 2.5 MG TABLET	6	24.000	6.90	0.23868	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555057235	METHOTREXATE 2.5 MG TABLET	6	24.000	9.90	0.23868	51%-75% Above	No	No
00555057235	METHOTREXATE 2.5 MG TABLET	7	72.000	19.90	0.2335	10%-25% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	8	30.000	5.02	0.14186	10%-25% Above	No	No
00555060702	MEGESTROL 40 MG TABLET	6	60.000	7.73	0.20528	26%-50% Below	No	No
00555077502	DEXTROAMP-AMPHETAM 7.5 MG TAB	7	30.000	14.99	0.42556	10%-25% Above	No	No
00555077502	DEXTROAMP-AMPHETAM 7.5 MG TAB	8	30.000	14.99	0.34239	26%-50% Above	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.000	9.90	0.26695	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.000	24.05	0.26695	26%-50% Above	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.000	19.99	0.25008	101%-200% Above	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.000	9.90	0.25008	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.000	24.99	0.25008	51%-75% Above	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.000	9.90	0.23981	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.000	9.99	0.23981	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.000	19.99	0.23949	101%-200% Above	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.000	9.90	0.23949	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.000	24.99	0.23949	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	10.000	2.49	0.13866	76%-100% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	10.000	3.35	0.13866	101%-200% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	20.000	4.27	0.13866	51%-75% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	21.000	4.36	0.13866	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	30.000	5.34	0.13866	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	30.000	5.02	0.13382	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	90.000	14.99	0.13382	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	2.000	0.98	0.1364	200% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	5.000	1.62	0.1364	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	10.000	2.42	0.1364	76%-100% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	10.000	2.45	0.1364	76%-100% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	30.000	4.93	0.1364	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	30.000	5.02	0.1364	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	3.000	1.27	0.14037	200% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	5.000	1.62	0.14037	101%-200% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	7.000	1.70	0.14037	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	10.000	0.82	0.14037	26%-50% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	10.000	1.20	0.14037	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	10.000	2.45	0.14037	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	30.000	4.93	0.14037	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	30.000	5.02	0.14037	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	30.000	6.04	0.14037	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	30.000	6.04	0.14037	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	70.000	6.03	0.14037	26%-50% Below	Yes	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	5	10.000	2.36	0.13866	51%-75% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	6	1.000	0.82	0.13382	200% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	5	30.000	1.73	0.10136	26%-50% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	5	30.000	3.84	0.10136	26%-50% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	6	30.000	2.02	0.09956	26%-50% Below	Yes	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	6	90.000	14.18	0.09956	51%-75% Above	Yes	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.000	1.72	0.10217	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	5	30.000	5.98	0.13921	26%-50% Above	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	6	30.000	5.98	0.13698	26%-50% Above	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	6	90.000	16.14	0.13698	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	7	30.000	5.98	0.12997	51%-75% Above	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	8	90.000	16.45	0.13585	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	4.06	0.093	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	4.46	0.093	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	4.46	0.093	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	4.49	0.093	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	4.58	0.093	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	4.58	0.093	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	4.61	0.093	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.000	0.01	0.093	76%-100% Below	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.000	11.91	0.093	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.000	12.17	0.093	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.000	12.26	0.093	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.000	12.26	0.093	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.000	12.34	0.093	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.000	12.51	0.093	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	270.000	29.99	0.093	10%-25% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	16.000	2.73	0.09584	76%-100% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	3.83	0.09584	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	4.46	0.09584	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	4.46	0.09584	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	4.49	0.09584	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	4.58	0.09584	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	4.58	0.09584	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	39.000	4.25	0.09584	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	0.01	0.09584	76%-100% Below	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	9.90	0.09584	10%-25% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	10.80	0.09584	10%-25% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	14.84	0.09584	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	19.66	0.09584	101%-200% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	3.83	0.08742	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	3.83	0.08742	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	4.46	0.08742	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	4.49	0.08742	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	4.58	0.08742	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	4.58	0.08742	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.000	10.10	0.08742	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.000	11.52	0.08742	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	3.83	0.08616	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	3.83	0.08616	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	4.46	0.08616	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	4.46	0.08616	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	4.49	0.08616	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	4.58	0.08616	76%-100% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.000	10.00	0.08616	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.000	10.10	0.08616	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.000	12.16	0.08616	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.000	12.26	0.08616	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.000	21.90	0.08616	101%-200% Above	Yes	No
00555088604	ESTRADIOL 1 MG TABLET	5	30.000	0.00	0.093	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555088604	ESTRADIOL 1 MG TABLET	7	30.000	0.00	0.08742	76%-100% Below	No	No
00555088604	ESTRADIOL 1 MG TABLET	7	30.000	4.49	0.08742	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	7	60.000	8.19	0.08742	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	7	90.000	12.17	0.08742	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	30.000	0.00	0.08616	76%-100% Below	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	60.000	8.19	0.08616	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	90.000	12.17	0.08616	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	180.000	19.41	0.08616	10%-25% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.000	15.57	0.1245	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.000	16.48	0.1245	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.000	16.70	0.1245	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	120.000	9.99	0.1245	26%-50% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	5	180.000	29.99	0.1245	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	6	30.000	5.68	0.12658	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.000	6.24	0.12658	26%-50% Below	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.000	15.48	0.12658	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.000	16.48	0.12658	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	6	120.000	9.99	0.12658	26%-50% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	7	30.000	4.99	0.12267	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	7	60.000	9.99	0.12267	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	7	90.000	7.49	0.12267	26%-50% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	7	90.000	15.12	0.12267	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	7	120.000	9.99	0.12267	26%-50% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	7	270.000	39.83	0.12267	10%-25% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	8	30.000	2.14	0.12321	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555088702	ESTRADIOL 2 MG TABLET	8	30.000	4.73	0.12321	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	8	30.000	5.68	0.12321	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.000	0.01	0.12321	76%-100% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.000	14.83	0.12321	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.000	15.48	0.12321	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.000	15.57	0.12321	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	120.000	9.99	0.12321	26%-50% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	180.000	17.77	0.12321	10%-25% Below	No	No
00555088704	ESTRADIOL 2 MG TABLET	5	30.000	4.94	0.1245	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	5	30.000	5.03	0.1245	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	5	30.000	5.53	0.1245	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	5	30.000	5.68	0.1245	51%-75% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	5	30.000	5.79	0.1245	51%-75% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.000	4.73	0.12658	10%-25% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.000	4.90	0.12658	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.000	5.53	0.12658	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.000	5.68	0.12658	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.000	5.79	0.12658	51%-75% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	7	30.000	4.73	0.12267	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	7	30.000	4.90	0.12267	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	7	30.000	5.79	0.12267	51%-75% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	7	90.000	12.49	0.12267	10%-25% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	30.000	4.73	0.12321	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	30.000	4.90	0.12321	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	90.000	7.49	0.12321	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555088704	ESTRADIOL 2 MG TABLET	8	90.000	15.12	0.12321	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	90.000	15.48	0.12321	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.000	1.30	0.085	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.000	3.77	0.085	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.000	3.96	0.085	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.000	5.37	0.085	101%-200% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.000	5.46	0.085	101%-200% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	90.000	9.85	0.085	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.000	3.77	0.0904	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.000	3.96	0.0904	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.000	5.37	0.0904	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.000	5.46	0.0904	101%-200% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	90.000	10.09	0.0904	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	30.000	1.21	0.07529	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	30.000	3.23	0.07529	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	30.000	3.77	0.07529	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	30.000	3.80	0.07529	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	30.000	3.89	0.07529	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	30.000	3.96	0.07529	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	36.000	4.60	0.07529	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	90.000	8.34	0.07529	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	90.000	10.39	0.07529	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.23	0.08282	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.77	0.08282	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.80	0.08282	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.89	0.08282	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.96	0.08282	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.96	0.08282	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	90.000	15.65	0.08282	101%-200% Above	Yes	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.000	14.99	0.23559	101%-200% Above	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.000	14.90	0.18902	101%-200% Above	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.000	14.99	0.18902	101%-200% Above	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	60.000	9.99	0.18902	10%-25% Below	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.000	14.99	0.2028	101%-200% Above	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	60.000	14.99	0.2028	10%-25% Above	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.000	14.90	0.19678	101%-200% Above	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.000	14.99	0.19678	101%-200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	9.99	0.24995	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	14.99	0.24995	76%-100% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	19.43	0.24995	101%-200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	45.000	14.99	0.24995	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.000	14.99	0.24995	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	9.99	0.23987	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	14.99	0.23987	101%-200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	25.48	0.23987	200% Above	Yes	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	45.000	14.99	0.23987	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	9.99	0.23987	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.000	9.99	0.23987	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.000	14.99	0.23987	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	14.99	0.22972	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	45.000	14.99	0.22972	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	9.99	0.22972	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	90.000	9.99	0.22972	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	120.000	14.99	0.22972	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	9.99	0.23945	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	14.99	0.23945	101%-200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	45.000	14.99	0.23945	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	9.99	0.23945	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	53.19	0.23945	200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	20.000	14.99	0.29443	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	14.90	0.29443	51%-75% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	19.90	0.29443	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	24.26	0.29443	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	40.000	14.99	0.29443	26%-50% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	9.99	0.29443	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	14.90	0.29443	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	14.99	0.29443	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	76.000	14.90	0.29443	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	90.000	17.19	0.29443	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	9.99	0.30183	10%-25% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	14.90	0.30183	51%-75% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	19.90	0.30183	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	9.99	0.30183	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	14.90	0.30183	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	14.99	0.30183	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.000	9.99	0.30183	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.000	14.99	0.30183	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	14.99	0.2864	51%-75% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	24.26	0.2864	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	9.99	0.2864	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	14.99	0.2864	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	19.99	0.2864	10%-25% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.000	9.99	0.2864	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.000	14.90	0.2864	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	14.90	0.2942	51%-75% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.99	0.2942	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.000	14.99	0.28567	51%-75% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	11.03	0.28567	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	14.90	0.28567	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	14.99	0.28567	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	59.40	0.28567	200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	90.000	14.99	0.28567	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.000	14.90	0.29368	51%-75% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.000	14.99	0.29368	51%-75% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	14.99	0.29368	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	59.40	0.29368	200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.000	14.90	0.28074	76%-100% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.000	14.99	0.28074	76%-100% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	9.90	0.28074	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	14.99	0.28074	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	50.58	0.28074	200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	14.90	0.28077	76%-100% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	14.99	0.28077	76%-100% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	6.08	0.28077	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	14.90	0.28077	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	14.99	0.28077	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	50.58	0.28077	200% Above	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	5	120.000	31.45	0.47152	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	5	180.000	44.99	0.47152	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	6	90.000	0.01	0.4929	76%-100% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	7	15.000	5.93	0.47076	10%-25% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	7	120.000	31.45	0.47076	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	8	90.000	25.55	0.48883	26%-50% Below	No	No
00555105756	CLARAVIS 40 MG CAPSULE	5	60.000	0.01	3.16241	76%-100% Below	No	No
00555105756	CLARAVIS 40 MG CAPSULE	7	60.000	0.01	2.79604	76%-100% Below	No	No
00555105786	CLARAVIS 40 MG CAPSULE	5	30.000	54.74	3.16241	26%-50% Below	Yes	No
00555105786	CLARAVIS 40 MG CAPSULE	6	30.000	0.00	2.72164	76%-100% Below	No	No
00555105786	CLARAVIS 40 MG CAPSULE	8	30.000	54.74	2.82292	26%-50% Below	Yes	No
00555900867	NORTREL 0.5-35-28 TABLET	5	28.000	9.67	0.59981	26%-50% Below	Yes	No
00555900867	NORTREL 0.5-35-28 TABLET	5	28.000	10.75	0.59981	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	6	28.000	10.75	0.63794	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	7	28.000	10.75	0.50212	10%-25% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	8	28.000	9.14	0.65287	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	6	84.000	0.01	0.37172	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	7	84.000	0.01	0.31094	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555901058	NORTREL 1-35 28 TABLET	7	84.000	29.99	0.31094	10%-25% Above	No	No
00555901467	LESSINA-28 TABLET	5	84.000	29.99	0.22091	51%-75% Above	No	No
00555901467	LESSINA-28 TABLET	8	84.000	29.99	0.20108	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.000	0.00	0.17058	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.000	0.28	0.17058	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.000	2.87	0.17058	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.000	0.01	0.17058	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.000	0.84	0.17058	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.000	8.74	0.17058	26%-50% Below	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.000	0.00	0.17299	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.000	0.28	0.17299	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.000	2.74	0.17299	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	84.000	0.01	0.17299	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	84.000	0.84	0.17299	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.000	0.00	0.14859	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.000	0.28	0.14859	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.000	2.50	0.14859	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.000	2.74	0.14859	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	84.000	0.01	0.14859	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	84.000	0.84	0.14859	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.000	0.00	0.15075	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.000	0.28	0.15075	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.000	2.50	0.15075	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.000	2.91	0.15075	26%-50% Below	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	8	84.000	0.01	0.15075	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555901658	SPRINTEC 28 DAY TABLET	8	84.000	0.84	0.15075	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.000	0.00	0.15149	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.000	0.28	0.15149	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.000	3.07	0.15149	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	84.000	0.01	0.15149	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.000	0.00	0.16153	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.000	0.28	0.16153	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.000	3.07	0.16153	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	84.000	0.01	0.16153	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	28.000	0.28	0.14792	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	28.000	2.82	0.14792	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	28.000	3.07	0.14792	10%-25% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	84.000	0.01	0.14792	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	84.000	16.77	0.14792	26%-50% Above	Yes	No
00555901858	TRI-SPRINTEC TABLET	8	28.000	0.28	0.15642	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	8	28.000	2.69	0.15642	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	8	28.000	2.82	0.15642	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	8	84.000	0.01	0.15642	76%-100% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	5	21.000	2.61	0.28451	51%-75% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	5	21.000	4.33	0.28451	26%-50% Below	Yes	No
00555902542	JUNEL 1 MG-20 MCG TABLET	6	21.000	4.33	0.28643	26%-50% Below	Yes	No
00555902542	JUNEL 1 MG-20 MCG TABLET	6	84.000	17.30	0.28643	26%-50% Below	Yes	No
00555902542	JUNEL 1 MG-20 MCG TABLET	7	21.000	2.42	0.28333	51%-75% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	7	21.000	2.44	0.28333	51%-75% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	7	21.000	4.33	0.28333	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555902542	JUNEL 1 MG-20 MCG TABLET	7	84.000	0.01	0.28333	76%-100% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	7	84.000	17.30	0.28333	26%-50% Below	Yes	No
00555902542	JUNEL 1 MG-20 MCG TABLET	8	21.000	4.33	0.27842	10%-25% Below	Yes	No
00555902542	JUNEL 1 MG-20 MCG TABLET	8	84.000	17.30	0.27842	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.000	0.00	0.18951	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.000	4.30	0.18951	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.000	12.91	0.18951	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.000	39.23	0.18951	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.000	44.75	0.18951	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.000	0.00	0.18957	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.000	4.30	0.18957	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.000	12.91	0.18957	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.000	44.13	0.18957	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.000	0.00	0.17272	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.000	4.30	0.17272	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	56.000	8.61	0.17272	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.000	6.75	0.17272	51%-75% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.000	12.91	0.17272	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.000	35.55	0.17272	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	28.000	0.00	0.1758	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	28.000	4.30	0.1758	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	28.000	11.85	0.1758	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	84.000	12.91	0.1758	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	84.000	35.55	0.1758	101%-200% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.000	6.75	0.56776	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	6	21.000	6.75	0.59144	26%-50% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	28.000	0.00	0.2275	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	28.000	5.72	0.2275	10%-25% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	28.000	9.99	0.2275	51%-75% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	84.000	15.45	0.2275	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	84.000	38.99	0.2275	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	21.000	4.29	0.23667	10%-25% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.000	0.00	0.23667	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.000	5.15	0.23667	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.000	5.72	0.23667	10%-25% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.000	0.01	0.23667	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.000	15.45	0.23667	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.000	17.16	0.23667	10%-25% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	21.000	1.18	0.20804	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	28.000	0.00	0.20804	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	28.000	1.58	0.20804	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	28.000	4.24	0.20804	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	28.000	5.15	0.20804	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.000	0.01	0.20804	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.000	15.45	0.20804	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.000	30.98	0.20804	76%-100% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	28.000	0.00	0.20772	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	28.000	4.24	0.20772	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	28.000	5.15	0.20772	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	84.000	12.73	0.20772	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	84.000	15.45	0.20772	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	84.000	20.00	0.20772	10%-25% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	84.000	30.98	0.20772	76%-100% Above	Yes	No
00555903458	BALZIVA 28 TABLET	5	84.000	25.13	0.46798	26%-50% Below	No	No
00555904358	APRI 28 DAY TABLET	6	28.000	0.00	0.18348	76%-100% Below	No	No
00555904358	APRI 28 DAY TABLET	6	84.000	0.01	0.18348	76%-100% Below	No	No
00555904358	APRI 28 DAY TABLET	6	84.000	30.06	0.18348	76%-100% Above	Yes	No
00555904358	APRI 28 DAY TABLET	7	28.000	0.00	0.16089	76%-100% Below	No	No
00555904358	APRI 28 DAY TABLET	7	84.000	30.06	0.16089	101%-200% Above	Yes	No
00555904358	APRI 28 DAY TABLET	8	84.000	0.01	0.18976	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	5	28.000	0.28	0.22091	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	6	28.000	0.28	0.23781	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	7	28.000	0.28	0.19747	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	8	28.000	0.28	0.20108	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	8	84.000	29.90	0.20108	76%-100% Above	No	No
00555904958	CRYSSELLE-28 TABLET	5	84.000	0.01	0.40824	76%-100% Below	No	No
00555904958	CRYSSELLE-28 TABLET	6	84.000	21.11	0.40281	26%-50% Below	No	No
00555904958	CRYSSELLE-28 TABLET	7	84.000	21.11	0.3947	26%-50% Below	No	No
00555904958	CRYSSELLE-28 TABLET	7	84.000	22.86	0.3947	26%-50% Below	No	No
00555905058	KARIVA 28 DAY TABLET	5	84.000	12.32	0.24502	26%-50% Below	Yes	No
00555905058	KARIVA 28 DAY TABLET	5	84.000	49.63	0.24502	101%-200% Above	Yes	No
00555905058	KARIVA 28 DAY TABLET	7	28.000	4.11	0.23476	26%-50% Below	Yes	No
00555905058	KARIVA 28 DAY TABLET	8	28.000	4.11	0.20941	26%-50% Below	Yes	No
00555905058	KARIVA 28 DAY TABLET	8	84.000	44.97	0.20941	101%-200% Above	Yes	No
00555906458	KELNOR 1-35 28 TABLET	5	28.000	0.28	0.51244	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555906458	KELNOR 1-35 28 TABLET	5	28.000	5.64	0.51244	51%-75% Below	Yes	No
00555906458	KELNOR 1-35 28 TABLET	6	28.000	0.28	0.39218	76%-100% Below	No	No
00555906458	KELNOR 1-35 28 TABLET	6	28.000	5.64	0.39218	26%-50% Below	Yes	No
00555906458	KELNOR 1-35 28 TABLET	7	28.000	0.28	0.43799	76%-100% Below	No	No
00555906458	KELNOR 1-35 28 TABLET	7	28.000	5.64	0.43799	51%-75% Below	Yes	No
00555906458	KELNOR 1-35 28 TABLET	8	28.000	5.64	0.43739	51%-75% Below	Yes	No
00574010770	CLOTRIMAZOLE 10 MG TROCHE	6	50.000	9.99	0.39189	26%-50% Below	No	No
00574010770	CLOTRIMAZOLE 10 MG TROCHE	8	50.000	11.56	0.45575	26%-50% Below	No	No
00574010770	CLOTRIMAZOLE 10 MG TROCHE	8	90.000	0.90	0.45575	76%-100% Below	No	No
00574022801	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	14.90	0.60842	10%-25% Below	No	No
00574022901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	32.35	0.544	26%-50% Below	No	No
00574029201	AMILORIDE HCL 5 MG TABLET	8	30.000	4.83	0.19164	10%-25% Below	No	No
00574079201	PILOCARPINE HCL 5 MG TABLET	7	180.000	49.90	0.20976	26%-50% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	5	4.000	14.99	14.64277	51%-75% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	6	4.000	14.99	14.63185	51%-75% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	4.000	14.99	14.45568	51%-75% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	6.000	50.89	14.45568	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	8	2.000	16.96	14.36912	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	8	2.000	38.13	14.36912	26%-50% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	8	4.000	14.99	14.36912	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	2.000	9.99	14.64277	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	4.000	20.00	14.64277	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	9.000	44.99	14.64277	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	6	2.000	9.99	14.63185	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	6	4.000	20.00	14.63185	51%-75% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00574082701	TESTOSTERONE CYP 200 MG/ML	6	6.000	46.98	14.63185	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	4.000	20.00	14.45568	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	8	4.000	9.99	14.36912	76%-100% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	8	4.000	20.00	14.36912	51%-75% Below	No	No
00574082710	TESTOSTERON CYP 2,000 MG/10 ML	7	10.000	16.15	3.17736	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.000	14.46	0.07299	51%-75% Above	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	180.000	14.99	0.06286	26%-50% Above	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	118.000	19.99	0.07517	101%-200% Above	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	180.000	9.99	0.07517	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	140.000	14.99	0.05819	76%-100% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	240.000	14.99	0.05051	10%-25% Above	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	5	60.000	19.99	0.22628	26%-50% Above	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	6	60.000	14.99	0.22542	10%-25% Above	No	No
00574200815	NYSTOP 100,000 UNIT/GM POWDER	8	15.000	6.44	0.31878	26%-50% Above	No	No
00574200830	NYSTOP 100,000 UNIT/GM POWDER	5	30.000	14.99	0.28078	76%-100% Above	No	No
00574220120	TRETINOIN 0.1% CREAM	6	20.000	37.93	2.6621	26%-50% Below	Yes	No
00574220120	TRETINOIN 0.1% CREAM	7	20.000	37.93	2.59144	26%-50% Below	Yes	No
00574220120	TRETINOIN 0.1% CREAM	8	20.000	37.93	2.90579	26%-50% Below	Yes	No
00574220145	TRETINOIN 0.1% CREAM	5	45.000	71.91	2.37641	26%-50% Below	Yes	No
00574220145	TRETINOIN 0.1% CREAM	6	45.000	71.91	2.32231	26%-50% Below	Yes	No
00574220145	TRETINOIN 0.1% CREAM	6	45.000	81.55	2.32231	10%-25% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	7	45.000	71.91	2.28838	26%-50% Below	Yes	No
00574220145	TRETINOIN 0.1% CREAM	7	45.000	81.55	2.28838	10%-25% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	5	20.000	37.29	2.40676	10%-25% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	6	45.000	57.24	1.75848	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00574220545	TRETINOIN 0.05% CREAM	7	45.000	57.24	1.757	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	8	45.000	57.24	1.9617	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	8	45.000	69.98	1.9617	10%-25% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	6	20.000	18.24	1.97808	51%-75% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	6	20.000	19.99	1.97808	26%-50% Below	Yes	No
00574222545	TRETINOIN 0.025% CREAM	5	45.000	41.87	1.91469	51%-75% Below	Yes	No
00574222545	TRETINOIN 0.025% CREAM	8	45.000	41.87	1.75821	26%-50% Below	Yes	No
00574230145	TRETINOIN 0.01% GEL	5	45.000	75.33	2.87453	26%-50% Below	Yes	No
00574232515	TRETINOIN 0.025% GEL	7	45.000	87.46	3.93771	26%-50% Below	Yes	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.500	10.28	2.51533	10%-25% Above	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	8.72	2.97272	10%-25% Below	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	8.77	2.97272	10%-25% Below	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	9.12	2.97272	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.000	19.59	13.72123	51%-75% Below	No	No
00574722612	COMPRO 25 MG SUPPOSITORY	7	6.000	25.09	6.33695	26%-50% Below	No	No
00591024010	LORAZEPAM 0.5 MG TABLET	5	25.000	1.43	0.04136	26%-50% Above	No	No
00591024101	LORAZEPAM 1 MG TABLET	7	60.000	1.78	0.04169	26%-50% Below	No	No
00591034305	VERAPAMIL 80 MG TABLET	5	30.000	2.03	0.05275	26%-50% Above	No	No
00591034305	VERAPAMIL 80 MG TABLET	6	30.000	2.03	0.05188	26%-50% Above	No	No
00591034305	VERAPAMIL 80 MG TABLET	7	30.000	2.03	0.05359	26%-50% Above	No	No
00591034305	VERAPAMIL 80 MG TABLET	8	30.000	2.03	0.05275	26%-50% Above	No	No
00591034501	VERAPAMIL 120 MG TABLET	7	180.000	8.24	0.07135	26%-50% Below	Yes	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.21	0.03071	101%-200% Above	No	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.000	6.22	0.03071	101%-200% Above	No	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.21	0.03149	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591034705	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.51	0.03339	101%-200% Above	No	No
00591034705	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.51	0.03071	101%-200% Above	No	No
00591034705	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.51	0.03149	101%-200% Above	No	No
00591034805	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	5	90.000	14.45	0.13176	10%-25% Above	No	No
00591034805	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	8	90.000	14.45	0.11664	26%-50% Above	No	No
00591039501	PENTAZOCINE-NALOXONE TABLET	5	120.000	118.77	1.88962	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	6	120.000	118.77	1.88962	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	7	120.000	118.77	1.88962	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	8	120.000	118.77	1.88962	26%-50% Below	Yes	No
00591040610	LISINOPRIL 5 MG TABLET	7	30.000	0.96	0.01562	101%-200% Above	No	No
00591040905	LISINOPRIL 40 MG TABLET	7	30.000	2.49	0.04724	51%-75% Above	No	No
00591040905	LISINOPRIL 40 MG TABLET	8	30.000	2.49	0.05025	51%-75% Above	No	No
00591040905	LISINOPRIL 40 MG TABLET	8	90.000	6.16	0.05025	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.000	13.70	0.09788	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	4.24	0.0913	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.000	0.01	0.0913	76%-100% Below	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	4.24	0.08923	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	4.24	0.08948	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.000	13.70	0.08948	51%-75% Above	No	No
00591046010	GLIPIZIDE 5 MG TABLET	5	270.000	8.05	0.036	10%-25% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	6	180.000	3.87	0.03395	26%-50% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	7	60.000	1.29	0.0353	26%-50% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	7	90.000	1.94	0.0353	26%-50% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	7	90.000	2.40	0.0353	10%-25% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	8	60.000	1.29	0.03538	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591046010	GLIPIZIDE 5 MG TABLET	8	90.000	2.40	0.03538	10%-25% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	8	180.000	3.87	0.03538	26%-50% Below	Yes	No
00591046105	GLIPIZIDE 10 MG TABLET	8	90.000	3.95	0.05139	10%-25% Below	No	No
00591046110	GLIPIZIDE 10 MG TABLET	5	60.000	2.55	0.04772	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	5	120.000	4.35	0.04772	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	6	60.000	2.55	0.04956	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	6	120.000	4.35	0.04956	26%-50% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	6	180.000	7.94	0.04956	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	6	180.000	9.86	0.04956	10%-25% Above	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	6	360.000	19.73	0.04956	10%-25% Above	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	7	120.000	4.35	0.04861	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	7	360.000	13.59	0.04861	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	8	60.000	2.55	0.05139	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	8	180.000	4.18	0.05139	51%-75% Below	Yes	No
00591079401	DICYCLOMINE 10 MG CAPSULE	5	28.000	4.58	0.10141	51%-75% Above	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	6	90.000	11.13	0.10797	10%-25% Above	Yes	No
00591079401	DICYCLOMINE 10 MG CAPSULE	7	28.000	3.97	0.11783	10%-25% Above	Yes	No
00591079401	DICYCLOMINE 10 MG CAPSULE	7	90.000	13.37	0.11783	26%-50% Above	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	8	60.000	8.96	0.11738	26%-50% Above	No	No
00591079501	DICYCLOMINE 20 MG TABLET	5	20.000	3.96	0.17025	10%-25% Above	No	No
00591079501	DICYCLOMINE 20 MG TABLET	5	21.000	4.75	0.17025	26%-50% Above	No	No
00591079501	DICYCLOMINE 20 MG TABLET	5	45.000	9.25	0.17025	10%-25% Above	No	No
00591079501	DICYCLOMINE 20 MG TABLET	5	60.000	5.72	0.17025	26%-50% Below	Yes	No
00591079501	DICYCLOMINE 20 MG TABLET	6	20.000	4.59	0.17336	26%-50% Above	No	No
00591079601	SULFASALAZINE 500 MG TABLET	7	90.000	10.56	0.16424	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591084501	GLIPIZIDE ER 10 MG TABLET	5	30.000	3.12	0.18199	26%-50% Below	No	No
00591084501	GLIPIZIDE ER 10 MG TABLET	6	30.000	3.12	0.17873	26%-50% Below	No	No
00591084501	GLIPIZIDE ER 10 MG TABLET	7	30.000	2.19	0.17536	51%-75% Below	No	No
00591084501	GLIPIZIDE ER 10 MG TABLET	8	30.000	2.93	0.17504	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	5	30.000	10.61	0.18199	76%-100% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	5	60.000	6.90	0.18199	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	6	30.000	10.61	0.17873	76%-100% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	6	60.000	6.90	0.17873	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	7	30.000	10.61	0.17536	101%-200% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	7	60.000	6.90	0.17536	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	8	30.000	10.61	0.17504	101%-200% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	8	60.000	6.90	0.17504	26%-50% Below	No	No
00591086001	LISINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	1.38	0.03398	26%-50% Above	No	No
00591086105	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	3.94	0.04948	10%-25% Below	No	No
00591090030	GLIPIZIDE ER 2.5 MG TABLET	8	90.000	14.94	0.13085	26%-50% Above	No	No
00591115930	ACYCLOVIR 5% OINTMENT	6	30.000	19.50	0.97903	26%-50% Below	No	No
00591215990	CICLOPIROX 1% SHAMPOO	5	120.000	21.43	0.31211	26%-50% Below	Yes	No
00591215990	CICLOPIROX 1% SHAMPOO	8	120.000	21.43	0.29245	26%-50% Below	Yes	No
00591247260	TAMOXIFEN 10 MG TABLET	7	60.000	6.52	0.23231	51%-75% Below	Yes	No
00591247260	TAMOXIFEN 10 MG TABLET	7	96.000	10.43	0.23231	51%-75% Below	Yes	No
00591247319	TAMOXIFEN 20 MG TABLET	6	90.000	18.68	0.41773	26%-50% Below	No	No
00591247330	TAMOXIFEN 20 MG TABLET	6	30.000	7.40	0.41773	26%-50% Below	Yes	No
00591247330	TAMOXIFEN 20 MG TABLET	6	90.000	22.19	0.41773	26%-50% Below	Yes	No
00591247330	TAMOXIFEN 20 MG TABLET	8	90.000	22.19	0.4226	26%-50% Below	Yes	No
00591252001	CHLORZOXAZONE 500 MG TABLET	6	40.000	14.90	0.24442	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591252001	CHLORZOXAZONE 500 MG TABLET	8	30.000	12.01	0.26164	51%-75% Above	Yes	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	5	30.000	14.99	1.13674	51%-75% Below	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	5	30.000	19.99	1.13674	26%-50% Below	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	6	30.000	19.95	1.12495	26%-50% Below	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	6	30.000	19.99	1.12495	26%-50% Below	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	7	30.000	14.99	0.99337	26%-50% Below	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	7	30.000	20.03	0.99337	26%-50% Below	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	8	30.000	14.99	1.10194	51%-75% Below	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	8	30.000	20.03	1.10194	26%-50% Below	No	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	5	90.000	123.43	1.17	10%-25% Above	Yes	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	6	90.000	62.74	1.20118	26%-50% Below	No	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	8	30.000	44.90	1.13993	26%-50% Above	No	No
00591288401	VERAPAMIL SR 240 MG CAPSULE	5	90.000	70.56	1.34874	26%-50% Below	No	No
00591288401	VERAPAMIL SR 240 MG CAPSULE	8	90.000	69.09	1.3384	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.000	4.99	3.67717	76%-100% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.000	29.48	3.67717	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.000	29.48	3.59559	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.000	35.63	3.59559	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.000	38.97	3.59559	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	7	15.000	14.99	3.65882	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	7	15.000	29.48	3.65882	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	7	15.000	35.63	3.65882	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	8	15.000	29.48	3.70583	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	8	15.000	38.97	3.70583	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	8	45.000	88.44	3.70583	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	5	150.000	100.85	0.83854	10%-25% Below	Yes	No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	6	60.000	9.99	0.82129	76%-100% Below	No	No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	6	150.000	100.85	0.82129	10%-25% Below	Yes	No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	8	150.000	100.85	0.84349	10%-25% Below	Yes	No
00591321901	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	5	30.000	15.26	0.98003	26%-50% Below	Yes	No
00591321901	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	8	30.000	15.26	0.90106	26%-50% Below	Yes	No
00591322001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	6	48.000	41.04	0.64975	26%-50% Above	No	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	5	4.000	21.70	7.6297	26%-50% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	6	4.000	21.70	7.89433	26%-50% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	7	4.000	21.70	7.2981	10%-25% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	8	4.000	21.70	6.96019	10%-25% Below	Yes	No
00591350904	CLONIDINE 0.2 MG/DAY PATCH	5	4.000	28.45	12.44391	26%-50% Below	Yes	No
00591350904	CLONIDINE 0.2 MG/DAY PATCH	5	4.000	28.84	12.44391	26%-50% Below	No	No
00591350904	CLONIDINE 0.2 MG/DAY PATCH	6	4.000	28.84	12.67212	26%-50% Below	No	No
00591350904	CLONIDINE 0.2 MG/DAY PATCH	7	4.000	28.38	11.89656	26%-50% Below	No	No
00591350904	CLONIDINE 0.2 MG/DAY PATCH	8	4.000	29.10	11.59268	26%-50% Below	No	No
00591351004	CLONIDINE 0.3 MG/DAY PATCH	6	12.000	258.43	16.59024	26%-50% Above	Yes	No
00591352430	TESTOSTERONE 50 MG/5 GRAM GEL	5	300.000	201.69	0.89557	10%-25% Below	Yes	No
00591352430	TESTOSTERONE 50 MG/5 GRAM GEL	6	300.000	201.69	0.9199	26%-50% Below	Yes	No
00591352430	TESTOSTERONE 50 MG/5 GRAM GEL	7	300.000	201.69	0.89699	10%-25% Below	Yes	No
00591352430	TESTOSTERONE 50 MG/5 GRAM GEL	8	300.000	201.69	0.86639	10%-25% Below	Yes	No
00591352530	LIDOCAINE 5% PATCH	5	30.000	14.99	2.03804	51%-75% Below	No	No
00591352530	LIDOCAINE 5% PATCH	5	30.000	38.33	2.03804	26%-50% Below	No	No
00591352530	LIDOCAINE 5% PATCH	5	60.000	9.99	2.03804	76%-100% Below	No	No
00591352530	LIDOCAINE 5% PATCH	6	30.000	14.99	1.9355	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591352530	LIDOCAINE 5% PATCH	6	30.000	71.02	1.9355	10%-25% Above	No	No
00591352530	LIDOCAINE 5% PATCH	6	60.000	9.99	1.9355	76%-100% Below	No	No
00591352530	LIDOCAINE 5% PATCH	8	30.000	27.83	1.88212	26%-50% Below	No	No
00591352530	LIDOCAINE 5% PATCH	8	60.000	9.99	1.88212	76%-100% Below	No	No
00591354125	BUPROPION HCL SR 150 MG TABLET	6	60.000	12.45	0.09733	101%-200% Above	No	No
00591366030	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	14.99	0.57995	10%-25% Below	No	No
00591412879	TESTOSTERON CYP 2,000 MG/10 ML	8	10.000	59.99	3.42801	51%-75% Above	No	No
00591505210	PREDNISONONE 5 MG TABLET	5	30.000	0.00	0.08241	76%-100% Below	No	No
00591505210	PREDNISONONE 5 MG TABLET	6	30.000	0.00	0.07498	76%-100% Below	No	No
00591505210	PREDNISONONE 5 MG TABLET	7	30.000	0.00	0.08157	76%-100% Below	No	No
00591505210	PREDNISONONE 5 MG TABLET	7	30.000	4.04	0.08157	51%-75% Above	No	No
00591505210	PREDNISONONE 5 MG TABLET	7	30.000	4.14	0.08157	51%-75% Above	No	No
00591505210	PREDNISONONE 5 MG TABLET	7	60.000	6.50	0.08157	26%-50% Above	No	No
00591505210	PREDNISONONE 5 MG TABLET	8	30.000	0.00	0.08938	76%-100% Below	No	No
00591505210	PREDNISONONE 5 MG TABLET	8	30.000	4.04	0.08938	26%-50% Above	No	No
00591505210	PREDNISONONE 5 MG TABLET	8	30.000	4.14	0.08938	51%-75% Above	No	No
00591505221	PREDNISONONE 5 MG TAB DOSE PACK	5	21.000	9.85	0.42277	10%-25% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	6	2.000	0.90	0.05024	200% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	6	40.000	5.17	0.05024	101%-200% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	7	15.000	2.40	0.04561	200% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	7	30.000	4.15	0.04561	200% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	8	30.000	2.75	0.05524	51%-75% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	8	30.000	3.78	0.05524	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	5	20.000	2.88	0.06823	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	5	20.000	4.48	0.06823	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591544210	PREDNISONONE 10 MG TABLET	5	21.000	3.32	0.06823	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	5	30.000	0.00	0.06823	76%-100% Below	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	7.000	1.57	0.06582	200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	10.000	1.69	0.06582	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	10.000	1.97	0.06582	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	14.000	3.43	0.06582	200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	7	5.000	1.12	0.06545	200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	7	6.000	0.69	0.06545	51%-75% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	7	10.000	1.97	0.06545	200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	7	21.000	3.32	0.06545	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	8	10.000	1.97	0.06767	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	8	12.000	1.84	0.06767	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	8	12.000	2.17	0.06767	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	8	14.000	3.08	0.06767	200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	8	20.000	2.81	0.06767	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	8	44.000	3.32	0.06767	10%-25% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	5	5.000	1.81	0.11673	200% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	5	20.000	4.14	0.11673	76%-100% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	7	14.000	0.00	0.11267	76%-100% Below	No	No
00591544310	PREDNISONONE 20 MG TABLET	5	10.000	1.92	0.11673	51%-75% Above	No	No
00591544310	PREDNISONONE 20 MG TABLET	6	10.000	1.92	0.1107	51%-75% Above	No	No
00591544310	PREDNISONONE 20 MG TABLET	8	14.000	2.60	0.1164	51%-75% Above	No	No
00591554310	ALLOPURINOL 100 MG TABLET	5	30.000	6.90	0.05378	200% Above	No	No
00591554405	ALLOPURINOL 300 MG TABLET	8	30.000	4.90	0.07633	101%-200% Above	No	No
00591555401	PROPRANOLOL 10 MG TABLET	7	30.000	6.99	0.07276	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591555401	PROPRANOLOL 10 MG TABLET	8	60.000	2.56	0.07564	26%-50% Below	No	No
00591555510	PROPRANOLOL 20 MG TABLET	8	60.000	14.90	0.07999	200% Above	No	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	5	90.000	34.91	0.34251	10%-25% Above	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	6	90.000	27.74	0.36938	10%-25% Below	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	7	30.000	13.64	0.35509	26%-50% Above	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	8	30.000	12.13	0.36242	10%-25% Above	Yes	No
00591578301	ATENOLOL-CHLORTHALIDONE 100-25	7	20.000	12.27	0.46355	26%-50% Above	Yes	No
00597015390	JARDIANCE 25 MG TABLET	5	15.000	39.33	18.23551	76%-100% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	7	90.000	64.54	18.23551	76%-100% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	7	90.000	169.73	18.23551	76%-100% Below	No	No
00597015561	STIOLTO RESPIMAT INHAL SPRAY	6	4.000	64.56	109.38692	76%-100% Below	No	No
00597015561	STIOLTO RESPIMAT INHAL SPRAY	8	4.000	63.96	109.38692	76%-100% Below	No	No
00597030093	SYNJARDY XR 12.5-1,000 MG TAB	5	30.000	40.19	9.11406	76%-100% Below	No	No
00603116158	DICYCLOMINE 10 MG/5 ML SOLN	5	75.000	9.59	0.19904	26%-50% Below	No	No
00603188016	LIDOCAINE 5% PATCH	6	30.000	36.76	1.9355	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	6	60.000	73.52	1.9355	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	7	60.000	73.52	1.91171	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	8	30.000	200.38	1.88212	200% Above	Yes	No
00603188016	LIDOCAINE 5% PATCH	8	60.000	73.52	1.88212	26%-50% Below	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	5	30.000	7.85	0.05378	200% Above	No	No
00603211521	ALLOPURINOL 100 MG TABLET	6	30.000	7.85	0.05366	200% Above	No	No
00603211521	ALLOPURINOL 100 MG TABLET	7	30.000	7.85	0.04747	200% Above	No	No
00603211521	ALLOPURINOL 100 MG TABLET	8	90.000	20.01	0.0477	200% Above	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	8	90.000	21.75	0.0477	200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	5	90.000	19.36	0.07705	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00603211621	ALLOPURINOL 300 MG TABLET	6	90.000	19.36	0.07528	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	7	90.000	36.59	0.07381	200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	8	90.000	15.60	0.07633	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.90	0.16027	26%-50% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.90	0.16027	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.90	0.16291	200% Above	No	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	5	10.000	6.99	0.19516	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	5	21.000	9.99	0.19516	101%-200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	5	30.000	14.99	0.19516	101%-200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	5	135.000	103.19	0.19516	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	6	10.000	4.99	0.18822	101%-200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	6	10.000	6.99	0.18822	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	6	21.000	14.99	0.18822	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	6.000	6.01	0.16468	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	10.000	1.01	0.16468	26%-50% Below	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	10.000	4.99	0.16468	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	10.000	6.99	0.16468	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	14.000	2.96	0.16468	26%-50% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	21.000	4.99	0.16468	26%-50% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	21.000	14.99	0.16468	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	8	135.000	83.13	0.16548	200% Above	Yes	No
00603497528	OXYBUTYNIN 5 MG TABLET	5	90.000	29.99	0.07542	200% Above	Yes	No
00603497528	OXYBUTYNIN 5 MG TABLET	8	90.000	29.99	0.07188	200% Above	Yes	No
00603533621	PREDNISONE 2.5 MG TABLET	5	90.000	5.07	0.09274	26%-50% Below	No	No
00603533621	PREDNISONE 2.5 MG TABLET	8	30.000	2.99	0.08787	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	5	21.000	9.99	0.42277	10%-25% Above	No	No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	5	21.000	11.66	0.42277	26%-50% Above	No	No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	6	21.000	6.99	0.45079	26%-50% Below	Yes	No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	6	21.000	11.66	0.45079	10%-25% Above	No	No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	7	21.000	5.94	0.41116	26%-50% Below	Yes	No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	7	21.000	11.41	0.41116	26%-50% Above	Yes	No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	8	21.000	6.61	0.42451	10%-25% Below	Yes	No
00603533715	PREDNISONONE 5 MG TAB DOSE PACK	8	21.000	6.99	0.42451	10%-25% Below	Yes	No
00603533731	PREDNISONONE 5 MG TAB DOSE PACK	6	48.000	11.16	0.45079	26%-50% Below	Yes	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	5	21.000	8.33	0.64821	26%-50% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	5	21.000	9.03	0.64821	26%-50% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	5	21.000	9.14	0.64821	26%-50% Below	Yes	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	5	21.000	9.99	0.64821	26%-50% Below	Yes	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	5	21.000	18.57	0.64821	26%-50% Above	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	6	21.000	8.27	0.70826	26%-50% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	6	21.000	9.99	0.70826	26%-50% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	7.53	0.61321	26%-50% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	9.03	0.61321	26%-50% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	9.90	0.61321	10%-25% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	14.99	0.61321	10%-25% Above	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	14.99	0.61321	10%-25% Above	Yes	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	15.84	0.61321	10%-25% Above	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	15.84	0.61321	10%-25% Above	Yes	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	8	21.000	7.88	0.5786	26%-50% Below	No	No
00603533815	PREDNISONONE 10 MG TAB DOSE PACK	8	21.000	8.27	0.5786	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	9.14	0.5786	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	9.99	0.5786	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	9.99	0.5786	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	14.90	0.5786	10%-25% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	14.99	0.5786	10%-25% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	18.20	0.5786	26%-50% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	18.73	0.5786	51%-75% Above	Yes	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	5	48.000	19.44	0.64821	26%-50% Below	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	6	48.000	17.94	0.70826	26%-50% Below	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	7	48.000	18.58	0.61321	26%-50% Below	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	8	48.000	18.58	0.5786	26%-50% Below	No	No
00603533832	PREDNISONE 10 MG TABLET	7	40.000	7.92	0.06545	200% Above	No	No
00603533928	PREDNISONE 20 MG TABLET	7	6.000	1.67	0.11267	101%-200% Above	No	No
00603533928	PREDNISONE 20 MG TABLET	7	17.000	3.03	0.11267	51%-75% Above	No	No
00603533928	PREDNISONE 20 MG TABLET	7	20.000	3.54	0.11267	51%-75% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	5	60.000	6.90	0.06525	76%-100% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	5	60.000	14.99	0.06525	200% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	6	60.000	7.00	0.07451	51%-75% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	6	90.000	9.99	0.07451	26%-50% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	7	60.000	7.00	0.07276	51%-75% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	7	90.000	9.99	0.07276	51%-75% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	7	150.000	14.99	0.07276	26%-50% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	5	30.000	6.84	0.06525	200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	5	30.000	6.98	0.06525	200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	5	90.000	14.99	0.06525	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00603548232	PROPRANOLOL 10 MG TABLET	5	270.000	44.99	0.06525	101%-200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	6	30.000	6.98	0.07451	200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	6	30.000	7.27	0.07451	200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	7	30.000	6.98	0.07276	200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	8	30.000	6.98	0.07564	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	6	30.000	9.98	0.08597	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	7	30.000	9.98	0.06778	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	8	30.000	9.98	0.07999	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	5	15.000	5.50	0.07957	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	5	30.000	10.51	0.07957	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	6	15.000	4.76	0.08597	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	6	30.000	8.55	0.08597	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	7	15.000	4.76	0.06778	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	7	30.000	7.32	0.06778	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	7	30.000	8.55	0.06778	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	8	15.000	4.76	0.07999	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	8	30.000	8.55	0.07999	200% Above	No	No
00603548521	PROPRANOLOL 60 MG TABLET	7	30.000	5.77	0.27122	26%-50% Below	No	No
00703680101	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	17.32	30.26292	26%-50% Below	No	No
00703680101	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	11.90	31.1472	51%-75% Below	No	No
00703854023	ENOXAPARIN 40 MG/0.4 ML SYR	5	12.000	76.53	12.50599	26%-50% Below	No	No
00703854023	ENOXAPARIN 40 MG/0.4 ML SYR	6	12.000	76.54	12.78904	26%-50% Below	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	5	45.000	9.99	0.14496	51%-75% Above	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	6	30.000	6.80	0.12897	51%-75% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	5	80.000	10.99	0.05539	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00713022580	TRIAMCINOLONE 0.1% CREAM	6	80.000	10.99	0.04904	101%-200% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	7	80.000	0.01	0.05651	76%-100% Below	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	7	160.000	21.02	0.05651	101%-200% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	8	80.000	4.99	0.05413	10%-25% Above	No	No
00713032615	BETAMETHASONE VA 0.1% CREAM	7	15.000	12.77	0.61237	26%-50% Above	No	No
00713032737	BETAMETHASONE VALER 0.1% OINTM	7	45.000	14.99	0.58639	26%-50% Below	No	No
00713063337	METRONIDAZOLE 0.75% CREAM	5	45.000	9.99	0.74596	51%-75% Below	No	No
00713063337	METRONIDAZOLE 0.75% CREAM	8	45.000	14.99	0.7227	51%-75% Below	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	5	30.000	9.99	0.49483	26%-50% Below	Yes	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	6	60.000	32.62	0.47862	10%-25% Above	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	7	60.000	32.62	0.41339	26%-50% Above	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	8	30.000	9.99	0.4731	26%-50% Below	Yes	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	8	45.000	14.99	0.4731	26%-50% Below	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	8	60.000	32.62	0.4731	10%-25% Above	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	6	45.000	28.51	0.30963	101%-200% Above	Yes	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	8	45.000	9.69	0.31648	26%-50% Below	Yes	No
00713063515	MOMETASONE FUROATE 0.1% OINT	8	15.000	13.96	0.28089	200% Above	No	No
00713063537	MOMETASONE FUROATE 0.1% OINT	7	45.000	14.99	0.1699	76%-100% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	8	45.000	0.00	0.53809	76%-100% Below	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	8	5.000	19.90	4.86045	10%-25% Below	No	No
00713065915	BETAMETHASONE DP 0.05% CRM	5	60.000	24.99	0.83338	26%-50% Below	No	No
00713066115	DESONIDE 0.05% CREAM	5	15.000	14.99	0.67813	26%-50% Above	No	No
00713066115	DESONIDE 0.05% CREAM	7	15.000	14.99	0.65367	51%-75% Above	No	No
00713067653	TRIAMCINOLONE 0.1% LOTION	7	60.000	9.99	0.31703	26%-50% Below	No	No
00713067815	NYSTATIN 100,000 UNIT/GM CREAM	7	60.000	19.90	0.21994	26%-50% Above	No	No

## NADAC Summary Report

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00713067831	NYSTATIN 100,000 UNIT/GM CREAM	5	30.000	6.46	0.16816	26%-50% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	5	30.000	12.64	0.16816	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	6	30.000	9.90	0.16244	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	7	30.000	14.90	0.16012	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	30.000	0.00	0.02187	76%-100% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	60.000	1.86	0.02187	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	90.000	2.84	0.02165	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	90.000	7.22	0.02165	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	7	90.000	7.22	0.02134	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	8	60.000	1.87	0.0217	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	15.000	0.84	0.02114	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	15.000	1.07	0.02114	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.46	0.02114	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	30.000	4.12	0.02114	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.20	0.02114	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	90.000	2.95	0.02114	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.29	0.02137	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.46	0.02137	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	30.000	4.12	0.02137	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	60.000	1.90	0.02137	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	90.000	2.95	0.02137	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.29	0.02034	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.48	0.02034	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.000	4.12	0.02034	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.90	0.02034	51%-75% Above	No	No



## NADAC Summary Report

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00781107710	ALPRAZOLAM 0.5 MG TABLET	7	90.000	2.95	0.02034	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.46	0.02225	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	30.000	4.12	0.02225	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	45.000	1.59	0.02225	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.90	0.02225	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	90.000	2.95	0.02225	26%-50% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	5.000	0.87	0.02444	200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.000	1.38	0.02444	76%-100% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.000	1.48	0.02444	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.000	1.49	0.02444	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.000	1.51	0.02444	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.000	1.53	0.02444	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	42.000	1.79	0.02444	51%-75% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.000	1.15	0.02444	10%-25% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.000	2.04	0.02444	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.000	2.05	0.02444	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.000	2.23	0.02444	51%-75% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.000	2.23	0.02444	51%-75% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	90.000	1.65	0.02444	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	90.000	2.98	0.02444	26%-50% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	1.000	0.02	0.02481	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	2.000	0.79	0.02481	200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	30.000	1.32	0.02481	76%-100% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	30.000	1.49	0.02481	76%-100% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	60.000	1.15	0.02481	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781107905	ALPRAZOLAM 1 MG TABLET	6	60.000	1.95	0.02481	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	60.000	2.05	0.02481	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	60.000	2.23	0.02481	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	90.000	1.65	0.02481	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	90.000	2.58	0.02481	10%-25% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	90.000	2.98	0.02481	26%-50% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	90.000	2.98	0.02481	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	90.000	3.05	0.02481	26%-50% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	1.000	0.41	0.02482	200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	30.000	1.26	0.02482	51%-75% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	30.000	1.32	0.02482	76%-100% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	30.000	1.49	0.02482	76%-100% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	45.000	0.82	0.02482	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	60.000	1.15	0.02482	10%-25% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	60.000	1.95	0.02482	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	60.000	2.05	0.02482	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	60.000	2.23	0.02482	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	90.000	0.01	0.02482	76%-100% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	90.000	1.65	0.02482	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	90.000	2.58	0.02482	10%-25% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	90.000	2.98	0.02482	26%-50% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	15.000	0.82	0.02534	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	30.000	1.26	0.02534	51%-75% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	30.000	1.32	0.02534	51%-75% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	30.000	1.49	0.02534	76%-100% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781107905	ALPRAZOLAM 1 MG TABLET	8	45.000	0.82	0.02534	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	60.000	1.95	0.02534	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	60.000	2.05	0.02534	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	60.000	2.23	0.02534	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	90.000	1.65	0.02534	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	90.000	2.58	0.02534	10%-25% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	90.000	2.98	0.02534	26%-50% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	90.000	2.98	0.02534	26%-50% Above	Yes	No
00781108901	ALPRAZOLAM 2 MG TABLET	6	60.000	3.41	0.05075	10%-25% Above	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	7	45.000	2.48	0.04815	10%-25% Above	No	No
00781108905	ALPRAZOLAM 2 MG TABLET	6	45.000	2.81	0.05075	10%-25% Above	Yes	No
00781108905	ALPRAZOLAM 2 MG TABLET	7	45.000	2.81	0.04815	26%-50% Above	Yes	No
00781108905	ALPRAZOLAM 2 MG TABLET	7	60.000	3.41	0.04815	10%-25% Above	No	No
00781108905	ALPRAZOLAM 2 MG TABLET	8	45.000	2.81	0.05169	10%-25% Above	Yes	No
00781183010	PROMETHAZINE 25 MG TABLET	8	12.000	1.71	0.05524	101%-200% Above	No	No
00781183120	AMOX-CLAV 500-125 MG TABLET	5	14.000	9.31	0.31172	101%-200% Above	No	No
00781183120	AMOX-CLAV 500-125 MG TABLET	8	14.000	8.26	0.31307	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	14.000	8.19	0.27033	101%-200% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	14.000	8.29	0.27033	101%-200% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.000	4.70	0.27033	10%-25% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.42	0.27033	51%-75% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.99	0.27033	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.000	10.58	0.27033	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.000	40.75	0.27033	200% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	12.000	6.93	0.27145	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	14.000	0.00	0.27145	76%-100% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	14.000	4.28	0.27145	10%-25% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	14.000	6.77	0.27145	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	14.000	7.96	0.27145	101%-200% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.000	6.53	0.27145	10%-25% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.37	0.27145	51%-75% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.87	0.27145	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.99	0.27145	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.05	0.27145	101%-200% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	60.000	9.99	0.27145	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	7	14.000	0.00	0.29478	76%-100% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	7	14.000	7.96	0.29478	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	7	20.000	0.00	0.29478	76%-100% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.99	0.29478	51%-75% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.37	0.29465	51%-75% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	20.000	11.05	0.29465	76%-100% Above	No	No
00781194339	AMOX-CLAV ER 1,000-62.5 MG TAB	5	28.000	85.92	5.574	26%-50% Below	Yes	No
00781194339	AMOX-CLAV ER 1,000-62.5 MG TAB	5	40.000	122.75	5.574	26%-50% Below	Yes	No
00781194339	AMOX-CLAV ER 1,000-62.5 MG TAB	6	28.000	85.92	5.27184	26%-50% Below	Yes	No
00781194339	AMOX-CLAV ER 1,000-62.5 MG TAB	8	28.000	85.92	5.5527	26%-50% Below	Yes	No
00781194339	AMOX-CLAV ER 1,000-62.5 MG TAB	8	40.000	122.75	5.5527	26%-50% Below	Yes	No
00781196260	CLARITHROMYCIN 500 MG TABLET	6	28.000	14.90	0.4702	10%-25% Above	No	No
00781196260	CLARITHROMYCIN 500 MG TABLET	7	28.000	46.28	0.47649	200% Above	No	No
00781196260	CLARITHROMYCIN 500 MG TABLET	8	14.000	23.53	0.45213	200% Above	No	No
00781196260	CLARITHROMYCIN 500 MG TABLET	8	28.000	8.04	0.45213	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781196260	CLARITHROMYCIN 500 MG TABLET	8	28.000	14.90	0.45213	10%-25% Above	No	No
00781202001	AMOXICILLIN 250 MG CAPSULE	6	30.000	2.52	0.0546	51%-75% Above	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	5	30.000	2.22	0.14988	26%-50% Below	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	5	30.000	6.46	0.14988	26%-50% Above	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	5	90.000	21.27	0.14988	51%-75% Above	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	6	30.000	2.22	0.14392	26%-50% Below	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	6	30.000	6.46	0.14392	26%-50% Above	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	30.000	2.21	0.12659	26%-50% Below	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	5	480.000	0.05	0.33108	76%-100% Below	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	6	480.000	4.99	0.3376	76%-100% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	6	28.000	7.87	0.48409	26%-50% Below	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.16	0.06114	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.16	0.05893	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	12.40	0.05893	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.08	0.05893	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	16.66	0.05893	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.16	0.05727	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	29.90	0.05727	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.09	0.06241	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.16	0.06241	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	12.40	0.06241	101%-200% Above	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	6	28.000	5.20	0.0666	101%-200% Above	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	8	20.000	2.13	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	4.000	0.94	0.07606	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	4.000	1.04	0.07606	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	14.000	1.78	0.07606	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	15.000	1.76	0.07606	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	20.000	2.18	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	20.000	2.22	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	20.000	3.43	0.07606	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.000	2.21	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.000	2.25	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	22.000	2.37	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	28.000	1.11	0.07606	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	28.000	2.73	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.62	0.07606	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.88	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.90	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.96	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.97	0.07606	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	40.000	3.53	0.07606	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	40.000	3.62	0.07606	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	60.000	5.10	0.07606	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	14.000	1.54	0.06666	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	14.000	1.66	0.06666	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	15.000	1.47	0.06666	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	15.000	1.82	0.06666	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	20.000	2.13	0.06666	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	0.21	0.06666	76%-100% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	1.94	0.06666	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.01	0.0666	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.16	0.0666	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.25	0.0666	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.30	0.0666	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.50	0.0666	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.000	3.66	0.0666	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	24.000	2.47	0.0666	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	28.000	2.73	0.0666	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	30.000	2.88	0.0666	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	30.000	2.90	0.0666	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	40.000	3.62	0.0666	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	4.000	1.03	0.07825	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	12.000	1.63	0.07825	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	14.000	2.00	0.07825	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	15.000	1.85	0.07825	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	16.000	0.95	0.07825	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	20.000	0.20	0.07825	76%-100% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	20.000	2.09	0.07825	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	20.000	2.18	0.07825	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	20.000	4.68	0.07825	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.000	1.94	0.07825	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.000	1.96	0.07825	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.000	1.97	0.07825	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.000	2.25	0.07825	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.000	2.30	0.07825	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	25.000	2.45	0.07825	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	30.000	0.00	0.07825	76%-100% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	30.000	2.90	0.07825	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	30.000	2.98	0.07825	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	40.000	3.62	0.07825	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	4.000	0.94	0.07382	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	4.000	1.04	0.07382	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	4.000	1.12	0.07382	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	10.000	1.21	0.07382	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	10.000	3.13	0.07382	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	15.000	1.60	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	20.000	0.67	0.07382	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	20.000	1.90	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	20.000	2.18	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	0.21	0.07382	76%-100% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.16	0.07382	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.38	0.07382	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.87	0.07382	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.94	0.07382	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.96	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.21	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.25	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.30	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.87	0.07382	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	28.000	2.30	0.07382	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	28.000	2.73	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	30.000	1.43	0.07382	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	30.000	2.97	0.07382	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	32.000	4.20	0.07382	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	56.000	1.89	0.07382	51%-75% Below	No	No
00781268301	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.000	31.12	1.27429	10%-25% Below	Yes	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.86	0.03676	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	6.90	0.03676	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.27	0.03676	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.93	0.03385	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	5.27	0.03355	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	5.27	0.03446	200% Above	No	No
00781324664	ENOXAPARIN 40 MG/0.4 ML SYR	5	8.000	51.02	12.50599	26%-50% Below	No	No
00781407515	DROSP-EE-LEVOMEF 3-0.02-0.451	5	28.000	0.00	3.45974	76%-100% Below	No	No
00781407515	DROSP-EE-LEVOMEF 3-0.02-0.451	5	28.000	43.39	3.45974	51%-75% Below	Yes	No
00781407515	DROSP-EE-LEVOMEF 3-0.02-0.451	6	28.000	0.00	3.45974	76%-100% Below	No	No
00781407515	DROSP-EE-LEVOMEF 3-0.02-0.451	6	28.000	43.39	3.45974	51%-75% Below	Yes	No
00781407515	DROSP-EE-LEVOMEF 3-0.02-0.451	7	28.000	43.39	3.45974	51%-75% Below	Yes	No
00781407515	DROSP-EE-LEVOMEF 3-0.02-0.451	8	28.000	43.39	2.80638	26%-50% Below	Yes	No
00781502207	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	4.90	0.17001	26%-50% Above	No	No
00781506120	AMOXICILLIN 875 MG TABLET	6	20.000	3.22	0.14463	10%-25% Above	No	No
00781506120	AMOXICILLIN 875 MG TABLET	6	20.000	3.88	0.14463	26%-50% Above	No	No
00781506120	AMOXICILLIN 875 MG TABLET	7	20.000	3.86	0.14915	26%-50% Above	No	No
00781517501	MYCOPHENOLATE 500 MG TABLET	7	20.000	14.99	0.2996	101%-200% Above	No	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	5	90.000	7.83	0.03107	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	6	15.000	1.08	0.02909	101%-200% Above	No	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	6	90.000	3.89	0.02909	26%-50% Above	No	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	7	15.000	0.95	0.02939	101%-200% Above	No	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	1.51	0.02939	51%-75% Above	No	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.51	0.03002	51%-75% Above	No	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	8	90.000	7.83	0.03002	101%-200% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.48	0.03107	51%-75% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	3.59	0.03107	200% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	3.59	0.02909	200% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	1.24	0.02939	26%-50% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	3.59	0.02939	200% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	3.59	0.03002	200% Above	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.55	0.0304	51%-75% Above	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.73	0.02715	101%-200% Above	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.73	0.02843	101%-200% Above	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.48	0.0295	51%-75% Above	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.73	0.0295	76%-100% Above	No	No
00781540292	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	44.90	0.07794	200% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	5	30.000	9.99	0.10469	200% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	5	30.000	14.99	0.10469	200% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	6	30.000	6.99	0.09804	101%-200% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	6	30.000	9.99	0.09804	200% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	7	30.000	0.00	0.09842	76%-100% Below	No	No
00781569031	EZETIMIBE 10 MG TABLET	7	30.000	9.99	0.09842	200% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	8	30.000	9.99	0.10319	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781602346	CLARITHROMYCIN 250 MG/5 ML SUS	8	200.000	151.40	1.336	26%-50% Below	No	No
00781603958	AMOXICILLIN 125 MG/5 ML SUSP	8	80.000	0.78	0.02105	51%-75% Below	No	No
00781604146	AMOXICILLIN 250 MG/5 ML SUSP	8	100.000	3.44	0.01995	51%-75% Above	No	No
00781604155	AMOXICILLIN 250 MG/5 ML SUSP	6	300.000	10.85	0.01829	76%-100% Above	No	No
00781613948	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	200.000	18.82	0.05262	76%-100% Above	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.000	6.90	0.06772	10%-25% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.000	5.51	0.06308	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.000	6.90	0.06308	10%-25% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.000	6.90	0.0629	10%-25% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	75.000	8.09	0.07888	26%-50% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	150.000	9.90	0.07888	10%-25% Below	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	4.99	0.02436	101%-200% Above	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	5.65	0.02436	101%-200% Above	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	14.66	0.02436	200% Above	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	7	100.000	5.65	0.02404	101%-200% Above	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.500	84.58	19.50972	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.500	91.63	19.50972	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.500	9.99	18.487	76%-100% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.500	81.79	18.487	26%-50% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.500	84.58	18.487	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.500	91.63	18.487	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.500	81.79	18.27528	26%-50% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.500	163.27	18.27528	10%-25% Above	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	81.79	18.80885	26%-50% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	85.29	18.80885	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781705449	ERYTHROMYCIN-BENZOYL GEL	8	46.600	66.22	1.65233	10%-25% Below	Yes	No
00781707787	METRONIDAZOLE VAGINAL 0.75% GL	7	70.000	27.98	0.57326	26%-50% Below	No	No
00781707787	METRONIDAZOLE VAGINAL 0.75% GL	8	70.000	14.99	0.59882	51%-75% Below	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1WK)	5	4.000	9.99	12.41948	76%-100% Below	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1WK)	5	4.000	36.20	12.41948	26%-50% Below	Yes	No
00781710454	ESTRADIOL 0.1 MG PATCH (1WK)	6	4.000	9.99	12.19579	76%-100% Below	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1WK)	8	4.000	36.20	12.75313	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1WK)	6	12.000	105.94	13.74048	26%-50% Below	Yes	No
00781713654	ESTRADIOL 0.075 MG PATCH(1WK)	6	12.000	93.44	13.311	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	5	24.000	168.83	7.8738	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.000	74.98	7.55743	10%-25% Above	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	8	24.000	98.96	7.55743	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	8	24.000	136.00	7.55743	10%-25% Below	Yes	No
00781715683	ESTRADIOL 0.075 MG PATCH(2WK)	7	24.000	115.75	7.35276	26%-50% Below	Yes	No
00781715683	ESTRADIOL 0.075 MG PATCH(2WK)	8	24.000	140.74	7.33141	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	7	24.000	153.65	7.52741	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	7	64.000	409.74	7.52741	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	8	24.000	44.99	7.35441	51%-75% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	8	24.000	99.51	7.35441	26%-50% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	8	64.000	409.74	7.35441	10%-25% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	6	50.000	39.69	1.00548	10%-25% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	7	50.000	39.69	0.97017	10%-25% Below	Yes	No
00781717612	NALOXONE HCL 4 MG NASAL SPRAY	8	1.000	35.94	44.82609	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.700	15.16	3.78802	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.700	16.42	3.78802	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	20.100	49.90	3.78802	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.700	11.81	3.77614	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.700	19.90	3.77614	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	13.400	39.90	3.77614	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.700	10.90	3.65036	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.700	11.81	3.65036	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.700	14.90	3.65036	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.700	10.90	3.55916	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.700	11.81	3.55916	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.700	14.90	3.55916	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.700	19.90	3.55916	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.700	30.41	3.55916	26%-50% Above	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.700	33.37	3.55916	26%-50% Above	No	No
00781803731	ARMODAFINIL 150 MG TABLET	5	30.000	16.81	0.67007	10%-25% Below	No	No
00781803731	ARMODAFINIL 150 MG TABLET	6	30.000	16.81	0.73427	10%-25% Below	No	No
00781805331	ARMODAFINIL 250 MG TABLET	5	30.000	20.11	1.02418	26%-50% Below	No	No
00781805331	ARMODAFINIL 250 MG TABLET	6	30.000	14.90	0.89803	26%-50% Below	No	No
00781805331	ARMODAFINIL 250 MG TABLET	6	30.000	14.99	0.89803	26%-50% Below	No	No
00781805331	ARMODAFINIL 250 MG TABLET	7	30.000	14.99	0.90594	26%-50% Below	No	No
00781805331	ARMODAFINIL 250 MG TABLET	7	30.000	19.97	0.90594	26%-50% Below	No	No
00781805331	ARMODAFINIL 250 MG TABLET	8	30.000	14.99	0.97341	26%-50% Below	No	No
00781805331	ARMODAFINIL 250 MG TABLET	8	30.000	19.97	0.97341	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	0.72	0.3986	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	1.99	0.3986	10%-25% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	3.63	0.3986	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	3.85	0.3986	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	4.19	0.3986	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	4.30	0.3986	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	4.53	0.3986	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	2.55	0.36893	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	3.47	0.36893	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	3.58	0.36893	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	4.17	0.36893	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	4.19	0.36893	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	4.26	0.36893	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	4.28	0.36893	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	4.35	0.36893	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	5.98	0.36893	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	7.77	0.36893	200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	12.000	7.88	0.36893	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	0.00	0.37534	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	3.49	0.37534	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	3.58	0.37534	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	4.17	0.37534	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	4.19	0.37534	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	4.26	0.37534	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	4.28	0.37534	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	4.42	0.37534	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	6.06	0.37534	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	1.000	1.41	0.36153	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	0.00	0.36153	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	3.49	0.36153	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	3.58	0.36153	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	3.81	0.36153	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	4.17	0.36153	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	4.22	0.36153	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	4.28	0.36153	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	4.90	0.36153	101%-200% Above	No	No
00781809003	AZITHROMYCIN 500 MG TABLET	5	3.000	4.15	0.68109	101%-200% Above	No	No
00781809003	AZITHROMYCIN 500 MG TABLET	6	3.000	4.08	0.66028	101%-200% Above	No	No
00781809003	AZITHROMYCIN 500 MG TABLET	7	3.000	4.06	0.64056	101%-200% Above	No	No
00781809003	AZITHROMYCIN 500 MG TABLET	7	5.000	6.61	0.64056	101%-200% Above	No	No
00781809003	AZITHROMYCIN 500 MG TABLET	8	3.000	3.47	0.7666	26%-50% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	5	20.000	8.50	0.07542	200% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	7	60.000	0.01	0.06912	76%-100% Below	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	5	180.000	56.63	0.07542	200% Above	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	8	10.000	4.76	0.07188	200% Above	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	8	270.000	24.99	0.07188	26%-50% Above	No	No
00832011100	AMANTADINE 100 MG TABLET	5	180.000	78.12	0.77089	26%-50% Below	Yes	No
00832011100	AMANTADINE 100 MG TABLET	6	180.000	78.12	0.7767	26%-50% Below	Yes	No
00832011100	AMANTADINE 100 MG TABLET	8	180.000	78.12	0.76111	26%-50% Below	Yes	No
00832040311	FLUOXETINE HCL 20 MG TABLET	6	30.000	19.90	0.28839	101%-200% Above	No	No
00832040311	FLUOXETINE HCL 20 MG TABLET	7	30.000	19.90	0.22429	101%-200% Above	No	No
00832040311	FLUOXETINE HCL 20 MG TABLET	8	30.000	14.90	0.22535	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00832054111	BUMETANIDE 1 MG TABLET	5	30.000	14.99	0.21273	101%-200% Above	Yes	No
00832054111	BUMETANIDE 1 MG TABLET	6	90.000	14.99	0.22391	10%-25% Below	Yes	No
00832059010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	15.000	7.35	0.19744	101%-200% Above	No	No
00832059010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	40.000	9.99	0.19401	26%-50% Above	No	No
00832105410	BACLOFEN 10 MG TABLET	5	60.000	9.76	0.06891	101%-200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	6	60.000	8.39	0.06624	101%-200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	7	30.000	9.99	0.06299	200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	7	60.000	5.08	0.06299	26%-50% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	7	60.000	8.39	0.06299	101%-200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	7	90.000	14.22	0.06299	101%-200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	8	30.000	9.99	0.05878	200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	8	60.000	8.39	0.05878	101%-200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	8	60.000	9.73	0.05878	101%-200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	8	180.000	14.08	0.05878	26%-50% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	8	405.000	29.99	0.05878	10%-25% Above	Yes	No
00832105415	BACLOFEN 10 MG TABLET	5	45.000	0.45	0.06891	76%-100% Below	No	No
00832105415	BACLOFEN 10 MG TABLET	6	60.000	8.08	0.06624	101%-200% Above	No	No
00832105515	BACLOFEN 20 MG TABLET	5	60.000	14.99	0.10061	101%-200% Above	Yes	No
00832105515	BACLOFEN 20 MG TABLET	6	180.000	29.99	0.11149	26%-50% Above	Yes	No
00832105515	BACLOFEN 20 MG TABLET	8	180.000	53.32	0.10027	101%-200% Above	Yes	No
00832107430	TOPIRAMATE ER 100 MG CAPSULE	5	30.000	295.22	17.264	26%-50% Below	No	No
00832107430	TOPIRAMATE ER 100 MG CAPSULE	6	30.000	295.22	17.264	26%-50% Below	No	No
00832107430	TOPIRAMATE ER 100 MG CAPSULE	8	30.000	310.78	15.46005	26%-50% Below	No	No
00832112035	TESTOSTERONE 50 MG/5 GRAM PKT	5	30.000	9.99	0.83854	51%-75% Below	No	No
00832121600	JANTOVEN 5 MG TABLET	6	135.000	32.41	0.10331	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	6	3.000	8.32	3.91083	26%-50% Below	Yes	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	8.32	3.40298	10%-25% Below	Yes	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	14.99	3.40298	26%-50% Above	No	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	29.20	3.59727	101%-200% Above	Yes	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	9.29	0.14808	101%-200% Above	No	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	9.29	0.13835	101%-200% Above	No	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	9.29	0.12858	101%-200% Above	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	5	180.000	14.63	0.14808	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	6	180.000	14.63	0.13358	26%-50% Below	No	No
00832532410	POTASSIUM CL ER 10 MEQ TABLET	5	90.000	12.40	0.18769	26%-50% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	4.99	0.18769	10%-25% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	11.29	0.18769	76%-100% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	6.68	0.18189	10%-25% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	11.29	0.18189	101%-200% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	0.30	0.18018	76%-100% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	6.68	0.18018	10%-25% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	11.29	0.18018	101%-200% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	0.30	0.17594	76%-100% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	11.29	0.17594	101%-200% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	8.31	0.18925	26%-50% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	6	120.000	10.33	0.18558	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	7	30.000	10.04	0.18977	76%-100% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	5	4.000	1.99	0.18925	101%-200% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	0.30	0.18925	76%-100% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	9.84	0.18558	76%-100% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	7	5.000	2.21	0.18977	101%-200% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	7	30.000	8.35	0.18977	26%-50% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	8	4.000	1.93	0.18816	101%-200% Above	No	No
00832712411	DIVALPROEX SOD DR 500 MG TAB	8	30.000	4.99	0.13883	10%-25% Above	No	No
00904585540	IBUPROFEN 800 MG TABLET	5	90.000	5.19	0.07407	10%-25% Below	No	No
00904619546	ANASTROZOLE 1 MG TABLET	5	30.000	4.90	0.11247	26%-50% Above	No	No
00904619546	ANASTROZOLE 1 MG TABLET	7	30.000	4.90	0.10406	51%-75% Above	No	No
00904632261	METOPROLOL SUCC ER 25 MG TAB	6	60.000	14.90	0.08046	200% Above	No	No
00904632261	METOPROLOL SUCC ER 25 MG TAB	7	60.000	14.90	0.07196	200% Above	No	No
00904640189	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	3.65	0.0547	10%-25% Below	No	No
00904640189	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	2.28	0.05506	26%-50% Above	No	No
00904640189	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	2.28	0.05877	26%-50% Above	No	No
00904671740	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.42	0.0687	26%-50% Below	Yes	No
00904671746	CETIRIZINE HCL 10 MG TABLET	6	90.000	4.20	0.07336	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.87	0.06974	10%-25% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	5	90.000	3.90	0.06974	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	5	90.000	5.17	0.06974	10%-25% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.87	0.07336	10%-25% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.82	0.0687	10%-25% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	30.000	0.14	0.01456	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	90.000	0.01	0.01456	76%-100% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	90.000	0.42	0.01456	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	30.000	0.14	0.01495	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	7	30.000	0.14	0.0148	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	8	30.000	0.14	0.0151	51%-75% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00904675180	ASPIRIN EC 81 MG TABLET	8	60.000	0.28	0.0151	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	8	90.000	0.01	0.0151	76%-100% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	8	90.000	0.42	0.0151	51%-75% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	5	30.000	0.00	0.01456	76%-100% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	5	30.000	0.18	0.01456	51%-75% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	6	30.000	0.00	0.01495	76%-100% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	6	100.000	0.01	0.01495	76%-100% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	7	30.000	0.00	0.0148	76%-100% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	7	100.000	0.01	0.0148	76%-100% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	8	30.000	0.00	0.0151	76%-100% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	8	60.000	0.01	0.0151	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	5	90.000	0.37	0.02546	76%-100% Below	Yes	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	8	90.000	0.37	0.02766	76%-100% Below	Yes	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	7	30.000	0.38	0.02572	26%-50% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	7	90.000	1.12	0.02572	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	8	30.000	0.38	0.02766	51%-75% Below	No	No
00904685289	LORATADINE 10 MG TABLET	6	90.000	3.86	0.05939	26%-50% Below	No	No
00904699860	DOCUSATE SODIUM 100 MG SOFTGEL	8	100.000	1.35	0.02492	26%-50% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	5	30.000	3.20	0.28426	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	6	30.000	3.20	0.27994	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	7	30.000	3.20	0.30296	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	8	30.000	3.20	0.27783	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	8	30.000	3.36	0.27783	51%-75% Below	No	No
00904719260	FEXOFENADINE HCL 60 MG TABLET	5	30.000	4.51	0.18403	10%-25% Below	No	No
00904719260	FEXOFENADINE HCL 60 MG TABLET	8	30.000	4.51	0.17402	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00955100410	ENOXAPARIN 40 MG/0.4 ML SYR	6	12.000	102.55	12.78904	26%-50% Below	Yes	No
00955100610	ENOXAPARIN 60 MG/0.6 ML SYR	5	18.000	14.99	12.36991	76%-100% Below	No	No
00955100610	ENOXAPARIN 60 MG/0.6 ML SYR	6	18.000	14.99	12.51977	76%-100% Below	No	No
00955100610	ENOXAPARIN 60 MG/0.6 ML SYR	8	18.000	14.99	12.6184	76%-100% Below	No	No
00955100810	ENOXAPARIN 80 MG/0.8 ML SYR	6	5.600	28.88	9.99614	26%-50% Below	Yes	No
00955101010	ENOXAPARIN 100 MG/ML SYRINGE	5	6.000	31.63	12.62927	51%-75% Below	Yes	No
00955104690	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TAB	5	90.000	34.18	0.26125	26%-50% Above	No	No
00955104690	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TAB	8	90.000	34.18	0.26913	26%-50% Above	No	No
00955105027	SEVELAMER CARBONATE 800 MG TAB	5	180.000	9.99	0.25458	76%-100% Below	No	No
00955105027	SEVELAMER CARBONATE 800 MG TAB	6	180.000	9.99	0.2325	76%-100% Below	No	No
10370010103	BUPROPION HCL XL 150 MG TABLET	5	60.000	14.90	0.13845	76%-100% Above	No	No
10370010103	BUPROPION HCL XL 150 MG TABLET	7	90.000	4.90	0.11543	51%-75% Below	No	No
10370010150	BUPROPION HCL XL 150 MG TABLET	5	90.000	26.07	0.13845	101%-200% Above	Yes	No
10370028011	DUTASTERIDE-TAMSULOSIN 0.5-0.4	5	90.000	116.38	2.3007	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	5	4000.000	7.20	0.00304	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	5	4000.000	9.99	0.00304	10%-25% Below	Yes	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	6	4000.000	9.99	0.00328	10%-25% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	6	4000.000	11.09	0.00328	10%-25% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	7	4000.000	12.74	0.00371	10%-25% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	7	4000.000	13.20	0.00371	10%-25% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	8	4000.000	8.00	0.00433	51%-75% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	8	4000.000	9.99	0.00433	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	8	4000.000	11.30	0.00433	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	8	4000.000	12.74	0.00433	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	8	4000.000	13.05	0.00433	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
10572030201	PEG 3350-ELECTROLYTE SOLUTION	5	4000.000	9.99	0.00947	51%-75% Below	No	No
10572030201	PEG 3350-ELECTROLYTE SOLUTION	7	4000.000	14.99	0.00868	51%-75% Below	No	No
10702000201	PROMETHAZINE 12.5 MG TABLET	6	30.000	0.78	0.05156	26%-50% Below	No	No
10702000201	PROMETHAZINE 12.5 MG TABLET	7	30.000	4.27	0.04751	101%-200% Above	No	No
10702000301	PROMETHAZINE 25 MG TABLET	5	30.000	4.17	0.05428	101%-200% Above	No	No
10702000301	PROMETHAZINE 25 MG TABLET	6	9.000	1.70	0.05024	200% Above	No	No
10702000301	PROMETHAZINE 25 MG TABLET	6	30.000	3.45	0.05024	101%-200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	5	6.000	1.42	0.05428	200% Above	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	5	12.000	2.81	0.05428	200% Above	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	5	15.000	0.42	0.05428	26%-50% Below	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	5	30.000	0.84	0.05428	26%-50% Below	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	6	12.000	1.80	0.05024	101%-200% Above	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	6	28.000	0.78	0.05024	26%-50% Below	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	6	30.000	4.15	0.05024	101%-200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	6	60.000	1.68	0.05024	26%-50% Below	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	6	60.000	7.73	0.05024	101%-200% Above	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	7	12.000	1.74	0.04561	200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	7	15.000	2.44	0.04561	200% Above	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	7	60.000	7.64	0.04561	101%-200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	8	2.000	0.97	0.05524	200% Above	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	8	20.000	3.07	0.05524	101%-200% Above	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	8	30.000	4.15	0.05524	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	6.000	1.42	0.05024	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	30.000	3.54	0.05024	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	7	8.000	1.64	0.04561	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
10702000350	PROMETHAZINE 25 MG TABLET	7	10.000	2.17	0.04561	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	7	24.000	3.45	0.04561	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	7	30.000	3.54	0.04561	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	8	10.000	2.17	0.05524	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	8	12.000	2.51	0.05524	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	8	30.000	0.00	0.05524	76%-100% Below	No	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	1.06	0.02816	10%-25% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	0.79	0.02342	10%-25% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	1.06	0.02342	26%-50% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.06	0.02555	26%-50% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.06	0.0245	26%-50% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	8	90.000	4.20	0.0245	76%-100% Above	No	No
10702000801	OXYCODONE HCL (IR) 15 MG TAB	5	6.000	1.42	0.12379	76%-100% Above	Yes	No
10702000801	OXYCODONE HCL (IR) 15 MG TAB	5	90.000	9.99	0.12379	10%-25% Below	Yes	No
10702000801	OXYCODONE HCL (IR) 15 MG TAB	6	168.000	18.65	0.1245	10%-25% Below	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	7	60.000	9.34	0.19245	10%-25% Below	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	7	60.000	14.99	0.19245	26%-50% Above	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	7	90.000	14.00	0.19245	10%-25% Below	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	8	60.000	14.99	0.17611	26%-50% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	5	12.000	3.28	0.07015	200% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	20.000	4.97	0.07545	200% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	21.000	5.48	0.07545	200% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	30.000	1.88	0.07545	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	15.000	0.94	0.07012	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	18.000	3.95	0.07012	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	26.000	3.60	0.07012	76%-100% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	40.000	9.20	0.07012	200% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	10.000	0.63	0.0702	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	12.000	3.28	0.0702	200% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	12.000	4.05	0.0702	200% Above	Yes	No
10702002903	PHENTERMINE 37.5 MG CAPSULE	6	30.000	14.68	0.10836	200% Above	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	5	90.000	6.91	0.11417	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	7	6.000	2.16	0.11566	200% Above	Yes	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	7	90.000	14.99	0.11566	26%-50% Above	Yes	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	8	30.000	6.66	0.11578	76%-100% Above	Yes	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	5	90.000	24.90	0.22126	10%-25% Above	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	5	112.000	15.40	0.22126	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	6	90.000	24.90	0.21436	26%-50% Above	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	6	112.000	15.40	0.21436	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	7	90.000	24.90	0.21484	26%-50% Above	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	7	112.000	14.90	0.21484	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	8	90.000	24.90	0.21607	26%-50% Above	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	8	112.000	14.90	0.21607	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	5	90.000	9.99	0.15207	26%-50% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	6	30.000	4.99	0.14048	10%-25% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	6	90.000	9.99	0.14048	10%-25% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	6	90.000	53.33	0.14048	200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	7	30.000	4.99	0.13918	10%-25% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	8	30.000	4.99	0.13831	10%-25% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	8	30.000	14.99	0.13831	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	5	30.000	9.99	0.18108	76%-100% Above	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	6	30.000	9.99	0.18833	76%-100% Above	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	6	30.000	14.99	0.18833	101%-200% Above	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	6	60.000	9.99	0.18833	10%-25% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	7	30.000	9.99	0.17556	76%-100% Above	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	8	30.000	9.99	0.17326	76%-100% Above	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	6	30.000	9.99	0.26076	26%-50% Above	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	6	30.000	14.99	0.26076	76%-100% Above	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	7	30.000	9.99	0.24946	26%-50% Above	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	8	30.000	9.99	0.27365	10%-25% Above	Yes	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	5	120.000	8.35	0.07798	10%-25% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.000	4.90	0.08811	76%-100% Above	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	4.90	0.08891	76%-100% Above	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	5.30	0.08891	76%-100% Above	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	6.41	0.08891	101%-200% Above	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	40.000	4.83	0.08891	26%-50% Above	No	No
10702020101	OXYBUTYNIN 5 MG TABLET	8	21.000	8.64	0.07188	200% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	12.000	1.42	0.18395	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	120.000	15.08	0.18395	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	72.000	10.99	0.18391	10%-25% Below	Yes	No
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	5	1.000	0.87	0.12348	200% Above	Yes	No
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	5	100.000	6.32	0.12348	26%-50% Below	Yes	No
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	5	100.000	13.62	0.12348	10%-25% Above	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	7	100.000	13.62	0.11244	10%-25% Above	No	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	8	100.000	6.32	0.121	26%-50% Below	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	7	100.000	13.26	0.11244	10%-25% Above	No	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	8	100.000	10.27	0.121	10%-25% Below	No	No
11534016501	FOLIC ACID 1 MG TABLET	7	30.000	1.32	0.0291	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.000	1.25	0.03152	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.000	1.30	0.03152	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.000	1.33	0.03152	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.000	1.34	0.03152	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.000	1.43	0.03152	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	90.000	3.81	0.03152	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	180.000	4.75	0.03152	10%-25% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	26.000	1.11	0.02751	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.000	1.25	0.02751	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.000	1.30	0.02751	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.000	1.33	0.02751	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.000	1.34	0.02751	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	90.000	2.05	0.02751	10%-25% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	30.000	1.30	0.0291	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	30.000	1.33	0.0291	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	30.000	1.34	0.0291	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	30.000	1.41	0.0291	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	30.000	1.43	0.0291	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	60.000	2.08	0.0291	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.000	1.19	0.03083	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.000	1.25	0.03083	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.000	1.30	0.03083	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
11534016503	FOLIC ACID 1 MG TABLET	8	30.000	1.32	0.03083	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.000	1.34	0.03083	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.000	1.41	0.03083	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	90.000	1.22	0.03083	51%-75% Below	No	No
13107000305	MIRTAZAPINE 30 MG TABLET	7	30.000	4.23	0.09284	51%-75% Above	No	No
13107000305	MIRTAZAPINE 30 MG TABLET	7	30.000	4.36	0.09284	51%-75% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	7	90.000	17.68	0.09284	101%-200% Above	Yes	No
13107000334	MIRTAZAPINE 30 MG TABLET	8	30.000	5.19	0.09683	76%-100% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	5	30.000	3.91	0.08015	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	5	30.000	4.03	0.08015	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	6	25.000	3.38	0.07615	76%-100% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	7	30.000	3.91	0.07644	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	8	30.000	3.91	0.07642	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	8	30.000	8.24	0.07642	200% Above	No	No
13107004401	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	2.88	0.08811	101%-200% Above	No	No
13107004405	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	24.000	4.41	0.08811	101%-200% Above	No	No
13107005999	ACETAMINOPHEN-COD #3 TABLET	5	12.000	3.09	0.10807	101%-200% Above	No	No
13107005999	ACETAMINOPHEN-COD #3 TABLET	7	10.000	2.68	0.10779	101%-200% Above	No	No
13107006801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.000	14.99	0.19678	101%-200% Above	No	No
13107007301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	14.90	0.2864	10%-25% Below	No	No
13107008301	LORAZEPAM 0.5 MG TABLET	6	30.000	1.52	0.03945	26%-50% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	5	2.000	0.80	0.04136	200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	5	30.000	1.61	0.04136	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	2.000	0.80	0.03945	200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	21.000	1.24	0.03945	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13107008305	LORAZEPAM 0.5 MG TABLET	6	30.000	1.45	0.03945	10%-25% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	30.000	1.58	0.03945	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	30.000	1.61	0.03945	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	40.000	2.16	0.03945	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	60.000	1.02	0.03945	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	3.000	0.05	0.04178	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	12.000	0.20	0.04178	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	30.000	1.40	0.04178	10%-25% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	30.000	1.45	0.04178	10%-25% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	30.000	1.58	0.04178	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	30.000	1.61	0.04178	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	30.000	1.40	0.04007	10%-25% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	30.000	1.45	0.04007	10%-25% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	30.000	1.52	0.04007	26%-50% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	30.000	1.58	0.04007	26%-50% Above	Yes	No
13107008401	LORAZEPAM 1 MG TABLET	5	30.000	1.84	0.04457	26%-50% Above	No	No
13107008401	LORAZEPAM 1 MG TABLET	8	30.000	2.00	0.04151	51%-75% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	5	15.000	1.37	0.04457	101%-200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	21.000	1.48	0.04457	51%-75% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	30.000	2.00	0.04457	26%-50% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	60.000	0.01	0.04457	76%-100% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	6	1.000	0.78	0.04323	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	6	5.000	0.87	0.04323	200% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	6	30.000	1.95	0.04323	26%-50% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	6	30.000	2.00	0.04323	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13107008405	LORAZEPAM 1 MG TABLET	6	60.000	0.01	0.04323	76%-100% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	7	3.000	0.51	0.04169	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	6.000	0.90	0.04169	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	26.000	1.66	0.04169	51%-75% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	45.000	2.63	0.04169	26%-50% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	7	45.000	2.63	0.04169	26%-50% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	60.000	3.27	0.04169	26%-50% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	7	60.000	3.34	0.04169	26%-50% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	8	6.000	0.90	0.04151	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	8	15.000	1.37	0.04151	101%-200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	8	60.000	0.01	0.04151	76%-100% Below	No	No
13107008501	LORAZEPAM 2 MG TABLET	6	10.000	0.98	0.07078	26%-50% Above	No	No
13107008501	LORAZEPAM 2 MG TABLET	8	3.000	0.92	0.07569	200% Above	Yes	No
13107015430	PAROXETINE HCL 10 MG TABLET	5	30.000	3.46	0.07347	51%-75% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	5	30.000	3.56	0.07347	51%-75% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	6	90.000	9.09	0.06911	26%-50% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	8	90.000	9.09	0.07315	26%-50% Above	No	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	30.000	3.55	0.07347	51%-75% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	30.000	3.56	0.07347	51%-75% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	45.000	4.50	0.07347	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	90.000	5.35	0.07347	10%-25% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	90.000	8.92	0.07347	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	6	30.000	2.99	0.06911	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	6	90.000	3.39	0.06911	26%-50% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	6	90.000	9.18	0.06911	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13107015490	PAROXETINE HCL 10 MG TABLET	6	90.000	10.06	0.06911	51%-75% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	30.000	2.99	0.07338	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	45.000	1.70	0.07338	26%-50% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	50.000	5.29	0.07338	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	8	90.000	3.39	0.07315	26%-50% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	8	90.000	5.05	0.07315	10%-25% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	8	90.000	7.92	0.07315	10%-25% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	30.000	3.55	0.09397	10%-25% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	90.000	3.86	0.09397	51%-75% Below	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	90.000	7.25	0.09397	10%-25% Below	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	90.000	15.44	0.09397	76%-100% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	6	30.000	3.06	0.08414	10%-25% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	6	30.000	3.55	0.08414	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	6	90.000	15.23	0.08414	101%-200% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	7	30.000	3.06	0.08714	10%-25% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	8	30.000	3.06	0.08175	10%-25% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	8	90.000	3.86	0.08175	26%-50% Below	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	8	90.000	12.27	0.08175	51%-75% Above	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	5	30.000	3.55	0.09397	10%-25% Above	No	No
13107015599	PAROXETINE HCL 20 MG TABLET	6	30.000	3.55	0.08414	26%-50% Above	No	No
13107015599	PAROXETINE HCL 20 MG TABLET	7	30.000	3.55	0.08714	26%-50% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	8	30.000	4.44	0.12613	10%-25% Above	No	No
13107015690	PAROXETINE HCL 30 MG TABLET	6	60.000	3.12	0.1281	51%-75% Below	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	8	180.000	19.23	0.12613	10%-25% Below	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	7	30.000	1.77	0.14595	51%-75% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13107015790	PAROXETINE HCL 40 MG TABLET	8	30.000	1.77	0.1413	51%-75% Below	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	8	90.000	7.61	0.1413	26%-50% Below	Yes	No
13517011301	PHENOBARBITAL 97.2 MG TABLET	7	60.000	14.90	0.41436	26%-50% Below	No	No
13517011301	PHENOBARBITAL 97.2 MG TABLET	7	90.000	74.47	0.41436	76%-100% Above	Yes	No
13517011301	PHENOBARBITAL 97.2 MG TABLET	8	60.000	14.90	0.46898	26%-50% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.57	0.03107	51%-75% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.60	0.03107	51%-75% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	0.36	0.02909	51%-75% Below	Yes	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	6	90.000	3.23	0.02909	10%-25% Above	Yes	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	0.36	0.02939	51%-75% Below	Yes	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	1.60	0.02939	76%-100% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	0.36	0.03002	51%-75% Below	Yes	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.57	0.03002	51%-75% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.60	0.03002	76%-100% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	15.000	1.16	0.03107	101%-200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	0.36	0.03107	51%-75% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.48	0.03107	51%-75% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.51	0.03107	51%-75% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.57	0.03107	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.60	0.03107	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	15.000	1.16	0.02909	101%-200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	29.000	1.57	0.02909	76%-100% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.39	0.02909	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.51	0.02909	51%-75% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.60	0.02909	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	1.33	0.02939	26%-50% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	1.60	0.02939	76%-100% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	15.000	1.16	0.03002	101%-200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.33	0.03002	26%-50% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.39	0.03002	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.51	0.03002	51%-75% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.57	0.03002	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.60	0.03002	76%-100% Above	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.60	0.03107	51%-75% Above	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.60	0.02909	76%-100% Above	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	1.60	0.03002	76%-100% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.16	0.0304	26%-50% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.55	0.0304	51%-75% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.61	0.0304	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.73	0.0304	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.76	0.0304	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.79	0.0304	76%-100% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.000	3.98	0.0304	26%-50% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	15.000	1.13	0.02715	101%-200% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.16	0.02715	26%-50% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.48	0.02715	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.53	0.02715	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.68	0.02715	101%-200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.73	0.02715	101%-200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.79	0.02715	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.82	0.02715	101%-200% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	3.63	0.02715	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.000	3.98	0.02715	51%-75% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.48	0.02843	51%-75% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.68	0.02843	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.73	0.02843	101%-200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.79	0.02843	101%-200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	2.35	0.02843	101%-200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.000	3.89	0.02843	51%-75% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.48	0.0295	51%-75% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.53	0.0295	51%-75% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.57	0.0295	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.68	0.0295	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.73	0.0295	76%-100% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.79	0.0295	101%-200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.05	0.0295	101%-200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.35	0.0295	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	15.000	1.16	0.0304	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	15.000	1.29	0.0304	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	20.000	1.46	0.0304	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	0.41	0.0304	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.64	0.0304	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.79	0.0304	76%-100% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.79	0.0304	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.82	0.0304	76%-100% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.82	0.0304	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	2.07	0.0304	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.000	3.98	0.0304	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.000	3.98	0.0304	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	0.41	0.02715	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.53	0.02715	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.57	0.02715	76%-100% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.57	0.02715	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.79	0.02715	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.82	0.02715	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	2.04	0.02715	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	2.04	0.02715	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	2.07	0.02715	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	3.53	0.02715	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	15.000	1.13	0.02843	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	15.000	1.29	0.02843	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.41	0.02843	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.53	0.02843	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.57	0.02843	76%-100% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.57	0.02843	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.79	0.02843	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.79	0.02843	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.82	0.02843	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.82	0.02843	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.83	0.02843	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	2.04	0.02843	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	2.04	0.02843	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	3.53	0.02843	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.000	3.34	0.02843	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	15.000	0.20	0.0295	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	15.000	1.13	0.0295	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	0.41	0.0295	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.53	0.0295	51%-75% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.57	0.0295	76%-100% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.57	0.0295	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.62	0.0295	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.79	0.0295	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.82	0.0295	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.82	0.0295	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.04	0.0295	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.04	0.0295	101%-200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.47	0.0295	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.000	3.88	0.0295	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.000	4.93	0.0295	76%-100% Above	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	10.000	1.98	0.0304	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.55	0.0304	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.69	0.0304	76%-100% Above	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.73	0.0304	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	3.63	0.0304	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.000	3.79	0.0304	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.000	3.88	0.0304	26%-50% Above	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	0.41	0.02715	26%-50% Below	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.48	0.02715	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.62	0.02715	76%-100% Above	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.70	0.02715	101%-200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.73	0.02715	101%-200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.000	3.89	0.02715	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.48	0.02843	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.70	0.02843	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.73	0.02843	101%-200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.0295	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.48	0.0295	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.73	0.0295	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.05	0.0295	101%-200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	3.53	0.0295	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.000	3.31	0.0295	10%-25% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	6	90.000	5.01	0.02664	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	30.000	2.12	0.02549	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	30.000	2.21	0.02549	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	30.000	2.12	0.02687	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	30.000	2.16	0.02687	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	30.000	2.21	0.02687	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	30.000	2.12	0.02701	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	30.000	2.19	0.02701	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	90.000	5.01	0.02701	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	90.000	7.72	0.02701	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.000	1.89	0.02664	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.000	2.12	0.02664	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	90.000	1.42	0.02664	26%-50% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	90.000	8.69	0.02664	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	30.000	1.89	0.02549	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	30.000	2.12	0.02549	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	45.000	2.49	0.02549	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	90.000	1.42	0.02549	26%-50% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	90.000	7.00	0.02549	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	30.000	1.89	0.02687	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	30.000	2.12	0.02687	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	45.000	2.49	0.02687	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	90.000	7.00	0.02687	101%-200% Above	Yes	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	45.000	0.45	0.03008	51%-75% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	30.000	0.30	0.02936	51%-75% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.81	0.02936	101%-200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	90.000	4.04	0.02936	51%-75% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	30.000	0.30	0.03153	51%-75% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	90.000	0.90	0.03153	51%-75% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	90.000	3.38	0.03153	10%-25% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	90.000	4.11	0.03153	26%-50% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	8	30.000	0.30	0.03177	51%-75% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.81	0.03177	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	0.54	0.03008	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.57	0.03008	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.67	0.03008	76%-100% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.72	0.03008	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.75	0.03008	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.81	0.03008	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.84	0.03008	101%-200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	45.000	2.34	0.03008	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	1.55	0.03008	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	2.42	0.03008	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.94	0.03008	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.94	0.03008	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	4.04	0.03008	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	4.11	0.03008	51%-75% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	5.62	0.03008	101%-200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.54	0.02936	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.59	0.02936	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.72	0.02936	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.75	0.02936	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.84	0.02936	101%-200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	45.000	2.34	0.02936	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	2.96	0.02936	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	3.43	0.02936	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	3.94	0.02936	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	3.95	0.02936	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	9.99	0.02936	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	135.000	2.96	0.02936	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.50	0.03153	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.59	0.03153	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.72	0.03153	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.75	0.03153	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.000	1.55	0.03153	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.000	3.94	0.03153	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.000	3.94	0.03153	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.000	4.04	0.03153	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	180.000	3.91	0.03153	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	0.52	0.03177	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.50	0.03177	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.54	0.03177	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.59	0.03177	51%-75% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.72	0.03177	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.75	0.03177	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.84	0.03177	76%-100% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	2.08	0.03177	101%-200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	45.000	2.34	0.03177	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	1.55	0.03177	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	1.92	0.03177	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.38	0.03177	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.94	0.03177	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.94	0.03177	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	4.04	0.03177	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	4.04	0.03177	26%-50% Above	Yes	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	30.000	1.95	0.03919	51%-75% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	30.000	2.02	0.03919	51%-75% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	30.000	2.06	0.03919	51%-75% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.74	0.03919	26%-50% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	30.000	1.77	0.03767	51%-75% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	30.000	1.78	0.03767	51%-75% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	30.000	2.02	0.03767	76%-100% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	30.000	2.06	0.03767	76%-100% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	7	30.000	1.78	0.03951	26%-50% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	7	30.000	2.06	0.03951	51%-75% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	7	90.000	0.90	0.03951	51%-75% Below	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	8	30.000	1.78	0.0397	26%-50% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	8	30.000	2.06	0.0397	51%-75% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.000	1.82	0.03919	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.000	1.97	0.03919	51%-75% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.000	2.02	0.03919	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.000	2.83	0.03919	10%-25% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.59	0.03919	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.71	0.03919	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.71	0.03919	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.79	0.03919	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.000	6.33	0.03919	76%-100% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.000	0.61	0.03767	26%-50% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.000	1.82	0.03767	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.000	1.97	0.03767	51%-75% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.000	2.02	0.03767	76%-100% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.000	3.93	0.03767	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.000	4.71	0.03767	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.000	4.79	0.03767	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.000	6.24	0.03767	76%-100% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.000	6.33	0.03767	76%-100% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.000	0.61	0.03951	26%-50% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.000	1.82	0.03951	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.000	2.02	0.03951	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	90.000	1.84	0.03951	26%-50% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	90.000	4.50	0.03951	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	90.000	5.03	0.03951	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.000	1.73	0.0397	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.000	1.97	0.0397	51%-75% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.000	1.84	0.0397	26%-50% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.000	2.67	0.0397	10%-25% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.000	4.59	0.0397	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.000	4.71	0.0397	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.000	4.71	0.0397	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.000	5.03	0.0397	26%-50% Above	Yes	No
13668001990	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.89	0.12197	51%-75% Above	No	No
13668001990	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.89	0.11956	51%-75% Above	No	No
13668001990	VENLAFAXINE HCL ER 75 MG CAP	7	90.000	16.18	0.11613	51%-75% Above	No	No
13668001990	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	13.70	0.11672	26%-50% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668001990	VENLAFAXINE HCL ER 75 MG CAP	8	270.000	39.71	0.11672	26%-50% Above	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	5	30.000	2.92	0.03558	101%-200% Above	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	30.000	2.92	0.03317	101%-200% Above	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	8	60.000	4.37	0.03162	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	5	60.000	1.91	0.06362	26%-50% Below	No	No
13668004701	LAMOTRIGINE 100 MG TABLET	5	180.000	5.72	0.06362	26%-50% Below	No	No
13668004701	LAMOTRIGINE 100 MG TABLET	6	60.000	1.37	0.06241	51%-75% Below	No	No
13668004701	LAMOTRIGINE 100 MG TABLET	7	90.000	8.08	0.05404	51%-75% Above	No	No
13668004701	LAMOTRIGINE 100 MG TABLET	8	15.000	1.53	0.05542	76%-100% Above	No	No
13668004701	LAMOTRIGINE 100 MG TABLET	8	60.000	1.40	0.05542	51%-75% Below	No	No
13668004701	LAMOTRIGINE 100 MG TABLET	8	180.000	4.21	0.05542	51%-75% Below	No	No
13668004705	LAMOTRIGINE 100 MG TABLET	6	90.000	4.10	0.06241	26%-50% Below	No	No
13668004805	LAMOTRIGINE 150 MG TABLET	7	180.000	7.52	0.06942	26%-50% Below	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	6	30.000	12.88	0.09706	200% Above	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	8	30.000	12.88	0.08642	200% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	7.19	0.08177	101%-200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.85	0.06987	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.90	0.06987	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.36	0.06987	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.80	0.06511	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.85	0.06511	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.80	0.06565	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.11	0.06565	200% Above	Yes	No
13668008105	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.25	0.06565	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.80	0.06471	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668008130	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.02	0.06511	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	90.000	8.76	0.06987	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	90.000	8.87	0.06987	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	90.000	10.00	0.06987	51%-75% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	90.000	15.00	0.06987	101%-200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	6	90.000	8.76	0.06511	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	6	90.000	19.77	0.06511	200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	6	90.000	20.48	0.06511	200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	6	90.000	23.27	0.06511	200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	7	30.000	2.35	0.06565	10%-25% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.90	0.06565	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	7	90.000	7.06	0.06565	10%-25% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	7	90.000	13.49	0.06565	101%-200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	7	90.000	15.00	0.06565	101%-200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	30.000	2.35	0.06471	10%-25% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.90	0.06471	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	90.000	2.53	0.06471	51%-75% Below	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	90.000	7.06	0.06471	10%-25% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	90.000	18.61	0.06471	200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.77	0.06471	200% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	8	90.000	23.27	0.06471	200% Above	Yes	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	5	30.000	2.41	0.05291	51%-75% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	5	30.000	3.83	0.05291	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	6	30.000	3.83	0.05195	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	7	30.000	3.83	0.05152	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	8	30.000	3.83	0.05364	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	5	60.000	4.90	0.05021	51%-75% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	6	60.000	4.90	0.05344	51%-75% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	7	135.000	12.29	0.05024	76%-100% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	7	180.000	17.15	0.05024	76%-100% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	5	90.000	16.26	0.07362	101%-200% Above	Yes	No
13668009490	PRAMIPEXOLE 1 MG TABLET	5	180.000	1.80	0.07362	76%-100% Below	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	7	90.000	10.01	0.07784	26%-50% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	8	30.000	3.68	0.07449	51%-75% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	8	60.000	0.60	0.07449	76%-100% Below	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	8	90.000	13.10	0.07449	76%-100% Above	Yes	No
13668009590	PRAMIPEXOLE 1.5 MG TABLET	7	60.000	9.90	0.08164	101%-200% Above	No	No
13668009590	PRAMIPEXOLE 1.5 MG TABLET	8	30.000	9.90	0.08483	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	0.30	0.09087	76%-100% Below	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	8.18	0.09087	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	5	60.000	7.99	0.09087	26%-50% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	8.18	0.09035	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	6	60.000	7.99	0.09035	26%-50% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	7	30.000	7.04	0.08562	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	7	45.000	0.00	0.08562	76%-100% Below	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	7	60.000	0.01	0.08562	76%-100% Below	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	7	60.000	7.99	0.08562	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	8	15.000	4.34	0.08945	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	8	60.000	7.99	0.08945	26%-50% Above	No	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	2.03	0.09087	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	2.03	0.09035	10%-25% Below	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	7	30.000	2.03	0.08562	10%-25% Below	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	7	90.000	19.65	0.08562	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	7	180.000	29.99	0.08562	76%-100% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	8	30.000	2.03	0.08945	10%-25% Below	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	7	30.000	10.21	0.11704	101%-200% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	8	90.000	25.83	0.11882	101%-200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	8	90.000	29.99	0.11882	101%-200% Above	Yes	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	5	30.000	19.99	0.25336	101%-200% Above	No	No
13668010730	RABEPRAZOLE SOD DR 20 MG TAB	6	30.000	9.99	0.23089	26%-50% Above	No	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	5	30.000	14.99	0.23539	101%-200% Above	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	6	30.000	14.99	0.23089	101%-200% Above	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	7	30.000	14.99	0.2359	101%-200% Above	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	7	90.000	44.99	0.2359	101%-200% Above	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	8	30.000	14.99	0.22957	101%-200% Above	Yes	No
13668011510	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	6.15	0.10045	26%-50% Below	No	No
13668011510	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	6.15	0.08706	10%-25% Below	No	No
13668013301	FELODIPINE ER 5 MG TABLET	5	30.000	9.99	0.192	51%-75% Above	Yes	No
13668013301	FELODIPINE ER 5 MG TABLET	6	90.000	32.62	0.21605	51%-75% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.000	0.90	0.04568	26%-50% Below	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.000	4.14	0.04568	200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.000	4.40	0.04568	200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.000	4.50	0.04568	200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.000	9.99	0.04568	200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	90.000	11.61	0.04568	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013501	ESCITALOPRAM 5 MG TABLET	5	90.000	16.59	0.04568	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	90.000	18.92	0.04568	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	30.000	3.44	0.04743	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	30.000	3.74	0.04743	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	30.000	3.83	0.04743	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	90.000	18.66	0.04743	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	90.000	18.92	0.04743	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.000	0.69	0.04494	26%-50% Below	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.000	3.74	0.04494	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.000	3.83	0.04494	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.000	4.36	0.04494	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	135.000	10.06	0.04494	51%-75% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	30.000	3.74	0.04577	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	30.000	3.83	0.04577	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	30.000	4.48	0.04577	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	60.000	8.22	0.04577	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	90.000	15.03	0.04577	200% Above	Yes	No
13668013510	ESCITALOPRAM 5 MG TABLET	5	30.000	4.39	0.04568	200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	6	30.000	4.39	0.04743	200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	7	30.000	4.39	0.04494	200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	10.000	2.28	0.05112	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	1.16	0.05112	10%-25% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	2.54	0.05112	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	2.84	0.05112	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	4.03	0.05112	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	4.41	0.05112	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	4.50	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	4.55	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	4.62	0.05112	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	4.87	0.05112	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	7.36	0.05112	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	8.25	0.05112	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	10.45	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	10.90	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	11.04	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	11.87	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	12.02	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	12.63	0.05112	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	15.000	2.68	0.04995	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	4.03	0.04995	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	4.17	0.04995	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	4.41	0.04995	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	4.50	0.04995	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	4.62	0.04995	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	9.99	0.04995	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	3.47	0.04995	10%-25% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	6.97	0.04995	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	8.14	0.04995	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	9.49	0.04995	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	9.86	0.04995	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	10.00	0.04995	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	10.24	0.04995	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	10.45	0.04995	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	12.02	0.04995	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.000	20.00	0.04995	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	10.000	2.24	0.05194	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	15.000	2.68	0.05194	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	2.71	0.05194	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	3.86	0.05194	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	4.50	0.05194	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	4.65	0.05194	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	4.75	0.05194	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	9.99	0.05194	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.000	10.00	0.05194	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.000	10.19	0.05194	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.000	10.45	0.05194	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.000	12.02	0.05194	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.000	12.38	0.05194	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	135.000	10.00	0.05194	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	1.16	0.05286	26%-50% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	2.71	0.05286	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	3.85	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	3.86	0.05286	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	4.50	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	4.62	0.05286	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	4.65	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	6.04	0.05286	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	9.99	0.05286	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	6.56	0.05286	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	9.86	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	10.00	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	10.09	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	10.19	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	10.45	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	12.02	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.000	12.38	0.05286	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	135.000	17.66	0.05286	101%-200% Above	Yes	No
13668013605	ESCITALOPRAM 10 MG TABLET	5	28.000	4.19	0.05112	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	5	30.000	4.53	0.05112	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	5	30.000	4.78	0.05112	200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	6	28.000	3.64	0.04995	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	6	30.000	4.63	0.04995	200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	7	30.000	4.63	0.05194	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	8	30.000	4.41	0.05286	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	8	30.000	4.63	0.05286	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	30.000	0.86	0.05112	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	30.000	4.50	0.05112	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	30.000	4.62	0.05112	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	45.000	6.63	0.05112	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	90.000	10.07	0.05112	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013610	ESCITALOPRAM 10 MG TABLET	5	135.000	20.00	0.05112	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.000	4.50	0.04995	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.000	4.62	0.04995	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.000	9.99	0.04995	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	90.000	9.88	0.04995	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	90.000	20.00	0.04995	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.000	0.78	0.05194	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.000	3.95	0.05194	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.000	4.41	0.05194	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.000	4.50	0.05194	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.000	4.62	0.05194	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	45.000	5.44	0.05194	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	90.000	10.68	0.05194	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	90.000	12.38	0.05194	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.000	0.78	0.05286	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.000	3.95	0.05286	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.000	4.41	0.05286	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.000	4.50	0.05286	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.000	5.77	0.05286	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.000	19.99	0.05286	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	60.000	1.57	0.05286	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	90.000	9.88	0.05286	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	90.000	12.02	0.05286	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	135.000	20.00	0.05286	101%-200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.000	1.44	0.08912	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.000	3.08	0.08912	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.000	4.66	0.08912	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.000	5.50	0.08912	101%-200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.000	4.31	0.08912	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.000	9.38	0.08912	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.000	14.72	0.08912	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	30.000	1.44	0.07922	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	30.000	3.08	0.07922	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	30.000	4.66	0.07922	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	30.000	5.40	0.07922	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	4.31	0.07922	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	8.95	0.07922	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	9.24	0.07922	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	10.00	0.07922	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	12.51	0.07922	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	13.34	0.07922	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	14.72	0.07922	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	15.16	0.07922	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	20.00	0.07922	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	1.44	0.08189	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	4.61	0.08189	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	4.66	0.08189	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	4.76	0.08189	76%-100% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	5.40	0.08189	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	5.55	0.08189	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	6.63	0.08189	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	4.31	0.08189	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	8.53	0.08189	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	10.00	0.08189	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	12.19	0.08189	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	12.21	0.08189	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	12.51	0.08189	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	13.10	0.08189	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	14.72	0.08189	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	15.16	0.08189	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	15.000	2.65	0.07964	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	30.000	1.44	0.07964	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	30.000	4.61	0.07964	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	30.000	4.66	0.07964	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	30.000	4.76	0.07964	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	30.000	6.63	0.07964	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	10.00	0.07964	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	11.77	0.07964	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	12.46	0.07964	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	12.51	0.07964	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	14.72	0.07964	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	15.16	0.07964	101%-200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	20.00	0.07964	101%-200% Above	Yes	No
13668013705	ESCITALOPRAM 20 MG TABLET	8	30.000	4.57	0.07964	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	30.000	4.66	0.08912	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013710	ESCITALOPRAM 20 MG TABLET	5	30.000	5.40	0.08912	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	90.000	0.01	0.08912	76%-100% Below	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	90.000	12.83	0.08912	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	90.000	20.00	0.08912	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.000	4.61	0.07922	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.000	4.66	0.07922	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.000	5.40	0.07922	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	90.000	14.72	0.07922	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	30.000	4.66	0.08189	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	30.000	4.99	0.08189	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	90.000	12.46	0.08189	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	90.000	14.72	0.08189	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	30.000	4.61	0.07964	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	30.000	4.76	0.07964	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	30.000	4.99	0.07964	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	30.000	5.40	0.07964	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	90.000	8.95	0.07964	10%-25% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	90.000	12.58	0.07964	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	90.000	14.72	0.07964	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	90.000	15.16	0.07964	101%-200% Above	No	No
13668015510	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	66.33	0.1935	200% Above	No	No
13668017990	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	12.50	0.05627	101%-200% Above	No	No
13668018190	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	19.90	0.07377	200% Above	No	No
13668018930	TOLTERODINE TART ER 2 MG CAP	6	90.000	84.44	1.1818	10%-25% Below	Yes	No
13668018930	TOLTERODINE TART ER 2 MG CAP	8	180.000	405.63	0.9147	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668019030	TOLTERODINE TART ER 4 MG CAP	6	90.000	244.20	1.07077	101%-200% Above	Yes	No
13668020330	DARIFENACIN ER 15 MG TABLET	8	30.000	38.71	1.44429	10%-25% Below	Yes	No
13668021630	ARIPIRAZOLE 2 MG TABLET	5	30.000	9.99	0.13287	101%-200% Above	No	No
13668021630	ARIPIRAZOLE 2 MG TABLET	6	30.000	9.99	0.13464	101%-200% Above	No	No
13668021630	ARIPIRAZOLE 2 MG TABLET	7	30.000	9.99	0.12223	101%-200% Above	No	No
13668021630	ARIPIRAZOLE 2 MG TABLET	8	30.000	9.99	0.14055	101%-200% Above	No	No
13668021730	ARIPIRAZOLE 5 MG TABLET	5	30.000	14.99	0.14943	200% Above	No	No
13668021730	ARIPIRAZOLE 5 MG TABLET	6	30.000	14.99	0.12392	200% Above	No	No
13668021730	ARIPIRAZOLE 5 MG TABLET	6	90.000	44.99	0.12392	200% Above	No	No
13668021790	ARIPIRAZOLE 5 MG TABLET	5	30.000	14.99	0.14943	200% Above	No	No
13668021830	ARIPIRAZOLE 10 MG TABLET	5	30.000	14.99	0.14024	200% Above	No	No
13668021830	ARIPIRAZOLE 10 MG TABLET	7	30.000	9.99	0.13359	101%-200% Above	No	No
13668021830	ARIPIRAZOLE 10 MG TABLET	8	30.000	14.99	0.14604	200% Above	No	No
13668021830	ARIPIRAZOLE 10 MG TABLET	8	30.000	24.36	0.14604	200% Above	No	No
13668021930	ARIPIRAZOLE 15 MG TABLET	6	90.000	44.99	0.15772	200% Above	No	No
13668021990	ARIPIRAZOLE 15 MG TABLET	6	90.000	8.05	0.15772	26%-50% Below	No	No
13668024990	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.000	14.99	0.10183	200% Above	No	No
13668024990	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.000	9.99	0.1018	200% Above	No	No
13668024990	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.000	14.99	0.1018	200% Above	No	No
13668024990	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.000	41.84	0.1018	200% Above	No	No
13668024990	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.000	9.99	0.09284	200% Above	No	No
13668024990	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.000	9.99	0.10195	200% Above	No	No
13668024990	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.000	14.99	0.10195	200% Above	No	No
13668025030	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	14.99	0.15094	200% Above	No	No
13668025130	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	19.99	0.24073	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668025130	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	19.99	0.22966	101%-200% Above	No	No
13668025230	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	90.000	44.99	0.30063	51%-75% Above	No	No
13668025330	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	30.000	0.00	0.28887	76%-100% Below	No	No
13668025330	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	90.000	0.01	0.30989	76%-100% Below	No	No
13668033001	TRAZODONE 50 MG TABLET	5	30.000	2.46	0.03771	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.000	1.81	0.03771	51%-75% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	5	30.000	2.55	0.03771	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.000	2.89	0.03771	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.000	2.96	0.03771	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.000	4.03	0.03771	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	90.000	2.04	0.03771	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	5	90.000	4.99	0.03771	26%-50% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	90.000	5.98	0.03771	76%-100% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	5	90.000	7.65	0.03771	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	30.000	0.68	0.03694	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	6	30.000	2.50	0.03694	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	30.000	2.55	0.03694	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	30.000	2.89	0.03694	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	30.000	3.46	0.03694	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	60.000	5.09	0.03694	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	90.000	2.03	0.03694	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	6	90.000	6.13	0.03694	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	30.000	0.66	0.03565	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	7	30.000	0.87	0.03565	10%-25% Below	Yes	No
13668033005	TRAZODONE 50 MG TABLET	7	30.000	2.20	0.03565	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668033005	TRAZODONE 50 MG TABLET	7	30.000	2.50	0.03565	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	30.000	2.89	0.03565	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	30.000	3.46	0.03565	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	60.000	5.09	0.03565	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	90.000	2.60	0.03565	10%-25% Below	Yes	No
13668033005	TRAZODONE 50 MG TABLET	7	90.000	4.99	0.03565	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	90.000	5.44	0.03565	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.000	0.87	0.03529	10%-25% Below	Yes	No
13668033005	TRAZODONE 50 MG TABLET	8	30.000	2.20	0.03529	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.000	2.50	0.03529	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.000	2.89	0.03529	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.000	3.46	0.03529	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	60.000	4.31	0.03529	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	60.000	5.09	0.03529	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	90.000	1.93	0.03529	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	8	90.000	5.98	0.03529	76%-100% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	8	90.000	6.13	0.03529	76%-100% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	5	30.000	3.48	0.06786	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	5	60.000	6.87	0.06786	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	5	60.000	7.55	0.06786	76%-100% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	6	30.000	3.48	0.06932	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	6	30.000	3.51	0.06932	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	6	60.000	6.17	0.06932	26%-50% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	6	60.000	6.32	0.06932	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	7	30.000	3.48	0.06585	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668033101	TRAZODONE 100 MG TABLET	7	30.000	3.51	0.06585	76%-100% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	7	60.000	6.17	0.06585	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	7	60.000	6.32	0.06585	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	8	60.000	6.17	0.06537	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	8	60.000	6.32	0.06537	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	5	90.000	10.08	0.06786	51%-75% Above	Yes	No
13668033105	TRAZODONE 100 MG TABLET	6	90.000	8.75	0.06932	26%-50% Above	Yes	No
13668033201	TRAZODONE 150 MG TABLET	5	30.000	8.38	0.13526	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	6	30.000	8.38	0.13572	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	6	90.000	5.98	0.13572	51%-75% Below	No	No
13668033201	TRAZODONE 150 MG TABLET	7	30.000	8.38	0.12738	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	8	30.000	10.77	0.12661	101%-200% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	6	60.000	14.90	0.13572	76%-100% Above	No	No
13668033930	LAMOTRIGINE ER 25 MG TABLET	8	30.000	14.99	0.86577	26%-50% Below	No	No
13668035430	NEBIVOLOL 5 MG TABLET	5	30.000	19.99	0.32273	101%-200% Above	No	No
13668035430	NEBIVOLOL 5 MG TABLET	5	90.000	83.16	0.32273	101%-200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	6	30.000	19.99	0.32022	101%-200% Above	No	No
13668035430	NEBIVOLOL 5 MG TABLET	6	90.000	44.99	0.32022	51%-75% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	7	30.000	19.99	0.32177	101%-200% Above	No	No
13668035430	NEBIVOLOL 5 MG TABLET	7	90.000	66.07	0.32177	101%-200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	8	90.000	80.43	0.28861	200% Above	No	No
13668035530	NEBIVOLOL 10 MG TABLET	5	30.000	19.83	0.33835	76%-100% Above	No	No
13668035530	NEBIVOLOL 10 MG TABLET	5	90.000	83.81	0.33835	101%-200% Above	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	6	30.000	19.83	0.33369	76%-100% Above	No	No
13668035530	NEBIVOLOL 10 MG TABLET	6	30.000	19.99	0.33369	76%-100% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668035530	NEBIVOLOL 10 MG TABLET	6	90.000	59.99	0.33369	76%-100% Above	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	6	90.000	83.81	0.33369	101%-200% Above	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	7	30.000	19.83	0.32182	101%-200% Above	No	No
13668035530	NEBIVOLOL 10 MG TABLET	7	30.000	19.99	0.32182	101%-200% Above	No	No
13668035530	NEBIVOLOL 10 MG TABLET	7	90.000	66.59	0.32182	101%-200% Above	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	8	30.000	19.83	0.32388	101%-200% Above	No	No
13668035530	NEBIVOLOL 10 MG TABLET	8	30.000	19.99	0.32388	101%-200% Above	No	No
13668035530	NEBIVOLOL 10 MG TABLET	8	90.000	44.99	0.32388	51%-75% Above	Yes	No
13668035630	NEBIVOLOL 20 MG TABLET	5	90.000	32.71	0.40709	10%-25% Below	Yes	No
13668035630	NEBIVOLOL 20 MG TABLET	6	90.000	59.50	0.42835	51%-75% Above	No	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.64	0.06744	76%-100% Above	No	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.64	0.06904	51%-75% Above	No	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.64	0.06944	51%-75% Above	No	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.64	0.05825	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.92	0.06651	76%-100% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.94	0.06651	76%-100% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.13	0.06651	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.54	0.06651	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.59	0.06651	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.40	0.06651	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.68	0.06651	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	1.09	0.06001	26%-50% Below	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.65	0.06001	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.89	0.06001	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.94	0.06001	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.99	0.06001	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.54	0.06001	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.69	0.06001	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	7.04	0.06001	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.13	0.06001	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	20.00	0.06001	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.59	0.06225	76%-100% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.89	0.06225	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.99	0.06225	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.85	0.06225	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.94	0.06225	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.59	0.06139	76%-100% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.89	0.06139	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.94	0.06139	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.99	0.06139	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.85	0.06139	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.13	0.06139	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	15.88	0.06139	101%-200% Above	No	No
13668042990	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.45	0.06651	101%-200% Above	No	No
13668042990	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.45	0.06001	101%-200% Above	No	No
13668042990	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.45	0.06139	101%-200% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	5	30.000	6.99	0.13969	51%-75% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	6	30.000	6.99	0.13873	51%-75% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	7	30.000	6.99	0.15023	51%-75% Above	No	No
13668044201	CELECOXIB 200 MG CAPSULE	5	30.000	6.99	0.12804	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668044201	CELECOXIB 200 MG CAPSULE	6	30.000	6.99	0.12063	76%-100% Above	No	No
13668044201	CELECOXIB 200 MG CAPSULE	6	60.000	9.99	0.12063	26%-50% Above	No	No
13668044201	CELECOXIB 200 MG CAPSULE	7	60.000	14.99	0.12857	76%-100% Above	No	No
13668044201	CELECOXIB 200 MG CAPSULE	8	30.000	9.99	0.12633	101%-200% Above	No	No
13668044205	CELECOXIB 200 MG CAPSULE	5	30.000	9.90	0.12804	101%-200% Above	No	No
13668044205	CELECOXIB 200 MG CAPSULE	6	30.000	1.09	0.12063	51%-75% Below	No	No
13668044205	CELECOXIB 200 MG CAPSULE	6	30.000	9.90	0.12063	101%-200% Above	No	No
13668044205	CELECOXIB 200 MG CAPSULE	7	30.000	9.90	0.12857	101%-200% Above	No	No
13668044205	CELECOXIB 200 MG CAPSULE	7	90.000	19.90	0.12857	51%-75% Above	No	No
13668044205	CELECOXIB 200 MG CAPSULE	8	30.000	9.90	0.12633	101%-200% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	7	30.000	6.85	0.18926	10%-25% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	5	30.000	14.99	0.36988	26%-50% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	6	30.000	9.99	0.37616	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	8	30.000	4.99	0.37588	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	8	30.000	5.77	0.37588	26%-50% Below	No	No
13668048750	MINOCYCLINE HCL 100 MG TABLET	6	30.000	92.84	1.66745	76%-100% Above	Yes	No
13668048750	MINOCYCLINE HCL 100 MG TABLET	6	60.000	0.01	1.66745	76%-100% Below	No	No
13668056905	CLOBETASOL 0.05% CREAM	6	60.000	13.18	0.34634	26%-50% Below	No	No
13668056905	CLOBETASOL 0.05% CREAM	8	60.000	3.55	0.31147	76%-100% Below	No	No
13668058630	ERYTHROMYCIN DR 250 MG TABLET	7	6.000	0.06	4.09183	76%-100% Below	No	No
13668059181	APREPITANT 40 MG CAPSULE	5	1.000	36.24	67.66543	26%-50% Below	Yes	No
13668059284	APREPITANT 80 MG CAPSULE	6	1.000	61.65	130.01571	51%-75% Below	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	5	30.000	14.99	0.16816	101%-200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	6	30.000	6.99	0.16244	26%-50% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	6	30.000	14.13	0.16244	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	6	90.000	826.79	2.98296	200% Above	Yes	No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	7	90.000	666.02	1.59929	200% Above	Yes	No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	8	90.000	666.02	2.16208	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	6.99	0.4588	51%-75% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	14.51	0.4588	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	12.71	0.43658	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	6.99	0.42263	51%-75% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	9.99	0.42263	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	6.000	7.51	0.43273	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	14.51	0.43273	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	0.00	0.43273	76%-100% Below	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	4.99	0.43273	10%-25% Below	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	19.79	0.43273	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	19.99	0.43273	101%-200% Above	No	No
13925050501	DAPSONE 100 MG TABLET	6	90.000	19.99	0.9269	76%-100% Below	No	No
14539067306	DIFLUNISAL 500 MG TABLET	8	10.000	6.90	1.0544	26%-50% Below	No	No
14539067401	HYDROXYZINE PAM 25 MG CAP	8	30.000	2.53	0.07143	10%-25% Above	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	7	30.000	2.95	0.06952	26%-50% Above	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	8	30.000	2.95	0.07143	26%-50% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	10.000	2.65	0.10067	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	20.000	4.45	0.10067	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	20.000	4.56	0.10067	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	30.000	5.85	0.10067	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	30.000	6.44	0.10067	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	3.34	0.10067	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	4.99	0.10067	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	6.99	0.10067	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	7.03	0.10067	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	9.99	0.10067	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	11.70	0.10067	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.12	0.10067	76%-100% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.21	0.10067	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.29	0.10067	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.39	0.10067	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	180.000	29.14	0.10067	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	20.000	1.53	0.09629	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	20.000	2.50	0.09629	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	28.000	4.99	0.09629	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	30.000	4.99	0.09629	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	40.000	4.99	0.09629	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	3.34	0.09629	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	4.99	0.09629	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	6.99	0.09629	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	9.99	0.09629	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	10.54	0.09629	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	12.21	0.09629	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	180.000	11.43	0.09629	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	180.000	20.00	0.09629	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	180.000	30.89	0.09629	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	180.000	34.09	0.09629	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	10.000	2.25	0.09999	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	14.000	2.87	0.09999	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	14.000	3.33	0.09999	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	28.000	5.06	0.09999	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	40.000	4.99	0.09999	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	3.34	0.09999	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	4.99	0.09999	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	6.99	0.09999	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	9.99	0.09999	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	10.05	0.09999	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	10.10	0.09999	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	10.54	0.09999	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	11.86	0.09999	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	12.21	0.09999	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	12.44	0.09999	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	180.000	11.43	0.09999	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	180.000	29.14	0.09999	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	180.000	35.14	0.09999	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	14.000	0.78	0.10054	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	20.000	3.81	0.10054	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	28.000	5.06	0.10054	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	30.000	1.67	0.10054	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	3.34	0.10054	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	4.99	0.10054	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	5.06	0.10054	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	6.99	0.10054	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	7.03	0.10054	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	9.99	0.10054	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	10.05	0.10054	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	10.54	0.10054	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	11.86	0.10054	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	12.21	0.10054	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	13.03	0.10054	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	15.60	0.10054	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	180.000	30.00	0.10054	51%-75% Above	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	5	30.000	6.21	0.10067	101%-200% Above	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	5	60.000	6.90	0.10067	10%-25% Above	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	6	60.000	6.90	0.09629	10%-25% Above	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	7	60.000	12.94	0.09999	101%-200% Above	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	8	40.000	7.33	0.10054	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	5	30.000	3.63	0.10067	10%-25% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	5	60.000	5.17	0.10067	10%-25% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.12	0.10067	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	30.000	2.11	0.09629	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	30.000	3.63	0.09629	10%-25% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	60.000	6.90	0.09629	10%-25% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	60.000	7.03	0.09629	10%-25% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	60.000	12.12	0.09629	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	60.000	12.21	0.09629	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	7	60.000	6.90	0.09999	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020111	DICLOFENAC SOD EC 75 MG TAB	7	60.000	9.96	0.09999	51%-75% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	7	60.000	10.10	0.09999	51%-75% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	7	60.000	12.12	0.09999	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	7	180.000	29.90	0.09999	51%-75% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	30.000	3.63	0.10054	10%-25% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	40.000	7.22	0.10054	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	60.000	6.90	0.10054	10%-25% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	60.000	8.56	0.10054	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	60.000	9.96	0.10054	51%-75% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	60.000	10.10	0.10054	51%-75% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	60.000	12.12	0.10054	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	14.000	3.33	0.10067	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	20.000	3.86	0.10067	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.000	4.99	0.10067	10%-25% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.000	7.03	0.10067	10%-25% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.000	9.99	0.10067	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.21	0.10067	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.29	0.10067	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.000	12.46	0.10067	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.000	16.79	0.10067	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.000	0.60	0.09629	76%-100% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.000	4.99	0.09629	10%-25% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.000	7.03	0.09629	10%-25% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.000	9.99	0.09629	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.000	12.21	0.09629	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	12.000	9.99	0.09999	200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	30.000	0.30	0.09999	76%-100% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	30.000	5.37	0.09999	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.000	3.99	0.09999	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.000	7.03	0.09999	10%-25% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.000	9.99	0.09999	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.000	12.21	0.09999	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	30.000	6.30	0.10054	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.000	3.99	0.10054	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.000	6.99	0.10054	10%-25% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.000	9.99	0.10054	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.000	10.05	0.10054	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.000	12.21	0.10054	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.000	15.60	0.10054	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	30.000	4.99	0.10225	51%-75% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	30.000	8.72	0.10225	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	30.000	8.81	0.10225	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	60.000	4.99	0.10225	10%-25% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	60.000	14.99	0.10225	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	60.000	14.99	0.10225	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	180.000	22.79	0.10225	10%-25% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	20.000	6.12	0.11307	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	30.000	4.99	0.11307	26%-50% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	30.000	8.72	0.11307	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	60.000	0.01	0.11307	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	60.000	3.43	0.11307	26%-50% Below	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	60.000	14.99	0.11307	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	90.000	25.49	0.11307	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	20.000	5.22	0.10682	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	20.000	6.12	0.10682	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	30.000	4.99	0.10682	51%-75% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	60.000	4.99	0.10682	10%-25% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	60.000	14.99	0.10682	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	60.000	14.99	0.10682	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	60.000	16.88	0.10682	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	8	20.000	5.22	0.10616	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	8	30.000	7.40	0.10616	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	8	60.000	3.43	0.10616	26%-50% Below	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	8	60.000	14.99	0.10616	101%-200% Above	Yes	No
16571020211	DICLOFENAC SOD EC 50 MG TAB	7	20.000	6.20	0.10682	101%-200% Above	No	No
16571020310	DICLOFENAC SOD EC 25 MG TAB	7	60.000	34.12	0.84933	26%-50% Below	Yes	No
16571020310	DICLOFENAC SOD EC 25 MG TAB	8	60.000	9.99	0.80976	76%-100% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	5	20.000	1.65	0.06974	10%-25% Above	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	5	30.000	2.95	0.06974	26%-50% Above	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.89	0.07336	10%-25% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	7	90.000	4.25	0.0687	26%-50% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	7	90.000	5.09	0.0687	10%-25% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	7	90.000	5.22	0.0687	10%-25% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.91	0.07132	10%-25% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	8	90.000	5.23	0.07132	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	14.000	1.42	0.06974	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	20.000	1.74	0.06974	10%-25% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.13	0.06974	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.000	5.09	0.06974	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.000	9.39	0.06974	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.000	9.51	0.06974	51%-75% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	6.000	1.03	0.07336	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.87	0.07336	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.91	0.07336	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.96	0.07336	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.000	5.09	0.07336	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.000	5.09	0.07336	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.000	5.34	0.07336	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.000	9.39	0.07336	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.13	0.0687	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.000	4.34	0.0687	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.000	5.22	0.0687	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.000	5.22	0.0687	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.000	7.56	0.0687	10%-25% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.91	0.07132	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	90.000	7.56	0.07132	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	3.01	0.15555	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.67	0.15555	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	28.000	5.38	0.15555	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	10.000	2.02	0.14361	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	1.59	0.14361	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.94	0.14361	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	3.52	0.14361	51%-75% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	4.91	0.14361	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	2.16	0.14361	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	3.34	0.14361	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	10.000	2.02	0.14867	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	10.000	2.31	0.14867	51%-75% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	10.000	2.35	0.14867	51%-75% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.55	0.14867	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.60	0.14867	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	3.06	0.14867	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	3.52	0.14867	51%-75% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	1.41	0.14867	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.34	0.14867	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.89	0.14867	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.99	0.14867	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	28.000	4.99	0.14867	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	6.000	0.42	0.15502	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	0.99	0.15502	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	2.94	0.15502	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	3.19	0.15502	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	3.68	0.15502	51%-75% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	20.000	3.89	0.15502	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	42.000	4.99	0.15502	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571065710	CEVIMELINE HCL 30 MG CAPSULE	5	90.000	45.67	0.8133	26%-50% Below	No	No
16571065710	CEVIMELINE HCL 30 MG CAPSULE	6	90.000	45.67	0.82405	26%-50% Below	No	No
16571065710	CEVIMELINE HCL 30 MG CAPSULE	7	90.000	40.90	0.75413	26%-50% Below	No	No
16571065710	CEVIMELINE HCL 30 MG CAPSULE	8	90.000	39.86	1.07055	51%-75% Below	No	No
16571066001	MECLIZINE 12.5 MG TABLET	5	15.000	2.03	0.0915	26%-50% Above	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	8	30.000	3.32	0.07264	51%-75% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	5	20.000	5.77	0.11431	101%-200% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	5	30.000	6.83	0.11431	76%-100% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	5	60.000	9.99	0.11431	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	5	60.000	13.02	0.11431	76%-100% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	6	10.000	1.71	0.11536	26%-50% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	6	30.000	4.66	0.11536	26%-50% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	6	90.000	14.99	0.11536	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	7	30.000	6.88	0.10817	101%-200% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	7	120.000	8.77	0.10817	26%-50% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	8	20.000	4.75	0.10968	101%-200% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	8	30.000	6.79	0.10968	101%-200% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	8	30.000	6.83	0.10968	101%-200% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	8	90.000	12.63	0.10968	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	8	90.000	14.99	0.10968	51%-75% Above	Yes	No
16571066110	MECLIZINE 25 MG TABLET	5	30.000	6.79	0.11431	76%-100% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	6	30.000	6.79	0.11536	76%-100% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	7	20.000	4.95	0.10817	101%-200% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	7	30.000	5.00	0.10817	51%-75% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	7	30.000	6.79	0.10817	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571066110	MECLIZINE 25 MG TABLET	8	30.000	2.08	0.10968	26%-50% Below	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	5	14.000	5.85	0.15499	101%-200% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	6	14.000	5.85	0.15602	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	7	14.000	5.59	0.14732	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	7	21.000	8.82	0.14732	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	8	14.000	6.32	0.15234	101%-200% Above	No	No
16571068701	HYDROXYCHLOROQUINE 200 MG TAB	5	30.000	14.99	0.2324	101%-200% Above	No	No
16571068701	HYDROXYCHLOROQUINE 200 MG TAB	6	30.000	14.99	0.22334	101%-200% Above	No	No
16571068750	HYDROXYCHLOROQUINE 200 MG TAB	7	180.000	134.46	0.21754	200% Above	Yes	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	7	90.000	9.99	0.10033	10%-25% Above	No	No
16571077501	GLIMEPIRIDE 4 MG TABLET	8	30.000	0.23	0.04489	76%-100% Below	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	8	90.000	22.03	0.04489	200% Above	No	No
16571078250	CYCLOBENZAPRINE 5 MG TABLET	6	90.000	3.50	0.02342	51%-75% Above	No	No
16571078250	CYCLOBENZAPRINE 5 MG TABLET	7	90.000	3.50	0.02555	51%-75% Above	No	No
16571078310	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.27	0.02236	76%-100% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	14.000	7.13	0.27033	76%-100% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	14.000	7.87	0.27033	101%-200% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	20.000	10.96	0.27033	101%-200% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.29	0.27145	101%-200% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	14.000	9.90	0.29478	101%-200% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	20.000	3.48	0.29478	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	20.000	4.90	0.29478	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	20.000	10.96	0.29478	76%-100% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	20.000	11.29	0.29478	76%-100% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.28	0.29465	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	20.000	10.00	0.29465	51%-75% Above	No	No
16714001610	ENOXAPARIN 40 MG/0.4 ML SYR	5	12.000	62.98	12.50599	51%-75% Below	No	No
16714001610	ENOXAPARIN 40 MG/0.4 ML SYR	8	2.800	17.96	12.40509	26%-50% Below	No	No
16714001610	ENOXAPARIN 40 MG/0.4 ML SYR	8	4.000	25.66	12.40509	26%-50% Below	No	No
16714001930	BUDESONIDE 0.5 MG/2 ML SUSP	6	120.000	32.51	0.51246	26%-50% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	5	180.000	14.90	0.10119	10%-25% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	7	180.000	14.90	0.09785	10%-25% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	8	180.000	14.90	0.09957	10%-25% Below	No	No
16714003801	VENLAFAXINE HCL ER 225 MG TAB	7	30.000	20.74	1.59929	51%-75% Below	No	No
16714003901	COLCHICINE 0.6 MG TABLET	8	7.000	2.28	0.46423	26%-50% Below	No	No
16714004107	ALLOPURINOL 100 MG TABLET	5	30.000	4.99	0.05378	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	5	30.000	6.31	0.05378	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	5	90.000	18.94	0.05378	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	6	30.000	6.31	0.05366	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	6	90.000	18.94	0.05366	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	7	30.000	0.30	0.04747	76%-100% Below	No	No
16714004107	ALLOPURINOL 100 MG TABLET	7	30.000	6.31	0.04747	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	7	90.000	0.90	0.04747	76%-100% Below	No	No
16714004107	ALLOPURINOL 100 MG TABLET	8	30.000	0.30	0.0477	76%-100% Below	No	No
16714004107	ALLOPURINOL 100 MG TABLET	8	30.000	6.31	0.0477	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	8	90.000	11.89	0.0477	101%-200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	8	180.000	37.89	0.0477	200% Above	No	No
16714004112	ALLOPURINOL 100 MG TABLET	5	30.000	6.90	0.05378	200% Above	No	No
16714004112	ALLOPURINOL 100 MG TABLET	5	150.000	18.59	0.05378	101%-200% Above	No	No
16714004112	ALLOPURINOL 100 MG TABLET	6	30.000	6.90	0.05366	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714004112	ALLOPURINOL 100 MG TABLET	6	150.000	18.60	0.05366	101%-200% Above	No	No
16714004112	ALLOPURINOL 100 MG TABLET	7	30.000	6.90	0.04747	200% Above	No	No
16714004112	ALLOPURINOL 100 MG TABLET	7	150.000	18.58	0.04747	101%-200% Above	No	No
16714004112	ALLOPURINOL 100 MG TABLET	8	30.000	6.90	0.0477	200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	5	30.000	9.64	0.07705	200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	6	60.000	19.28	0.07528	200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	7	30.000	9.64	0.07381	200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	7	90.000	28.93	0.07381	200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	8	30.000	6.99	0.07633	200% Above	No	No
16714004301	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.84	0.11294	26%-50% Above	No	No
16714004301	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.84	0.10917	26%-50% Above	No	No
16714004301	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.84	0.10115	51%-75% Above	No	No
16714004301	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	4.84	0.10063	51%-75% Above	No	No
16714004401	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.96	0.12197	51%-75% Above	No	No
16714004401	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	16.09	0.11672	51%-75% Above	No	No
16714004501	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	7.89	0.16631	51%-75% Above	No	No
16714004501	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	7.89	0.16759	51%-75% Above	No	No
16714004501	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	7.89	0.15858	51%-75% Above	No	No
16714004501	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	12.40	0.15858	10%-25% Below	No	No
16714004501	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	18.33	0.15858	26%-50% Above	No	No
16714006001	FEBUXOSTAT 80 MG TABLET	6	30.000	16.76	1.04233	26%-50% Below	No	No
16714006001	FEBUXOSTAT 80 MG TABLET	6	90.000	46.35	1.04233	26%-50% Below	No	No
16714006001	FEBUXOSTAT 80 MG TABLET	7	30.000	15.45	0.76584	26%-50% Below	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	6	60.000	4.21	0.03611	76%-100% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	7	20.000	2.44	0.0354	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714008110	HYDROXYZINE HCL 10 MG TABLET	8	30.000	3.22	0.03679	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.52	0.05113	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	5	60.000	6.03	0.05113	76%-100% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	6	30.000	3.52	0.05215	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	6	60.000	6.03	0.05215	76%-100% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	30.000	2.96	0.05022	76%-100% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	30.000	3.52	0.05022	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	8	30.000	2.96	0.05172	76%-100% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	6	60.000	4.90	0.05215	51%-75% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	6	90.000	6.90	0.05215	26%-50% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	7	90.000	6.90	0.05022	51%-75% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	8	30.000	3.43	0.05172	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	8	90.000	6.90	0.05172	26%-50% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	5	60.000	9.95	0.06545	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	5	90.000	9.99	0.06545	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	5	180.000	25.02	0.06545	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	6	60.000	9.95	0.0731	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	7	60.000	9.95	0.07217	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	60.000	9.95	0.08006	101%-200% Above	No	No
16714008401	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.35	0.04865	101%-200% Above	No	No
16714008402	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.92	0.04979	101%-200% Above	No	No
16714008402	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.25	0.05082	101%-200% Above	No	No
16714008402	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.25	0.04981	101%-200% Above	No	No
16714008403	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.90	0.04979	101%-200% Above	No	No
16714008403	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.90	0.04865	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714008501	SPIRONOLACTONE 50 MG TABLET	5	30.000	7.29	0.11	101%-200% Above	No	No
16714008501	SPIRONOLACTONE 50 MG TABLET	7	30.000	9.90	0.10391	200% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	5	30.000	4.90	0.11	26%-50% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	6	30.000	4.90	0.11328	26%-50% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	7	30.000	4.90	0.10391	51%-75% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	8	30.000	4.90	0.10985	26%-50% Above	No	No
16714008603	SPIRONOLACTONE 100 MG TABLET	5	30.000	12.91	0.18943	101%-200% Above	No	No
16714008603	SPIRONOLACTONE 100 MG TABLET	7	30.000	9.90	0.17687	76%-100% Above	No	No
16714008604	SPIRONOLACTONE 100 MG TABLET	5	30.000	6.90	0.18943	10%-25% Above	No	No
16714008604	SPIRONOLACTONE 100 MG TABLET	6	30.000	6.90	0.19739	10%-25% Above	No	No
16714008604	SPIRONOLACTONE 100 MG TABLET	7	30.000	6.90	0.17687	26%-50% Above	No	No
16714008604	SPIRONOLACTONE 100 MG TABLET	8	30.000	6.90	0.19317	10%-25% Above	No	No
16714009625	LEVALBUTEROL 1.25 MG/3 ML SOL	7	150.000	28.58	0.27297	26%-50% Below	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	5	30.000	3.73	0.10827	10%-25% Above	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	6	30.000	3.73	0.10773	10%-25% Above	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	7	60.000	6.90	0.09822	10%-25% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	14.90	0.21754	10%-25% Above	No	No
16714011201	FLUOXETINE HCL 10 MG TABLET	6	30.000	14.90	0.254	76%-100% Above	No	No
16714011201	FLUOXETINE HCL 10 MG TABLET	8	30.000	14.90	0.24262	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	9.90	0.06114	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	9.90	0.05893	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.17	0.05893	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	8.92	0.05727	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.09	0.06241	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	8.92	0.06241	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.08	0.05727	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	17.26	0.05727	200% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	7	90.000	12.40	0.11282	10%-25% Above	No	No
16714014101	ARIPIPIRAZOLE 2 MG TABLET	5	30.000	14.90	0.13287	200% Above	No	No
16714014101	ARIPIPIRAZOLE 2 MG TABLET	6	30.000	14.90	0.13464	200% Above	No	No
16714014101	ARIPIPIRAZOLE 2 MG TABLET	7	90.000	44.90	0.12223	200% Above	No	No
16714014101	ARIPIPIRAZOLE 2 MG TABLET	8	15.000	14.90	0.14055	200% Above	No	No
16714014201	ARIPIPIRAZOLE 5 MG TABLET	8	30.000	9.90	0.13076	101%-200% Above	No	No
16714014501	ARIPIPIRAZOLE 20 MG TABLET	6	30.000	9.90	0.22352	26%-50% Above	No	No
16714014501	ARIPIPIRAZOLE 20 MG TABLET	7	30.000	9.90	0.20886	51%-75% Above	No	No
16714014501	ARIPIPIRAZOLE 20 MG TABLET	8	30.000	9.90	0.22342	26%-50% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	5	28.000	24.93	2.00927	51%-75% Below	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	6	84.000	69.69	1.41324	26%-50% Below	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	8	84.000	62.58	1.4578	26%-50% Below	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	5	30.000	9.90	0.24203	26%-50% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	4.000	0.18	0.0692	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	6.000	0.24	0.0692	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	6.000	3.17	0.0692	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	10.000	4.85	0.0692	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.000	6.77	0.0692	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.000	6.88	0.0692	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.000	7.94	0.0692	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.000	8.17	0.0692	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.000	8.36	0.0692	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	4.000	2.05	0.06868	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	10.000	0.39	0.06868	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	12.000	9.99	0.06868	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.88	0.06868	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	18.000	8.03	0.06868	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	10.000	4.28	0.0675	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	12.000	5.66	0.0675	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	18.000	0.75	0.0675	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	18.000	5.34	0.0675	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	18.000	6.88	0.0675	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	8	6.000	3.34	0.06661	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	8	12.000	5.66	0.06661	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	8	18.000	6.74	0.06661	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	8	18.000	8.80	0.06661	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	5	18.000	2.14	0.09982	10%-25% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	6	18.000	1.00	0.09565	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	7	12.000	7.28	0.09453	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	7	18.000	9.07	0.09453	200% Above	No	No
16714016101	CLINDAMYCIN PH 1% GEL	5	30.000	14.90	0.56635	10%-25% Below	No	No
16714016101	CLINDAMYCIN PH 1% GEL	7	30.000	13.50	0.51944	10%-25% Below	No	No
16714016101	CLINDAMYCIN PH 1% GEL	8	60.000	25.25	0.54086	10%-25% Below	No	No
16714016102	CLINDAMYCIN PH 1% GEL	7	60.000	18.46	0.46627	26%-50% Below	No	No
16714016102	CLINDAMYCIN PH 1% GEL	8	60.000	8.74	0.39701	51%-75% Below	No	No
16714016601	LIOTHYRONINE SOD 5 MCG TAB	6	60.000	12.56	0.35059	26%-50% Below	No	No
16714016601	LIOTHYRONINE SOD 5 MCG TAB	7	60.000	12.55	0.3237	26%-50% Below	No	No
16714017201	TIZANIDINE HCL 4 MG TABLET	5	30.000	0.77	0.05084	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714017202	TIZANIDINE HCL 4 MG TABLET	5	45.000	11.05	0.05084	200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.26	0.04818	200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	8	15.000	4.01	0.04778	200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.26	0.04778	200% Above	No	No
16714017301	ATORVASTATIN 10 MG TABLET	5	90.000	1.98	0.03195	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	7	90.000	1.58	0.0327	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	8	90.000	1.13	0.03497	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	5	30.000	0.66	0.03195	26%-50% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	6	30.000	0.53	0.03764	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	6	30.000	4.06	0.03764	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	7	30.000	0.47	0.0327	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	8	30.000	0.38	0.03497	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	8	30.000	4.06	0.03497	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	8	90.000	1.13	0.03497	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	5	30.000	0.95	0.04423	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	6	30.000	0.69	0.04596	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	6	90.000	2.08	0.04596	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	7	30.000	0.50	0.04441	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	30.000	0.87	0.04748	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	90.000	2.60	0.04748	26%-50% Below	No	No
16714017501	ATORVASTATIN 40 MG TABLET	5	30.000	5.73	0.06231	200% Above	No	No
16714017501	ATORVASTATIN 40 MG TABLET	7	30.000	5.73	0.05572	200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	6	30.000	5.89	0.06219	200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	7	30.000	5.89	0.05572	200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	8	30.000	5.89	0.05662	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714017503	ATORVASTATIN 40 MG TABLET	5	30.000	5.89	0.06231	200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	7	30.000	5.89	0.05572	200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	8	30.000	5.89	0.05662	200% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	5	30.000	6.70	0.09762	101%-200% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	6	30.000	1.58	0.09675	26%-50% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	6	30.000	6.70	0.09675	101%-200% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	7	30.000	1.48	0.09381	26%-50% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	7	30.000	6.70	0.09381	101%-200% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	8	30.000	6.70	0.10232	101%-200% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	7	30.000	5.54	0.09381	76%-100% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	8	30.000	5.54	0.10232	76%-100% Above	No	No
16714018303	PAROXETINE HCL 30 MG TABLET	8	30.000	4.44	0.12613	10%-25% Above	No	No
16714018502	LANSOPRAZOLE ODT 15 MG TABLET	8	30.000	97.75	5.2814	26%-50% Below	No	No
16714019001	GUANFACINE HCL ER 1 MG TABLET	7	30.000	9.90	0.24145	26%-50% Above	No	No
16714019001	GUANFACINE HCL ER 1 MG TABLET	8	30.000	9.90	0.26925	10%-25% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	8	60.000	4.90	0.03162	101%-200% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	8	90.000	8.13	0.05542	51%-75% Above	No	No
16714019701	LAMOTRIGINE 200 MG TABLET	7	90.000	4.73	0.07913	26%-50% Below	No	No
16714019701	LAMOTRIGINE 200 MG TABLET	8	90.000	4.45	0.07692	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	10.000	3.17	0.23707	26%-50% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	12.000	2.02	0.23707	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.88	0.23707	26%-50% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	18.000	5.03	0.23707	10%-25% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.17	0.24816	10%-25% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	7	15.000	4.41	0.23596	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714020030	ONDANSETRON ODT 4 MG TABLET	7	18.000	0.18	0.23596	76%-100% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	7	18.000	4.90	0.23596	10%-25% Above	No	No
16714020110	ONDANSETRON ODT 8 MG TABLET	5	30.000	9.90	0.24363	26%-50% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	6	12.000	9.90	0.23397	200% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	6	18.000	7.10	0.23397	51%-75% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	7	18.000	5.87	0.22583	26%-50% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	8	10.000	3.53	0.22315	51%-75% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	8	15.000	6.02	0.22315	76%-100% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	8	18.000	4.47	0.22315	10%-25% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	8	18.000	5.50	0.22315	26%-50% Above	No	No
16714021301	RALOXIFENE HCL 60 MG TABLET	5	30.000	7.08	0.34946	26%-50% Below	No	No
16714021301	RALOXIFENE HCL 60 MG TABLET	6	30.000	5.68	0.34342	26%-50% Below	No	No
16714021301	RALOXIFENE HCL 60 MG TABLET	6	90.000	17.04	0.34342	26%-50% Below	No	No
16714021301	RALOXIFENE HCL 60 MG TABLET	7	30.000	5.68	0.29891	26%-50% Below	No	No
16714021301	RALOXIFENE HCL 60 MG TABLET	8	30.000	5.09	0.3038	26%-50% Below	No	No
16714023501	PENICILLIN VK 500 MG TABLET	8	28.000	1.54	0.1091	26%-50% Below	No	No
16714024401	FAMOTIDINE 40 MG/5 ML SUSP	5	50.000	23.51	0.79561	26%-50% Below	No	No
16714025902	AMITRIPTYLINE HCL 50 MG TAB	6	120.000	1.52	0.09542	76%-100% Below	No	No
16714025902	AMITRIPTYLINE HCL 50 MG TAB	7	120.000	6.47	0.09047	26%-50% Below	No	No
16714025902	AMITRIPTYLINE HCL 50 MG TAB	8	120.000	6.47	0.10478	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.000	14.90	0.08204	10%-25% Above	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	75.000	10.57	0.07888	76%-100% Above	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.000	12.90	0.06772	51%-75% Above	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.000	5.51	0.06308	26%-50% Below	No	No
16714029403	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	200.000	14.99	0.05182	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	12.000	1.51	0.07606	51%-75% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	15.000	0.60	0.07606	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	20.000	0.79	0.07606	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	21.000	2.21	0.07606	26%-50% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	4.000	0.13	0.0666	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.21	0.0666	51%-75% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	30.000	2.81	0.0666	26%-50% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	20.000	0.73	0.07825	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	28.000	1.33	0.07825	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	20.000	2.13	0.07382	26%-50% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	21.000	0.71	0.07382	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	21.000	0.81	0.07382	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.27	0.07382	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	30.000	2.81	0.07382	26%-50% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	40.000	3.53	0.07382	10%-25% Above	No	No
16714033202	GABAPENTIN 800 MG TABLET	7	270.000	14.90	0.12223	51%-75% Below	No	No
16714033202	GABAPENTIN 800 MG TABLET	8	90.000	6.33	0.12465	26%-50% Below	No	No
16714034704	PHILITH 0.4-0.035 MG TABLET	8	28.000	7.16	0.43472	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	5	28.000	5.26	0.36733	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	6	28.000	4.28	0.37172	51%-75% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	7	28.000	4.28	0.31094	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	8	28.000	4.28	0.31872	51%-75% Below	No	No
16714035801	LEVETIRACETAM 100 MG/ML SOLN	5	360.000	7.38	0.03745	26%-50% Below	No	No
16714035801	LEVETIRACETAM 100 MG/ML SOLN	6	360.000	7.56	0.0352	26%-50% Below	No	No
16714035801	LEVETIRACETAM 100 MG/ML SOLN	7	360.000	7.56	0.03147	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714035801	LEVETIRACETAM 100 MG/ML SOLN	8	360.000	7.56	0.03319	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	5	28.000	2.65	0.17058	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	5	28.000	2.87	0.17058	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	5	84.000	8.61	0.17058	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	6	28.000	2.53	0.17299	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	6	28.000	2.74	0.17299	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	7	28.000	2.31	0.14859	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	7	28.000	2.50	0.14859	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	7	28.000	2.53	0.14859	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	7	84.000	7.51	0.14859	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	7	84.000	7.59	0.14859	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	8	28.000	2.31	0.15075	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	8	28.000	10.50	0.15075	101%-200% Above	No	No
16714036004	MONO-LINYAH 28 TABLET	8	84.000	6.94	0.15075	26%-50% Below	No	No
16714036304	TRI-LINYAH TABLET	5	84.000	9.21	0.15149	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	5	28.000	0.28	0.40824	76%-100% Below	No	No
16714036504	ELINEST-28 TABLET	5	84.000	0.84	0.40824	76%-100% Below	No	No
16714036504	ELINEST-28 TABLET	8	84.000	0.84	0.40619	76%-100% Below	No	No
16714039102	CEFDINIR 300 MG CAPSULE	7	20.000	14.90	0.44518	51%-75% Above	No	No
16714039102	CEFDINIR 300 MG CAPSULE	7	20.000	23.42	0.44518	101%-200% Above	No	No
16714039102	CEFDINIR 300 MG CAPSULE	8	14.000	13.50	0.45182	101%-200% Above	No	No
16714039301	CEFDINIR 250 MG/5 ML SUSP	5	60.000	6.90	0.14899	10%-25% Below	No	No
16714040102	CEFUROXIME AXETIL 500 MG TAB	5	14.000	9.90	0.5222	26%-50% Above	No	No
16714040102	CEFUROXIME AXETIL 500 MG TAB	5	14.000	13.50	0.5222	76%-100% Above	No	No
16714040504	LARIN FE 1.5-30 TABLET	6	84.000	0.84	0.23667	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714040504	LARIN FE 1.5-30 TABLET	8	84.000	0.84	0.20772	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.000	0.28	0.18951	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.000	3.46	0.18951	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	6	28.000	0.28	0.18957	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	6	28.000	2.25	0.18957	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	7	28.000	0.28	0.17272	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	7	28.000	2.23	0.17272	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	8	28.000	0.28	0.1758	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	8	28.000	2.23	0.1758	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	8	84.000	0.84	0.1758	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	8	84.000	6.69	0.1758	51%-75% Below	No	No
16714040803	LARIN 21 1-20 TABLET	7	84.000	9.74	0.28333	51%-75% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	7	84.000	24.40	0.48781	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	2.93	0.4588	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	9.90	0.4588	51%-75% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	14.99	0.4588	101%-200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	9.90	0.43658	51%-75% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	13.50	0.43658	101%-200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.90	0.43658	101%-200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	20.000	9.90	0.43658	10%-25% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	14.90	0.43273	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	15.37	0.43273	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	14.90	0.43273	101%-200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	6.90	0.43273	10%-25% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	9.90	0.43273	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714044301	ENALAPRIL MALEATE 5 MG TABLET	7	30.000	9.90	0.12486	101%-200% Above	No	No
16714044602	AMITRIPTYLINE HCL 10 MG TAB	5	30.000	4.59	0.03996	200% Above	No	No
16714044802	AMITRIPTYLINE HCL 50 MG TAB	5	30.000	1.86	0.11247	26%-50% Below	No	No
16714044802	AMITRIPTYLINE HCL 50 MG TAB	5	120.000	7.43	0.11247	26%-50% Below	No	No
16714045202	QUETIAPINE FUMARATE 25 MG TAB	7	180.000	20.45	0.03159	200% Above	No	No
16714045302	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	0.83	0.04465	26%-50% Below	No	No
16714045302	QUETIAPINE FUMARATE 50 MG TAB	5	120.000	13.50	0.04465	101%-200% Above	No	No
16714045302	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	0.75	0.04331	26%-50% Below	No	No
16714045302	QUETIAPINE FUMARATE 50 MG TAB	6	120.000	13.50	0.04331	101%-200% Above	No	No
16714045302	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	0.75	0.04032	26%-50% Below	No	No
16714045302	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	0.75	0.0456	26%-50% Below	No	No
16714045302	QUETIAPINE FUMARATE 50 MG TAB	8	120.000	13.50	0.0456	101%-200% Above	No	No
16714045401	QUETIAPINE FUMARATE 100 MG TAB	7	90.000	13.50	0.04922	200% Above	No	No
16714045501	QUETIAPINE FUMARATE 200 MG TAB	5	30.000	6.00	0.0983	101%-200% Above	No	No
16714045501	QUETIAPINE FUMARATE 200 MG TAB	6	30.000	6.00	0.10402	76%-100% Above	No	No
16714045501	QUETIAPINE FUMARATE 200 MG TAB	7	30.000	6.00	0.0909	101%-200% Above	No	No
16714045501	QUETIAPINE FUMARATE 200 MG TAB	8	30.000	6.00	0.10094	76%-100% Above	No	No
16714046404	JULEBER 28 DAY TABLET	5	28.000	0.28	0.19427	76%-100% Below	No	No
16714046404	JULEBER 28 DAY TABLET	6	28.000	0.28	0.18348	76%-100% Below	No	No
16714046404	JULEBER 28 DAY TABLET	7	28.000	0.28	0.16089	76%-100% Below	No	No
16714046404	JULEBER 28 DAY TABLET	8	28.000	0.28	0.18976	76%-100% Below	No	No
16714047701	AMOX-CLAV 500-125 MG TABLET	5	20.000	11.88	0.31172	76%-100% Above	No	No
16714047701	AMOX-CLAV 500-125 MG TABLET	8	15.000	2.39	0.31307	26%-50% Below	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	5	14.000	7.13	0.27033	76%-100% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	5	20.000	6.90	0.27033	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714047802	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.56	0.27033	76%-100% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.29	0.27033	101%-200% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	6	20.000	6.90	0.27145	26%-50% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.89	0.27145	76%-100% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.68	0.29478	51%-75% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.28	0.29478	51%-75% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.89	0.29478	51%-75% Above	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	7	20.000	11.29	0.29478	76%-100% Above	No	No
16714048301	CLINDAMYCIN (PEDI) 75 MG/5 ML	5	200.000	31.58	0.20128	10%-25% Below	No	No
16714048502	DIVALPROEX SOD ER 500 MG TAB	8	120.000	37.00	0.20506	26%-50% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	8	15.000	9.90	0.20092	200% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	8	15.000	19.82	0.20092	200% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	8	30.000	39.64	0.20092	200% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.000	4.69	0.17146	26%-50% Below	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.000	14.99	0.17146	76%-100% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.000	14.99	0.15741	101%-200% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.000	14.90	0.16153	101%-200% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.000	14.99	0.16153	101%-200% Above	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	8	30.000	4.99	0.83946	76%-100% Below	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	5	30.000	5.67	0.0407	200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	6	30.000	5.67	0.04093	200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	7	30.000	4.31	0.04158	200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	8	30.000	4.31	0.0394	200% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	6	30.000	2.26	0.0427	76%-100% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	5	45.000	7.85	0.04414	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714061205	SERTRALINE HCL 50 MG TABLET	5	90.000	5.49	0.04414	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	6	45.000	7.85	0.0427	200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	7	45.000	5.68	0.04132	200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	7	90.000	5.49	0.04132	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	8	45.000	5.68	0.04358	101%-200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	8	90.000	5.49	0.04358	26%-50% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	5	15.000	3.48	0.04414	200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	5	30.000	2.26	0.04414	51%-75% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	5	30.000	2.40	0.04414	76%-100% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	5	30.000	3.11	0.04414	101%-200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	15.000	3.48	0.0427	200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	30.000	2.26	0.0427	76%-100% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	30.000	3.71	0.0427	101%-200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	7	15.000	2.49	0.04132	200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	7	30.000	2.26	0.04132	76%-100% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	7	30.000	3.71	0.04132	101%-200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	8	15.000	2.49	0.04358	200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	8	30.000	2.26	0.04358	51%-75% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	5	90.000	8.62	0.05774	51%-75% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	6	90.000	8.87	0.0565	51%-75% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	7	60.000	5.96	0.05684	51%-75% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	7	135.000	12.60	0.05684	51%-75% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	8	180.000	16.58	0.05713	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	5	60.000	5.70	0.05774	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	6	30.000	1.91	0.0565	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714061305	SERTRALINE HCL 100 MG TABLET	6	180.000	12.40	0.0565	10%-25% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	7	30.000	5.68	0.05684	200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	7	45.000	8.20	0.05684	200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	8	45.000	8.20	0.05713	200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	8	135.000	10.67	0.05713	26%-50% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	6	90.000	8.87	0.0565	51%-75% Above	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.39	0.02909	51%-75% Above	No	No
16714062102	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.92	0.03107	101%-200% Above	No	No
16714062102	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.92	0.02909	101%-200% Above	No	No
16714062102	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	2.23	0.02939	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.70	0.0304	76%-100% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.70	0.02715	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.57	0.02843	76%-100% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.70	0.02843	76%-100% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.79	0.02843	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.82	0.02843	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.000	3.89	0.02843	51%-75% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.57	0.0295	76%-100% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.70	0.0295	76%-100% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.82	0.0295	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.04	0.0295	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.14	0.0295	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.47	0.0295	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.000	4.93	0.0295	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	0.44	0.0304	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.53	0.0304	51%-75% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.73	0.0304	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.79	0.0304	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.82	0.0304	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	2.07	0.0304	101%-200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	2.25	0.0304	101%-200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.000	3.89	0.0304	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.53	0.02715	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.57	0.02715	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.73	0.02715	101%-200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.79	0.02715	101%-200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.44	0.02843	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.44	0.02843	51%-75% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.53	0.02843	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.57	0.02843	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.73	0.02843	101%-200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.79	0.02843	101%-200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	2.63	0.02843	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.000	3.50	0.02843	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	0.42	0.0295	51%-75% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.0295	51%-75% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.48	0.0295	51%-75% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.53	0.0295	51%-75% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.57	0.0295	76%-100% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.79	0.0295	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.63	0.0295	101%-200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.000	3.89	0.0295	26%-50% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	7	12.000	6.57	0.28788	76%-100% Above	No	No
16714063302	ALENDRONATE SODIUM 70 MG TAB	6	12.000	7.73	0.28525	101%-200% Above	No	No
16714063302	ALENDRONATE SODIUM 70 MG TAB	8	13.000	8.32	0.292	101%-200% Above	No	No
16714065202	CIPROFLOXACIN HCL 500 MG TAB	7	10.000	2.06	0.14867	26%-50% Above	No	No
16714065202	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	3.08	0.14867	26%-50% Above	No	No
16714065202	CIPROFLOXACIN HCL 500 MG TAB	7	42.000	6.90	0.14867	10%-25% Above	No	No
16714065202	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	3.08	0.15502	26%-50% Above	No	No
16714066101	GABAPENTIN 100 MG CAPSULE	5	60.000	2.59	0.02957	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	30.000	1.65	0.02957	76%-100% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	60.000	2.65	0.02957	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	120.000	4.65	0.02957	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	6	30.000	1.65	0.02846	76%-100% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	6	60.000	2.32	0.02846	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	6	90.000	3.56	0.02846	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	7	60.000	1.07	0.02791	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	7	90.000	1.60	0.02791	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	8	60.000	2.65	0.02875	51%-75% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	20.000	1.75	0.04701	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	30.000	2.05	0.04701	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	30.000	2.25	0.04701	51%-75% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	30.000	2.30	0.04701	51%-75% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	120.000	7.06	0.04701	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	270.000	15.53	0.04701	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714066202	GABAPENTIN 300 MG CAPSULE	6	120.000	7.06	0.04559	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	180.000	10.26	0.04559	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	30.000	1.95	0.04566	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	60.000	3.30	0.04566	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	90.000	4.65	0.04566	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	120.000	7.06	0.04566	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	180.000	10.26	0.04566	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	30.000	2.00	0.04771	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	120.000	7.06	0.04771	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	180.000	10.26	0.04771	10%-25% Above	No	No
16714068203	SIMVASTATIN 10 MG TABLET	5	30.000	0.48	0.02883	26%-50% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	6	30.000	0.33	0.02953	51%-75% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	6	30.000	0.48	0.02953	26%-50% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	6	30.000	1.55	0.02953	51%-75% Above	No	No
16714068203	SIMVASTATIN 10 MG TABLET	7	30.000	1.55	0.02646	76%-100% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	5	30.000	0.50	0.02614	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	6	30.000	0.41	0.02678	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	6	90.000	1.22	0.02678	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	7	90.000	1.22	0.02498	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	8	30.000	0.41	0.02612	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	5	30.000	0.30	0.04232	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	5	90.000	0.90	0.04232	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	5	90.000	2.34	0.04232	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	6	90.000	0.90	0.04335	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	7	30.000	0.30	0.04101	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714068403	SIMVASTATIN 40 MG TABLET	7	30.000	0.76	0.04101	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	8	30.000	0.30	0.04212	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	8	30.000	0.76	0.04212	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	8	90.000	0.90	0.04212	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	8	90.000	2.04	0.04212	26%-50% Below	Yes	No
16714068403	SIMVASTATIN 40 MG TABLET	8	90.000	2.29	0.04212	26%-50% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	5	6.000	9.80	0.30217	200% Above	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	7	3.000	5.22	0.26408	200% Above	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	8	1.000	3.13	0.57535	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	1.000	3.13	0.74577	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	3.000	6.70	0.74577	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	3.000	8.20	0.74577	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	2.000	4.65	0.74599	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	2.000	5.61	0.74599	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	1.000	2.63	0.65148	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	1.000	3.06	0.65148	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	2.000	5.61	0.65148	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	3.000	8.79	0.65148	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	1.000	2.65	0.57535	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	2.000	5.61	0.57535	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	5.000	9.90	0.57535	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	5	5.000	11.43	0.48222	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	6	2.000	5.52	0.49565	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	6	7.000	0.07	0.49565	76%-100% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	6	15.000	5.31	0.49565	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714069301	FLUCONAZOLE 200 MG TABLET	7	2.000	5.61	0.3862	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	7	7.000	0.07	0.3862	76%-100% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	2.000	4.67	0.50582	200% Above	No	No
16714069501	FLUCONAZOLE 10 MG/ML SUSP	5	35.000	6.35	0.27069	26%-50% Below	No	No
16714069501	FLUCONAZOLE 10 MG/ML SUSP	6	35.000	6.16	0.27751	26%-50% Below	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	6	10.000	9.90	0.55379	76%-100% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	8	4.000	5.64	0.49832	101%-200% Above	No	No
16714070001	LAMOTRIGINE 25 MG TABLET	7	42.000	3.61	0.03317	101%-200% Above	No	No
16714070001	LAMOTRIGINE 25 MG TABLET	8	45.000	2.52	0.03162	76%-100% Above	No	No
16714070101	LAMOTRIGINE 100 MG TABLET	6	90.000	2.22	0.06241	51%-75% Below	No	No
16714070201	LAMOTRIGINE 150 MG TABLET	6	90.000	8.76	0.08563	10%-25% Above	No	No
16714070301	LAMOTRIGINE 200 MG TABLET	6	60.000	3.16	0.10072	26%-50% Below	No	No
16714071302	TAMSULOSIN HCL 0.4 MG CAPSULE	5	14.000	7.41	0.0628	200% Above	No	No
16714071302	TAMSULOSIN HCL 0.4 MG CAPSULE	6	14.000	4.90	0.0547	200% Above	No	No
16714071302	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	6.90	0.05506	200% Above	No	No
16714071302	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	13.50	0.05877	200% Above	No	No
16714071401	OMEPRAZOLE DR 10 MG CAPSULE	6	30.000	10.88	0.08865	200% Above	No	No
16714071401	OMEPRAZOLE DR 10 MG CAPSULE	7	30.000	10.88	0.07566	200% Above	No	No
16714071401	OMEPRAZOLE DR 10 MG CAPSULE	8	30.000	10.88	0.09498	200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	5.87	0.03676	76%-100% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.49	0.03676	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.74	0.03676	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	6	20.000	0.29	0.03385	51%-75% Below	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.46	0.03385	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.51	0.03385	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.93	0.03385	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	7.49	0.03385	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	7	20.000	2.27	0.03355	200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.46	0.03446	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	3.03	0.03446	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	4.78	0.03446	51%-75% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	7.49	0.03446	101%-200% Above	No	No
16714071503	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	10.25	0.03446	200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	6	90.000	3.49	0.03391	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.48	0.03088	51%-75% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.48	0.03083	51%-75% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.48	0.03473	26%-50% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.48	0.03064	51%-75% Above	No	No
16714072202	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.10	0.078	101%-200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	7.07	0.08415	101%-200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	7.07	0.07987	101%-200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	7.07	0.08045	101%-200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	19.92	0.08045	101%-200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	29.90	0.08045	200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	7.07	0.078	200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	8	180.000	29.90	0.078	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	1.64	0.08415	26%-50% Below	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	1.64	0.07987	26%-50% Below	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	7.07	0.07987	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	1.33	0.08045	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	7	180.000	20.90	0.08045	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	1.33	0.078	26%-50% Below	No	No
16714073201	CELECOXIB 100 MG CAPSULE	8	30.000	6.90	0.10591	101%-200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	5	30.000	9.90	0.12804	101%-200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	5	30.000	14.90	0.12804	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	6	30.000	14.90	0.12063	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	8	60.000	19.90	0.12633	101%-200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	8	180.000	44.99	0.12633	76%-100% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	5	30.000	19.99	0.12804	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	6	30.000	4.90	0.12063	26%-50% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	6	30.000	19.99	0.12063	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	6	90.000	44.99	0.12063	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	7	30.000	14.90	0.12857	200% Above	No	No
16714076001	ATOMOXETINE HCL 80 MG CAPSULE	8	30.000	26.71	1.05794	10%-25% Below	No	No
16714078201	CLOBETASOL 0.05% OINTMENT	5	15.000	19.90	0.40119	200% Above	No	No
16714078401	ARIPIPRAZOLE 5 MG TABLET	5	30.000	14.90	0.14943	200% Above	No	No
16714078401	ARIPIPRAZOLE 5 MG TABLET	6	30.000	14.90	0.12392	200% Above	No	No
16714078401	ARIPIPRAZOLE 5 MG TABLET	7	30.000	14.90	0.12385	200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	6.90	0.52569	26%-50% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	6.90	0.51447	26%-50% Above	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	6	90.000	5.13	0.07336	10%-25% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	30.000	0.30	0.06974	76%-100% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	90.000	5.09	0.06974	10%-25% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	90.000	5.00	0.07336	10%-25% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	90.000	5.13	0.07336	10%-25% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714079904	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.82	0.07132	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.000	5.52	0.28567	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	24.90	0.28567	26%-50% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	6.08	0.29368	51%-75% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	6.90	0.29368	51%-75% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	19.90	0.29368	10%-25% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	24.90	0.29368	26%-50% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.000	14.90	0.28074	76%-100% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	19.90	0.28074	10%-25% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	24.90	0.28074	26%-50% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	6.08	0.28077	51%-75% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	24.90	0.28077	26%-50% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	5	90.000	44.90	0.10469	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	5	30.000	6.90	0.10469	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	30.000	4.90	0.09804	51%-75% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	30.000	6.90	0.09804	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	90.000	12.40	0.09804	26%-50% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	30.000	6.90	0.09842	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	8	30.000	6.90	0.10319	101%-200% Above	No	No
16714082201	METHYLPHENIDATE 10 MG TABLET	7	60.000	14.90	0.13918	76%-100% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	8	45.000	10.56	0.08429	101%-200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	5	90.000	27.63	0.08397	200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	6	30.000	6.90	0.08046	101%-200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	8	90.000	27.63	0.08429	200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	5	30.000	6.90	0.09577	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714085302	METOPROLOL SUCC ER 50 MG TAB	6	30.000	6.90	0.09235	101%-200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	7	30.000	6.90	0.08701	101%-200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	8	30.000	6.90	0.09012	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	5	30.000	6.90	0.09577	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	6	30.000	6.90	0.09235	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	7	90.000	14.90	0.08701	76%-100% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	7	90.000	24.90	0.11132	101%-200% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	5	90.000	29.90	0.15505	101%-200% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	6	90.000	44.90	0.14089	200% Above	No	No
16714085501	METOPROLOL SUCC ER 200 MG TAB	7	90.000	0.90	0.22405	76%-100% Below	No	No
16714087502	ATORVASTATIN 20 MG TABLET	5	90.000	2.85	0.04423	26%-50% Below	No	No
16714087503	ATORVASTATIN 20 MG TABLET	6	90.000	2.85	0.04596	26%-50% Below	No	No
16714087601	ATORVASTATIN 40 MG TABLET	5	30.000	5.73	0.06231	200% Above	No	No
16714087601	ATORVASTATIN 40 MG TABLET	6	30.000	5.73	0.06219	200% Above	No	No
16714087601	ATORVASTATIN 40 MG TABLET	7	30.000	5.73	0.05572	200% Above	No	No
16714087602	ATORVASTATIN 40 MG TABLET	7	90.000	16.15	0.05572	200% Above	No	No
16714089502	GLIPIZIDE ER 5 MG TABLET	6	30.000	4.90	0.10136	51%-75% Above	No	No
16714089502	GLIPIZIDE ER 5 MG TABLET	7	30.000	4.90	0.09442	51%-75% Above	No	No
16714089602	GLIPIZIDE ER 10 MG TABLET	8	60.000	13.50	0.17504	26%-50% Above	No	No
16714089803	LORATADINE 10 MG TABLET	5	30.000	2.14	0.06233	10%-25% Above	No	No
16714089803	LORATADINE 10 MG TABLET	5	30.000	2.19	0.06233	10%-25% Above	No	No
16714089803	LORATADINE 10 MG TABLET	5	30.000	2.28	0.06233	10%-25% Above	No	No
16714089803	LORATADINE 10 MG TABLET	6	30.000	2.04	0.05939	10%-25% Above	No	No
16714089803	LORATADINE 10 MG TABLET	6	30.000	2.14	0.05939	10%-25% Above	No	No
16714089803	LORATADINE 10 MG TABLET	6	30.000	2.19	0.05939	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714089803	LORATADINE 10 MG TABLET	6	30.000	2.28	0.05939	26%-50% Above	No	No
16714089803	LORATADINE 10 MG TABLET	7	30.000	2.19	0.06184	10%-25% Above	No	No
16714089803	LORATADINE 10 MG TABLET	7	30.000	2.28	0.06184	10%-25% Above	No	No
16714089803	LORATADINE 10 MG TABLET	8	30.000	0.93	0.05865	26%-50% Below	No	No
16714089803	LORATADINE 10 MG TABLET	8	30.000	5.46	0.05865	200% Above	No	No
16714089901	FEXOFENADINE HCL 180 MG TABLET	8	30.000	4.56	0.27783	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	6	30.000	10.85	0.27994	26%-50% Above	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	7	30.000	10.85	0.30296	10%-25% Above	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	7	90.000	31.26	0.30296	10%-25% Above	No	No
16714093601	ATENOLOL-CHLORTHALIDONE 50-25	6	90.000	29.90	0.36938	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	14.90	0.24995	76%-100% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	10.000	9.32	0.23945	200% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	9.90	0.29443	10%-25% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	11.46	0.29443	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	14.90	0.29443	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	14.90	0.30183	51%-75% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	11.46	0.30183	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	8.72	0.2864	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	9.90	0.2864	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	4.90	0.2942	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	9.90	0.2942	10%-25% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.90	0.2942	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	19.90	0.2942	10%-25% Above	No	No
16714095601	DAPSONE 5% GEL	8	60.000	184.81	2.54112	10%-25% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	8	30.000	9.90	0.20101	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	3.87	0.20374	26%-50% Below	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	3.87	0.1935	26%-50% Below	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	3.97	0.17269	10%-25% Below	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	29.90	0.17269	76%-100% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	3.97	0.18114	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	1.22	0.05855	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.37	0.06086	76%-100% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	1.11	0.06086	76%-100% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.65	0.05627	51%-75% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.79	0.05292	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.30	0.05689	76%-100% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.25	0.05689	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	3.74	0.05689	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	3.74	0.05615	10%-25% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.30	0.04944	76%-100% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.10	0.04944	10%-25% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	0.90	0.04944	76%-100% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.50	0.0506	26%-50% Below	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	9.90	0.07794	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	1.04	0.07212	51%-75% Below	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	9.90	0.07212	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	12.40	0.07212	76%-100% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	9.90	0.07377	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	13.50	0.07377	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	13.50	0.07086	200% Above	No	No
16729000116	GLIMEPIRIDE 1 MG TABLET	5	30.000	3.11	0.03376	200% Above	No	No
16729000116	GLIMEPIRIDE 1 MG TABLET	6	30.000	3.11	0.03604	101%-200% Above	No	No
16729000116	GLIMEPIRIDE 1 MG TABLET	7	30.000	3.11	0.02949	200% Above	No	No
16729000116	GLIMEPIRIDE 1 MG TABLET	8	30.000	3.11	0.03886	101%-200% Above	No	No
16729000201	GLIMEPIRIDE 2 MG TABLET	5	90.000	13.87	0.03802	200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	5	30.000	6.90	0.04527	200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	5	60.000	14.90	0.04527	200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	5	180.000	14.99	0.04527	76%-100% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	6	30.000	6.90	0.04952	200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	6	60.000	14.90	0.04952	200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	6	180.000	29.14	0.04952	200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	7	60.000	14.90	0.04106	200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	7	180.000	14.99	0.04106	101%-200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	8	60.000	14.90	0.04489	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	5	60.000	9.90	0.04527	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	5	60.000	12.74	0.04527	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	6	60.000	9.90	0.04952	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	6	60.000	12.74	0.04952	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	6	90.000	22.03	0.04952	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	6	180.000	20.00	0.04952	101%-200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	6	180.000	20.66	0.04952	101%-200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	7	60.000	9.90	0.04106	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	7	60.000	12.74	0.04106	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	8	60.000	9.90	0.04489	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729000316	GLIMEPIRIDE 4 MG TABLET	8	60.000	14.99	0.04489	200% Above	No	No
16729000417	SIMVASTATIN 10 MG TABLET	5	30.000	0.48	0.02883	26%-50% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	6	30.000	0.30	0.02953	51%-75% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	6	30.000	0.33	0.02953	51%-75% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	7	30.000	0.30	0.02646	51%-75% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	7	90.000	0.91	0.02646	51%-75% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	8	30.000	0.30	0.02702	51%-75% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	8	90.000	3.34	0.02702	26%-50% Above	No	No
16729000515	SIMVASTATIN 20 MG TABLET	5	90.000	1.51	0.02614	26%-50% Below	No	No
16729000515	SIMVASTATIN 20 MG TABLET	7	30.000	0.41	0.02498	26%-50% Below	No	No
16729000515	SIMVASTATIN 20 MG TABLET	8	30.000	0.41	0.02612	26%-50% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	5	30.000	0.00	0.02614	76%-100% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	5	30.000	0.30	0.02614	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	5	30.000	0.47	0.02614	26%-50% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	5	30.000	0.50	0.02614	26%-50% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	5	90.000	0.90	0.02614	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	30.000	0.00	0.02678	76%-100% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	30.000	0.30	0.02678	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	30.000	0.41	0.02678	26%-50% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	90.000	0.01	0.02678	76%-100% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	90.000	0.90	0.02678	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	90.000	1.12	0.02678	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	7	30.000	0.00	0.02498	76%-100% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	7	30.000	0.30	0.02498	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	7	30.000	0.41	0.02498	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729000517	SIMVASTATIN 20 MG TABLET	8	30.000	0.00	0.02612	76%-100% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	8	30.000	0.30	0.02612	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	8	30.000	0.41	0.02612	26%-50% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	8	90.000	0.01	0.02612	76%-100% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	8	90.000	1.12	0.02612	51%-75% Below	No	No
16729000615	SIMVASTATIN 40 MG TABLET	5	30.000	0.78	0.04232	26%-50% Below	No	No
16729000615	SIMVASTATIN 40 MG TABLET	5	90.000	2.54	0.04232	26%-50% Below	Yes	No
16729000615	SIMVASTATIN 40 MG TABLET	6	30.000	0.70	0.04335	26%-50% Below	No	No
16729000615	SIMVASTATIN 40 MG TABLET	7	90.000	2.04	0.04101	26%-50% Below	Yes	No
16729000617	SIMVASTATIN 40 MG TABLET	5	30.000	0.00	0.04232	76%-100% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	5	90.000	2.34	0.04232	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	30.000	0.70	0.04335	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	30.000	0.76	0.04335	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	90.000	0.01	0.04335	76%-100% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	90.000	2.11	0.04335	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	90.000	7.50	0.04335	76%-100% Above	No	No
16729000617	SIMVASTATIN 40 MG TABLET	7	30.000	0.70	0.04101	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	7	30.000	0.76	0.04101	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	7	90.000	2.11	0.04101	26%-50% Below	No	No
16729000715	SIMVASTATIN 80 MG TABLET	5	90.000	10.13	0.09163	10%-25% Above	Yes	No
16729000715	SIMVASTATIN 80 MG TABLET	8	90.000	9.18	0.091	10%-25% Above	Yes	No
16729000717	SIMVASTATIN 80 MG TABLET	5	30.000	3.03	0.09163	10%-25% Above	No	No
16729000815	PRAVASTATIN SODIUM 10 MG TAB	8	30.000	1.13	0.07262	26%-50% Below	No	No
16729002110	PIOGLITAZONE HCL 30 MG TABLET	7	30.000	7.21	0.11621	101%-200% Above	No	No
16729002110	PIOGLITAZONE HCL 30 MG TABLET	8	30.000	7.21	0.12236	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729002116	PIOGLITAZONE HCL 30 MG TABLET	5	30.000	8.59	0.12209	101%-200% Above	No	No
16729002116	PIOGLITAZONE HCL 30 MG TABLET	6	30.000	7.01	0.11664	76%-100% Above	No	No
16729002116	PIOGLITAZONE HCL 30 MG TABLET	7	30.000	7.01	0.11621	101%-200% Above	No	No
16729002116	PIOGLITAZONE HCL 30 MG TABLET	8	30.000	7.01	0.12236	76%-100% Above	No	No
16729003410	LETROZOLE 2.5 MG TABLET	6	30.000	2.44	0.13309	26%-50% Below	No	No
16729003410	LETROZOLE 2.5 MG TABLET	7	30.000	2.44	0.14253	26%-50% Below	No	No
16729003410	LETROZOLE 2.5 MG TABLET	8	30.000	2.44	0.14242	26%-50% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	6	10.000	2.04	0.13309	51%-75% Above	Yes	No
16729003415	LETROZOLE 2.5 MG TABLET	6	90.000	8.19	0.13309	26%-50% Below	Yes	No
16729003415	LETROZOLE 2.5 MG TABLET	7	30.000	2.25	0.14253	26%-50% Below	Yes	No
16729003415	LETROZOLE 2.5 MG TABLET	7	90.000	6.75	0.14253	26%-50% Below	Yes	No
16729003415	LETROZOLE 2.5 MG TABLET	8	5.000	0.38	0.14242	26%-50% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	8	10.000	2.04	0.14242	26%-50% Above	Yes	No
16729003415	LETROZOLE 2.5 MG TABLET	8	90.000	10.70	0.14242	10%-25% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	5	30.000	9.99	0.11247	101%-200% Above	No	No
16729003510	ANASTROZOLE 1 MG TABLET	6	30.000	9.99	0.11436	101%-200% Above	No	No
16729003510	ANASTROZOLE 1 MG TABLET	7	12.000	0.00	0.10406	76%-100% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	7	90.000	20.00	0.10406	101%-200% Above	No	No
16729003516	ANASTROZOLE 1 MG TABLET	6	30.000	2.03	0.11436	26%-50% Below	No	No
16729003516	ANASTROZOLE 1 MG TABLET	7	30.000	7.19	0.10406	101%-200% Above	No	No
16729003516	ANASTROZOLE 1 MG TABLET	7	60.000	4.05	0.10406	26%-50% Below	No	No
16729003516	ANASTROZOLE 1 MG TABLET	8	30.000	2.06	0.11144	26%-50% Below	No	No
16729003516	ANASTROZOLE 1 MG TABLET	8	30.000	7.19	0.11144	101%-200% Above	No	No
16729004201	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	8	120.000	23.40	0.31297	26%-50% Below	No	No
16729004417	ATORVASTATIN 10 MG TABLET	6	90.000	1.58	0.03764	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729004417	ATORVASTATIN 10 MG TABLET	8	30.000	0.38	0.03497	51%-75% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	5	30.000	0.95	0.04423	26%-50% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	6	28.000	5.38	0.04596	200% Above	No	No
16729004517	ATORVASTATIN 20 MG TABLET	6	30.000	0.69	0.04596	26%-50% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	6	30.000	0.95	0.04596	26%-50% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	6	90.000	2.08	0.04596	26%-50% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	7	28.000	4.73	0.04441	200% Above	No	No
16729004517	ATORVASTATIN 20 MG TABLET	7	30.000	0.46	0.04441	51%-75% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	7	30.000	0.50	0.04441	51%-75% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	7	30.000	0.69	0.04441	26%-50% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	7	30.000	4.87	0.04441	200% Above	No	No
16729004517	ATORVASTATIN 20 MG TABLET	7	90.000	1.38	0.04441	51%-75% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	7	90.000	1.49	0.04441	51%-75% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	8	28.000	4.73	0.04748	200% Above	No	No
16729004517	ATORVASTATIN 20 MG TABLET	8	30.000	0.80	0.04748	26%-50% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	8	30.000	0.87	0.04748	26%-50% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	8	90.000	1.49	0.04748	51%-75% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	8	90.000	2.60	0.04748	26%-50% Below	No	No
16729004617	ATORVASTATIN 40 MG TABLET	7	30.000	5.99	0.05572	200% Above	No	No
16729004617	ATORVASTATIN 40 MG TABLET	7	30.000	6.27	0.05572	200% Above	No	No
16729004617	ATORVASTATIN 40 MG TABLET	8	30.000	4.88	0.05662	101%-200% Above	No	No
16729004617	ATORVASTATIN 40 MG TABLET	8	30.000	5.99	0.05662	200% Above	No	No
16729004716	ATORVASTATIN 80 MG TABLET	5	30.000	1.91	0.09762	26%-50% Below	No	No
16729009001	FINASTERIDE 5 MG TABLET	5	30.000	5.58	0.07229	101%-200% Above	No	No
16729009001	FINASTERIDE 5 MG TABLET	6	30.000	5.58	0.07037	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729009001	FINASTERIDE 5 MG TABLET	7	30.000	5.58	0.06963	101%-200% Above	No	No
16729009016	FINASTERIDE 5 MG TABLET	5	30.000	5.83	0.07229	101%-200% Above	No	No
16729009016	FINASTERIDE 5 MG TABLET	6	30.000	5.68	0.07037	101%-200% Above	No	No
16729009016	FINASTERIDE 5 MG TABLET	6	90.000	12.77	0.07037	101%-200% Above	No	No
16729009016	FINASTERIDE 5 MG TABLET	6	90.000	13.28	0.07037	101%-200% Above	Yes	No
16729009016	FINASTERIDE 5 MG TABLET	7	30.000	5.68	0.06963	101%-200% Above	No	No
16729009016	FINASTERIDE 5 MG TABLET	8	30.000	5.58	0.06869	101%-200% Above	No	No
16729009016	FINASTERIDE 5 MG TABLET	8	30.000	5.68	0.06869	101%-200% Above	No	No
16729009016	FINASTERIDE 5 MG TABLET	8	30.000	7.64	0.06869	200% Above	No	No
16729009512	QUETIAPINE ER 200 MG TABLET	6	30.000	14.90	0.36942	26%-50% Above	No	No
16729009512	QUETIAPINE ER 200 MG TABLET	7	30.000	14.90	0.33699	26%-50% Above	No	No
16729009512	QUETIAPINE ER 200 MG TABLET	8	30.000	14.90	0.43731	10%-25% Above	No	No
16729009712	QUETIAPINE ER 400 MG TABLET	7	30.000	43.85	0.40991	200% Above	No	No
16729009712	QUETIAPINE ER 400 MG TABLET	8	30.000	43.85	0.38914	200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	5	30.000	5.00	0.06987	101%-200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	5	90.000	22.75	0.06987	200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	6	30.000	5.00	0.06511	101%-200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.89	0.06565	51%-75% Below	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	7	30.000	5.00	0.06565	101%-200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	7	90.000	19.21	0.06565	200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.78	0.06471	51%-75% Below	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	8	30.000	5.00	0.06471	101%-200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	8	90.000	12.40	0.06471	101%-200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	8	90.000	20.27	0.06471	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	23.000	0.82	0.06987	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	1.07	0.06987	26%-50% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	4.90	0.06987	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.90	0.06987	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	7.00	0.06987	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.25	0.06987	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.36	0.06987	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.41	0.06987	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	90.000	19.90	0.06987	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.96	0.06511	26%-50% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.000	4.90	0.06511	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.000	5.00	0.06511	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.80	0.06511	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.00	0.06511	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.41	0.06511	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	90.000	2.88	0.06511	26%-50% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.89	0.06565	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.96	0.06565	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	3.50	0.06565	76%-100% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	4.90	0.06565	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	5.00	0.06565	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.00	0.06565	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.02	0.06565	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.41	0.06565	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	90.000	7.00	0.06565	10%-25% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	10.000	3.18	0.06471	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.78	0.06471	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.84	0.06471	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	30.000	4.90	0.06471	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	30.000	5.00	0.06471	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.80	0.06471	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.02	0.06471	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.41	0.06471	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.90	0.06471	200% Above	No	No
16729013401	ALLOPURINOL 100 MG TABLET	5	30.000	4.90	0.05378	200% Above	No	No
16729013401	ALLOPURINOL 100 MG TABLET	6	90.000	9.90	0.05366	101%-200% Above	No	No
16729013401	ALLOPURINOL 100 MG TABLET	8	60.000	4.90	0.0477	51%-75% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	5	30.000	4.99	0.05378	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	5	30.000	7.49	0.05378	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	5	60.000	9.90	0.05378	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	5	90.000	7.49	0.05378	51%-75% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	6	30.000	7.49	0.05366	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	6	60.000	9.90	0.05366	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	6	90.000	7.49	0.05366	51%-75% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	7	30.000	4.00	0.04747	101%-200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	7	30.000	7.49	0.04747	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	7	60.000	9.90	0.04747	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	7	90.000	7.49	0.04747	51%-75% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	8	30.000	6.90	0.0477	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	8	60.000	9.90	0.0477	200% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	8	90.000	7.49	0.0477	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729013501	ALLOPURINOL 300 MG TABLET	5	90.000	10.00	0.07705	26%-50% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	5	14.000	7.41	0.07705	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	5	30.000	7.49	0.07705	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	5	30.000	11.98	0.07705	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	6	30.000	7.49	0.07528	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	6	90.000	24.90	0.07528	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	30.000	6.90	0.07381	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	30.000	7.49	0.07381	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	30.000	9.99	0.07381	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	30.000	11.98	0.07381	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	30.000	15.13	0.07381	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	90.000	14.90	0.07381	101%-200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	90.000	22.98	0.07381	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	7	90.000	23.98	0.07381	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	8	30.000	6.90	0.07633	200% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	5	15.000	0.98	0.02541	101%-200% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	5	20.000	1.11	0.02541	101%-200% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	6	15.000	1.02	0.02593	101%-200% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.23	0.02593	51%-75% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.42	0.02593	76%-100% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	6	60.000	0.01	0.02593	76%-100% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	6	60.000	1.80	0.02593	10%-25% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	7	60.000	0.01	0.02552	76%-100% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	7	60.000	1.86	0.02552	10%-25% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	8	10.000	0.93	0.0266	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729013600	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.28	0.0266	51%-75% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	8	60.000	0.01	0.0266	76%-100% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	14.000	0.86	0.02541	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	30.000	0.43	0.02541	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.21	0.02541	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.23	0.02541	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	45.000	1.36	0.02541	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	60.000	0.86	0.02541	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.86	0.02541	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.87	0.02541	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	120.000	2.26	0.02541	10%-25% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	15.000	0.84	0.02593	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	20.000	1.11	0.02593	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	30.000	0.44	0.02593	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.16	0.02593	26%-50% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.21	0.02593	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.23	0.02593	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	45.000	1.31	0.02593	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	60.000	0.86	0.02593	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	60.000	1.87	0.02593	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	60.000	2.32	0.02593	26%-50% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	30.000	0.44	0.02552	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.16	0.02552	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.32	0.02552	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.71	0.02552	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	45.000	1.31	0.02552	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	60.000	0.89	0.02552	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	90.000	2.01	0.02552	10%-25% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	120.000	2.21	0.02552	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	15.000	0.84	0.0266	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	30.000	0.44	0.0266	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.07	0.0266	26%-50% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.16	0.0266	26%-50% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.40	0.0266	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	30.000	1.71	0.0266	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	75.000	1.11	0.0266	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	90.000	2.00	0.0266	10%-25% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	90.000	2.01	0.0266	10%-25% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	8	90.000	2.10	0.0266	10%-25% Below	No	No
16729013700	CLONAZEPAM 1 MG TABLET	5	30.000	1.53	0.03181	51%-75% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	5	30.000	2.40	0.03181	101%-200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	6	9.000	0.89	0.03019	200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	6	30.000	1.53	0.03019	51%-75% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	6	30.000	2.40	0.03019	101%-200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	6	60.000	0.60	0.03019	51%-75% Below	No	No
16729013700	CLONAZEPAM 1 MG TABLET	7	30.000	0.30	0.03088	51%-75% Below	No	No
16729013700	CLONAZEPAM 1 MG TABLET	7	30.000	1.35	0.03088	26%-50% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	7	30.000	1.53	0.03088	51%-75% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	7	30.000	2.40	0.03088	101%-200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	7	60.000	0.60	0.03088	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729013700	CLONAZEPAM 1 MG TABLET	8	30.000	0.00	0.03053	76%-100% Below	No	No
16729013700	CLONAZEPAM 1 MG TABLET	8	30.000	0.30	0.03053	51%-75% Below	No	No
16729013700	CLONAZEPAM 1 MG TABLET	8	30.000	1.55	0.03053	51%-75% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	8	30.000	2.40	0.03053	101%-200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	8	45.000	1.92	0.03053	26%-50% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	8	60.000	0.60	0.03053	51%-75% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	28.000	1.26	0.03181	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	30.000	1.40	0.03181	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	30.000	1.55	0.03181	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	40.000	1.73	0.03181	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	60.000	2.28	0.03181	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	90.000	1.58	0.03181	26%-50% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	28.000	1.22	0.03019	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	30.000	1.40	0.03019	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	30.000	1.46	0.03019	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	30.000	1.53	0.03019	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	40.000	1.73	0.03019	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	60.000	2.07	0.03019	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	60.000	2.28	0.03019	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	60.000	2.35	0.03019	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	90.000	3.09	0.03019	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	28.000	1.22	0.03088	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	30.000	0.56	0.03088	26%-50% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	30.000	1.40	0.03088	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	30.000	1.44	0.03088	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729013716	CLONAZEPAM 1 MG TABLET	7	30.000	1.46	0.03088	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	30.000	1.55	0.03088	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	40.000	1.73	0.03088	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	60.000	2.07	0.03088	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	60.000	2.22	0.03088	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	60.000	2.28	0.03088	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	90.000	3.09	0.03088	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	90.000	3.10	0.03088	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	28.000	1.22	0.03053	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	28.000	1.38	0.03053	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	30.000	0.56	0.03053	26%-50% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	30.000	1.46	0.03053	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	30.000	1.61	0.03053	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	40.000	1.73	0.03053	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	60.000	0.01	0.03053	76%-100% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	60.000	1.12	0.03053	26%-50% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	60.000	2.02	0.03053	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	60.000	2.28	0.03053	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	60.000	2.76	0.03053	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	90.000	3.09	0.03053	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	90.000	3.10	0.03053	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	90.000	3.18	0.03053	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	8	90.000	3.81	0.03053	26%-50% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	5	30.000	2.03	0.0357	76%-100% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	6	30.000	2.03	0.03516	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729013800	CLONAZEPAM 2 MG TABLET	7	30.000	1.78	0.03525	51%-75% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	7	30.000	2.03	0.03525	76%-100% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	8	30.000	0.00	0.0353	76%-100% Below	No	No
16729013800	CLONAZEPAM 2 MG TABLET	8	30.000	0.58	0.0353	26%-50% Below	No	No
16729013800	CLONAZEPAM 2 MG TABLET	8	30.000	2.03	0.0353	76%-100% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	8	90.000	4.73	0.0353	26%-50% Above	No	No
16729013816	CLONAZEPAM 2 MG TABLET	6	90.000	0.90	0.03516	51%-75% Below	No	No
16729014601	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	5.37	0.04465	200% Above	No	No
16729014601	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	5.37	0.04331	200% Above	No	No
16729014601	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	5.37	0.0456	200% Above	No	No
16729015001	QUETIAPINE FUMARATE 400 MG TAB	5	30.000	9.90	0.16559	76%-100% Above	No	No
16729015001	QUETIAPINE FUMARATE 400 MG TAB	6	30.000	9.90	0.16803	76%-100% Above	No	No
16729015001	QUETIAPINE FUMARATE 400 MG TAB	7	30.000	9.90	0.16694	76%-100% Above	No	No
16729015001	QUETIAPINE FUMARATE 400 MG TAB	8	27.000	9.90	0.17022	101%-200% Above	No	No
16729015615	SIMVASTATIN 5 MG TABLET	5	30.000	1.80	0.02324	101%-200% Above	No	No
16729015615	SIMVASTATIN 5 MG TABLET	6	30.000	1.56	0.02928	76%-100% Above	No	No
16729015615	SIMVASTATIN 5 MG TABLET	6	90.000	4.51	0.02928	51%-75% Above	No	No
16729015615	SIMVASTATIN 5 MG TABLET	8	90.000	3.47	0.0228	51%-75% Above	No	No
16729016801	ESCITALOPRAM 5 MG TABLET	7	90.000	11.96	0.04494	101%-200% Above	No	No
16729016801	ESCITALOPRAM 5 MG TABLET	8	30.000	4.27	0.04577	200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	5	90.000	11.93	0.05112	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	7	30.000	0.85	0.05194	26%-50% Below	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	7	30.000	3.77	0.05194	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	7	30.000	4.53	0.05194	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	7	30.000	4.81	0.05194	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729016917	ESCITALOPRAM 10 MG TABLET	8	30.000	0.85	0.05286	26%-50% Below	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	8	30.000	3.77	0.05286	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	8	30.000	3.82	0.05286	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	8	30.000	4.81	0.05286	200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	8	30.000	5.68	0.05286	200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	8	60.000	10.70	0.05286	200% Above	No	No
16729017001	ESCITALOPRAM 20 MG TABLET	6	90.000	4.90	0.07922	26%-50% Below	No	No
16729017001	ESCITALOPRAM 20 MG TABLET	8	90.000	15.16	0.07964	101%-200% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	5	30.000	4.57	0.08912	51%-75% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	6	30.000	4.52	0.07922	76%-100% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	6	30.000	4.57	0.07922	76%-100% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	6	30.000	4.90	0.07922	101%-200% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	7	30.000	4.52	0.08189	76%-100% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	7	30.000	4.90	0.08189	76%-100% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	8	30.000	4.52	0.07964	76%-100% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	8	30.000	4.90	0.07964	101%-200% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	8	30.000	5.46	0.07964	101%-200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	5	30.000	2.35	0.03996	76%-100% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	5	60.000	8.60	0.03996	200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	6	60.000	8.60	0.04104	200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	7	30.000	4.63	0.03744	200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	7	60.000	8.60	0.03744	200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	4.63	0.04017	200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	4.90	0.04017	200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	8	60.000	8.60	0.04017	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	5	30.000	4.56	0.03996	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	5	30.000	4.65	0.03996	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	5	90.000	12.58	0.03996	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	5	120.000	14.90	0.03996	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	6	30.000	3.95	0.04104	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	6	30.000	4.04	0.04104	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	6	30.000	4.09	0.04104	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	6	90.000	10.34	0.04104	101%-200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	6	90.000	12.58	0.04104	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	7	30.000	3.85	0.03744	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	7	30.000	3.95	0.03744	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	7	30.000	4.04	0.03744	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	7	30.000	4.59	0.03744	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	7	90.000	12.58	0.03744	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	7	120.000	14.90	0.03744	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	3.85	0.04017	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	3.95	0.04017	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	4.04	0.04017	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	4.59	0.04017	200% Above	No	No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	8	90.000	12.58	0.04017	200% Above	No	No
16729017201	AMITRIPTYLINE HCL 25 MG TAB	5	30.000	4.90	0.06211	101%-200% Above	No	No
16729017201	AMITRIPTYLINE HCL 25 MG TAB	6	30.000	4.90	0.05855	101%-200% Above	No	No
16729017201	AMITRIPTYLINE HCL 25 MG TAB	7	90.000	9.90	0.05247	101%-200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	5	30.000	7.49	0.06211	200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	5	60.000	6.94	0.06211	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	5	180.000	44.90	0.06211	200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	6	30.000	7.49	0.05855	200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	6	60.000	6.58	0.05855	76%-100% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	7	14.000	1.83	0.05247	101%-200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	7	60.000	6.58	0.05247	101%-200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	8	30.000	3.99	0.05297	101%-200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	8	60.000	6.58	0.05297	101%-200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	8	180.000	44.90	0.05297	200% Above	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	5	90.000	19.90	0.11247	76%-100% Above	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	8	90.000	19.90	0.10478	101%-200% Above	No	No
16729017317	AMITRIPTYLINE HCL 50 MG TAB	6	30.000	3.99	0.09542	26%-50% Above	No	No
16729017401	AMITRIPTYLINE HCL 75 MG TAB	5	30.000	3.09	0.21017	26%-50% Below	No	No
16729017401	AMITRIPTYLINE HCL 75 MG TAB	6	30.000	3.06	0.12175	10%-25% Below	No	No
16729017401	AMITRIPTYLINE HCL 75 MG TAB	7	30.000	3.06	0.14602	26%-50% Below	No	No
16729017401	AMITRIPTYLINE HCL 75 MG TAB	8	30.000	2.19	0.13192	26%-50% Below	No	No
16729017501	AMITRIPTYLINE HCL 100 MG TAB	5	30.000	14.90	0.28924	51%-75% Above	No	No
16729017501	AMITRIPTYLINE HCL 100 MG TAB	5	60.000	10.90	0.28924	26%-50% Below	No	No
16729017501	AMITRIPTYLINE HCL 100 MG TAB	6	30.000	14.90	0.18784	101%-200% Above	No	No
16729017501	AMITRIPTYLINE HCL 100 MG TAB	7	30.000	14.90	0.16524	200% Above	No	No
16729017501	AMITRIPTYLINE HCL 100 MG TAB	8	30.000	14.90	0.16695	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	4.90	0.05079	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	9.14	0.05079	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	3.08	0.05079	26%-50% Below	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	9.99	0.05079	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	12.49	0.05079	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	12.50	0.05079	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	16.41	0.05079	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	24.45	0.05079	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	25.44	0.05079	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	26.75	0.05079	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	180.000	19.99	0.05079	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	3.99	0.04917	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	5.00	0.04917	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	9.14	0.04917	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	3.08	0.04917	26%-50% Below	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	9.99	0.04917	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	14.99	0.04917	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	19.99	0.04917	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	24.45	0.04917	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	26.75	0.04917	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	3.99	0.04954	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	5.00	0.04954	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	7.19	0.04954	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	7.39	0.04954	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	8.64	0.04954	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	8.64	0.04954	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	8.89	0.04954	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	0.90	0.04954	76%-100% Below	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	9.99	0.04954	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	14.99	0.04954	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	16.07	0.04954	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	20.56	0.04954	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	24.45	0.04954	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	24.45	0.04954	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	26.75	0.04954	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	3.99	0.05648	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	4.32	0.05648	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	5.00	0.05648	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	7.19	0.05648	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	7.39	0.05648	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	8.64	0.05648	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	8.64	0.05648	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	8.89	0.05648	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	0.90	0.05648	76%-100% Below	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	3.08	0.05648	26%-50% Below	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	9.99	0.05648	76%-100% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	11.79	0.05648	101%-200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	12.49	0.05648	101%-200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	12.50	0.05648	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	16.07	0.05648	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	24.45	0.05648	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	26.75	0.05648	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	180.000	19.99	0.05648	76%-100% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	6.82	0.05079	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	7.15	0.05079	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	7.52	0.05079	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	8.55	0.05079	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	6.82	0.04917	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	8.55	0.04917	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	12.40	0.04917	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	13.50	0.04917	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	14.90	0.04917	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	24.000	6.16	0.04954	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	6.82	0.04954	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	8.55	0.04954	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	5.42	0.05648	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	6.82	0.05648	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	8.55	0.05648	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.70	0.01329	101%-200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.33	0.01342	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.33	0.01322	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.54	0.01334	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.80	0.01334	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	0.24	0.01329	26%-50% Below	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	0.99	0.01329	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.31	0.01329	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.33	0.01329	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.35	0.01329	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.64	0.01329	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.70	0.01329	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.73	0.01329	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	180.000	4.63	0.01329	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.24	0.01342	26%-50% Below	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.99	0.01342	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.33	0.01342	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.35	0.01342	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.64	0.01342	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.87	0.01322	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.99	0.01322	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.31	0.01322	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.33	0.01322	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.35	0.01322	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.27	0.01322	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.70	0.01322	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.98	0.01322	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	0.24	0.01334	26%-50% Below	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	0.87	0.01334	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.09	0.01334	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.21	0.01334	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.31	0.01334	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.33	0.01334	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.35	0.01334	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.54	0.01334	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	0.71	0.01334	26%-50% Below	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.27	0.01334	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.64	0.01334	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.70	0.01334	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	180.000	4.63	0.01334	76%-100% Above	No	No
16729018929	MYCOPHENOLIC ACID DR 360 MG TB	8	120.000	78.52	0.4303	51%-75% Above	Yes	No
16729020001	BUSPIRONE HCL 5 MG TABLET	8	60.000	3.84	0.03018	101%-200% Above	No	No
16729020201	BUSPIRONE HCL 10 MG TABLET	5	180.000	3.92	0.04048	26%-50% Below	Yes	No
16729020201	BUSPIRONE HCL 10 MG TABLET	7	60.000	4.30	0.03924	76%-100% Above	Yes	No
16729020201	BUSPIRONE HCL 10 MG TABLET	8	180.000	3.92	0.03933	26%-50% Below	Yes	No
16729020312	BUSPIRONE HCL 15 MG TABLET	6	120.000	6.90	0.04759	10%-25% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	7	120.000	6.90	0.04751	10%-25% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	8	120.000	6.90	0.04691	10%-25% Above	No	No
16729021301	DOXAZOSIN MESYLATE 4 MG TAB	5	30.000	9.99	0.09652	200% Above	No	No
16729021301	DOXAZOSIN MESYLATE 4 MG TAB	5	30.000	14.90	0.09652	200% Above	No	No
16729021301	DOXAZOSIN MESYLATE 4 MG TAB	6	30.000	9.99	0.09414	200% Above	No	No
16729021301	DOXAZOSIN MESYLATE 4 MG TAB	6	30.000	14.90	0.09414	200% Above	No	No
16729021317	DOXAZOSIN MESYLATE 4 MG TAB	5	60.000	14.99	0.09652	101%-200% Above	No	No
16729021317	DOXAZOSIN MESYLATE 4 MG TAB	6	60.000	14.99	0.09414	101%-200% Above	No	No
16729021317	DOXAZOSIN MESYLATE 4 MG TAB	7	60.000	14.99	0.08126	200% Above	No	No
16729021317	DOXAZOSIN MESYLATE 4 MG TAB	8	60.000	14.99	0.09438	101%-200% Above	No	No
16729021516	SERTRALINE HCL 25 MG TABLET	7	30.000	2.79	0.04158	101%-200% Above	No	No
16729021516	SERTRALINE HCL 25 MG TABLET	7	90.000	4.99	0.04158	26%-50% Above	No	No
16729021516	SERTRALINE HCL 25 MG TABLET	8	30.000	2.42	0.0394	101%-200% Above	No	No
16729021516	SERTRALINE HCL 25 MG TABLET	8	30.000	2.79	0.0394	101%-200% Above	No	No
16729021516	SERTRALINE HCL 25 MG TABLET	8	45.000	3.81	0.0394	101%-200% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	5	30.000	2.30	0.04414	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729021616	SERTRALINE HCL 50 MG TABLET	5	30.000	2.32	0.04414	51%-75% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	6	30.000	0.38	0.0427	51%-75% Below	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	6	30.000	2.41	0.0427	76%-100% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	6	30.000	2.42	0.0427	76%-100% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	6	90.000	4.82	0.0427	10%-25% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	6	90.000	5.58	0.0427	26%-50% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	7	30.000	0.47	0.04132	51%-75% Below	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	7	30.000	1.96	0.04132	51%-75% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	8	30.000	0.47	0.04358	51%-75% Below	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	8	30.000	1.96	0.04358	26%-50% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	8	30.000	2.05	0.04358	51%-75% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	8	30.000	2.10	0.04358	51%-75% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	8	90.000	1.42	0.04358	51%-75% Below	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	5	30.000	3.40	0.05774	76%-100% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	5	90.000	5.83	0.05774	10%-25% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	6	30.000	2.87	0.0565	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	6	30.000	2.93	0.0565	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	6	30.000	3.40	0.0565	76%-100% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	6	45.000	4.15	0.0565	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	6	60.000	5.25	0.0565	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	6	90.000	7.49	0.0565	26%-50% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	7	30.000	2.87	0.05684	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	7	30.000	2.93	0.05684	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	7	60.000	5.25	0.05684	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	7	60.000	7.49	0.05684	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729021716	SERTRALINE HCL 100 MG TABLET	7	90.000	7.49	0.05684	26%-50% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	7	225.000	19.18	0.05684	26%-50% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	30.000	2.87	0.05713	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	30.000	2.93	0.05713	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	30.000	2.98	0.05713	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	30.000	3.40	0.05713	76%-100% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	60.000	5.25	0.05713	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	60.000	7.49	0.05713	101%-200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	90.000	1.99	0.05713	51%-75% Below	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	90.000	7.40	0.05713	26%-50% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	135.000	11.43	0.05713	26%-50% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	8	180.000	14.17	0.05713	26%-50% Above	No	No
16729021816	CLOPIDOGREL 75 MG TABLET	5	90.000	10.87	0.06653	76%-100% Above	No	No
16729021816	CLOPIDOGREL 75 MG TABLET	7	20.000	2.92	0.06614	101%-200% Above	No	No
16729021816	CLOPIDOGREL 75 MG TABLET	8	90.000	10.87	0.06467	76%-100% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.80	0.04979	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.99	0.04979	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	5	30.000	4.06	0.04979	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	5	90.000	10.19	0.04979	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.89	0.04865	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.99	0.04865	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	6	90.000	10.49	0.04865	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.89	0.05082	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.99	0.05082	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	7	45.000	5.61	0.05082	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729022501	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.89	0.04981	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	8	90.000	8.65	0.04981	76%-100% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	8	90.000	9.10	0.04981	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	8	90.000	10.19	0.04981	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	8	90.000	10.49	0.04981	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	5	30.000	0.90	0.04979	26%-50% Below	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.80	0.04979	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.90	0.04979	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.80	0.04865	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.90	0.04865	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	6	30.000	4.00	0.04865	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	6	72.000	6.36	0.04865	76%-100% Above	Yes	No
16729022516	SPIRONOLACTONE 25 MG TABLET	6	90.000	3.41	0.04865	10%-25% Below	Yes	No
16729022516	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.80	0.05082	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.90	0.05082	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	7	30.000	4.00	0.05082	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.80	0.04981	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.90	0.04981	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	8	30.000	4.00	0.04981	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	8	90.000	2.75	0.04981	26%-50% Below	Yes	No
16729022517	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.97	0.04979	101%-200% Above	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	5	60.000	7.04	0.04979	101%-200% Above	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	5	90.000	10.49	0.04979	101%-200% Above	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	6	30.000	0.00	0.04865	76%-100% Below	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.97	0.04865	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729022517	SPIRONOLACTONE 25 MG TABLET	7	30.000	0.00	0.05082	76%-100% Below	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.89	0.04981	101%-200% Above	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.97	0.04981	101%-200% Above	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	8	45.000	5.61	0.04981	101%-200% Above	No	No
16729022517	SPIRONOLACTONE 25 MG TABLET	8	60.000	5.99	0.04981	76%-100% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	5	30.000	4.90	0.11	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	5	30.000	6.91	0.11	101%-200% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	5	60.000	9.17	0.11	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	6	30.000	4.54	0.11328	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	6	30.000	9.99	0.11328	101%-200% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	6	60.000	0.60	0.11328	76%-100% Below	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	6	60.000	8.69	0.11328	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	6	90.000	14.99	0.11328	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	6	90.000	16.51	0.11328	51%-75% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	7	30.000	0.00	0.10391	76%-100% Below	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	7	30.000	4.54	0.10391	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	7	30.000	5.00	0.10391	51%-75% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	7	30.000	9.99	0.10391	200% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	7	60.000	8.69	0.10391	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	8	30.000	4.54	0.10985	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	8	30.000	9.99	0.10985	200% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	8	60.000	8.69	0.10985	26%-50% Above	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	8	60.000	13.92	0.10985	101%-200% Above	No	No
16729022616	SPIRONOLACTONE 50 MG TABLET	7	90.000	19.68	0.10391	101%-200% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	5	30.000	9.90	0.18943	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729022701	SPIRONOLACTONE 100 MG TABLET	5	90.000	37.53	0.18943	101%-200% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	6	30.000	9.90	0.19739	51%-75% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	6	30.000	12.30	0.19739	101%-200% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	6	30.000	14.99	0.19739	101%-200% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	7	30.000	9.90	0.17687	76%-100% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	8	30.000	9.90	0.19317	51%-75% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	8	30.000	12.39	0.19317	101%-200% Above	No	No
16729022701	SPIRONOLACTONE 100 MG TABLET	8	60.000	17.54	0.19317	51%-75% Above	No	No
16729026129	MYCOPHENOLIC ACID DR 180 MG TB	5	240.000	0.02	0.34078	76%-100% Below	No	No
16729027730	METHOTREXATE 50 MG/2 ML VIAL	8	24.000	44.90	1.584	10%-25% Above	No	No
16729028417	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.65	0.05292	51%-75% Below	No	No
16729028515	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.10	0.04944	10%-25% Below	No	No
16729028515	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
16729028517	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.25	0.05689	26%-50% Below	No	No
16729028517	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.25	0.05615	10%-25% Below	No	No
16729028517	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.10	0.04944	10%-25% Below	No	No
16729028517	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	3.29	0.04944	26%-50% Below	No	No
16729028517	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
16729028617	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	37.90	0.07794	200% Above	No	No
16729028617	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	7.00	0.07377	200% Above	No	No
16729028617	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	14.90	0.07377	200% Above	No	No
16729028617	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	14.90	0.07377	101%-200% Above	No	No
16729028715	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	14.90	0.12799	200% Above	No	No
16729028715	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	14.90	0.11711	200% Above	No	No
16729028715	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	2.27	0.11556	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729028715	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	14.90	0.11556	200% Above	No	No
16729029310	EPLERENONE 25 MG TABLET	5	15.000	0.00	0.7441	76%-100% Below	No	No
16729029310	EPLERENONE 25 MG TABLET	6	15.000	0.00	0.71191	76%-100% Below	No	No
16729029310	EPLERENONE 25 MG TABLET	7	15.000	0.00	0.70373	76%-100% Below	No	No
16729029310	EPLERENONE 25 MG TABLET	8	15.000	0.00	0.75872	76%-100% Below	No	No
16729030001	TRAZODONE 100 MG TABLET	8	30.000	4.01	0.06537	101%-200% Above	No	No
16729030501	DILTIAZEM 24H ER(XR) 240 MG CP	5	30.000	9.99	0.73669	51%-75% Below	No	No
16729030501	DILTIAZEM 24H ER(XR) 240 MG CP	6	30.000	9.99	0.82437	51%-75% Below	No	No
16729030501	DILTIAZEM 24H ER(XR) 240 MG CP	7	30.000	9.99	0.80418	51%-75% Below	No	No
16729031716	OXYBUTYNIN CL ER 5 MG TABLET	6	30.000	23.88	0.13885	200% Above	No	No
16729031716	OXYBUTYNIN CL ER 5 MG TABLET	7	30.000	22.25	0.10592	200% Above	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	5	30.000	6.99	0.07103	200% Above	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	6	30.000	6.99	0.06781	200% Above	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	7	30.000	0.30	0.06404	76%-100% Below	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	8	30.000	0.30	0.06862	76%-100% Below	No	No
16729032015	OLMESARTAN MEDOXOMIL 5 MG TAB	5	180.000	44.90	0.07103	200% Above	No	No
16729032015	OLMESARTAN MEDOXOMIL 5 MG TAB	8	30.000	9.90	0.06862	200% Above	No	No
16729032015	OLMESARTAN MEDOXOMIL 5 MG TAB	8	180.000	44.90	0.06862	200% Above	No	No
16729032110	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.000	20.00	0.10183	101%-200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.000	9.99	0.10183	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.000	44.99	0.10183	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.000	9.99	0.1018	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.000	14.99	0.1018	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.000	44.99	0.1018	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.000	14.99	0.09284	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.000	9.90	0.10195	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.000	9.99	0.10195	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.000	14.99	0.10195	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.000	4.59	0.10195	26%-50% Below	No	No
16729032210	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	6.90	0.15171	51%-75% Above	No	No
16729032210	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	6.90	0.12986	76%-100% Above	No	No
16729032210	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	14.99	0.14482	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	14.99	0.15094	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.000	7.50	0.15094	26%-50% Below	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.000	29.23	0.15094	101%-200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	9.99	0.15171	101%-200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	14.99	0.15171	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	9.99	0.12986	101%-200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	14.99	0.12986	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	8	7.000	9.99	0.14482	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	2.11	0.14482	51%-75% Below	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	6.90	0.14482	51%-75% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	9.99	0.14482	101%-200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	14.99	0.14482	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.000	29.23	0.14482	101%-200% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	4.90	0.12986	10%-25% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	6.90	0.14482	51%-75% Above	No	No
16729035410	VILAZODONE HCL 40 MG TABLET	8	30.000	38.69	1.97514	26%-50% Below	No	No
16729036615	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	4.99	0.24073	26%-50% Below	Yes	No
16729036615	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	4.99	0.21059	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729036715	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	90.000	145.19	0.2754	200% Above	Yes	No
16729036715	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	90.000	147.20	0.2754	200% Above	Yes	No
16729036715	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	90.000	18.13	0.29393	26%-50% Below	Yes	No
16729036715	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	90.000	116.96	0.30063	200% Above	Yes	No
16729036815	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	30.000	6.40	0.28887	26%-50% Below	Yes	No
16729036815	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.000	19.19	0.28887	26%-50% Below	Yes	No
16729036815	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	30.000	6.40	0.30989	26%-50% Below	Yes	No
16729036815	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	90.000	19.19	0.30989	26%-50% Below	Yes	No
16729036815	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	30.000	6.40	0.2928	26%-50% Below	Yes	No
16729036815	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	90.000	19.19	0.2928	26%-50% Below	Yes	No
16729036815	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	90.000	29.99	0.2928	10%-25% Above	Yes	No
16729042201	TACROLIMUS 0.1% OINTMENT	8	100.000	328.70	1.75031	76%-100% Above	Yes	No
16729042212	TACROLIMUS 0.1% OINTMENT	8	60.000	64.76	1.73871	26%-50% Below	Yes	No
16729043310	EZETIMIBE 10 MG TABLET	8	30.000	9.99	0.10319	200% Above	No	No
16729043315	EZETIMIBE 10 MG TABLET	5	30.000	5.00	0.10469	51%-75% Above	No	No
16729043316	EZETIMIBE 10 MG TABLET	5	30.000	0.00	0.10469	76%-100% Below	No	No
16729043316	EZETIMIBE 10 MG TABLET	5	30.000	17.28	0.10469	200% Above	No	No
16729043316	EZETIMIBE 10 MG TABLET	5	90.000	29.99	0.10469	200% Above	No	No
16729043316	EZETIMIBE 10 MG TABLET	5	90.000	44.99	0.10469	200% Above	No	No
16729043316	EZETIMIBE 10 MG TABLET	6	30.000	0.00	0.09804	76%-100% Below	No	No
16729043316	EZETIMIBE 10 MG TABLET	6	30.000	14.90	0.09804	200% Above	No	No
16729043316	EZETIMIBE 10 MG TABLET	7	30.000	0.00	0.09842	76%-100% Below	No	No
16729043316	EZETIMIBE 10 MG TABLET	7	30.000	14.99	0.09842	200% Above	No	No
16729043316	EZETIMIBE 10 MG TABLET	7	90.000	13.50	0.09842	51%-75% Above	No	No
16729043316	EZETIMIBE 10 MG TABLET	8	30.000	0.00	0.10319	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729043316	EZETIMIBE 10 MG TABLET	8	90.000	49.90	0.10319	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.99	0.11543	101%-200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	7	30.000	10.00	0.11543	101%-200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	7	30.000	14.99	0.11543	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.99	0.11342	101%-200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	8	30.000	10.72	0.11342	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	8	90.000	37.99	0.11342	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	5	30.000	9.99	0.13845	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	6	30.000	0.99	0.11819	51%-75% Below	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	6	30.000	9.90	0.11819	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.38	0.11819	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	6	90.000	42.62	0.11819	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	7	30.000	0.99	0.11543	51%-75% Below	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.90	0.11543	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.99	0.11543	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	30.000	0.99	0.11342	51%-75% Below	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.90	0.11342	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.99	0.11342	101%-200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	30.000	14.38	0.11342	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	90.000	0.01	0.11342	76%-100% Below	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	90.000	12.40	0.11342	10%-25% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	90.000	29.99	0.11342	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	30.000	4.90	0.13845	10%-25% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	30.000	6.90	0.13845	51%-75% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	30.000	9.90	0.13845	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.90	0.13845	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	90.000	44.90	0.13845	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	30.000	4.90	0.11819	26%-50% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	30.000	6.90	0.11819	76%-100% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	30.000	9.90	0.11819	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.90	0.11819	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	90.000	44.90	0.11819	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	7	30.000	4.90	0.11543	26%-50% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	7	30.000	6.90	0.11543	76%-100% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.90	0.11543	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	7	30.000	14.90	0.11543	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	30.000	4.90	0.11342	26%-50% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	30.000	6.90	0.11342	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.90	0.11342	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	30.000	10.00	0.11342	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	30.000	14.90	0.11342	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	30.000	19.90	0.11342	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	90.000	44.90	0.11342	200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	5	90.000	44.90	0.17759	101%-200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	6	30.000	20.00	0.15223	200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	7	30.000	10.00	0.16488	101%-200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	7	90.000	45.00	0.16488	200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	8	30.000	9.90	0.14838	101%-200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	8	30.000	10.00	0.14838	101%-200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	8	90.000	29.90	0.14838	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729044410	BUPROPION HCL XL 300 MG TABLET	8	90.000	59.90	0.14838	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	5	30.000	9.90	0.17759	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	5	30.000	9.99	0.17759	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	5	30.000	28.63	0.17759	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	30.000	6.90	0.15223	51%-75% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	30.000	9.90	0.15223	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	30.000	9.99	0.15223	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	30.000	14.99	0.15223	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	90.000	19.99	0.15223	26%-50% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	90.000	29.90	0.15223	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	90.000	44.99	0.15223	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	28.000	14.90	0.16488	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	6.90	0.16488	26%-50% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	9.90	0.16488	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	9.99	0.16488	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.90	0.16488	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.99	0.16488	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	90.000	59.99	0.16488	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	8	28.000	14.90	0.14838	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	8	30.000	9.90	0.14838	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	8	30.000	14.90	0.14838	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	8	30.000	14.99	0.14838	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	30.000	6.90	0.12092	76%-100% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	30.000	7.48	0.12092	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	30.000	7.69	0.12092	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	90.000	9.68	0.12092	10%-25% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	90.000	12.40	0.12092	10%-25% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	30.000	6.90	0.13396	51%-75% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	30.000	7.48	0.13396	76%-100% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	30.000	4.90	0.10706	51%-75% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.90	0.10706	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	30.000	7.69	0.10706	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	90.000	14.90	0.10706	51%-75% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	30.000	6.90	0.10675	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	30.000	7.69	0.10675	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	90.000	12.40	0.10675	26%-50% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	5	30.000	6.90	0.15418	26%-50% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.000	6.90	0.13879	51%-75% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.000	9.53	0.13879	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	30.000	4.90	0.1219	26%-50% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	30.000	6.90	0.1219	76%-100% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.08	0.1219	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	30.000	9.53	0.1219	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.000	4.90	0.11359	26%-50% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.000	9.53	0.11359	101%-200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	6	30.000	6.90	0.15361	26%-50% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	6	90.000	11.42	0.15361	10%-25% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	7	30.000	6.90	0.13143	51%-75% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	8	30.000	1.82	0.11066	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	5	30.000	6.90	0.16405	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729045117	LEVOTHYROXINE 100 MCG TABLET	5	30.000	9.90	0.16405	101%-200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	6	30.000	6.90	0.16588	26%-50% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	6	30.000	9.52	0.16588	76%-100% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	7	30.000	6.90	0.13857	51%-75% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	7	30.000	9.52	0.13857	101%-200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	7	90.000	14.90	0.13857	10%-25% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	8	30.000	6.90	0.11812	76%-100% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	8	30.000	9.52	0.11812	101%-200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	8	30.000	13.62	0.10453	200% Above	Yes	No
16729047901	METHYLPHENIDATE 10 MG TABLET	5	90.000	4.99	0.15207	51%-75% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	6	60.000	14.99	0.14048	76%-100% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	7	90.000	4.99	0.13918	51%-75% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	8	60.000	14.99	0.13831	76%-100% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	8	90.000	4.99	0.13831	51%-75% Below	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	5	24.000	9.90	0.25274	51%-75% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	5	30.000	14.99	0.25274	76%-100% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	5	40.000	13.50	0.25274	26%-50% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	6	24.000	9.90	0.23868	51%-75% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	6	40.000	13.50	0.23868	26%-50% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	7	24.000	9.90	0.2335	76%-100% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	7	32.000	0.00	0.2335	76%-100% Below	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	8	12.000	6.90	0.22123	101%-200% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	8	24.000	9.90	0.22123	76%-100% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	8	32.000	0.32	0.22123	76%-100% Below	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	8	32.000	19.99	0.22123	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729053308	DODEX 1,000 MCG/ML VIAL	8	6.000	20.00	2.82672	10%-25% Above	No	No
16729054235	FLUOROURACIL 5% CREAM	6	40.000	36.49	1.17311	10%-25% Below	No	No
17478029010	TOBRAMYCIN 0.3% EYE DROP	6	5.000	4.90	1.27341	10%-25% Below	No	No
17478071130	LIDOCAINE HCL 2% JELLY	6	30.000	14.99	2.96422	76%-100% Below	No	No
17478071130	LIDOCAINE HCL 2% JELLY	7	30.000	14.99	2.9922	76%-100% Below	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	6	5.000	9.99	1.60751	10%-25% Above	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	6	5.000	12.89	1.60751	51%-75% Above	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	6	5.000	14.58	1.60751	76%-100% Above	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	7	5.000	4.90	1.57057	26%-50% Below	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	7	5.000	5.11	1.57057	26%-50% Below	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	7	5.000	12.80	1.57057	51%-75% Above	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	7	5.000	13.77	1.57057	51%-75% Above	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	7	5.000	14.90	1.57057	76%-100% Above	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	8	5.000	9.99	1.62104	10%-25% Above	No	No
17478071610	APRACLONIDINE HCL 0.5% DROPS	7	5.000	34.01	9.8	26%-50% Below	Yes	No
17478076106	DRONABINOL 2.5 MG CAPSULE	5	30.000	14.99	1.39271	51%-75% Below	No	No
17478076106	DRONABINOL 2.5 MG CAPSULE	7	30.000	14.99	1.28819	51%-75% Below	No	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	7	60.000	8.90	0.20026	10%-25% Below	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	8	60.000	8.90	0.20498	26%-50% Below	Yes	No
21922000221	CLINDAMYCIN PH 1% SOLUTION	6	30.000	14.99	0.27658	76%-100% Above	Yes	No
21922000221	CLINDAMYCIN PH 1% SOLUTION	7	30.000	14.99	0.26054	76%-100% Above	Yes	No
21922001605	CLOBETASOL 0.05% CREAM	5	30.000	22.00	0.32493	101%-200% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	6	30.000	22.00	0.31525	101%-200% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	8	60.000	44.00	0.2691	101%-200% Above	No	No
21922001606	CLOBETASOL 0.05% CREAM	7	45.000	33.00	0.26349	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
21922001704	CLOBETASOL 0.05% OINTMENT	8	30.000	24.99	0.37064	101%-200% Above	No	No
21922002107	PERMETHRIN 5% CREAM	5	60.000	0.01	0.32574	76%-100% Below	No	No
21922002107	PERMETHRIN 5% CREAM	5	60.000	12.76	0.32574	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	5	60.000	14.90	0.32574	10%-25% Below	No	No
21922002107	PERMETHRIN 5% CREAM	7	60.000	14.90	0.30425	10%-25% Below	No	No
21922002107	PERMETHRIN 5% CREAM	8	60.000	11.41	0.31826	26%-50% Below	No	No
21922002505	KETOCONAZOLE 2% CREAM	7	30.000	14.99	0.35919	26%-50% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	7	30.000	35.71	0.35919	200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	5	60.000	9.99	0.31446	26%-50% Below	No	No
21922002507	KETOCONAZOLE 2% CREAM	5	180.000	4.99	0.31446	76%-100% Below	No	No
21922002507	KETOCONAZOLE 2% CREAM	8	60.000	9.90	0.24642	26%-50% Below	No	No
21922003105	NYSTATIN-TRIAMCINOLONE OINTM	6	30.000	0.30	0.2932	76%-100% Below	No	No
23155000201	HYDRALAZINE 25 MG TABLET	5	60.000	6.96	0.04132	101%-200% Above	No	No
23155000201	HYDRALAZINE 25 MG TABLET	5	90.000	9.96	0.04132	101%-200% Above	Yes	No
23155000201	HYDRALAZINE 25 MG TABLET	6	60.000	5.71	0.04047	101%-200% Above	No	No
23155000201	HYDRALAZINE 25 MG TABLET	6	90.000	7.49	0.04047	101%-200% Above	No	No
23155000201	HYDRALAZINE 25 MG TABLET	6	180.000	3.56	0.04047	51%-75% Below	Yes	No
23155000201	HYDRALAZINE 25 MG TABLET	6	180.000	12.49	0.04047	51%-75% Above	Yes	No
23155000201	HYDRALAZINE 25 MG TABLET	6	540.000	10.69	0.04047	51%-75% Below	Yes	No
23155000201	HYDRALAZINE 25 MG TABLET	7	60.000	4.99	0.04186	76%-100% Above	Yes	No
23155000201	HYDRALAZINE 25 MG TABLET	7	60.000	5.71	0.04186	101%-200% Above	No	No
23155000201	HYDRALAZINE 25 MG TABLET	7	90.000	7.49	0.04186	76%-100% Above	No	No
23155000201	HYDRALAZINE 25 MG TABLET	8	90.000	0.69	0.04225	76%-100% Below	No	No
23155000210	HYDRALAZINE 25 MG TABLET	5	90.000	9.59	0.04132	101%-200% Above	No	No
23155000301	HYDRALAZINE 50 MG TABLET	5	60.000	7.49	0.0511	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155000301	HYDRALAZINE 50 MG TABLET	5	270.000	44.42	0.0511	200% Above	Yes	No
23155000301	HYDRALAZINE 50 MG TABLET	6	180.000	33.41	0.04968	200% Above	Yes	No
23155000301	HYDRALAZINE 50 MG TABLET	6	270.000	14.99	0.04968	10%-25% Above	Yes	No
23155000301	HYDRALAZINE 50 MG TABLET	7	90.000	7.49	0.04934	51%-75% Above	No	No
23155000301	HYDRALAZINE 50 MG TABLET	7	270.000	50.11	0.04934	200% Above	Yes	No
23155000301	HYDRALAZINE 50 MG TABLET	8	60.000	4.99	0.04842	51%-75% Above	Yes	No
23155000301	HYDRALAZINE 50 MG TABLET	8	180.000	33.41	0.04842	200% Above	Yes	No
23155000301	HYDRALAZINE 50 MG TABLET	8	270.000	29.99	0.04842	101%-200% Above	No	No
23155000301	HYDRALAZINE 50 MG TABLET	8	270.000	43.50	0.04842	200% Above	Yes	No
23155000310	HYDRALAZINE 50 MG TABLET	5	180.000	17.70	0.0511	76%-100% Above	No	No
23155000401	HYDRALAZINE 100 MG TABLET	6	180.000	76.07	0.08514	200% Above	Yes	No
23155000401	HYDRALAZINE 100 MG TABLET	6	270.000	9.90	0.08514	51%-75% Below	No	No
23155000401	HYDRALAZINE 100 MG TABLET	6	270.000	29.99	0.08514	26%-50% Above	Yes	No
23155000401	HYDRALAZINE 100 MG TABLET	7	60.000	7.49	0.0803	51%-75% Above	No	No
23155000401	HYDRALAZINE 100 MG TABLET	7	180.000	8.26	0.0803	26%-50% Below	Yes	No
23155000401	HYDRALAZINE 100 MG TABLET	7	180.000	38.13	0.0803	101%-200% Above	Yes	No
23155000401	HYDRALAZINE 100 MG TABLET	8	60.000	7.49	0.08306	26%-50% Above	No	No
23155000401	HYDRALAZINE 100 MG TABLET	8	270.000	9.90	0.08306	51%-75% Below	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.01	0.01329	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.10	0.01329	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.16	0.01329	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.23	0.01329	200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.26	0.01329	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.32	0.01329	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	0.66	0.01329	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.39	0.01329	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.50	0.01329	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.53	0.01329	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.61	0.01329	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.83	0.01329	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.47	0.01329	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.48	0.01329	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.22	0.01342	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.92	0.01342	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.01	0.01342	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.10	0.01342	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.23	0.01342	200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.25	0.01342	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.32	0.01342	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	45.000	0.70	0.01342	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	45.000	0.80	0.01342	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	63.000	1.51	0.01342	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	0.66	0.01342	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	0.71	0.01342	26%-50% Below	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.45	0.01342	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.50	0.01342	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.61	0.01342	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.67	0.01342	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.74	0.01342	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.83	0.01342	51%-75% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.39	0.01342	76%-100% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.41	0.01342	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.48	0.01342	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	1.000	0.67	0.01322	200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.22	0.01322	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.92	0.01322	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.01	0.01322	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.07	0.01322	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.10	0.01322	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.25	0.01322	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.32	0.01322	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.45	0.01322	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.50	0.01322	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.61	0.01322	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.67	0.01322	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.83	0.01322	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.32	0.01322	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.36	0.01322	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.48	0.01322	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.54	0.01322	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	15.000	0.66	0.01334	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	0.22	0.01334	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.01	0.01334	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.07	0.01334	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.16	0.01334	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.25	0.01334	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.32	0.01334	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	0.66	0.01334	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.39	0.01334	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.45	0.01334	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.50	0.01334	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.61	0.01334	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.83	0.01334	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.36	0.01334	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.47	0.01334	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.48	0.01334	101%-200% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	8	90.000	2.52	0.0244	10%-25% Above	Yes	No
23155002305	BUSPIRONE HCL 5 MG TABLET	6	60.000	3.32	0.02898	76%-100% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	5	60.000	3.41	0.04048	26%-50% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	5	90.000	4.80	0.04048	26%-50% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	7	60.000	4.16	0.03924	76%-100% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	7	90.000	4.90	0.03924	26%-50% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	8	60.000	4.16	0.03933	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	5	30.000	2.85	0.04048	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	5	60.000	3.35	0.04048	26%-50% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	180.000	0.02	0.03997	76%-100% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	180.000	13.32	0.03997	76%-100% Above	No	No
23155002801	FLUOXETINE HCL 10 MG CAPSULE	5	90.000	3.49	0.03174	10%-25% Above	No	No
23155002801	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	0.54	0.03326	26%-50% Below	No	No
23155002810	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	0.57	0.03391	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	0.55	0.03083	26%-50% Below	No	No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.37	0.03083	26%-50% Above	No	No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	1.66	0.03083	26%-50% Below	No	No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	0.55	0.03473	26%-50% Below	No	No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.38	0.03473	26%-50% Above	No	No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.42	0.03473	26%-50% Above	No	No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.37	0.03064	26%-50% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.37	0.03473	26%-50% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	7	180.000	3.31	0.03473	26%-50% Below	No	No
23155003001	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	9.54	0.07987	26%-50% Above	No	No
23155003001	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	12.65	0.08045	51%-75% Above	No	No
23155003001	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.14	0.078	101%-200% Above	No	No
23155003001	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.34	0.078	101%-200% Above	No	No
23155005901	VERAPAMIL 40 MG TABLET	6	90.000	6.70	0.14004	26%-50% Below	Yes	No
23155005901	VERAPAMIL 40 MG TABLET	8	90.000	6.70	0.13424	26%-50% Below	Yes	No
23155007001	METHIMAZOLE 5 MG TABLET	5	30.000	4.91	0.06021	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	5	34.000	5.72	0.06021	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	8	30.000	1.31	0.06855	26%-50% Below	No	No
23155007101	METHIMAZOLE 10 MG TABLET	7	30.000	4.99	0.09491	51%-75% Above	No	No
23155007101	METHIMAZOLE 10 MG TABLET	7	90.000	18.92	0.09491	101%-200% Above	No	No
23155010205	METFORMIN HCL 500 MG TABLET	5	60.000	0.00	0.0157	76%-100% Below	No	No
23155010205	METFORMIN HCL 500 MG TABLET	5	60.000	1.62	0.0157	51%-75% Above	No	No
23155010205	METFORMIN HCL 500 MG TABLET	5	60.000	1.72	0.0157	76%-100% Above	No	No
23155010205	METFORMIN HCL 500 MG TABLET	5	90.000	0.00	0.0157	76%-100% Below	No	No
23155010205	METFORMIN HCL 500 MG TABLET	5	270.000	5.55	0.0157	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155010205	METFORMIN HCL 500 MG TABLET	6	120.000	2.30	0.01484	26%-50% Above	No	No
23155010210	METFORMIN HCL 500 MG TABLET	6	60.000	1.68	0.01484	76%-100% Above	No	No
23155010210	METFORMIN HCL 500 MG TABLET	6	90.000	2.25	0.01484	51%-75% Above	No	No
23155010210	METFORMIN HCL 500 MG TABLET	7	120.000	2.41	0.01464	26%-50% Above	No	No
23155010210	METFORMIN HCL 500 MG TABLET	7	180.000	3.85	0.01464	26%-50% Above	No	No
23155010210	METFORMIN HCL 500 MG TABLET	8	120.000	2.41	0.0148	26%-50% Above	No	No
23155010305	METFORMIN HCL 850 MG TABLET	5	180.000	0.00	0.02655	76%-100% Below	No	No
23155010305	METFORMIN HCL 850 MG TABLET	6	90.000	3.40	0.02608	26%-50% Above	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	5	90.000	0.00	0.02598	76%-100% Below	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	5	180.000	0.00	0.02598	76%-100% Below	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	6	90.000	4.25	0.02642	76%-100% Above	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.57	0.02642	26%-50% Above	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.66	0.02642	26%-50% Above	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.66	0.02396	51%-75% Above	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	8	60.000	0.94	0.02446	26%-50% Below	No	No
23155010410	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.22	0.02446	10%-25% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	5	14.000	9.75	0.32067	101%-200% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	8	28.000	14.99	0.31469	51%-75% Above	Yes	No
23155017805	ISOSORBIDE MONONIT ER 60 MG TB	5	30.000	2.49	0.11946	26%-50% Below	No	No
23155019101	BUPROPION HCL 75 MG TABLET	6	90.000	21.17	0.12083	76%-100% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	6	90.000	22.68	0.12083	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	7	180.000	63.97	0.11548	200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	8	30.000	9.99	0.11826	101%-200% Above	Yes	No
23155028701	ACETAZOLAMIDE 125 MG TABLET	6	8.000	9.99	0.16108	200% Above	Yes	No
23155028801	ACETAZOLAMIDE 250 MG TABLET	7	30.000	9.99	0.23836	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155028801	ACETAZOLAMIDE 250 MG TABLET	8	30.000	5.09	0.2623	26%-50% Below	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	6	180.000	9.99	0.03611	51%-75% Above	No	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	8	120.000	8.94	0.03679	101%-200% Above	No	No
23155050010	HYDROXYZINE HCL 10 MG TABLET	6	60.000	4.90	0.03611	101%-200% Above	No	No
23155050010	HYDROXYZINE HCL 10 MG TABLET	8	180.000	34.60	0.03679	200% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	6	30.000	3.43	0.05215	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	8	20.000	2.11	0.05172	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	6	30.000	2.96	0.05215	76%-100% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	6	60.000	5.22	0.05215	51%-75% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	6	60.000	7.54	0.05215	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	7	20.000	2.20	0.05022	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	7	30.000	3.52	0.05022	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	7	30.000	7.71	0.05022	200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	7	100.000	8.24	0.05022	51%-75% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	8	20.000	2.20	0.05172	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	8	30.000	7.71	0.05172	200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	8	60.000	4.99	0.05172	51%-75% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	5	90.000	8.98	0.05113	76%-100% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	6	120.000	11.75	0.05215	76%-100% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	8	120.000	11.75	0.05172	76%-100% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	5	90.000	9.99	0.06545	51%-75% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	6	30.000	5.88	0.0731	101%-200% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	6	270.000	9.99	0.0731	26%-50% Below	No	No
23155051901	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	7.95	0.09035	101%-200% Above	No	No
23155051901	ISOSORBIDE MONONIT ER 30 MG TB	7	30.000	7.95	0.08562	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155051901	ISOSORBIDE MONONIT ER 30 MG TB	8	30.000	9.99	0.08945	200% Above	No	No
23155051905	ISOSORBIDE MONONIT ER 30 MG TB	6	90.000	24.39	0.09035	101%-200% Above	Yes	No
23155051905	ISOSORBIDE MONONIT ER 30 MG TB	8	90.000	19.65	0.08945	101%-200% Above	Yes	No
23155053102	CALCIUM ACETATE 667 MG CAPSULE	7	90.000	14.99	0.29534	26%-50% Below	No	No
23155060403	MODAFINIL 100 MG TABLET	5	30.000	7.20	0.37514	26%-50% Below	No	No
23155060601	GLYCOPYRROLATE 1 MG TABLET	7	60.000	28.50	0.10033	200% Above	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	5	60.000	6.16	0.26821	51%-75% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	5	180.000	29.99	0.26821	26%-50% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	6	60.000	13.13	0.31323	26%-50% Below	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	7	180.000	29.99	0.2418	26%-50% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	8	60.000	19.99	0.22412	26%-50% Above	No	No
23155065201	METRONIDAZOLE 500 MG TABLET	5	21.000	9.06	0.15499	101%-200% Above	No	No
23155065201	METRONIDAZOLE 500 MG TABLET	5	60.000	19.90	0.15499	101%-200% Above	No	No
23155065201	METRONIDAZOLE 500 MG TABLET	6	21.000	10.41	0.15602	200% Above	No	No
23155065201	METRONIDAZOLE 500 MG TABLET	8	14.000	7.16	0.15234	200% Above	No	No
23155065205	METRONIDAZOLE 500 MG TABLET	5	14.000	7.45	0.15499	200% Above	No	No
23155065205	METRONIDAZOLE 500 MG TABLET	6	14.000	5.00	0.15602	101%-200% Above	No	No
23155065205	METRONIDAZOLE 500 MG TABLET	6	42.000	5.00	0.15602	10%-25% Below	No	No
23155065205	METRONIDAZOLE 500 MG TABLET	7	30.000	3.50	0.14732	10%-25% Below	No	No
23155066203	CALCITRIOL 0.25 MCG CAPSULE	5	12.000	6.88	0.1778	200% Above	No	No
23155066203	CALCITRIOL 0.25 MCG CAPSULE	6	12.000	6.88	0.18115	200% Above	No	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	6	270.000	96.26	0.26898	26%-50% Above	Yes	No
23155069310	ALLOPURINOL 100 MG TABLET	5	90.000	6.12	0.05378	26%-50% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	6	90.000	7.51	0.05366	51%-75% Above	Yes	No
23155069405	ALLOPURINOL 300 MG TABLET	5	30.000	3.65	0.07705	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155069405	ALLOPURINOL 300 MG TABLET	5	30.000	4.31	0.07705	76%-100% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	5	34.000	4.80	0.07705	76%-100% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	6	30.000	0.94	0.07528	51%-75% Below	No	No
23155069405	ALLOPURINOL 300 MG TABLET	6	30.000	4.31	0.07528	76%-100% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	7	30.000	0.97	0.07381	51%-75% Below	No	No
23155069405	ALLOPURINOL 300 MG TABLET	7	30.000	6.90	0.07381	200% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	7	30.000	15.13	0.07381	200% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	8	30.000	0.97	0.07633	51%-75% Below	No	No
23155070501	ENALAPRIL MALEATE 5 MG TABLET	6	90.000	9.90	0.13359	10%-25% Below	No	No
23155072301	LABETALOL HCL 100 MG TABLET	5	60.000	14.00	0.12092	76%-100% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	7	60.000	14.00	0.11911	76%-100% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	8	60.000	14.00	0.12732	76%-100% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	5	120.000	6.99	0.17807	51%-75% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	6	120.000	6.99	0.18085	51%-75% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	7	120.000	6.99	0.17818	51%-75% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	8	120.000	6.99	0.1713	51%-75% Below	No	No
23155073601	TERAZOSIN 2 MG CAPSULE	5	90.000	11.72	0.15652	10%-25% Below	No	No
23155073601	TERAZOSIN 2 MG CAPSULE	8	90.000	11.72	0.15183	10%-25% Below	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	5	30.000	4.39	0.16393	10%-25% Below	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	6	30.000	3.63	0.16038	10%-25% Below	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	7	30.000	3.63	0.15592	10%-25% Below	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	8	30.000	3.63	0.1557	10%-25% Below	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	5	30.000	4.90	0.1325	10%-25% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	6	30.000	4.90	0.13461	10%-25% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	7	30.000	4.90	0.12012	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155077301	ENALAPRIL MALEATE 20 MG TAB	8	30.000	4.90	0.12674	26%-50% Above	No	No
23155078701	ACETAZOLAMIDE ER 500 MG CAP	8	60.000	9.99	0.40898	51%-75% Below	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	7	5.000	9.93	1.38652	26%-50% Above	Yes	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.000	44.04	13.63439	26%-50% Below	Yes	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.000	44.04	14.48959	26%-50% Below	Yes	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.000	47.71	14.48959	26%-50% Below	No	No
24208029525	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.000	45.09	14.11554	26%-50% Below	No	No
24208029525	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	2.500	22.54	12.51661	26%-50% Below	No	No
24208029525	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	2.500	22.54	11.38288	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.000	6.51	0.51899	10%-25% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.000	7.54	0.51899	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.000	7.59	0.51899	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.000	9.59	0.51899	76%-100% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.000	9.99	0.51899	76%-100% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.000	11.01	0.51899	101%-200% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.000	2.69	0.4567	26%-50% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.000	11.01	0.4567	101%-200% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	2.69	0.51276	26%-50% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	7.50	0.51276	26%-50% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.25	0.51276	76%-100% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.34	0.51276	76%-100% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.34	0.51276	76%-100% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.39	0.51276	76%-100% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.59	0.51276	76%-100% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.78	0.51276	76%-100% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.99	0.51276	76%-100% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.000	2.69	0.55851	51%-75% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.000	4.32	0.55851	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.000	4.99	0.55851	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.000	9.99	0.55851	76%-100% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.000	11.01	0.55851	76%-100% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.000	11.01	0.55851	76%-100% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	6	30.000	15.78	0.83265	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	6	30.000	19.99	0.83265	10%-25% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	7	30.000	15.78	0.7997	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	7	90.000	42.39	0.7997	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	8	30.000	15.78	0.83946	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	5	15.000	13.90	1.50309	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	5	15.000	15.51	1.50309	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	6	15.000	13.90	1.57011	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	6	15.000	14.99	1.57011	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	7	15.000	13.90	1.54506	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	8	15.000	13.90	1.53115	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	8	15.000	14.90	1.53115	26%-50% Below	No	No
24208041005	OFLOXACIN 0.3% EAR DROPS	7	5.000	9.99	2.30097	10%-25% Below	No	No
24208041005	OFLOXACIN 0.3% EAR DROPS	7	5.000	14.90	2.30097	26%-50% Above	No	No
24208041010	OFLOXACIN 0.3% EAR DROPS	8	10.000	11.64	2.29785	26%-50% Below	No	No
24208041105	BRIMONIDINE 0.2% EYE DROP	6	15.000	10.00	0.87339	10%-25% Below	Yes	No
24208041105	BRIMONIDINE 0.2% EYE DROP	8	15.000	10.00	0.91658	26%-50% Below	Yes	No
24208043405	OFLOXACIN 0.3% EYE DROPS	7	5.000	5.54	1.57057	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24208043405	OFLOXACIN 0.3% EYE DROPS	8	5.000	4.75	1.62104	26%-50% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.500	6.99	2.02188	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.500	8.07	2.02188	51%-75% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.500	9.72	2.02188	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	5.000	18.70	2.02188	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	7.500	26.86	2.02188	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	7.500	27.49	2.02188	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	2.500	6.99	1.81388	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	2.500	9.72	1.81388	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	7.500	19.93	1.81388	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	7.500	26.86	1.81388	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	7.500	27.68	1.81388	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	10.000	26.05	1.81388	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	5.000	18.70	1.83542	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	7.500	11.54	1.83542	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	7.500	23.96	1.83542	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	7.500	24.19	1.83542	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	7.500	26.86	1.83542	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	7.500	27.49	1.83542	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.500	9.72	1.86414	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	5.000	24.02	1.86414	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	7.500	35.66	1.86414	101%-200% Above	Yes	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	6	10.000	14.99	1.30793	10%-25% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	8	30.000	29.61	1.42241	26%-50% Below	Yes	No
24208050801	LOTEPREDNOL 0.5% OPHTHALMC GEL	5	5.000	74.87	30.2648	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24208055555	BACITRACIN-POLYMYXIN EYE OINT	5	7.000	9.99	2.95446	51%-75% Below	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	6	5.000	12.23	0.66342	200% Above	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	7	5.000	12.14	0.64868	200% Above	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	8	10.000	14.99	0.72952	101%-200% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	5	10.000	31.02	5.76254	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	6	10.000	33.21	5.42687	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	14.99	5.20992	51%-75% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	27.86	5.20992	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	33.21	5.20992	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	61.02	5.20992	10%-25% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	61.07	5.20992	10%-25% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.000	4.99	5.4518	76%-100% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.000	30.04	5.4518	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.000	30.19	5.4518	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.000	33.21	5.4518	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	5	10.000	19.99	6.01041	51%-75% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	28.03	6.07466	51%-75% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	30.37	6.07466	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	32.05	6.07466	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.000	28.03	5.82199	51%-75% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.000	32.05	5.82199	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	8	10.000	32.05	5.57078	26%-50% Below	Yes	No
24208067004	SULFACETAMIDE 10% EYE DROPS	7	15.000	19.99	2.29949	26%-50% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	6	5.000	22.86	8.92224	26%-50% Below	Yes	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	7	5.000	14.99	7.85558	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24208072002	DEXAMETHASONE 0.1% EYE DROP	7	5.000	24.77	7.85558	26%-50% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	8	5.000	22.86	8.12058	26%-50% Below	Yes	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	8	5.000	24.77	8.12058	26%-50% Below	No	No
24208073501	CYCLOPENTOLATE 1% EYE DROPS	8	2.000	10.24	3.31618	51%-75% Above	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	7	3.500	6.02	2.97516	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.000	9.99	2.53503	10%-25% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	0.00	2.4697	76%-100% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	4.99	2.4697	51%-75% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	7.98	2.4697	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	9.38	2.4697	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	10.78	2.4697	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	14.99	2.4697	10%-25% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	16.73	2.4697	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.000	9.99	2.31966	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.000	14.99	2.31966	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.000	7.94	2.41645	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.000	7.98	2.41645	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.000	8.08	2.41645	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.000	9.99	2.41645	10%-25% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.000	16.84	2.41645	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	10.000	15.89	2.41645	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	5	3.500	6.65	2.752	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	5	3.500	10.78	2.752	10%-25% Above	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.500	10.28	2.61855	10%-25% Above	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.500	6.65	2.51533	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.500	9.99	2.51533	10%-25% Above	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.500	10.43	2.51533	10%-25% Above	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	6.65	2.97272	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	8.63	2.97272	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	8.72	2.97272	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	13.49	2.97272	26%-50% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	6.000	11.36	0.14128	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	9.99	0.14128	200% Above	No	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	9.99	0.14128	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	14.99	0.14128	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	1.44	0.14128	26%-50% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	9.99	0.14128	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	14.99	0.14128	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	30.000	14.99	0.14128	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	42.000	9.99	0.14128	51%-75% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	14.99	0.13546	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.000	1.44	0.13546	26%-50% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.000	4.10	0.13546	51%-75% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.000	4.99	0.13546	76%-100% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	4.99	0.14755	101%-200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	14.99	0.14755	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	28.000	14.99	0.14755	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	28.000	19.99	0.14755	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	30.000	14.99	0.14755	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	6.000	0.43	0.14383	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	10.000	15.74	0.14383	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	9.99	0.14383	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	14.99	0.14383	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	25.53	0.14383	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	1.44	0.14383	26%-50% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	24.99	0.14383	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	29.60	0.14383	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	29.65	0.14383	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	28.000	4.99	0.14383	10%-25% Above	Yes	No
24689078501	BUSPIRONE HCL 7.5 MG TABLET	8	60.000	14.90	0.2091	10%-25% Above	No	No
24689079201	TERAZOSIN 1 MG CAPSULE	6	270.000	28.51	0.15279	26%-50% Below	Yes	No
24689088201	TERAZOSIN 5 MG CAPSULE	5	90.000	10.35	0.16393	26%-50% Below	Yes	No
24689088201	TERAZOSIN 5 MG CAPSULE	8	90.000	8.33	0.1557	26%-50% Below	Yes	No
24689096101	TERAZOSIN 10 MG CAPSULE	5	180.000	21.87	0.17183	26%-50% Below	Yes	No
24979000901	NIFEDIPINE ER 90 MG TABLET	5	30.000	45.13	0.34014	200% Above	No	No
24979000901	NIFEDIPINE ER 90 MG TABLET	7	30.000	36.24	0.32646	200% Above	No	No
24979000901	NIFEDIPINE ER 90 MG TABLET	8	30.000	36.24	0.35137	200% Above	No	No
24979001012	NIFEDIPINE ER 60 MG TABLET	5	30.000	9.99	0.19678	51%-75% Above	No	No
24979001012	NIFEDIPINE ER 60 MG TABLET	6	30.000	9.99	0.17973	76%-100% Above	No	No
24979001012	NIFEDIPINE ER 60 MG TABLET	6	60.000	19.99	0.17973	76%-100% Above	No	No
24979001012	NIFEDIPINE ER 60 MG TABLET	7	30.000	9.99	0.20051	51%-75% Above	No	No
24979001012	NIFEDIPINE ER 60 MG TABLET	8	30.000	5.00	0.19755	10%-25% Below	No	No
24979001012	NIFEDIPINE ER 60 MG TABLET	8	30.000	9.99	0.19755	51%-75% Above	No	No
24979001012	NIFEDIPINE ER 60 MG TABLET	8	60.000	19.99	0.19755	51%-75% Above	No	No
24979001101	NIFEDIPINE ER 30 MG TABLET	5	90.000	30.42	0.14107	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24979001112	NIFEDIPINE ER 30 MG TABLET	6	30.000	9.37	0.14623	101%-200% Above	No	No
24979001112	NIFEDIPINE ER 30 MG TABLET	7	30.000	9.37	0.14909	101%-200% Above	No	No
24979001112	NIFEDIPINE ER 30 MG TABLET	8	30.000	2.39	0.14873	26%-50% Below	No	No
24979001112	NIFEDIPINE ER 30 MG TABLET	8	30.000	9.37	0.14873	101%-200% Above	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.000	8.98	0.17802	51%-75% Above	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	7.79	0.16373	51%-75% Above	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	8.98	0.16373	76%-100% Above	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	8	30.000	11.44	0.17017	101%-200% Above	No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.000	0.00	0.1841	76%-100% Below	No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.000	8.98	0.1841	51%-75% Above	No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.000	0.00	0.17802	76%-100% Below	No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.000	8.98	0.17802	51%-75% Above	No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	0.00	0.16373	76%-100% Below	No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	8	30.000	0.00	0.17017	76%-100% Below	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	5	90.000	13.50	0.20004	10%-25% Below	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	5	90.000	31.49	0.20004	51%-75% Above	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	7	90.000	29.15	0.21879	26%-50% Above	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	8	90.000	13.50	0.21215	26%-50% Below	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	8	90.000	40.62	0.21215	101%-200% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.000	13.64	0.28008	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.000	13.64	0.29952	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.000	13.64	0.26664	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	8	30.000	13.64	0.27751	51%-75% Above	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	7	90.000	38.75	0.26664	51%-75% Above	No	No
24979003007	DILTIAZEM 24H ER(CD) 360 MG CP	5	30.000	20.68	1.10295	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24979003701	METOPROLOL SUCC ER 25 MG TAB	5	30.000	7.68	0.08397	200% Above	No	No
24979003702	METOPROLOL SUCC ER 25 MG TAB	5	30.000	5.00	0.08397	76%-100% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	5	30.000	1.59	0.08397	26%-50% Below	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	5	45.000	9.80	0.08397	101%-200% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	6	30.000	4.90	0.08046	101%-200% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	6	30.000	5.05	0.08046	101%-200% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	6	30.000	7.73	0.08046	200% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	7	30.000	4.90	0.07196	101%-200% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	7	45.000	5.85	0.07196	76%-100% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	8	30.000	4.90	0.08429	76%-100% Above	No	No
24979003801	METOPROLOL SUCC ER 50 MG TAB	5	30.000	5.61	0.09577	76%-100% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	5	28.000	4.71	0.09577	51%-75% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	5	30.000	5.05	0.09577	51%-75% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	5	30.000	7.68	0.09577	101%-200% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	6	28.000	4.71	0.09235	76%-100% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	6	30.000	5.05	0.09235	76%-100% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	6	90.000	21.74	0.09235	101%-200% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	7	28.000	4.71	0.08701	76%-100% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	7	30.000	5.05	0.08701	76%-100% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	8	28.000	4.71	0.09012	76%-100% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	8	30.000	5.05	0.09012	76%-100% Above	No	No
24979003902	METOPROLOL SUCC ER 100 MG TAB	5	30.000	5.48	0.15505	10%-25% Above	No	No
24979003902	METOPROLOL SUCC ER 100 MG TAB	5	30.000	8.29	0.15505	76%-100% Above	No	No
24979003902	METOPROLOL SUCC ER 100 MG TAB	6	30.000	5.38	0.14089	26%-50% Above	No	No
24979003902	METOPROLOL SUCC ER 100 MG TAB	6	30.000	8.29	0.14089	76%-100% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24979003902	METOPROLOL SUCC ER 100 MG TAB	6	90.000	15.00	0.14089	10%-25% Above	No	No
24979003902	METOPROLOL SUCC ER 100 MG TAB	7	30.000	8.29	0.11132	101%-200% Above	No	No
24979003902	METOPROLOL SUCC ER 100 MG TAB	8	30.000	8.07	0.14022	76%-100% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	5	30.000	5.43	0.15505	10%-25% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	6	30.000	5.43	0.14089	26%-50% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	6	30.000	8.17	0.14089	76%-100% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	7	30.000	5.43	0.11132	51%-75% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	7	30.000	8.17	0.11132	101%-200% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	8	30.000	5.43	0.14022	26%-50% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	8	30.000	8.17	0.14022	76%-100% Above	No	No
24979007815	TESTOSTERONE 1.62% GEL PUMP	5	75.000	25.91	0.6003	26%-50% Below	No	No
24979007815	TESTOSTERONE 1.62% GEL PUMP	6	75.000	25.64	0.61536	26%-50% Below	No	No
24979007815	TESTOSTERONE 1.62% GEL PUMP	6	75.000	25.91	0.61536	26%-50% Below	No	No
24979007815	TESTOSTERONE 1.62% GEL PUMP	7	75.000	23.78	0.63491	26%-50% Below	No	No
24979007815	TESTOSTERONE 1.62% GEL PUMP	8	75.000	14.99	0.60153	51%-75% Below	No	No
24979010207	BUPROPION HCL XL 300 MG TABLET	6	30.000	27.19	0.15223	200% Above	No	No
24979010207	BUPROPION HCL XL 300 MG TABLET	7	30.000	27.19	0.16488	200% Above	No	No
24979053601	GUANFACINE HCL ER 3 MG TABLET	5	30.000	19.99	0.24166	101%-200% Above	No	No
24979053601	GUANFACINE HCL ER 3 MG TABLET	6	30.000	19.99	0.27389	101%-200% Above	No	No
24979053601	GUANFACINE HCL ER 3 MG TABLET	8	30.000	19.99	0.26803	101%-200% Above	No	No
24979053801	GUANFACINE HCL ER 4 MG TABLET	6	30.000	14.99	0.23823	101%-200% Above	No	No
24979053801	GUANFACINE HCL ER 4 MG TABLET	7	30.000	14.99	0.25452	76%-100% Above	No	No
24979070306	DEXLANSOPRAZOLE DR 30 MG CAP	5	30.000	160.02	7.4464	26%-50% Below	No	No
24979070306	DEXLANSOPRAZOLE DR 30 MG CAP	6	90.000	74.99	7.43484	76%-100% Below	No	No
24979070306	DEXLANSOPRAZOLE DR 30 MG CAP	7	30.000	125.82	7.62847	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24979070306	DEXLANSOPRAZOLE DR 30 MG CAP	8	30.000	125.82	7.74035	26%-50% Below	Yes	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	5	30.000	125.82	7.71879	26%-50% Below	Yes	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	5	30.000	159.18	7.71879	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	6	30.000	125.82	7.59191	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	6	30.000	125.82	7.59191	26%-50% Below	Yes	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	6	30.000	146.93	7.59191	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	6	30.000	159.18	7.59191	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	6	90.000	377.47	7.59191	26%-50% Below	Yes	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	7	30.000	125.82	7.66031	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	7	30.000	146.93	7.66031	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	7	30.000	159.18	7.66031	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	8	30.000	125.82	7.4635	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	8	30.000	146.93	7.4635	26%-50% Below	No	No
24979070406	DEXLANSOPRAZOLE DR 60 MG CAP	8	30.000	159.18	7.4635	26%-50% Below	No	No
24979070407	DEXLANSOPRAZOLE DR 60 MG CAP	6	30.000	159.18	7.59191	26%-50% Below	No	No
27241000150	RISPERIDONE 1 MG TABLET	5	30.000	0.91	0.05364	26%-50% Below	No	No
27241000150	RISPERIDONE 1 MG TABLET	6	30.000	0.32	0.0466	76%-100% Below	No	No
27241000150	RISPERIDONE 1 MG TABLET	6	68.000	6.90	0.0466	101%-200% Above	No	No
27241000150	RISPERIDONE 1 MG TABLET	7	30.000	0.32	0.04357	51%-75% Below	No	No
27241000150	RISPERIDONE 1 MG TABLET	8	20.000	2.70	0.04569	101%-200% Above	No	No
27241000150	RISPERIDONE 1 MG TABLET	8	30.000	0.32	0.04569	76%-100% Below	No	No
27241000506	RISPERIDONE 3 MG TABLET	7	30.000	3.82	0.06162	101%-200% Above	No	No
27241001531	MONTELUKAST SOD 4 MG GRANULES	5	30.000	25.23	1.23025	26%-50% Below	No	No
27241001531	MONTELUKAST SOD 4 MG GRANULES	6	30.000	14.99	1.29186	51%-75% Below	No	No
27241002238	ZOLMITRIPTAN 5 MG TABLET	5	12.000	9.99	1.70851	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241002238	ZOLMITRIPTAN 5 MG TABLET	7	12.000	9.99	1.46503	26%-50% Below	No	No
27241004021	ELETRIPTAN HBR 40 MG TABLET	5	9.000	20.86	2.92897	10%-25% Below	No	No
27241004021	ELETRIPTAN HBR 40 MG TABLET	7	6.000	13.91	3.42485	26%-50% Below	No	No
27241004021	ELETRIPTAN HBR 40 MG TABLET	8	6.000	13.91	3.57352	26%-50% Below	No	No
27241005103	ARIPIRAZOLE 2 MG TABLET	5	30.000	0.00	0.13287	76%-100% Below	No	No
27241005103	ARIPIRAZOLE 2 MG TABLET	6	30.000	0.00	0.13464	76%-100% Below	No	No
27241005103	ARIPIRAZOLE 2 MG TABLET	7	30.000	0.00	0.12223	76%-100% Below	No	No
27241005103	ARIPIRAZOLE 2 MG TABLET	8	30.000	0.00	0.14055	76%-100% Below	No	No
27241005203	ARIPIRAZOLE 5 MG TABLET	5	30.000	14.99	0.14943	200% Above	No	No
27241005203	ARIPIRAZOLE 5 MG TABLET	6	90.000	44.99	0.12392	200% Above	No	No
27241005203	ARIPIRAZOLE 5 MG TABLET	7	30.000	14.99	0.12385	200% Above	No	No
27241005303	ARIPIRAZOLE 10 MG TABLET	5	90.000	0.01	0.14024	76%-100% Below	No	No
27241005303	ARIPIRAZOLE 10 MG TABLET	6	30.000	0.00	0.13448	76%-100% Below	No	No
27241005303	ARIPIRAZOLE 10 MG TABLET	6	30.000	14.99	0.13448	200% Above	No	No
27241005303	ARIPIRAZOLE 10 MG TABLET	7	30.000	0.00	0.13359	76%-100% Below	No	No
27241006903	SILDENAFIL 100 MG TABLET	5	18.000	24.99	0.2802	200% Above	No	No
27241006903	SILDENAFIL 100 MG TABLET	8	18.000	24.99	0.24147	200% Above	No	No
27241008303	AMLODIPINE-OLMESARTAN 5-20 MG	5	90.000	0.01	0.41117	76%-100% Below	No	No
27241008303	AMLODIPINE-OLMESARTAN 5-20 MG	8	90.000	0.01	0.36565	76%-100% Below	No	No
27241008403	AMLODIPINE-OLMESARTAN 5-40 MG	6	30.000	9.99	0.44011	10%-25% Below	No	No
27241008403	AMLODIPINE-OLMESARTAN 5-40 MG	8	30.000	9.99	0.38187	10%-25% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	5	30.000	4.99	0.11247	26%-50% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	5	60.000	14.99	0.11247	101%-200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	5	90.000	48.65	0.11247	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	8	30.000	4.99	0.11063	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241009706	DULOXETINE HCL DR 20 MG CAP	8	30.000	14.99	0.11063	200% Above	Yes	No
27241009803	DULOXETINE HCL DR 30 MG CAP	7	90.000	44.99	0.10271	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	8	30.000	0.00	0.09834	76%-100% Below	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	8	30.000	9.99	0.09834	200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	30.000	1.81	0.10545	26%-50% Below	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	90.000	5.42	0.10545	26%-50% Below	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	90.000	21.52	0.10545	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	14.000	17.84	0.1056	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	30.000	1.81	0.1056	26%-50% Below	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	30.000	19.99	0.1056	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	90.000	21.22	0.1056	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	90.000	89.07	0.1056	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	180.000	74.99	0.1056	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	30.000	1.81	0.10271	26%-50% Below	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	30.000	9.99	0.10271	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	60.000	9.99	0.10271	51%-75% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	90.000	44.99	0.10271	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	180.000	228.08	0.10271	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	30.000	1.81	0.09834	26%-50% Below	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	30.000	9.90	0.09834	200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	30.000	9.99	0.09834	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	60.000	3.61	0.09834	26%-50% Below	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	60.000	4.99	0.09834	10%-25% Below	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	60.000	9.99	0.09834	51%-75% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	90.000	5.42	0.09834	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	90.000	17.10	0.09834	76%-100% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	8	180.000	34.20	0.09834	76%-100% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	8	60.000	14.90	0.09834	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.000	2.16	0.11807	26%-50% Below	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.99	0.11807	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.000	14.99	0.11807	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.000	19.99	0.11807	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.000	20.00	0.11807	76%-100% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.000	21.34	0.11807	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.000	29.99	0.11807	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.000	60.00	0.11807	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	180.000	42.68	0.11807	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.000	2.16	0.11559	26%-50% Below	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.000	9.99	0.11559	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.000	14.99	0.11559	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.000	14.99	0.11559	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.000	19.99	0.11559	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	90.000	21.05	0.11559	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	90.000	44.99	0.11559	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	180.000	42.10	0.11559	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.000	2.16	0.11671	26%-50% Below	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.99	0.11671	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.000	14.99	0.11671	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.000	14.99	0.11671	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.000	19.99	0.11671	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.000	14.99	0.11671	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.000	19.99	0.11671	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.000	25.00	0.11671	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.000	29.99	0.11671	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.000	59.99	0.11671	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	180.000	33.91	0.11671	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.000	2.16	0.11186	26%-50% Below	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.000	9.99	0.11186	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.000	14.99	0.11186	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.000	14.99	0.11186	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.000	19.99	0.11186	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	90.000	16.96	0.11186	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	90.000	29.99	0.11186	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	90.000	44.99	0.11186	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	180.000	60.00	0.11186	101%-200% Above	Yes	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.000	2.57	0.11807	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.000	14.90	0.11807	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.000	2.57	0.11559	10%-25% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.000	6.90	0.11559	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.000	14.90	0.11559	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	90.000	7.70	0.11559	10%-25% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	30.000	1.53	0.11671	51%-75% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	30.000	6.90	0.11671	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	30.000	1.25	0.11186	51%-75% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	30.000	1.55	0.11186	51%-75% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	30.000	6.90	0.11186	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	7	60.000	14.99	0.35191	26%-50% Below	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	8	60.000	14.99	0.35833	26%-50% Below	No	No
27241011203	TADALAFIL 5 MG TABLET	5	30.000	19.99	0.13295	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	6	30.000	19.99	0.14299	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	6	90.000	29.99	0.14299	101%-200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	7	30.000	19.99	0.1091	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	8	30.000	19.99	0.11195	200% Above	No	No
27241011403	TADALAFIL 20 MG TABLET	6	18.000	14.99	0.36562	101%-200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	8	90.000	0.01	0.11607	76%-100% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	30.000	6.90	0.15773	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	30.000	14.99	0.15773	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	90.000	44.99	0.15773	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	30.000	6.90	0.18907	10%-25% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	30.000	14.90	0.18907	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	30.000	14.99	0.18907	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	90.000	29.99	0.18907	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	30.000	3.08	0.17065	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	30.000	6.90	0.17065	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	30.000	14.90	0.17065	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	30.000	14.99	0.17065	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	90.000	44.99	0.17065	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.000	3.08	0.17375	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.000	6.90	0.17375	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.000	14.90	0.17375	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.000	14.99	0.17375	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	90.000	44.99	0.17375	101%-200% Above	No	No
27241011804	FENOFIBRATE 67 MG CAPSULE	7	30.000	4.99	0.13962	10%-25% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	5	90.000	29.99	0.13969	101%-200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	6	90.000	20.00	0.13873	51%-75% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	6	90.000	80.04	0.13873	200% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	7	90.000	7.88	0.15023	26%-50% Below	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	8	90.000	29.99	0.13566	101%-200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	8	90.000	59.99	0.13566	200% Above	Yes	No
27241012004	FENOFIBRATE 200 MG CAPSULE	7	90.000	44.99	0.24433	101%-200% Above	Yes	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	60.000	10.81	0.25634	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	120.000	21.61	0.25634	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	6	60.000	9.04	0.24326	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	7	60.000	8.93	0.23731	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	8	60.000	8.88	0.26785	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	8	120.000	29.90	0.37517	26%-50% Below	No	No
27241015504	OXYBUTYNIN CL ER 5 MG TABLET	6	30.000	19.90	0.13885	200% Above	No	No
27241015504	OXYBUTYNIN CL ER 5 MG TABLET	6	90.000	9.90	0.13885	10%-25% Below	No	No
27241015504	OXYBUTYNIN CL ER 5 MG TABLET	8	30.000	9.99	0.12	101%-200% Above	No	No
27241015860	VALGANCICLOVIR 450 MG TABLET	5	60.000	0.01	2.65097	76%-100% Below	No	No
27241015860	VALGANCICLOVIR 450 MG TABLET	6	60.000	0.01	2.97529	76%-100% Below	No	No
27241015860	VALGANCICLOVIR 450 MG TABLET	7	60.000	24.99	3.00932	76%-100% Below	No	No
27241015860	VALGANCICLOVIR 450 MG TABLET	8	60.000	24.99	2.86787	76%-100% Below	No	No
27241016901	DOXEPIN 50 MG CAPSULE	5	30.000	14.90	0.35254	26%-50% Above	No	No
27241016901	DOXEPIN 50 MG CAPSULE	6	30.000	14.90	0.39071	26%-50% Above	No	No



## NADAC Summary Report

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27241019230	TOLTERODINE TART ER 4 MG CAP	5	30.000	19.28	1.01843	26%-50% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	6	30.000	19.28	1.07077	26%-50% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	6	90.000	20.00	1.07077	76%-100% Below	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	5	30.000	14.99	0.13957	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	5	90.000	29.99	0.13957	101%-200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	6	30.000	14.99	0.12012	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	6	90.000	29.99	0.12012	101%-200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	7	30.000	9.99	0.11282	101%-200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	7	30.000	14.99	0.11282	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	7	90.000	14.99	0.11282	26%-50% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	8	30.000	14.99	0.12125	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	8	90.000	29.99	0.12125	101%-200% Above	No	No
27808003501	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	18.000	4.67	0.09843	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	5.30	0.10657	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	5.40	0.10657	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	6.39	0.10657	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.000	6.39	0.10657	76%-100% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.000	4.09	0.09163	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	7.000	2.31	0.09843	200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	8.000	2.59	0.09843	200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	3.00	0.09843	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	5.21	0.09843	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.000	4.99	0.09843	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	4.000	1.44	0.0991	200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	5.000	1.86	0.0991	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.000	1.41	0.0991	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.000	3.01	0.0991	200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.42	0.0991	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	0.84	0.0991	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	18.000	8.37	0.0991	200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	5.35	0.0991	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	1.68	0.0991	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	10.45	0.0991	200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	50.000	11.92	0.0991	101%-200% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	10.000	0.65	0.12718	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.000	3.16	0.12718	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.000	3.17	0.12718	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	10.000	1.37	0.11449	10%-25% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.000	1.19	0.11449	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	40.000	3.98	0.11449	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.000	5.67	0.11449	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	8.000	1.32	0.11267	26%-50% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	15.000	1.99	0.11267	10%-25% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.000	2.04	0.11884	26%-50% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.000	2.05	0.11884	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.000	5.67	0.11884	10%-25% Below	No	No
27808003702	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.000	11.50	0.13467	26%-50% Below	No	No
27808003702	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	11.50	0.12039	10%-25% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	30.000	2.81	0.11931	10%-25% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	30.000	4.06	0.11931	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	40.000	3.69	0.11931	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	8.00	0.05533	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	140.000	4.90	0.05533	26%-50% Below	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	6	90.000	2.01	0.04169	26%-50% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	6	100.000	25.17	0.36248	26%-50% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	5	30.000	14.90	0.18108	101%-200% Above	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	6	30.000	14.90	0.18833	101%-200% Above	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	5	30.000	14.90	0.25472	76%-100% Above	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	8	60.000	19.99	0.27365	10%-25% Above	Yes	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	1.22	0.05855	26%-50% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.37	0.06086	76%-100% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	7	7.000	0.15	0.05627	51%-75% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.65	0.05627	51%-75% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	0.90	0.05627	76%-100% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.79	0.05292	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	3.23	0.05615	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.10	0.04944	10%-25% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.74	0.0506	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.96	0.0506	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	12.000	0.50	0.05689	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	28.000	1.16	0.05689	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.25	0.05689	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	6	12.000	0.50	0.05615	10%-25% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	6	28.000	1.16	0.05615	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.25	0.05615	10%-25% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	12.000	0.44	0.04944	10%-25% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	28.000	1.02	0.04944	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.10	0.04944	10%-25% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.25	0.04944	10%-25% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	12.000	0.33	0.0506	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	28.000	0.78	0.0506	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	3.29	0.0506	26%-50% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	1.48	0.07794	26%-50% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	4.90	0.07794	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	19.90	0.07794	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	44.90	0.07794	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	1.04	0.07212	51%-75% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.90	0.07212	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	19.90	0.07212	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	29.90	0.07212	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	44.90	0.07212	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	4.90	0.07377	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	6.90	0.07377	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	9.90	0.07377	26%-50% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	0.67	0.07086	51%-75% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	6.90	0.07086	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	44.90	0.07086	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	4.90	0.07794	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	6.90	0.07794	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	4.90	0.07212	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.90	0.07212	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	4.90	0.07377	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	6.90	0.07377	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	7	60.000	29.90	0.07377	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	4.90	0.07086	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	6.90	0.07086	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	6.27	0.11556	26%-50% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	14.90	0.12799	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	1.08	0.12245	51%-75% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	14.90	0.12245	200% Above	No	No
27808019001	COLESEVELAM 625 MG TABLET	5	90.000	23.05	0.42419	26%-50% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	2.98	0.14499	26%-50% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	2.000	6.67	0.13661	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.000	24.99	0.13661	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	3.05	0.13661	10%-25% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	4.99	0.13661	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	14.90	0.13661	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	9.99	0.13661	10%-25% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	14.99	0.13432	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	2.25	0.13869	10%-25% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	9.99	0.13869	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	14.99	0.13869	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	180.000	74.99	0.13869	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	4.99	0.14755	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	8	30.000	9.99	0.14383	101%-200% Above	No	No
29033000305	SUCRALFATE 1 GM TABLET	5	120.000	14.99	0.19497	26%-50% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	6	40.000	4.90	0.18218	26%-50% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	8	120.000	14.90	0.1785	26%-50% Below	No	No
29033002602	CALCIUM ACETATE 667 MG CAPSULE	8	90.000	0.90	0.29151	76%-100% Below	No	No
29033003001	ACETAZOLAMIDE ER 500 MG CAP	5	90.000	29.90	0.36986	10%-25% Below	No	No
29033003001	ACETAZOLAMIDE ER 500 MG CAP	8	90.000	29.90	0.40898	10%-25% Below	No	No
29033003630	DAPSONE 25 MG TABLET	5	120.000	38.08	0.56588	26%-50% Below	No	No
29033003630	DAPSONE 25 MG TABLET	7	120.000	38.17	0.54996	26%-50% Below	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	5	30.000	2.92	0.03558	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	30.000	2.47	0.03422	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	30.000	2.92	0.03422	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	42.000	3.61	0.03422	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	30.000	2.92	0.03317	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	60.000	4.96	0.03317	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	30.000	2.47	0.03162	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	30.000	2.92	0.03162	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	60.000	4.16	0.03162	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	60.000	4.96	0.03162	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	60.000	5.10	0.03162	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	5	60.000	5.17	0.06362	26%-50% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	5	120.000	4.90	0.06362	26%-50% Below	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	6	120.000	2.96	0.06241	51%-75% Below	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	7	30.000	2.56	0.05404	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300011201	LAMOTRIGINE 100 MG TABLET	7	60.000	5.17	0.05404	51%-75% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	7	120.000	2.96	0.05404	51%-75% Below	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	8	120.000	3.05	0.05542	51%-75% Below	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	28.000	2.72	0.06362	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	30.000	2.86	0.06362	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	30.000	2.94	0.06362	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	30.000	2.86	0.06241	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	30.000	2.94	0.06241	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	7	30.000	2.86	0.05404	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	7	30.000	2.94	0.05404	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	30.000	2.86	0.05542	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	30.000	2.94	0.05542	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	30.000	3.61	0.05542	101%-200% Above	No	No
29300011210	LAMOTRIGINE 100 MG TABLET	7	7.000	1.17	0.05404	200% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	5	60.000	7.28	0.09211	26%-50% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	6	60.000	7.28	0.08563	26%-50% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	7	60.000	7.28	0.06942	51%-75% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	8	60.000	7.28	0.0768	51%-75% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	8	180.000	17.71	0.0768	26%-50% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	7	70.000	6.61	0.07913	10%-25% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	6	30.000	3.80	0.10072	10%-25% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	7	180.000	10.10	0.07913	26%-50% Below	Yes	No
29300011705	TOPIRAMATE 100 MG TABLET	7	60.000	5.41	0.06631	26%-50% Above	No	No
29300011705	TOPIRAMATE 100 MG TABLET	8	60.000	5.41	0.06606	26%-50% Above	No	No
29300012401	MELOXICAM 7.5 MG TABLET	8	14.000	0.99	0.02276	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300012401	MELOXICAM 7.5 MG TABLET	8	30.000	1.62	0.02276	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	30.000	1.56	0.02303	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	60.000	0.71	0.02303	26%-50% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	90.000	3.54	0.02303	51%-75% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	30.000	0.36	0.02276	26%-50% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	30.000	1.34	0.02276	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.000	1.41	0.02491	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.000	1.44	0.02491	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.000	1.49	0.02491	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	90.000	1.54	0.02491	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	5	90.000	2.88	0.02491	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.000	0.44	0.02338	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.000	1.41	0.02338	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.000	1.44	0.02338	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.000	1.49	0.02338	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	90.000	3.01	0.02338	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	0.43	0.02396	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	0.82	0.02396	10%-25% Above	Yes	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	1.41	0.02396	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	1.44	0.02396	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	1.49	0.02396	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	4.83	0.02396	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	90.000	2.53	0.02396	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	14.000	1.04	0.0237	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.000	0.41	0.0237	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300012510	MELOXICAM 15 MG TABLET	8	30.000	1.41	0.0237	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.000	1.44	0.0237	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.000	1.49	0.0237	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.000	4.83	0.0237	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	90.000	1.54	0.0237	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	8	90.000	2.69	0.0237	26%-50% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	5	30.000	14.09	0.3452	26%-50% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	5	30.000	8.99	0.3452	10%-25% Below	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	6	30.000	8.99	0.3471	10%-25% Below	No	No
29300012701	BISOPROLOL FUMARATE 10 MG TAB	5	3.000	2.20	0.38961	76%-100% Above	No	No
29300012701	BISOPROLOL FUMARATE 10 MG TAB	5	90.000	19.99	0.38961	26%-50% Below	No	No
29300012713	BISOPROLOL FUMARATE 10 MG TAB	7	90.000	43.38	0.34085	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.33	0.01334	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.30	0.01329	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.64	0.01329	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.73	0.01329	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.84	0.01329	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	5.24	0.01329	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.30	0.01342	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	2.82	0.01342	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	3.26	0.01342	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.24	0.01322	26%-50% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.30	0.01322	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.79	0.01322	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.48	0.01334	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.64	0.01334	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	5.24	0.01334	200% Above	No	No
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	5	30.000	1.63	0.02737	76%-100% Above	No	No
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	7	30.000	1.44	0.02641	76%-100% Above	No	No
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	8	30.000	1.73	0.0244	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.12	0.03149	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.12	0.03273	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.21	0.03273	101%-200% Above	No	No
29300013505	CLONIDINE HCL 0.1 MG TABLET	7	60.000	2.28	0.0275	26%-50% Above	No	No
29300013505	CLONIDINE HCL 0.1 MG TABLET	8	60.000	2.28	0.02791	26%-50% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	6	30.000	0.00	0.03794	76%-100% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	6	60.000	3.69	0.03794	51%-75% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	7	180.000	9.83	0.03785	26%-50% Above	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	7	30.000	2.12	0.03785	76%-100% Above	No	No
29300013610	CLONIDINE HCL 0.2 MG TABLET	5	30.000	0.65	0.03752	26%-50% Below	No	No
29300013610	CLONIDINE HCL 0.2 MG TABLET	6	30.000	0.54	0.03794	51%-75% Below	No	No
29300013610	CLONIDINE HCL 0.2 MG TABLET	7	30.000	2.21	0.03785	76%-100% Above	No	No
29300013610	CLONIDINE HCL 0.2 MG TABLET	7	60.000	3.17	0.03785	26%-50% Above	No	No
29300013610	CLONIDINE HCL 0.2 MG TABLET	8	30.000	0.54	0.03695	51%-75% Below	No	No
29300013610	CLONIDINE HCL 0.2 MG TABLET	8	60.000	3.17	0.03695	26%-50% Above	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	5	60.000	4.31	0.03922	76%-100% Above	No	No
29300013705	CLONIDINE HCL 0.3 MG TABLET	8	90.000	5.11	0.04156	26%-50% Above	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	6	60.000	8.74	0.05493	101%-200% Above	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	7	60.000	8.64	0.05409	101%-200% Above	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	8	60.000	8.64	0.05422	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300014001	DIVALPROEX SOD DR 500 MG TAB	7	30.000	9.99	0.1337	101%-200% Above	No	No
29300015501	ALFUZOSIN HCL ER 10 MG TABLET	6	90.000	14.90	0.12977	26%-50% Above	No	No
29300015519	ALFUZOSIN HCL ER 10 MG TABLET	5	30.000	5.50	0.12636	26%-50% Above	No	No
29300015519	ALFUZOSIN HCL ER 10 MG TABLET	5	30.000	9.72	0.12636	101%-200% Above	No	No
29300015519	ALFUZOSIN HCL ER 10 MG TABLET	6	30.000	5.50	0.12977	26%-50% Above	No	No
29300015519	ALFUZOSIN HCL ER 10 MG TABLET	6	30.000	9.72	0.12977	101%-200% Above	No	No
29300015519	ALFUZOSIN HCL ER 10 MG TABLET	7	30.000	9.72	0.12677	101%-200% Above	No	No
29300015519	ALFUZOSIN HCL ER 10 MG TABLET	8	30.000	9.72	0.11883	101%-200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.90	0.04842	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.90	0.04818	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	7	120.000	14.90	0.04818	101%-200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.26	0.04778	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	8	60.000	11.92	0.04778	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	8	90.000	17.58	0.04778	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	8	120.000	14.90	0.04778	101%-200% Above	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	8	90.000	35.46	0.2972	26%-50% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	90.000	14.99	0.35219	51%-75% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	30.000	0.30	0.30417	76%-100% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	90.000	22.94	0.30417	10%-25% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	5	90.000	26.63	0.3292	10%-25% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	90.000	0.90	0.33645	76%-100% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	90.000	26.09	0.33169	10%-25% Below	No	No
29300018913	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	30.000	9.74	0.29442	10%-25% Above	No	No
29300019019	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.000	4.99	0.13909	10%-25% Above	No	No
29300019019	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	60.000	19.99	0.14399	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300019019	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.000	4.99	0.14399	51%-75% Below	No	No
29300019219	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	9.99	0.15931	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.000	0.30	0.06987	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.000	4.99	0.06987	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.99	0.06987	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.000	7.36	0.06987	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.11	0.06987	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.50	0.06987	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	90.000	23.45	0.06987	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.89	0.06511	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.94	0.06511	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.99	0.06511	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.11	0.06511	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.000	10.05	0.06511	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.000	23.54	0.06511	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.000	23.96	0.06511	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.30	0.06565	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	4.99	0.06565	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.89	0.06565	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.94	0.06565	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.99	0.06565	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.18	0.06565	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.50	0.06565	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	90.000	19.30	0.06565	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	30.000	4.99	0.06471	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.89	0.06471	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.99	0.06471	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.000	0.90	0.06471	76%-100% Below	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	5	3.000	0.25	0.15499	26%-50% Below	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	5	14.000	4.27	0.15499	76%-100% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	5	21.000	10.78	0.15499	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	5	30.000	12.49	0.15499	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	3.000	0.25	0.15602	26%-50% Below	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	14.000	7.50	0.15602	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	14.000	8.60	0.15602	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	20.000	10.29	0.15602	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	4.000	2.85	0.14732	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	14.000	4.21	0.14732	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	4.000	2.25	0.15234	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	14.000	2.57	0.15234	10%-25% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	14.000	4.99	0.15234	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	14.000	6.17	0.15234	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	14.000	6.41	0.15234	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	14.000	8.96	0.15234	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	15.000	7.96	0.15234	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	30.000	5.05	0.15234	10%-25% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.000	6.08	0.15602	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	30.000	10.95	0.15602	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	14.000	6.13	0.14732	101%-200% Above	No	No
29300022746	METRONIDAZOLE 500 MG TABLET	6	20.000	9.95	0.15602	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300024210	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.27	0.01062	200% Above	No	No
29300024210	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.56	0.01062	101%-200% Above	No	No
29300024210	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.27	0.0106	200% Above	No	No
29300024210	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.05	0.01005	200% Above	No	No
29300024210	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.27	0.01005	200% Above	No	No
29300024210	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01099	200% Above	No	No
29300024210	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.56	0.01099	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	60.000	4.50	0.03022	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	90.000	5.74	0.03018	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.000	4.62	0.02898	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	180.000	12.19	0.03022	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	60.000	4.62	0.03018	101%-200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	7	180.000	4.05	0.03924	26%-50% Below	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	30.000	2.76	0.04048	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	30.000	2.85	0.04048	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.000	5.01	0.04048	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	90.000	4.99	0.04048	26%-50% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	90.000	7.18	0.04048	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	120.000	9.90	0.04048	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	30.000	2.85	0.03997	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.000	5.01	0.03997	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	90.000	7.18	0.03997	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	180.000	13.72	0.03997	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.000	5.01	0.03924	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	90.000	7.18	0.03924	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.000	1.40	0.03933	26%-50% Below	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.000	4.16	0.03933	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	90.000	9.12	0.03933	101%-200% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	5	30.000	3.38	0.05104	101%-200% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	5	60.000	4.90	0.05104	51%-75% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	5	270.000	25.14	0.05104	76%-100% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	6	60.000	1.68	0.04759	26%-50% Below	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	6	180.000	16.47	0.04759	76%-100% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	7	60.000	1.68	0.04751	26%-50% Below	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	7	60.000	4.99	0.04751	51%-75% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	7	60.000	5.04	0.04751	76%-100% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	8	60.000	4.90	0.04691	51%-75% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	8	90.000	8.56	0.04691	101%-200% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	8	270.000	25.14	0.04691	76%-100% Above	No	No
29300024716	BUSPIRONE HCL 30 MG TABLET	5	60.000	14.99	0.16103	51%-75% Above	No	No
29300024716	BUSPIRONE HCL 30 MG TABLET	6	60.000	14.99	0.17129	26%-50% Above	No	No
29300024716	BUSPIRONE HCL 30 MG TABLET	7	60.000	14.99	0.16406	51%-75% Above	No	No
29300024716	BUSPIRONE HCL 30 MG TABLET	8	60.000	5.77	0.15619	26%-50% Below	No	No
29300032913	SOLIFENACIN 10 MG TABLET	6	30.000	9.99	0.24621	26%-50% Above	No	No
29300032913	SOLIFENACIN 10 MG TABLET	7	30.000	9.99	0.2202	51%-75% Above	No	No
29300032913	SOLIFENACIN 10 MG TABLET	7	30.000	19.99	0.2202	200% Above	No	No
29300032913	SOLIFENACIN 10 MG TABLET	8	30.000	9.99	0.21697	51%-75% Above	No	No
29300032913	SOLIFENACIN 10 MG TABLET	8	30.000	24.99	0.21697	200% Above	No	No
29300033301	CHLORTHALIDONE 25 MG TABLET	8	15.000	7.00	0.12125	200% Above	No	No
29300033301	CHLORTHALIDONE 25 MG TABLET	8	30.000	14.99	0.12125	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300033401	CHLORTHALIDONE 50 MG TABLET	5	30.000	14.99	0.21284	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	5	270.000	14.99	0.06891	10%-25% Below	No	No
29300034401	BACLOFEN 20 MG TABLET	8	14.000	3.94	0.10027	101%-200% Above	No	No
29300034410	BACLOFEN 20 MG TABLET	5	90.000	27.52	0.10061	200% Above	No	No
29300034410	BACLOFEN 20 MG TABLET	6	90.000	27.52	0.11149	101%-200% Above	No	No
29300034410	BACLOFEN 20 MG TABLET	7	90.000	22.16	0.09567	101%-200% Above	No	No
29300034410	BACLOFEN 20 MG TABLET	8	90.000	22.16	0.10027	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	5	30.000	6.90	0.05378	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	5	90.000	23.98	0.07705	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	12.000	0.60	0.02454	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	28.000	1.37	0.02454	76%-100% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	20.000	0.98	0.02429	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	5	24.000	1.18	0.02454	76%-100% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	5	168.000	4.54	0.02454	10%-25% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	14.000	1.05	0.02486	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	15.000	1.07	0.02486	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	20.000	1.12	0.02486	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	30.000	0.00	0.02486	76%-100% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	7	12.000	1.01	0.02478	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	8	20.000	1.06	0.02429	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	8	20.000	1.33	0.02429	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	8	30.000	0.97	0.02429	26%-50% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	8	168.000	5.66	0.02429	26%-50% Above	No	No
29300038901	METFORMIN HCL ER 500 MG TABLET	8	60.000	2.64	0.0378	10%-25% Above	No	No
29300038905	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.61	0.03713	26%-50% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300038905	METFORMIN HCL ER 500 MG TABLET	6	60.000	2.63	0.03713	10%-25% Above	No	No
29300038905	METFORMIN HCL ER 500 MG TABLET	6	60.000	6.78	0.03713	200% Above	No	No
29300038905	METFORMIN HCL ER 500 MG TABLET	6	90.000	5.06	0.03713	51%-75% Above	No	No
29300038905	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.61	0.04331	10%-25% Above	No	No
29300038905	METFORMIN HCL ER 500 MG TABLET	7	90.000	4.34	0.04331	10%-25% Above	No	No
29300038905	METFORMIN HCL ER 500 MG TABLET	7	120.000	4.53	0.04331	10%-25% Below	No	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	3.49	0.0136	101%-200% Above	No	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.000	14.02	0.01288	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.22	0.01062	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.27	0.01062	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.56	0.01062	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.21	0.0106	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.46	0.0106	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.50	0.0106	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.75	0.0106	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.21	0.01099	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.56	0.01099	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.86	0.01062	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.29	0.01062	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.39	0.01062	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	6.40	0.01062	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	15.96	0.01062	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.83	0.0106	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.12	0.0106	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.39	0.0106	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	3.07	0.0106	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	0.83	0.01005	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.12	0.01005	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	15.96	0.01005	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.83	0.01099	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.12	0.01099	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.56	0.01099	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.59	0.01099	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.65	0.01099	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	15.96	0.01099	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.28	0.01501	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.29	0.01519	26%-50% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.96	0.01519	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.29	0.01514	26%-50% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.53	0.01514	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.53	0.0143	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.74	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.00	0.01501	76%-100% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.99	0.01501	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.53	0.01501	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.59	0.01501	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	0.00	0.01501	76%-100% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	0.93	0.01501	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.28	0.01501	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.37	0.01501	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.47	0.01501	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.35	0.01519	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.45	0.01519	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.48	0.01519	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.53	0.01519	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.58	0.01519	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.81	0.01519	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	1.89	0.01519	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.88	0.01519	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.96	0.01519	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.28	0.01519	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.54	0.01519	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.99	0.01514	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.35	0.01514	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.40	0.01514	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.45	0.01514	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.53	0.01514	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.59	0.01514	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.84	0.01514	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	60.000	2.89	0.01514	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	0.81	0.01514	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.74	0.01514	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.83	0.01514	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.96	0.01514	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.54	0.01514	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.96	0.01514	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	0.99	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.40	0.0143	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.53	0.0143	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.58	0.0143	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.59	0.0143	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	0.01	0.0143	76%-100% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	0.81	0.0143	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	1.89	0.0143	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.68	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.74	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.83	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.96	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.29	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.37	0.0143	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.47	0.0143	101%-200% Above	No	No
29300040001	ATENOLOL-CHLORTHALIDONE 50-25	7	90.000	19.99	0.35509	26%-50% Below	No	No
29300041001	ATENOLOL 25 MG TABLET	6	90.000	0.90	0.02573	51%-75% Below	No	No
29300041001	ATENOLOL 25 MG TABLET	7	90.000	7.09	0.02522	200% Above	No	No
29300041005	ATENOLOL 25 MG TABLET	8	30.000	2.75	0.02477	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	7	30.000	2.84	0.02613	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	8	30.000	2.84	0.02776	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	20.000	1.44	0.02816	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	1.96	0.02816	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	0.95	0.02342	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	1.90	0.02342	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	6	60.000	2.67	0.02342	76%-100% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	7	15.000	1.31	0.02555	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	7	60.000	3.27	0.02555	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	20.000	1.53	0.0245	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	0.95	0.0245	26%-50% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.89	0.0245	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	42.000	0.64	0.0245	26%-50% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	5	90.000	9.99	0.02816	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	6	90.000	9.99	0.02342	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.74	0.0245	101%-200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	8	90.000	0.90	0.0245	51%-75% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	8	90.000	4.29	0.0245	76%-100% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	8	90.000	9.99	0.0245	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	10.000	0.95	0.02236	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	10.000	1.00	0.02236	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	15.000	1.05	0.02236	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.36	0.02236	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.50	0.02236	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	3.02	0.02236	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.25	0.02026	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.36	0.02026	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.50	0.02026	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	21.000	1.25	0.02322	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	60.000	0.57	0.02322	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.29	0.02315	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.72	0.02315	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	0.57	0.02315	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.54	0.02315	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	3.02	0.02315	26%-50% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	1.21	0.02236	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	0.30	0.02236	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.50	0.02236	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	2.21	0.02236	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	3.53	0.02236	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	21.000	1.25	0.02026	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	21.000	1.27	0.02026	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.31	0.02026	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	60.000	2.21	0.02026	76%-100% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	60.000	2.26	0.02026	76%-100% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	6.000	0.89	0.02322	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.31	0.02322	76%-100% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.48	0.02322	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.50	0.02322	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.73	0.02322	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	60.000	2.21	0.02322	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.77	0.02315	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	1.93	0.02315	26%-50% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	2.26	0.02315	51%-75% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	5	60.000	8.80	0.03996	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	5	60.000	9.99	0.03996	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	60.000	8.44	0.04104	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	60.000	9.99	0.04104	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	7	60.000	9.99	0.03744	200% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	5	45.000	12.02	0.4995	26%-50% Below	No	No
29300045801	GUANFACINE 1 MG TABLET	5	60.000	14.99	0.4995	26%-50% Below	Yes	No
29300045801	GUANFACINE 1 MG TABLET	6	15.000	8.25	0.47786	10%-25% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	6	45.000	12.01	0.47786	26%-50% Below	No	No
29300045801	GUANFACINE 1 MG TABLET	6	60.000	14.99	0.47786	26%-50% Below	Yes	No
29300045801	GUANFACINE 1 MG TABLET	7	15.000	8.25	0.45856	10%-25% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	7	90.000	29.99	0.45856	26%-50% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	5	30.000	3.23	0.02844	200% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	6	180.000	5.87	0.02827	10%-25% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.37	0.0275	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.37	0.02791	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.55	0.02791	76%-100% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	8	60.000	2.06	0.02791	10%-25% Above	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	5	30.000	0.53	0.02844	26%-50% Below	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	5	60.000	2.32	0.02844	26%-50% Above	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	6	30.000	0.35	0.02827	51%-75% Below	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	6	60.000	2.32	0.02827	26%-50% Above	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	7	30.000	0.35	0.0275	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	30.000	1.42	0.02844	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	90.000	3.18	0.02844	10%-25% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.42	0.02827	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.45	0.02827	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.58	0.02827	76%-100% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.58	0.0275	76%-100% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.58	0.02791	76%-100% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.93	0.11294	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	5.10	0.11294	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.93	0.10917	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.34	0.10115	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.000	13.32	0.10115	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.000	10.73	0.10063	10%-25% Above	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	7	270.000	25.00	0.11613	10%-25% Below	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	14.30	0.11672	26%-50% Above	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	8.13	0.16631	51%-75% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	5	60.000	15.47	0.16631	51%-75% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	6	90.000	9.76	0.16152	26%-50% Below	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	6.78	0.16759	26%-50% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	0.30	0.15858	76%-100% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	8	60.000	14.99	0.15858	51%-75% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	5	90.000	8.69	0.10827	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	5	180.000	17.39	0.10827	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	6	180.000	17.15	0.10773	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	7	90.000	6.90	0.09822	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	7	180.000	13.81	0.09822	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	7	180.000	15.55	0.09822	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	8	180.000	13.81	0.10991	26%-50% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722013201	POTASSIUM CITRATE ER 15 MEQ TB	6	180.000	34.52	0.58249	51%-75% Below	No	No
31722013505	POTASSIUM CL ER 20 MEQ TABLET	5	120.000	13.73	0.18925	26%-50% Below	No	No
31722013505	POTASSIUM CL ER 20 MEQ TABLET	7	120.000	10.16	0.18977	51%-75% Below	No	No
31722013505	POTASSIUM CL ER 20 MEQ TABLET	8	120.000	11.38	0.18816	26%-50% Below	No	No
31722015130	VALSARTAN 40 MG TABLET	5	30.000	14.90	0.21106	101%-200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	6	30.000	14.90	0.21012	101%-200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	7	30.000	14.90	0.19006	101%-200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	5	90.000	0.90	0.2238	76%-100% Below	No	No
31722015290	VALSARTAN 80 MG TABLET	6	30.000	14.99	0.2279	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	5	30.000	0.30	0.23356	76%-100% Below	No	No
31722015390	VALSARTAN 160 MG TABLET	7	30.000	14.99	0.22114	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	7	90.000	44.99	0.22114	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	5	90.000	14.99	0.3068	26%-50% Below	No	No
31722015501	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	60.000	9.99	0.23559	26%-50% Below	No	No
31722015601	DEXTROAMP-AMPHETAM 7.5 MG TAB	5	30.000	7.25	0.44574	26%-50% Below	No	No
31722015601	DEXTROAMP-AMPHETAM 7.5 MG TAB	8	30.000	14.99	0.34239	26%-50% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	15.000	12.50	0.24995	200% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	14.90	0.24995	76%-100% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	14.99	0.24995	76%-100% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	14.90	0.23987	101%-200% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	14.99	0.23987	101%-200% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.000	14.99	0.23987	26%-50% Below	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	14.99	0.22972	101%-200% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	19.99	0.22972	101%-200% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	28.67	0.22972	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	24.99	0.22972	76%-100% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	90.000	14.99	0.22972	26%-50% Below	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	14.99	0.23945	101%-200% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	19.99	0.23945	101%-200% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.000	14.99	0.23945	26%-50% Below	No	No
31722015901	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.000	24.99	0.23949	51%-75% Above	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	14.99	0.29443	10%-25% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	14.99	0.30183	10%-25% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	75.000	14.99	0.30183	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	9.99	0.2864	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	14.90	0.2864	10%-25% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	14.99	0.2942	51%-75% Above	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.90	0.2942	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.99	0.2942	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	90.000	14.90	0.2942	26%-50% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	11.03	0.28567	26%-50% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	24.99	0.28567	26%-50% Above	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.000	9.99	0.29368	10%-25% Above	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	6.90	0.28077	51%-75% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	14.99	0.28077	10%-25% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	24.99	0.28077	26%-50% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	5	30.000	12.02	0.10746	200% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	6	30.000	12.02	0.10243	200% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	7	30.000	12.02	0.09791	200% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	8	30.000	12.02	0.10453	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722017301	METHYLPHENIDATE 5 MG TABLET	8	60.000	23.29	0.10453	200% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	8	90.000	19.99	0.10453	101%-200% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	7	30.000	4.99	0.13918	10%-25% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	8	30.000	4.99	0.13831	10%-25% Above	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	7	30.000	14.99	1.44653	51%-75% Below	No	No
31722052001	HYDRALAZINE 25 MG TABLET	6	180.000	33.48	0.04047	200% Above	Yes	No
31722052001	HYDRALAZINE 25 MG TABLET	7	30.000	3.72	0.04186	101%-200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	8	90.000	9.68	0.04225	101%-200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	8	180.000	26.96	0.04225	200% Above	Yes	No
31722052001	HYDRALAZINE 25 MG TABLET	8	810.000	29.99	0.04225	10%-25% Below	No	No
31722052010	HYDRALAZINE 25 MG TABLET	5	60.000	0.01	0.04132	76%-100% Below	No	No
31722052010	HYDRALAZINE 25 MG TABLET	5	90.000	6.90	0.04132	76%-100% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	6	90.000	6.90	0.04047	76%-100% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	7	90.000	6.90	0.04186	76%-100% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	8	60.000	0.01	0.04225	76%-100% Below	No	No
31722052010	HYDRALAZINE 25 MG TABLET	8	90.000	6.90	0.04225	76%-100% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	5	60.000	0.60	0.0511	76%-100% Below	No	No
31722052101	HYDRALAZINE 50 MG TABLET	5	60.000	3.99	0.0511	26%-50% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	5	90.000	9.84	0.0511	101%-200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	5	90.000	9.88	0.0511	101%-200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	6	60.000	0.60	0.04968	76%-100% Below	No	No
31722052101	HYDRALAZINE 50 MG TABLET	6	90.000	9.84	0.04968	101%-200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	6	90.000	9.88	0.04968	101%-200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	7	60.000	0.60	0.04934	76%-100% Below	No	No
31722052101	HYDRALAZINE 50 MG TABLET	7	90.000	9.84	0.04934	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722052101	HYDRALAZINE 50 MG TABLET	8	60.000	3.99	0.04842	26%-50% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	8	60.000	7.24	0.04842	101%-200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	8	90.000	9.84	0.04842	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	5	60.000	6.53	0.0511	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	5	60.000	6.72	0.0511	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	6	60.000	6.53	0.04968	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	6	60.000	6.72	0.04968	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	6	180.000	0.02	0.04968	76%-100% Below	No	No
31722052110	HYDRALAZINE 50 MG TABLET	8	60.000	6.72	0.04842	101%-200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	6	180.000	76.07	0.08514	200% Above	Yes	No
31722052201	HYDRALAZINE 100 MG TABLET	8	180.000	61.29	0.08306	200% Above	Yes	No
31722052530	FINASTERIDE 5 MG TABLET	5	30.000	5.17	0.07229	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	5	30.000	5.62	0.07229	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	5	90.000	15.08	0.07229	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	6	30.000	4.77	0.07037	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	6	30.000	4.87	0.07037	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	7	30.000	4.87	0.06963	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	8	30.000	4.77	0.06869	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	8	30.000	4.87	0.06869	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	8	90.000	15.08	0.06869	101%-200% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	5	15.000	7.34	0.08265	200% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	5	90.000	14.47	0.08265	76%-100% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	5	180.000	37.37	0.08265	101%-200% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	6	15.000	7.34	0.07843	200% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	6	90.000	18.68	0.07843	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722053101	TORSEMIDE 20 MG TABLET	6	180.000	37.37	0.07843	101%-200% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	7	15.000	4.77	0.07702	200% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	7	30.000	0.00	0.07702	76%-100% Below	No	No
31722053101	TORSEMIDE 20 MG TABLET	7	90.000	11.90	0.07702	51%-75% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	8	15.000	4.77	0.08228	200% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	8	30.000	4.43	0.08228	76%-100% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	8	90.000	14.47	0.08228	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	30.000	3.24	0.04441	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	60.000	5.80	0.04441	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	90.000	8.35	0.04441	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	5	90.000	9.02	0.055	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	5	90.000	9.99	0.055	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	90.000	9.99	0.05273	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	7	90.000	9.99	0.05019	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	8	90.000	9.99	0.05247	101%-200% Above	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	7	21.000	3.14	0.08986	51%-75% Above	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	7	28.000	9.99	0.08986	200% Above	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	7	30.000	2.28	0.08986	10%-25% Below	Yes	No
31722054201	INDOMETHACIN 25 MG CAPSULE	7	30.000	4.27	0.08986	51%-75% Above	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	7	45.000	5.07	0.08986	10%-25% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	5	14.000	2.89	0.15346	26%-50% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	5	15.000	1.55	0.15346	26%-50% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	5	30.000	5.35	0.15346	10%-25% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	5	90.000	5.23	0.15346	51%-75% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	6	21.000	3.41	0.10348	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722054301	INDOMETHACIN 50 MG CAPSULE	6	30.000	5.35	0.10348	51%-75% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	6	60.000	9.97	0.10348	51%-75% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	6	90.000	5.23	0.10348	26%-50% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	10.000	1.99	0.10935	76%-100% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	15.000	4.72	0.10935	101%-200% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	30.000	5.35	0.10935	51%-75% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	60.000	8.46	0.10935	26%-50% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	60.000	9.97	0.10935	51%-75% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	60.000	10.22	0.10935	51%-75% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	90.000	5.23	0.10935	26%-50% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	21.000	3.48	0.09293	76%-100% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	90.000	5.23	0.09293	26%-50% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	90.000	12.35	0.09293	26%-50% Above	Yes	No
31722054501	LITHIUM CARBONATE 300 MG CAP	5	80.000	3.29	0.04992	10%-25% Below	No	No
31722054501	LITHIUM CARBONATE 300 MG CAP	6	120.000	4.38	0.04947	26%-50% Below	No	No
31722054501	LITHIUM CARBONATE 300 MG CAP	7	120.000	4.38	0.04778	10%-25% Below	No	No
31722054501	LITHIUM CARBONATE 300 MG CAP	7	270.000	7.58	0.04778	26%-50% Below	Yes	No
31722054501	LITHIUM CARBONATE 300 MG CAP	8	120.000	4.38	0.05158	26%-50% Below	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	1.11	0.07526	26%-50% Below	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.90	0.07526	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	10.09	0.07526	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	10.64	0.07526	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	90.000	12.40	0.07526	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	10.000	4.13	0.07553	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	4.90	0.07553	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.90	0.07553	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	7.00	0.07553	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.69	0.07553	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	10.09	0.07553	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	10.34	0.07553	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	90.000	9.90	0.07553	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	90.000	14.90	0.07553	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	90.000	29.96	0.07553	200% Above	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	10.000	3.90	0.07034	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	1.38	0.07034	26%-50% Below	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.90	0.07034	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	7.00	0.07034	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	10.09	0.07034	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	10.34	0.07034	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.000	11.18	0.07034	76%-100% Above	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	1.38	0.06668	26%-50% Below	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	4.90	0.06668	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	5.00	0.06668	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.90	0.06668	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	7.00	0.06668	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	10.09	0.06668	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	90.000	9.90	0.06668	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	90.000	29.87	0.06668	200% Above	No	No
31722056030	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	7	30.000	11.98	0.60942	26%-50% Below	No	No
31722056030	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	8	30.000	11.88	0.61293	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	5	30.000	4.90	0.23732	26%-50% Below	No	No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	6	30.000	4.90	0.22967	26%-50% Below	No	No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	7	30.000	4.90	0.19245	10%-25% Below	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	5	60.000	9.99	0.23732	26%-50% Below	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	6	60.000	9.99	0.22967	26%-50% Below	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	7	60.000	9.99	0.19245	10%-25% Below	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	8	60.000	7.69	0.17611	26%-50% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	5	600.000	0.06	0.03745	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	6	600.000	0.06	0.0352	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	7	600.000	14.99	0.03147	10%-25% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	8	600.000	0.06	0.03319	76%-100% Below	No	No
31722058630	NEBIVOLOL 5 MG TABLET	5	30.000	14.90	0.32273	51%-75% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	5	30.000	33.83	0.32273	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	5	90.000	25.45	0.32273	10%-25% Below	No	No
31722058630	NEBIVOLOL 5 MG TABLET	6	30.000	28.84	0.32022	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	6	90.000	14.90	0.32022	26%-50% Below	No	No
31722058630	NEBIVOLOL 5 MG TABLET	7	30.000	28.84	0.32177	101%-200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	8	30.000	28.84	0.28861	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	8	90.000	14.90	0.28861	26%-50% Below	No	No
31722058690	NEBIVOLOL 5 MG TABLET	7	90.000	14.90	0.32177	26%-50% Below	No	No
31722058730	NEBIVOLOL 10 MG TABLET	5	30.000	14.99	0.33835	26%-50% Above	No	No
31722058890	NEBIVOLOL 20 MG TABLET	5	30.000	9.13	0.40709	10%-25% Below	No	No
31722058890	NEBIVOLOL 20 MG TABLET	6	30.000	6.90	0.42835	26%-50% Below	No	No
31722058890	NEBIVOLOL 20 MG TABLET	7	30.000	7.94	0.36667	26%-50% Below	No	No
31722058890	NEBIVOLOL 20 MG TABLET	8	30.000	7.94	0.41215	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722059690	FENOFIBRATE 145 MG TABLET	6	90.000	23.99	0.16264	51%-75% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	7	30.000	8.99	0.14883	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	8	30.000	8.99	0.16496	76%-100% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	8	30.000	9.90	0.16496	76%-100% Above	No	No
31722061290	PREGABALIN 75 MG CAPSULE	5	90.000	0.01	0.0835	76%-100% Below	No	No
31722061290	PREGABALIN 75 MG CAPSULE	6	90.000	0.01	0.08009	76%-100% Below	No	No
31722061690	PREGABALIN 225 MG CAPSULE	5	60.000	14.99	0.1085	101%-200% Above	No	No
31722061690	PREGABALIN 225 MG CAPSULE	6	60.000	14.99	0.1049	101%-200% Above	No	No
31722061690	PREGABALIN 225 MG CAPSULE	7	60.000	14.99	0.10771	101%-200% Above	No	No
31722061690	PREGABALIN 225 MG CAPSULE	8	60.000	14.99	0.09142	101%-200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	12.07	1.43555	10%-25% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	94.47	1.43555	200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	12.07	1.50533	10%-25% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	19.99	1.50533	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	9.99	1.49258	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	79.57	1.49258	200% Above	No	No
31722065931	LEVOCETIRIZINE 2.5 MG/5 ML SOL	5	148.000	19.83	0.24125	26%-50% Below	No	No
31722066430	ESOMEPRAZOLE MAG DR 20 MG CAP	7	90.000	29.99	0.18218	76%-100% Above	Yes	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.000	9.90	0.2086	51%-75% Above	No	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.000	9.90	0.18218	76%-100% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	14.90	0.17269	101%-200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	19.99	0.20374	200% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.000	45.00	0.20374	101%-200% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.000	141.41	0.20374	200% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.000	161.30	0.20374	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	4.99	0.1935	10%-25% Below	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	10.72	0.1935	26%-50% Below	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	159.08	0.1935	200% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	161.30	0.1935	200% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	7	60.000	12.50	0.17269	10%-25% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	12.50	0.17269	10%-25% Below	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	29.99	0.17269	76%-100% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	128.15	0.17269	200% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	128.15	0.18114	200% Above	Yes	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	128.15	0.18114	200% Above	Yes	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	389.66	0.18114	200% Above	Yes	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.06	0.06107	51%-75% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.23	0.06107	76%-100% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	6.26	0.06107	10%-25% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.89	0.06107	26%-50% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.57	0.05419	51%-75% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	3.06	0.05419	76%-100% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	3.23	0.05419	76%-100% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	45.000	2.89	0.05419	10%-25% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	3.06	0.04995	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	3.23	0.04995	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	45.000	3.55	0.04995	51%-75% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	7.89	0.04995	51%-75% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.06	0.05003	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.23	0.05003	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	5.10	0.05003	10%-25% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.66	0.05003	51%-75% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	0.73	0.06107	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.06	0.06107	51%-75% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.89	0.06107	26%-50% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.98	0.06107	26%-50% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	3.06	0.05419	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	60.000	5.61	0.05419	51%-75% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	9.75	0.05419	76%-100% Above	Yes	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	180.000	12.50	0.05419	26%-50% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	3.06	0.04995	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	15.000	1.67	0.05003	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	0.30	0.05003	76%-100% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.06	0.05003	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.15	0.05003	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.90	0.05003	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	15.000	2.14	0.06744	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	1.23	0.06744	26%-50% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.54	0.06744	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.64	0.06744	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.65	0.06744	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	60.000	6.62	0.06744	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.33	0.06744	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.61	0.06744	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.74	0.06744	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	1.23	0.06904	26%-50% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.04	0.06904	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.08	0.06904	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.18	0.06904	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.64	0.06904	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	60.000	6.62	0.06904	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.15	0.06904	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.61	0.06904	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	1.23	0.06944	26%-50% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.04	0.06944	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.63	0.06944	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.64	0.06944	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.85	0.06944	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	60.000	6.62	0.06944	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	3.69	0.06944	26%-50% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.61	0.06944	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.79	0.06944	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	20.00	0.06944	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	1.23	0.05825	26%-50% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.04	0.05825	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.64	0.05825	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	4.52	0.05825	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	7.91	0.05825	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.27	0.05825	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	9.61	0.05825	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	0.30	0.06744	76%-100% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.31	0.06744	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.64	0.06744	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.73	0.06744	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	8.74	0.06744	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	24.00	0.06744	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	0.30	0.06904	76%-100% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.18	0.06904	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	8.00	0.06904	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	0.30	0.06944	76%-100% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.13	0.06944	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.18	0.06944	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.73	0.06944	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	0.90	0.06944	76%-100% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.42	0.06944	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.70	0.06944	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.13	0.05825	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.18	0.05825	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	60.000	8.47	0.05825	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	0.90	0.05825	76%-100% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	7.20	0.05825	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.57	0.05825	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	2.05	0.10045	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.90	0.10045	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.21	0.10045	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.35	0.10045	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	60.000	10.05	0.10045	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.92	0.10045	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.32	0.10045	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.75	0.10045	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	2.05	0.09928	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.90	0.09928	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.21	0.09928	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.35	0.09928	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.44	0.09928	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	6.15	0.09928	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.11	0.09928	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	13.35	0.09928	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	2.05	0.09669	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.90	0.09669	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.21	0.09669	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.35	0.09669	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	60.000	10.05	0.09669	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.11	0.09669	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.75	0.09669	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	2.05	0.08706	10%-25% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.44	0.08706	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.58	0.08706	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.63	0.08706	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.35	0.08706	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	6.15	0.08706	10%-25% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.32	0.08706	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	0.30	0.10045	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.10045	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.59	0.10045	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.82	0.10045	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.30	0.10045	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.35	0.10045	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.44	0.10045	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.49	0.10045	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.69	0.10045	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	6.90	0.10045	10%-25% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.49	0.10045	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.41	0.10045	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.84	0.10045	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	15.08	0.10045	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	0.30	0.09928	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	2.05	0.09928	26%-50% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.53	0.09928	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.58	0.09928	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.68	0.09928	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.30	0.09928	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.44	0.09928	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.20	0.09928	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.49	0.09928	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.41	0.09928	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.84	0.09928	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	0.30	0.09669	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.53	0.09669	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.09669	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.59	0.09669	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.68	0.09669	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.30	0.09669	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.35	0.09669	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.44	0.09669	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.55	0.09669	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	0.90	0.09669	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.41	0.09669	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.84	0.09669	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	0.30	0.08706	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.53	0.08706	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.59	0.08706	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.30	0.08706	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.35	0.08706	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.44	0.08706	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	7.42	0.08706	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	9.99	0.08706	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.49	0.08706	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.41	0.08706	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.84	0.08706	76%-100% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	4.52	0.31225	51%-75% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	4.99	0.31225	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	12.90	0.31225	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	14.90	0.31225	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	19.51	0.31225	101%-200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	19.51	0.31225	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	19.61	0.31225	101%-200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	60.000	9.99	0.31225	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	60.000	36.68	0.31225	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	90.000	44.99	0.31225	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	180.000	27.09	0.31225	51%-75% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	4.52	0.26668	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.99	0.26668	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	14.90	0.26668	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	14.99	0.26668	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	15.82	0.26668	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.000	13.55	0.26668	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.000	15.00	0.26668	26%-50% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.000	36.75	0.26668	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.000	59.99	0.26668	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	180.000	27.09	0.26668	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	6.000	4.33	0.28203	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	4.52	0.28203	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	9.99	0.28203	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	12.64	0.28203	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	14.99	0.28203	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	90.000	14.99	0.28203	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	90.000	18.85	0.28203	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	6.000	3.81	0.28822	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	20.000	9.99	0.28822	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	4.99	0.28822	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	9.99	0.28822	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	14.99	0.28822	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	60.000	9.99	0.28822	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	90.000	48.23	0.28822	76%-100% Above	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	4.89	0.31225	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	19.52	0.31225	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	10.000	6.73	0.26668	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	3.69	0.26668	51%-75% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.90	0.26668	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.99	0.26668	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	15.73	0.26668	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	15.82	0.26668	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	60.000	9.99	0.26668	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	10.000	6.73	0.28203	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	9.99	0.28203	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	14.90	0.28203	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	60.000	9.99	0.28203	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	14.90	0.28822	51%-75% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	15.82	0.28822	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	60.000	9.99	0.28822	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.000	3.14	0.54181	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.000	13.22	0.54181	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	14.000	4.99	0.54181	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.000	0.00	0.54181	76%-100% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.000	9.90	0.54181	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.000	9.41	0.54181	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.000	19.90	0.54181	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.000	32.45	0.54181	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.000	37.03	0.54181	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.000	29.99	0.54181	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	4.000	5.64	0.55379	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	10.000	9.99	0.55379	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.000	6.59	0.55379	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.000	14.90	0.55379	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	28.000	9.99	0.55379	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	9.41	0.55379	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	19.90	0.55379	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	32.45	0.55379	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	60.000	19.98	0.55379	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.000	4.97	0.49908	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.000	5.58	0.49908	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	10.000	9.99	0.49908	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	14.000	3.36	0.49908	51%-75% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	20.000	14.99	0.49908	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.000	14.99	0.49908	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	9.41	0.49908	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	9.99	0.49908	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	19.90	0.49908	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	38.89	0.49908	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	60.000	14.38	0.49908	51%-75% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.000	21.57	0.49908	51%-75% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.000	28.23	0.49908	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.000	37.91	0.49908	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	10.000	11.32	0.49832	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.000	14.99	0.49832	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.000	14.99	0.49832	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	14.99	0.49832	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	19.99	0.49832	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	23.32	0.49832	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	24.99	0.49832	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	9.41	0.49832	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	9.99	0.49832	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	13.03	0.49832	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	19.90	0.49832	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	38.89	0.49832	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.000	28.23	0.49832	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.000	109.61	0.49832	101%-200% Above	Yes	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.000	9.90	0.54181	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.000	9.99	0.54181	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.000	24.99	0.54181	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	9.99	0.55379	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	90.000	24.99	0.55379	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	9.90	0.49908	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	14.99	0.49832	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	9.90	0.49832	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.000	24.99	0.49832	26%-50% Below	No	No
31722070830	FAMCICLOVIR 500 MG TABLET	7	21.000	10.26	0.85484	26%-50% Below	No	No
31722071030	SILDENAFIL 50 MG TABLET	5	6.000	14.99	0.23568	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	6	6.000	14.99	0.19329	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	8	6.000	14.99	0.21235	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	5	6.000	9.99	0.2802	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	6	6.000	9.99	0.24833	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	8	6.000	9.99	0.24147	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.000	11.29	0.05365	101%-200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	6	90.000	23.92	0.05369	200% Above	Yes	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.000	13.66	0.05024	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.000	3.64	0.05312	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	28.000	4.19	0.06651	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.04	0.06651	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.45	0.06651	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.57	0.06651	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	6.90	0.06651	10%-25% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.04	0.06651	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	28.000	4.19	0.06001	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.00	0.06001	76%-100% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.89	0.06001	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.45	0.06001	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.54	0.06001	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.57	0.06001	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.000	5.08	0.06001	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.54	0.06225	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.57	0.06225	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.66	0.06225	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.19	0.06225	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.73	0.06225	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	1.10	0.06139	26%-50% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.54	0.06139	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.94	0.06139	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	5.82	0.06139	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	9.98	0.06139	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.19	0.06139	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.49	0.06139	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	15.88	0.06139	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	2.78	0.06651	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.20	0.06651	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.13	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.54	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.57	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.66	0.06651	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.69	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.74	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	5.53	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	9.99	0.06651	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	8.33	0.06651	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	9.95	0.06651	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.00	0.06651	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	11.75	0.06651	76%-100% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.49	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.73	0.06651	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.30	0.06001	76%-100% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.20	0.06001	76%-100% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.89	0.06001	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.54	0.06001	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.66	0.06001	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.69	0.06001	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.79	0.06001	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	5.53	0.06001	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.000	7.35	0.06001	101%-200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	0.90	0.06001	76%-100% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	8.23	0.06001	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.19	0.06001	76%-100% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.28	0.06001	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.13	0.06001	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.49	0.06001	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	0.30	0.06225	76%-100% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.20	0.06225	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.89	0.06225	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.54	0.06225	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.66	0.06225	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.79	0.06225	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	9.99	0.06225	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	6.62	0.06225	10%-25% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	9.59	0.06225	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	9.95	0.06225	76%-100% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.00	0.06225	76%-100% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.19	0.06225	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.49	0.06225	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.73	0.06225	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	0.30	0.06139	76%-100% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	2.74	0.06139	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.20	0.06139	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.89	0.06139	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.54	0.06139	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.66	0.06139	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	5.82	0.06139	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	9.99	0.06139	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	2.32	0.06139	51%-75% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	6.62	0.06139	10%-25% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	7.04	0.06139	26%-50% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.00	0.06139	76%-100% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	11.75	0.06139	101%-200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	15.97	0.06139	101%-200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	5	30.000	6.99	0.92877	51%-75% Below	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	6	30.000	14.99	1.04492	51%-75% Below	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	5	30.000	24.99	1.11166	10%-25% Below	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	6	30.000	24.99	1.0297	10%-25% Below	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	8	30.000	24.99	1.05794	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	5.000	0.00	0.21104	76%-100% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	7.000	2.42	0.21104	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	10.000	0.10	0.21104	76%-100% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	10.000	2.98	0.21104	26%-50% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	10.000	3.69	0.21104	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	7.000	2.42	0.17453	76%-100% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	10.000	2.71	0.17453	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	10.000	2.98	0.17453	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	10.000	3.06	0.17453	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	10.000	3.07	0.17453	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	5.000	0.59	0.21144	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	5.000	1.94	0.21144	76%-100% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	7.000	2.45	0.21144	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	10.000	3.15	0.21144	26%-50% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	7.000	0.00	0.16783	76%-100% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	7.000	2.42	0.16783	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	10.000	3.06	0.16783	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	10.000	3.07	0.16783	76%-100% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	10.000	3.86	0.16783	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	12.000	3.54	0.16783	51%-75% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	14.000	4.00	0.16783	51%-75% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	5	5.000	2.77	0.35641	51%-75% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	5	7.000	0.00	0.35641	76%-100% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	5	7.000	3.85	0.35641	51%-75% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	5	7.000	14.99	0.35641	200% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	6	7.000	3.36	0.35635	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	4.90	0.06987	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.85	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.90	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.02	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.11	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.25	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.35	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.000	0.01	0.06987	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.000	14.90	0.06987	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.000	19.90	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.000	20.00	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.000	23.70	0.06987	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	10.000	3.36	0.06511	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.96	0.06511	26%-50% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	4.90	0.06511	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.62	0.06511	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.85	0.06511	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.18	0.06511	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.02	0.06511	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.11	0.06511	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.25	0.06511	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.000	9.99	0.06511	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.000	12.40	0.06511	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	4.90	0.06565	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.80	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.85	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.89	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.90	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.09	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.11	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.25	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.50	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.000	6.90	0.06565	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.000	14.90	0.06565	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.000	14.99	0.06565	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.000	22.75	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.000	22.84	0.06565	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	28.000	6.65	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	4.90	0.06471	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.80	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.09	0.06471	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.11	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.25	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	9.10	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	10.50	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.000	0.01	0.06471	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.21	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.000	22.84	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.000	24.01	0.06471	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.000	29.99	0.06471	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.000	0.00	0.06987	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.99	0.06987	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.11	0.06987	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.12	0.06987	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.59	0.06987	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.89	0.06511	51%-75% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.99	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.18	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.11	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.12	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.59	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.000	9.99	0.06511	51%-75% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.000	19.30	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.000	20.00	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.000	22.84	0.06511	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.00	0.06565	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.99	0.06565	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.36	0.06565	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.45	0.06565	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	90.000	22.84	0.06565	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.00	0.06471	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.99	0.06471	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.36	0.06471	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.000	22.84	0.06471	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.000	29.99	0.06471	200% Above	No	No
31722072730	MONTELUKAST SOD 4 MG TAB CHEW	5	30.000	12.61	0.10254	200% Above	No	No
31722072730	MONTELUKAST SOD 4 MG TAB CHEW	6	30.000	12.61	0.09706	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	5	30.000	1.84	0.10254	26%-50% Below	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	5	30.000	6.90	0.10254	101%-200% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	1.76	0.08571	26%-50% Below	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	6.90	0.08571	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	9.03	0.08571	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.000	6.90	0.09291	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.000	9.29	0.09291	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.000	6.90	0.0881	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	6.90	0.08177	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	8.59	0.08177	200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	5	30.000	9.99	0.20973	51%-75% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	6	30.000	9.99	0.19813	51%-75% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	7	30.000	9.99	0.2302	26%-50% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	7	90.000	29.99	0.2302	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722072930	IRBESARTAN 75 MG TABLET	8	30.000	9.99	0.21414	51%-75% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	5	30.000	8.99	0.20872	26%-50% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	7	30.000	8.99	0.20181	26%-50% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	8	30.000	8.99	0.20587	26%-50% Above	No	No
31722073090	IRBESARTAN 150 MG TABLET	5	90.000	14.99	0.20872	10%-25% Below	No	No
31722073090	IRBESARTAN 150 MG TABLET	6	90.000	35.19	0.19997	76%-100% Above	No	No
31722073090	IRBESARTAN 150 MG TABLET	8	90.000	14.99	0.20587	10%-25% Below	No	No
31722073190	IRBESARTAN 300 MG TABLET	5	90.000	44.90	0.31111	51%-75% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	8	90.000	44.90	0.29115	51%-75% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	8	10.000	2.02	0.10331	76%-100% Above	No	No
31722077705	ACYCLOVIR 400 MG TABLET	8	15.000	0.86	0.10331	26%-50% Below	No	No
31722077705	ACYCLOVIR 400 MG TABLET	8	60.000	4.90	0.10331	10%-25% Below	No	No
31722077801	ACYCLOVIR 800 MG TABLET	7	30.000	7.39	0.18019	26%-50% Above	No	No
31722077805	ACYCLOVIR 800 MG TABLET	8	30.000	4.90	0.19493	10%-25% Below	No	No
31722082030	ARIPIRAZOLE 5 MG TABLET	5	30.000	9.90	0.14943	101%-200% Above	No	No
31722082030	ARIPIRAZOLE 5 MG TABLET	6	30.000	9.90	0.12392	101%-200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	4.99	0.05855	101%-200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	0.01	0.05855	76%-100% Below	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.00	0.06086	76%-100% Below	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	4.99	0.06086	101%-200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	0.01	0.06086	76%-100% Below	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	4.99	0.05627	101%-200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	0.01	0.05627	76%-100% Below	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	4.99	0.05292	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.000	0.01	0.05292	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.00	0.05689	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	0.01	0.05689	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	29.99	0.05689	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.00	0.05615	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	0.01	0.05615	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	20.00	0.05615	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.00	0.04944	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	20.00	0.04944	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.00	0.0506	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	0.01	0.0506	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	29.99	0.0506	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	6.99	0.07794	101%-200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	14.99	0.07794	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	20.00	0.07794	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	20.00	0.07794	101%-200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	29.99	0.07794	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	51.72	0.07794	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.99	0.07212	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	14.99	0.07212	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	0.01	0.07212	76%-100% Below	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	6.99	0.07377	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	9.99	0.07377	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	51.82	0.07377	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	0.00	0.07086	76%-100% Below	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	6.99	0.07086	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	14.99	0.07086	101%-200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	20.00	0.07086	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	9.90	0.12799	101%-200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	14.99	0.12799	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	9.99	0.12799	10%-25% Below	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	9.99	0.12245	101%-200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	10.00	0.12245	101%-200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	14.99	0.12245	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	14.99	0.11711	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	29.99	0.11711	101%-200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	9.99	0.11556	101%-200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	14.99	0.11556	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	20.00	0.11556	76%-100% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	7	30.000	9.99	0.40299	10%-25% Below	No	No
31722089901	COLCHICINE 0.6 MG TABLET	7	60.000	19.99	0.40299	10%-25% Below	No	No
31722089901	COLCHICINE 0.6 MG TABLET	7	90.000	44.99	0.40299	10%-25% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	180.000	44.90	0.17971	26%-50% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	180.000	49.99	0.17971	51%-75% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	360.000	168.44	0.17971	101%-200% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	180.000	49.99	0.18292	51%-75% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	120.000	14.99	0.18022	26%-50% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.000	10.77	0.12718	26%-50% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.000	1.74	0.11449	26%-50% Above	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.000	0.20	0.11449	76%-100% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	21.000	0.21	0.11449	76%-100% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.000	10.77	0.11449	10%-25% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	26.000	2.46	0.11267	10%-25% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	28.000	0.28	0.11267	76%-100% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.000	10.77	0.11267	10%-25% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	120.000	8.87	0.11884	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	5	112.000	0.01	0.21481	76%-100% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.000	4.12	0.23703	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.000	4.12	0.21763	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	7	84.000	29.99	0.21763	51%-75% Above	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.000	3.66	0.2029	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	8	84.000	0.01	0.2029	76%-100% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	8	84.000	20.00	0.2029	10%-25% Above	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	8	112.000	0.01	0.2029	76%-100% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	40.000	8.33	0.08837	101%-200% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.000	3.15	0.08641	101%-200% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	18.000	0.96	0.08641	26%-50% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	28.000	5.12	0.08891	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	5.44	0.08837	200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.000	8.65	0.08837	200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	39.000	4.99	0.08837	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	3.82	0.08641	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.000	5.29	0.08641	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.000	4.61	0.08641	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	3.73	0.08811	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	35.000	7.25	0.08811	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	50.000	8.52	0.08811	76%-100% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.000	1.38	0.08891	51%-75% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	2.57	0.08891	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	25.000	5.59	0.08891	101%-200% Above	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	18.000	0.90	0.12722	51%-75% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.000	2.05	0.13171	26%-50% Above	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	15.000	5.11	0.19912	51%-75% Above	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	84.000	8.00	0.19912	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.000	11.42	0.19912	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	180.000	17.14	0.19912	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	84.000	5.13	0.16192	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	18.77	0.16192	26%-50% Above	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	9.99	0.16192	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	180.000	11.00	0.16192	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	40.000	8.75	0.19209	10%-25% Above	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	84.000	5.12	0.19209	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	9.99	0.19209	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	180.000	11.00	0.19209	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	105.000	9.99	0.16489	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.000	9.99	0.16489	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	180.000	8.05	0.16489	51%-75% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	5	14.000	4.90	0.123	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	5	15.000	5.43	0.123	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	5	30.000	9.99	0.123	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	15.000	5.38	0.12354	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722095801	BENZONATATE 200 MG CAPSULE	6	20.000	8.17	0.12354	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	21.000	5.00	0.12354	76%-100% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	30.000	9.90	0.12354	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	30.000	11.79	0.12354	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	30.000	11.88	0.12354	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	7	15.000	4.99	0.12652	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	7	21.000	0.00	0.12652	76%-100% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	7	42.000	6.85	0.12652	26%-50% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	8	20.000	0.00	0.1223	76%-100% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	8	21.000	8.69	0.1223	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	8	30.000	5.00	0.1223	26%-50% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	8	30.000	11.88	0.1223	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	4.000	0.04	0.10657	76%-100% Below	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	3.05	0.10657	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	0.12	0.10657	76%-100% Below	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.000	4.09	0.10657	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.000	0.30	0.10657	76%-100% Below	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	4.000	0.65	0.09163	76%-100% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	0.10	0.09163	76%-100% Below	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	3.05	0.09163	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	2.86	0.09163	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	3.51	0.09163	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	16.000	3.93	0.09163	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	16.000	4.57	0.09163	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.000	6.33	0.09163	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	60.000	14.58	0.09163	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	3.71	0.09843	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.000	4.20	0.09843	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	5.35	0.09843	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	8.000	2.20	0.0991	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.000	3.05	0.0991	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.51	0.0991	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	4.33	0.0991	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	3.51	0.0991	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	4.34	0.0991	26%-50% Above	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	8.88	0.12039	10%-25% Below	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	112.000	10.86	0.12039	10%-25% Below	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	9.55	0.12039	26%-50% Below	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.000	8.88	0.13059	10%-25% Below	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.000	9.55	0.13059	26%-50% Below	No	No
31722099801	BACLOFEN 10 MG TABLET	5	15.000	2.57	0.06891	101%-200% Above	No	No
31722099801	BACLOFEN 10 MG TABLET	6	15.000	2.43	0.06624	101%-200% Above	No	No
31722099801	BACLOFEN 10 MG TABLET	7	15.000	2.43	0.06299	101%-200% Above	No	No
31722099801	BACLOFEN 10 MG TABLET	8	15.000	2.43	0.05878	101%-200% Above	No	No
33342002208	LEVOFLOXACIN 500 MG TABLET	5	7.000	2.03	0.21104	26%-50% Above	Yes	No
33342002208	LEVOFLOXACIN 500 MG TABLET	5	10.000	3.10	0.21104	26%-50% Above	No	No
33342002208	LEVOFLOXACIN 500 MG TABLET	6	7.000	2.42	0.17453	76%-100% Above	Yes	No
33342002208	LEVOFLOXACIN 500 MG TABLET	6	14.000	4.00	0.17453	51%-75% Above	Yes	No
33342002208	LEVOFLOXACIN 500 MG TABLET	7	5.000	1.63	0.21144	51%-75% Above	Yes	No
33342002208	LEVOFLOXACIN 500 MG TABLET	7	7.000	2.37	0.21144	51%-75% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342002332	LEVOFLOXACIN 750 MG TABLET	5	5.000	1.14	0.35641	26%-50% Below	Yes	No
33342002332	LEVOFLOXACIN 750 MG TABLET	5	10.000	5.37	0.35641	26%-50% Above	Yes	No
33342002332	LEVOFLOXACIN 750 MG TABLET	6	7.000	1.60	0.35635	26%-50% Below	Yes	No
33342002332	LEVOFLOXACIN 750 MG TABLET	6	10.000	2.29	0.35635	26%-50% Below	Yes	No
33342002332	LEVOFLOXACIN 750 MG TABLET	8	3.000	2.12	0.33737	101%-200% Above	Yes	No
33342002332	LEVOFLOXACIN 750 MG TABLET	8	5.000	2.96	0.33737	51%-75% Above	Yes	No
33342002607	FAMCICLOVIR 500 MG TABLET	5	30.000	15.54	0.89397	26%-50% Below	No	No
33342002607	FAMCICLOVIR 500 MG TABLET	6	3.000	4.62	0.82532	76%-100% Above	No	No
33342004710	IRBESARTAN 75 MG TABLET	5	30.000	6.99	0.20973	10%-25% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	6	30.000	6.99	0.19813	10%-25% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	5	30.000	14.99	0.31111	51%-75% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	5	90.000	60.00	0.31111	101%-200% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	6	30.000	14.99	0.30108	51%-75% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	7	30.000	14.99	0.30826	51%-75% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	8	30.000	9.99	0.29115	10%-25% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	8	30.000	14.99	0.29115	51%-75% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	8	90.000	60.00	0.29115	101%-200% Above	Yes	No
33342005144	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	14.90	0.16438	200% Above	No	No
33342005144	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	14.90	0.16356	200% Above	No	No
33342005407	PIOGLITAZONE HCL 15 MG TABLET	5	30.000	6.04	0.09117	101%-200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	5	30.000	8.15	0.12209	101%-200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	5	30.000	8.39	0.12209	101%-200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	6	30.000	6.75	0.11664	76%-100% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	6	30.000	8.15	0.11664	101%-200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	6	30.000	8.39	0.11664	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	7	30.000	8.39	0.11621	101%-200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	8	30.000	6.92	0.12236	76%-100% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	8	30.000	8.39	0.12236	101%-200% Above	No	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	5	90.000	16.26	0.26125	26%-50% Below	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	6	90.000	16.26	0.2784	26%-50% Below	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	8	90.000	16.26	0.26913	26%-50% Below	Yes	No
33342006207	VALSARTAN 40 MG TABLET	8	30.000	4.90	0.19004	10%-25% Below	No	No
33342006310	VALSARTAN 80 MG TABLET	6	15.000	6.90	0.2279	101%-200% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	6	90.000	14.99	0.2279	26%-50% Below	No	No
33342006310	VALSARTAN 80 MG TABLET	7	15.000	6.90	0.21529	101%-200% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	8	15.000	6.90	0.21399	101%-200% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	8	30.000	3.82	0.21399	26%-50% Below	No	No
33342006410	VALSARTAN 160 MG TABLET	5	30.000	0.00	0.23356	76%-100% Below	No	No
33342006410	VALSARTAN 160 MG TABLET	5	30.000	9.90	0.23356	26%-50% Above	No	No
33342006410	VALSARTAN 160 MG TABLET	5	30.000	14.99	0.23356	101%-200% Above	No	No
33342006410	VALSARTAN 160 MG TABLET	6	30.000	9.90	0.22638	26%-50% Above	No	No
33342006410	VALSARTAN 160 MG TABLET	7	15.000	0.00	0.22114	76%-100% Below	No	No
33342006410	VALSARTAN 160 MG TABLET	8	30.000	14.99	0.22764	101%-200% Above	No	No
33342006510	VALSARTAN 320 MG TABLET	6	90.000	14.99	0.28885	26%-50% Below	No	No
33342006510	VALSARTAN 320 MG TABLET	7	30.000	21.27	0.29921	101%-200% Above	No	No
33342006510	VALSARTAN 320 MG TABLET	8	30.000	9.90	0.29079	10%-25% Above	No	No
33342006707	OLANZAPINE 2.5 MG TABLET	5	30.000	5.81	0.0863	101%-200% Above	Yes	No
33342006707	OLANZAPINE 2.5 MG TABLET	6	30.000	4.79	0.0881	76%-100% Above	Yes	No
33342006707	OLANZAPINE 2.5 MG TABLET	8	30.000	5.61	0.09689	76%-100% Above	No	No
33342006807	OLANZAPINE 5 MG TABLET	6	30.000	5.48	0.09519	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342006807	OLANZAPINE 5 MG TABLET	7	30.000	5.54	0.09261	76%-100% Above	Yes	No
33342006807	OLANZAPINE 5 MG TABLET	7	180.000	56.02	0.09261	200% Above	Yes	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	90.000	18.82	0.27206	10%-25% Below	Yes	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	30.000	9.90	0.29122	10%-25% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	30.000	14.90	0.29122	51%-75% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	30.000	9.90	0.24589	26%-50% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	30.000	14.90	0.24589	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	8	30.000	14.90	0.24377	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	8	90.000	14.95	0.24377	26%-50% Below	Yes	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	30.000	16.99	0.2903	76%-100% Above	Yes	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	90.000	23.17	0.2903	10%-25% Below	Yes	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	90.000	18.41	0.27216	10%-25% Below	Yes	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	30.000	6.99	0.28943	10%-25% Below	Yes	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	30.000	9.99	0.28943	10%-25% Above	Yes	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	90.000	18.41	0.28943	26%-50% Below	Yes	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	5	90.000	24.17	0.31404	10%-25% Below	Yes	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	5	90.000	33.75	0.31404	10%-25% Above	Yes	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	90.000	19.20	0.2854	10%-25% Below	Yes	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	90.000	33.75	0.3184	10%-25% Above	Yes	No
33342007710	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	5	90.000	32.27	0.4278	10%-25% Below	Yes	No
33342007710	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	6	90.000	26.91	0.3854	10%-25% Below	Yes	No
33342007710	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	8	90.000	31.60	0.46028	10%-25% Below	Yes	No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	5	90.000	30.33	0.41204	10%-25% Below	Yes	No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	90.000	29.92	0.3707	10%-25% Below	Yes	No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.000	18.50	0.36681	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.000	24.09	0.36681	26%-50% Below	Yes	No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.000	44.99	0.36681	26%-50% Above	Yes	No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	8	90.000	24.09	0.38391	26%-50% Below	Yes	No
33342008307	OLANZAPINE ODT 5 MG TABLET	6	30.000	14.99	0.58335	10%-25% Below	Yes	No
33342008307	OLANZAPINE ODT 5 MG TABLET	7	60.000	18.32	0.43112	26%-50% Below	Yes	No
33342008841	RIZATRIPTAN 10 MG TABLET	6	12.000	18.82	0.55144	101%-200% Above	No	No
33342009441	RIZATRIPTAN 10 MG ODT	7	10.000	14.99	0.65366	101%-200% Above	No	No
33342010210	MONTELUKAST SOD 10 MG TABLET	5	30.000	0.98	0.06987	51%-75% Below	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.25	0.06987	200% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.25	0.06471	200% Above	No	No
33342010937	RISEDRONATE SODIUM 35 MG TAB	8	12.000	83.09	2.16412	200% Above	Yes	No
33342015711	CELECOXIB 200 MG CAPSULE	8	30.000	9.90	0.12633	101%-200% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	9.90	0.0628	200% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	9.90	0.0547	200% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.000	14.90	0.0547	200% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	9.90	0.05506	200% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	9.90	0.05877	200% Above	No	No
33342017807	OLMESARTAN MEDOXOMIL 5 MG TAB	5	30.000	9.99	0.07103	200% Above	Yes	No
33342017807	OLMESARTAN MEDOXOMIL 5 MG TAB	6	30.000	1.31	0.06781	26%-50% Below	Yes	No
33342017807	OLMESARTAN MEDOXOMIL 5 MG TAB	7	30.000	1.31	0.06404	26%-50% Below	Yes	No
33342017807	OLMESARTAN MEDOXOMIL 5 MG TAB	8	30.000	1.31	0.06862	26%-50% Below	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.000	24.99	0.10183	101%-200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.000	29.99	0.10183	200% Above	No	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.000	24.99	0.09284	101%-200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.000	60.00	0.09284	200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.000	83.44	0.10195	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.000	110.90	0.10195	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	6.90	0.15094	51%-75% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	9.99	0.15094	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.000	19.99	0.15094	26%-50% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.000	19.99	0.15094	26%-50% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.000	147.12	0.15094	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	6.90	0.15171	51%-75% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	9.99	0.15171	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.000	145.11	0.15171	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	6.90	0.12986	76%-100% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	9.99	0.12986	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	19.99	0.12986	51%-75% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	20.00	0.12986	51%-75% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	29.99	0.12986	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	44.99	0.12986	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	45.00	0.12986	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	6.90	0.14482	51%-75% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	9.99	0.14482	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.000	19.99	0.14482	51%-75% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.000	116.89	0.14482	200% Above	Yes	No
33342019007	AMLODIPINE-OLMESARTAN 5-20 MG	5	30.000	9.99	0.41117	10%-25% Below	Yes	No
33342019007	AMLODIPINE-OLMESARTAN 5-20 MG	6	30.000	9.99	0.4305	10%-25% Below	Yes	No
33342019007	AMLODIPINE-OLMESARTAN 5-20 MG	6	90.000	14.99	0.4305	51%-75% Below	Yes	No
33342019307	AMLODIPINE-OLMESARTAN 10-40 MG	5	90.000	132.73	0.42925	200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342019307	AMLODIPINE-OLMESARTAN 10-40 MG	6	90.000	27.12	0.4928	26%-50% Below	Yes	No
33342019307	AMLODIPINE-OLMESARTAN 10-40 MG	7	90.000	27.12	0.34363	10%-25% Below	Yes	No
33342019307	AMLODIPINE-OLMESARTAN 10-40 MG	8	90.000	27.12	0.45608	26%-50% Below	Yes	No
33342026807	TADALAFIL 20 MG TABLET	5	6.000	19.90	0.37289	200% Above	No	No
33342029809	MEMANTINE HCL 10 MG TABLET	5	60.000	9.90	0.08066	101%-200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	7	30.000	19.99	0.17927	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	8	30.000	14.90	0.10517	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	5	30.000	14.90	0.13834	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	6	30.000	0.30	0.14144	76%-100% Below	No	No
33342030111	ESZOPICLONE 3 MG TABLET	7	90.000	74.90	0.12004	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	8	30.000	14.90	0.1242	200% Above	No	No
33342032715	TRIAMCINOLONE 0.025% CREAM	5	30.000	6.67	0.14878	26%-50% Above	Yes	No
33342032715	TRIAMCINOLONE 0.025% CREAM	6	30.000	2.03	0.13797	26%-50% Below	Yes	No
33342032715	TRIAMCINOLONE 0.025% CREAM	7	15.000	2.45	0.13004	10%-25% Above	Yes	No
33342032715	TRIAMCINOLONE 0.025% CREAM	8	15.000	3.01	0.139	26%-50% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	5	30.000	4.60	0.25276	26%-50% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	5	60.000	30.41	0.25276	76%-100% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	7	75.000	36.16	0.23358	101%-200% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	7	90.000	13.79	0.23358	26%-50% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	8	15.000	2.30	0.23748	26%-50% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	8	20.000	3.06	0.23748	26%-50% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	8	75.000	24.47	0.23748	26%-50% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	5	30.000	0.30	0.14496	76%-100% Below	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	5	30.000	8.30	0.14496	76%-100% Above	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	5	45.000	9.99	0.14496	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342032915	TRIAMCINOLONE 0.1% CREAM	6	15.000	3.77	0.12897	76%-100% Above	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	6	30.000	0.30	0.12897	76%-100% Below	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	6	30.000	7.97	0.12897	101%-200% Above	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	6	90.000	19.99	0.12897	51%-75% Above	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	30.000	7.06	0.15244	51%-75% Above	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	45.000	11.58	0.15244	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	75.000	14.99	0.15244	26%-50% Above	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	8	90.000	19.99	0.14923	26%-50% Above	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	8	120.000	4.99	0.14923	51%-75% Below	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	5	80.000	2.34	0.05539	26%-50% Below	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	5	80.000	11.00	0.05539	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	6	80.000	9.90	0.04904	101%-200% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	6	80.000	10.77	0.04904	101%-200% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	6	80.000	10.91	0.04904	101%-200% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	6	80.000	11.00	0.04904	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	80.000	2.34	0.05651	26%-50% Below	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	80.000	4.99	0.05651	10%-25% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	80.000	7.07	0.05651	51%-75% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	8	80.000	11.00	0.05413	101%-200% Above	Yes	No
33342033315	TRIAMCINOLONE 0.1% OINTMENT	5	15.000	4.33	0.15898	76%-100% Above	No	No
33342033315	TRIAMCINOLONE 0.1% OINTMENT	8	30.000	6.57	0.1214	76%-100% Above	No	No
33342033380	TRIAMCINOLONE 0.1% OINTMENT	5	80.000	10.84	0.06869	76%-100% Above	No	No
33342038507	SILODOSIN 8 MG CAPSULE	8	30.000	9.90	0.69188	51%-75% Below	No	No
35573041830	ATOMOXETINE HCL 40 MG CAPSULE	6	7.000	19.99	0.91285	200% Above	No	No
35573041930	ATOMOXETINE HCL 60 MG CAPSULE	6	30.000	19.99	1.04492	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
35573043451	SODIUM FLUORIDE 5000 PPM CREAM	7	51.000	7.80	0.08795	51%-75% Above	No	No
39328010610	PRENATAL VITAMIN PLUS LOW IRON	7	30.000	6.00	0.10883	76%-100% Above	Yes	No
42043016103	MODAFINIL 200 MG TABLET	5	60.000	9.99	0.56416	51%-75% Below	No	No
42043016103	MODAFINIL 200 MG TABLET	6	60.000	0.01	0.60248	76%-100% Below	No	No
42192013608	SOD SULFACET-SULFUR 10-5% CLSR	6	227.000	65.10	0.49699	26%-50% Below	No	No
42192015610	SOD SULFACE-SULF 9.8-4.8% CLSR	7	285.000	33.03	0.81189	76%-100% Below	No	No
42192032130	PNV-DHA SOFTGEL	5	30.000	16.43	1.16384	51%-75% Below	Yes	No
42192032130	PNV-DHA SOFTGEL	6	30.000	16.43	1.23978	51%-75% Below	Yes	No
42192032130	PNV-DHA SOFTGEL	7	30.000	16.43	1.14044	51%-75% Below	Yes	No
42192032701	NP THYROID 15 MG TABLET	5	22.000	14.88	0.51716	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	5	25.000	9.99	0.51716	10%-25% Below	No	No
42192032701	NP THYROID 15 MG TABLET	7	45.000	14.99	0.5269	26%-50% Below	No	No
42192032701	NP THYROID 15 MG TABLET	8	30.000	9.99	0.53498	26%-50% Below	No	No
42192032801	NP THYROID 120 MG TABLET	5	90.000	69.14	1.26082	26%-50% Below	Yes	No
42192032901	NP THYROID 30 MG TABLET	5	30.000	11.56	0.61227	26%-50% Below	No	No
42192032901	NP THYROID 30 MG TABLET	5	30.000	14.99	0.61227	10%-25% Below	No	No
42192032901	NP THYROID 30 MG TABLET	5	30.000	23.80	0.61227	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	6	30.000	11.75	0.62031	26%-50% Below	No	No
42192032901	NP THYROID 30 MG TABLET	6	30.000	14.99	0.62031	10%-25% Below	No	No
42192032901	NP THYROID 30 MG TABLET	6	30.000	23.80	0.62031	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	6	90.000	44.99	0.62031	10%-25% Below	Yes	No
42192032901	NP THYROID 30 MG TABLET	7	30.000	11.75	0.62705	26%-50% Below	No	No
42192032901	NP THYROID 30 MG TABLET	7	30.000	11.86	0.62705	26%-50% Below	No	No
42192032901	NP THYROID 30 MG TABLET	7	90.000	49.99	0.62705	10%-25% Below	No	No
42192032901	NP THYROID 30 MG TABLET	8	30.000	11.96	0.62074	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42192032901	NP THYROID 30 MG TABLET	8	30.000	14.99	0.62074	10%-25% Below	No	No
42192032901	NP THYROID 30 MG TABLET	8	30.000	25.08	0.62074	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	5	30.000	12.65	0.6716	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	5	30.000	12.89	0.6716	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	5	30.000	14.90	0.6716	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	6	30.000	12.93	0.69093	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	6	30.000	14.90	0.69093	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	6	90.000	14.99	0.69093	51%-75% Below	No	No
42192033001	NP THYROID 60 MG TABLET	7	30.000	12.57	0.69279	26%-50% Below	Yes	No
42192033001	NP THYROID 60 MG TABLET	7	30.000	12.93	0.69279	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	7	30.000	13.21	0.69279	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	7	30.000	14.90	0.69279	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	7	90.000	44.99	0.69279	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	7	180.000	49.99	0.69279	51%-75% Below	No	No
42192033001	NP THYROID 60 MG TABLET	8	30.000	13.21	0.69296	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	8	30.000	13.23	0.69296	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	8	30.000	13.27	0.69296	26%-50% Below	Yes	No
42192033001	NP THYROID 60 MG TABLET	8	30.000	14.90	0.69296	26%-50% Below	No	No
42192033101	NP THYROID 90 MG TABLET	5	28.000	18.38	1.07538	26%-50% Below	Yes	No
42192033101	NP THYROID 90 MG TABLET	5	30.000	19.69	1.07538	26%-50% Below	Yes	No
42192033101	NP THYROID 90 MG TABLET	6	28.000	18.38	1.07657	26%-50% Below	Yes	No
42192033101	NP THYROID 90 MG TABLET	7	28.000	18.38	1.08325	26%-50% Below	Yes	No
42192033101	NP THYROID 90 MG TABLET	8	14.000	9.99	1.08415	26%-50% Below	Yes	No
42192033101	NP THYROID 90 MG TABLET	8	90.000	59.08	1.08415	26%-50% Below	Yes	No
42192033101	NP THYROID 90 MG TABLET	8	96.000	66.52	1.08415	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42192033801	HYOSCYAMINE 0.125 MG ODT	5	30.000	14.49	0.17913	101%-200% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	6	8.000	4.16	0.14845	200% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	8	30.000	14.59	0.16185	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	6	30.000	9.99	0.1318	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	7	20.000	4.99	0.12215	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	30.000	4.90	0.13674	10%-25% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	30.000	9.99	0.13674	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	30.000	13.66	0.13674	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	30.000	13.75	0.13674	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	30.000	21.18	0.13674	200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	8	30.000	0.00	0.10129	76%-100% Below	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	8	40.000	9.99	0.10129	101%-200% Above	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.000	4.99	0.07417	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	75.000	9.20	0.05327	101%-200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.000	14.43	0.05327	101%-200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	150.000	4.99	0.05327	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	150.000	25.46	0.05327	200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	240.000	9.58	0.05327	10%-25% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	250.000	9.99	0.05327	10%-25% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.000	14.43	0.05819	101%-200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.000	14.90	0.05819	101%-200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.000	17.35	0.05819	101%-200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	180.000	8.68	0.05819	10%-25% Below	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	240.000	10.00	0.05819	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	400.000	18.50	0.05819	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	100.000	17.13	0.05051	200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	118.000	14.99	0.05051	101%-200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	120.000	1.20	0.05051	76%-100% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	120.000	18.29	0.05051	200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	180.000	14.99	0.05051	51%-75% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.000	1.20	0.05034	76%-100% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.000	14.43	0.05034	101%-200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	180.000	14.90	0.05034	51%-75% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	180.000	14.99	0.05034	51%-75% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	200.000	14.99	0.05034	26%-50% Above	No	No
42192060816	GABAPENTIN 250 MG/5 ML SOLN	5	720.000	0.07	0.08855	76%-100% Below	No	No
42192060816	GABAPENTIN 250 MG/5 ML SOLN	6	720.000	0.07	0.10473	76%-100% Below	No	No
42192060816	GABAPENTIN 250 MG/5 ML SOLN	8	180.000	19.90	0.08804	10%-25% Above	No	No
42192060816	GABAPENTIN 250 MG/5 ML SOLN	8	720.000	0.07	0.08804	76%-100% Below	No	No
42192080201	PHENAZOPYRIDINE 200 MG TAB	6	14.000	3.02	0.54739	51%-75% Below	No	No
42192080201	PHENAZOPYRIDINE 200 MG TAB	7	6.000	13.94	0.54285	200% Above	No	No
42385090210	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.24	0.02642	26%-50% Above	No	No
42385090210	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.24	0.02446	51%-75% Above	No	No
42543040801	POTASSIUM CITRATE ER 15 MEQ TB	7	180.000	188.75	0.54037	76%-100% Above	Yes	No
42543049701	AMANTADINE 100 MG TABLET	5	14.000	14.99	0.77089	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	0.00	0.07526	76%-100% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	1.19	0.07526	26%-50% Below	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	4.99	0.07526	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	5.59	0.07526	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.01	0.07526	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.99	0.07526	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	9.99	0.07526	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	10.18	0.07526	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	10.48	0.07526	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.000	11.85	0.07526	51%-75% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.000	15.98	0.07526	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.000	29.96	0.07526	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.000	30.21	0.07526	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	0.00	0.07553	76%-100% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	0.30	0.07553	76%-100% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	1.19	0.07553	26%-50% Below	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	2.99	0.07553	26%-50% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	4.90	0.07553	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.99	0.07553	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	9.04	0.07553	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	9.99	0.07553	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	10.43	0.07553	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	10.48	0.07553	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.000	24.54	0.07553	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.000	29.06	0.07553	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	10.000	3.99	0.07034	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	0.00	0.07034	76%-100% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	4.90	0.07034	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	4.99	0.07034	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.99	0.07034	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.99	0.07034	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	9.04	0.07034	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	60.000	10.57	0.07034	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.000	3.56	0.07034	26%-50% Below	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.000	11.18	0.07034	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.000	29.99	0.07034	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	10.000	3.99	0.06668	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	0.00	0.06668	76%-100% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	0.30	0.06668	76%-100% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	4.90	0.06668	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.99	0.06668	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	9.04	0.06668	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	9.99	0.06668	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	10.48	0.06668	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	60.000	14.99	0.06668	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	90.000	11.21	0.06668	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	90.000	25.34	0.06668	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	90.000	29.06	0.06668	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	180.000	29.99	0.06668	101%-200% Above	Yes	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	5	5.000	9.99	1.61056	10%-25% Above	Yes	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	8	5.000	13.38	1.52151	51%-75% Above	Yes	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	8	10.000	8.03	1.52151	26%-50% Below	Yes	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	6	10.000	9.99	1.30793	10%-25% Below	No	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	6	10.000	14.90	1.30793	10%-25% Above	No	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	8	10.000	15.97	1.42241	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571014301	CELECOXIB 100 MG CAPSULE	5	60.000	9.99	0.0974	51%-75% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	5	60.000	14.90	0.0974	101%-200% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	6	60.000	14.90	0.10794	101%-200% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	7	60.000	14.90	0.09848	101%-200% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	7	60.000	14.99	0.09848	101%-200% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	8	30.000	14.99	0.10591	200% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	8	60.000	14.90	0.10591	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	30.000	2.63	0.12804	26%-50% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	30.000	9.90	0.12804	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	60.000	5.27	0.12804	26%-50% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	60.000	14.90	0.12804	76%-100% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	6	30.000	1.01	0.12063	51%-75% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	6	30.000	9.90	0.12063	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	6	60.000	5.00	0.12063	26%-50% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	6	60.000	14.90	0.12063	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	7	30.000	1.01	0.12857	51%-75% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	7	30.000	9.90	0.12857	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	8	30.000	1.28	0.12633	51%-75% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	8	60.000	14.90	0.12633	76%-100% Above	No	No
42571014405	CELECOXIB 200 MG CAPSULE	6	30.000	4.69	0.12063	26%-50% Above	No	No
42571014405	CELECOXIB 200 MG CAPSULE	6	30.000	4.99	0.12063	26%-50% Above	No	No
42571014405	CELECOXIB 200 MG CAPSULE	6	90.000	12.40	0.12063	10%-25% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	5	10.000	3.51	0.31172	10%-25% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	6	20.000	9.99	0.29615	51%-75% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	6	28.000	14.90	0.29615	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571016101	AMOX-CLAV 500-125 MG TABLET	7	20.000	11.00	0.31204	76%-100% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	5	14.000	9.62	0.31172	101%-200% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	8	21.000	12.00	0.31307	76%-100% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	5	14.000	4.36	0.27033	10%-25% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	5	14.000	8.10	0.27033	101%-200% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.29	0.27033	101%-200% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.68	0.29478	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.96	0.29478	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	14.000	8.10	0.29478	76%-100% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	28.000	12.75	0.29478	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	28.000	14.90	0.29478	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	10.000	5.81	0.27033	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	14.000	8.35	0.27033	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	14.000	9.86	0.27033	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.29	0.27033	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.63	0.27033	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	20.000	16.48	0.27033	200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	14.000	6.77	0.27145	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	14.000	6.90	0.27145	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	14.000	7.87	0.27145	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.37	0.27145	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.81	0.27145	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.000	10.96	0.27145	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.29	0.27145	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	10.000	6.44	0.29478	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	14.000	7.05	0.29478	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	14.000	7.96	0.29478	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	14.000	8.72	0.29478	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	16.000	8.90	0.29478	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.000	4.99	0.29478	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.000	5.00	0.29478	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.000	6.53	0.29478	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.37	0.29478	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.90	0.29478	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.99	0.29478	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.000	11.29	0.29478	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	6.000	3.74	0.29465	101%-200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	14.000	3.24	0.29465	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	14.000	4.90	0.29465	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	14.000	4.99	0.29465	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.77	0.29465	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.87	0.29465	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	20.000	3.21	0.29465	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	20.000	4.99	0.29465	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	20.000	5.00	0.29465	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.42	0.29465	51%-75% Above	No	No
42571017410	ATORVASTATIN 40 MG TABLET	7	30.000	5.89	0.05572	200% Above	No	No
42571017410	ATORVASTATIN 40 MG TABLET	8	30.000	5.89	0.05662	200% Above	No	No
42571017701	PIROXICAM 20 MG CAPSULE	6	30.000	14.99	0.40231	10%-25% Above	Yes	No
42571017701	PIROXICAM 20 MG CAPSULE	7	30.000	14.99	0.39488	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571017701	PIROXICAM 20 MG CAPSULE	8	30.000	14.99	0.34583	26%-50% Above	Yes	No
42571017701	PIROXICAM 20 MG CAPSULE	8	30.000	24.99	0.34583	101%-200% Above	No	No
42571022630	TELMISARTAN 20 MG TABLET	6	90.000	16.00	0.20877	10%-25% Below	Yes	No
42571022730	TELMISARTAN 40 MG TABLET	5	90.000	33.03	0.31833	10%-25% Above	Yes	No
42571022730	TELMISARTAN 40 MG TABLET	7	30.000	9.99	0.3018	10%-25% Above	Yes	No
42571022730	TELMISARTAN 40 MG TABLET	8	30.000	9.99	0.30092	10%-25% Above	Yes	No
42571022730	TELMISARTAN 40 MG TABLET	8	90.000	29.93	0.30092	10%-25% Above	Yes	No
42571022830	TELMISARTAN 80 MG TABLET	5	30.000	6.90	0.30058	10%-25% Below	No	No
42571022830	TELMISARTAN 80 MG TABLET	5	90.000	17.83	0.30058	26%-50% Below	No	No
42571022830	TELMISARTAN 80 MG TABLET	5	90.000	44.99	0.30058	51%-75% Above	Yes	No
42571022830	TELMISARTAN 80 MG TABLET	6	30.000	6.90	0.3053	10%-25% Below	No	No
42571022830	TELMISARTAN 80 MG TABLET	6	90.000	44.99	0.3053	51%-75% Above	Yes	No
42571022830	TELMISARTAN 80 MG TABLET	7	30.000	6.90	0.25897	10%-25% Below	No	No
42571022830	TELMISARTAN 80 MG TABLET	7	90.000	17.21	0.25897	26%-50% Below	No	No
42571022830	TELMISARTAN 80 MG TABLET	8	30.000	9.90	0.28701	10%-25% Above	No	No
42571022830	TELMISARTAN 80 MG TABLET	8	90.000	15.16	0.28701	26%-50% Below	No	No
42571022830	TELMISARTAN 80 MG TABLET	8	90.000	44.99	0.28701	51%-75% Above	Yes	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	5	60.000	14.96	0.36986	26%-50% Below	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	6	60.000	14.90	0.36823	26%-50% Below	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	7	60.000	14.90	0.40409	26%-50% Below	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	5	6.000	1.31	0.11521	76%-100% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	5	21.000	2.74	0.11521	10%-25% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	5	21.000	2.81	0.11521	10%-25% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	7	30.000	3.60	0.10698	10%-25% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	8	6.000	1.31	0.11158	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	8	60.000	5.51	0.11158	10%-25% Below	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	8	126.000	8.09	0.11158	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	14.000	4.90	0.27351	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	21.000	3.11	0.27351	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	28.000	4.99	0.27351	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	6.90	0.27351	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	11.78	0.27351	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	40.000	4.99	0.27351	51%-75% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	14.000	5.84	0.25859	51%-75% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	21.000	3.11	0.25859	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	21.000	8.20	0.25859	51%-75% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	28.000	9.17	0.25859	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	42.000	14.90	0.25859	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	14.000	4.93	0.26693	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	14.000	5.78	0.26693	51%-75% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	28.000	4.99	0.26693	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	9.83	0.26693	10%-25% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	9.99	0.26693	10%-25% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	11.53	0.26693	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	60.000	8.20	0.26693	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	14.000	5.10	0.2641	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	15.000	2.22	0.2641	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	56.000	9.90	0.2641	26%-50% Below	No	No
42571025830	MEFENAMIC ACID 250 MG CAPSULE	8	8.000	19.90	1.51307	51%-75% Above	No	No
42571031501	CLOBAZAM 10 MG TABLET	5	60.000	0.01	0.35782	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571031501	CLOBAZAM 10 MG TABLET	6	33.000	7.05	0.39068	26%-50% Below	No	No
42571031501	CLOBAZAM 10 MG TABLET	7	90.000	18.02	0.37251	26%-50% Below	No	No
42571031501	CLOBAZAM 10 MG TABLET	8	90.000	18.02	0.35958	26%-50% Below	No	No
42571033201	METHENAMINE HIPP 1 GM TABLET	7	60.000	14.99	0.59416	51%-75% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	8	50.000	25.24	0.30753	51%-75% Above	No	No
42794001208	GRISEOFULVIN MICRO 500 MG TAB	7	42.000	39.99	8.2398	76%-100% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	5	30.000	6.28	0.35602	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	5	30.000	15.07	0.35602	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	5	30.000	15.53	0.35602	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	6	30.000	13.82	0.35059	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	6	30.000	15.53	0.35059	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	30.000	13.82	0.3237	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	30.000	15.53	0.3237	51%-75% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	60.000	10.67	0.3237	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	90.000	19.99	0.3237	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	270.000	39.12	0.3237	51%-75% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	8	30.000	13.57	0.32377	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	8	30.000	13.82	0.32377	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	8	30.000	15.53	0.32377	51%-75% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	8	90.000	24.99	0.32377	10%-25% Below	No	No
42794001912	LIOTHYRONINE SOD 25 MCG TAB	6	90.000	23.40	0.53791	51%-75% Below	No	No
42794002808	DISULFIRAM 250 MG TABLET	5	60.000	4.99	1.67966	76%-100% Below	No	No
42794002808	DISULFIRAM 250 MG TABLET	7	60.000	4.99	1.78704	76%-100% Below	No	No
42799010601	METHENAMINE MAND 1 GM TABLET	5	180.000	209.90	1.74064	26%-50% Below	Yes	No
42799012001	BUMETANIDE 1 MG TABLET	7	30.000	14.90	0.20365	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42799020801	TINIDAZOLE 500 MG TABLET	7	8.000	14.99	2.6874	26%-50% Below	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	7	84.000	24.99	0.26356	10%-25% Above	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	8	30.000	0.30	0.26365	76%-100% Below	No	No
42799092001	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	5	90.000	0.01	0.37455	76%-100% Below	No	No
42799092001	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	5	90.000	16.85	0.37455	26%-50% Below	No	No
42799092001	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	7	90.000	15.82	0.32027	26%-50% Below	No	No
42799092001	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	8	90.000	0.01	0.2972	76%-100% Below	No	No
42799092001	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	8	180.000	31.64	0.2972	26%-50% Below	No	No
42799092002	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	7	90.000	16.78	0.32027	26%-50% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	30.000	8.16	0.34708	10%-25% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	90.000	27.38	0.34708	10%-25% Below	Yes	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	30.000	8.16	0.35219	10%-25% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	30.000	8.16	0.31668	10%-25% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	90.000	22.06	0.30417	10%-25% Below	Yes	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	30.000	6.90	0.35219	26%-50% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	60.000	13.50	0.35219	26%-50% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	30.000	6.90	0.31668	26%-50% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	30.000	6.90	0.30417	10%-25% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	60.000	13.50	0.30417	26%-50% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	90.000	22.85	0.30417	10%-25% Below	No	No
42799092201	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	30.000	8.39	0.33169	10%-25% Below	No	No
42806005710	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.53	0.01501	200% Above	No	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	5	60.000	14.99	0.21892	10%-25% Above	No	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	6	30.000	4.15	0.21189	26%-50% Below	Yes	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	6	60.000	9.99	0.21189	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	6	60.000	14.99	0.21189	10%-25% Above	No	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	7	60.000	9.99	0.18727	10%-25% Below	No	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	7	60.000	14.99	0.18727	26%-50% Above	No	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	8	60.000	9.99	0.2091	10%-25% Below	No	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	8	60.000	14.99	0.2091	10%-25% Above	No	No
42806008505	BUSPIRONE HCL 15 MG TABLET	6	180.000	16.56	0.04759	76%-100% Above	No	No
42806008705	ESTRADIOL 0.5 MG TABLET	5	30.000	4.10	0.085	51%-75% Above	No	No
42806008705	ESTRADIOL 0.5 MG TABLET	6	30.000	4.10	0.0904	51%-75% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	5	30.000	4.49	0.093	51%-75% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	5	90.000	12.17	0.093	26%-50% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	6	30.000	4.49	0.09584	51%-75% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	6	90.000	12.17	0.09584	26%-50% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	7	30.000	3.74	0.08742	26%-50% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	7	30.000	4.49	0.08742	51%-75% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	8	30.000	3.74	0.08616	26%-50% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	8	30.000	4.49	0.08616	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	5	30.000	1.67	0.093	26%-50% Below	No	No
42806008805	ESTRADIOL 1 MG TABLET	5	30.000	4.49	0.093	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	5	90.000	12.17	0.093	26%-50% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	6	30.000	1.67	0.09584	26%-50% Below	No	No
42806008805	ESTRADIOL 1 MG TABLET	6	30.000	4.49	0.09584	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	7	30.000	1.67	0.08742	26%-50% Below	No	No
42806008805	ESTRADIOL 1 MG TABLET	7	30.000	4.49	0.08742	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	7	90.000	11.82	0.08742	26%-50% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	8	30.000	1.67	0.08616	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806008805	ESTRADIOL 1 MG TABLET	8	30.000	4.49	0.08616	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	8	90.000	12.17	0.08616	51%-75% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	5	30.000	4.90	0.1245	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	6	30.000	2.27	0.12658	26%-50% Below	No	No
42806008905	ESTRADIOL 2 MG TABLET	6	30.000	4.64	0.12658	10%-25% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	7	30.000	2.31	0.12267	26%-50% Below	No	No
42806008905	ESTRADIOL 2 MG TABLET	7	30.000	4.64	0.12267	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	7	30.000	4.90	0.12267	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	8	30.000	2.31	0.12321	26%-50% Below	No	No
42806008905	ESTRADIOL 2 MG TABLET	8	30.000	4.64	0.12321	10%-25% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	6	30.000	14.99	0.55536	10%-25% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.000	3.96	0.45408	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.000	9.99	0.45408	26%-50% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.000	11.83	0.45408	51%-75% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	9.99	0.45408	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	6	45.000	42.00	0.45643	101%-200% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	7	15.000	14.99	0.47017	101%-200% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.000	14.99	0.43772	101%-200% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.000	18.53	0.43772	101%-200% Above	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	5	22.500	9.99	0.3499	26%-50% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	9.90	0.27097	10%-25% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	5	60.000	19.90	0.27097	10%-25% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	8	30.000	14.99	0.27168	76%-100% Above	No	No
42806015901	HYDROXYZINE HCL 10 MG TABLET	5	30.000	3.30	0.03934	101%-200% Above	No	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	5	7.000	1.32	0.03934	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806015905	HYDROXYZINE HCL 10 MG TABLET	5	9.000	1.37	0.03934	200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	5	60.000	7.00	0.03934	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	5	90.000	8.17	0.03934	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	6	30.000	3.22	0.03611	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	6	60.000	5.71	0.03611	101%-200% Above	No	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	6	60.000	7.00	0.03611	200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	7	60.000	7.00	0.0354	200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	7	90.000	8.17	0.0354	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	8	60.000	4.57	0.03679	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	8	60.000	4.99	0.03679	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	8	60.000	6.22	0.03679	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	8	90.000	8.17	0.03679	101%-200% Above	Yes	No
42806016001	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.01	0.05113	76%-100% Above	No	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	21.000	2.57	0.05113	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	30.000	1.16	0.05113	10%-25% Below	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.43	0.05113	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	30.000	3.52	0.05113	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	90.000	10.94	0.05113	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	180.000	12.82	0.05113	26%-50% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	180.000	17.39	0.05113	76%-100% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	6	21.000	2.28	0.05215	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	6	30.000	3.43	0.05215	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	6	60.000	4.99	0.05215	51%-75% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	6	90.000	7.48	0.05215	51%-75% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	6	120.000	9.99	0.05215	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806016005	HYDROXYZINE HCL 25 MG TABLET	7	30.000	3.43	0.05022	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	7	90.000	8.81	0.05022	76%-100% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	7	180.000	7.58	0.05022	10%-25% Below	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	10.000	1.67	0.05172	200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	30.000	3.09	0.05172	76%-100% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	30.000	3.43	0.05172	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	40.000	4.44	0.05172	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	45.000	4.09	0.05172	51%-75% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	60.000	5.22	0.05172	51%-75% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	60.000	5.40	0.05172	51%-75% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	90.000	3.47	0.05172	10%-25% Below	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	120.000	9.99	0.05172	51%-75% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	180.000	10.33	0.05172	10%-25% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	5	40.000	6.94	0.06545	101%-200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	6	28.000	5.22	0.0731	101%-200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	8	30.000	4.61	0.08006	76%-100% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	8	90.000	12.49	0.08006	51%-75% Above	Yes	No
42806029601	GUANFACINE 2 MG TABLET	5	30.000	9.99	0.70199	51%-75% Below	No	No
42806029601	GUANFACINE 2 MG TABLET	7	30.000	9.99	0.67731	26%-50% Below	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	9.90	0.14755	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.000	14.90	0.14755	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	10.000	14.90	0.14383	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	4.90	0.14383	101%-200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	9.90	0.14383	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	28.000	6.90	0.14383	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	14.99	0.14128	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	4.99	0.14128	76%-100% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	6.99	0.14128	101%-200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	14.99	0.14128	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	36.82	0.14128	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	14.90	0.13546	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	20.92	0.13546	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.000	14.99	0.13546	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	9.99	0.14755	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	14.90	0.14755	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	14.99	0.14755	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.000	6.99	0.14755	101%-200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.000	14.99	0.14755	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.000	29.65	0.14755	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	28.000	9.90	0.14755	101%-200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	6.99	0.14383	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	14.99	0.14383	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	9.99	0.14383	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	14.99	0.14383	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	28.000	4.99	0.14383	10%-25% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	30.000	14.99	0.14383	200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	60.000	14.99	0.2028	10%-25% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.000	14.99	0.19678	101%-200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	14.99	0.24995	76%-100% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	9.90	0.24995	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	4.99	0.23987	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	9.90	0.23987	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	24.99	0.23987	51%-75% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	9.90	0.22972	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	58.37	0.22972	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	90.000	84.45	0.22972	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	14.99	0.23945	101%-200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	4.99	0.23945	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	9.90	0.23945	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.000	9.28	0.23945	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	0.30	0.29443	76%-100% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	9.99	0.29443	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	0.30	0.30183	76%-100% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	0.30	0.2864	76%-100% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	0.60	0.2864	76%-100% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	14.99	0.2864	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	0.30	0.2942	76%-100% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	14.99	0.2942	10%-25% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	14.90	0.28077	10%-25% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	0.21	0.1628	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	4.90	0.1628	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	4.99	0.1628	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	6.90	0.1628	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.90	0.1628	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.99	0.1628	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	10.11	0.1628	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	10.54	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	10.75	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.90	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.99	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	17.33	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	17.96	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.41	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.82	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.87	0.1628	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	0.00	0.17001	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	0.21	0.17001	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	2.38	0.17001	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	4.90	0.17001	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.90	0.17001	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.99	0.17001	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	10.75	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	11.35	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.99	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	15.10	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	15.15	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	15.19	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	17.96	0.17001	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	18.41	0.17001	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	3.91	0.16027	10%-25% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.99	0.16027	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.99	0.16027	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.90	0.16027	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.99	0.16027	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	15.19	0.16027	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	15.79	0.16027	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	15.90	0.16027	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	17.96	0.16027	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	18.41	0.16027	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	0.00	0.16291	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	4.99	0.16291	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	6.90	0.16291	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	6.99	0.16291	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.90	0.16291	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.99	0.16291	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	10.00	0.16291	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	13.70	0.16291	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.90	0.16291	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.99	0.16291	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.10	0.16291	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.19	0.16291	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	17.96	0.16291	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	18.41	0.16291	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	19.58	0.16291	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806041501	BUPROPION HCL SR 150 MG TABLET	5	30.000	7.14	0.09767	101%-200% Above	No	No
42806041501	BUPROPION HCL SR 150 MG TABLET	6	30.000	7.14	0.09733	101%-200% Above	No	No
42806041501	BUPROPION HCL SR 150 MG TABLET	7	30.000	7.14	0.09562	101%-200% Above	No	No
42806041501	BUPROPION HCL SR 150 MG TABLET	8	60.000	9.99	0.0933	76%-100% Above	No	No
42806050301	URSODIOL 300 MG CAPSULE	6	360.000	755.32	0.60402	200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	0.00	0.14074	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	0.90	0.14074	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.68	0.14074	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.85	0.14074	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.93	0.14074	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.23	0.14074	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.43	0.14074	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	0.90	0.13821	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.60	0.13821	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.93	0.13821	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.97	0.13821	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	6.000	2.50	0.13821	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	10.000	0.00	0.13821	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	0.00	0.13821	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	0.90	0.13821	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.75	0.13821	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.43	0.13821	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.000	0.96	0.13305	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	3.000	1.57	0.13305	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	0.90	0.13305	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.60	0.13305	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.66	0.13305	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.93	0.13305	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.97	0.13305	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	5.000	2.31	0.13305	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.70	0.13305	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.32	0.13305	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.34	0.13305	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.43	0.13305	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	3.000	1.85	0.14147	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.22	0.14147	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.60	0.14147	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.93	0.14147	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	5.000	2.31	0.14147	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.70	0.14147	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.32	0.14147	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.43	0.14147	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	5.52	0.14147	200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	120.000	4.99	0.18292	76%-100% Below	No	No
42806066201	BUSPIRONE HCL 5 MG TABLET	7	60.000	3.93	0.03022	101%-200% Above	No	No
42806066205	BUSPIRONE HCL 5 MG TABLET	5	60.000	4.74	0.02923	101%-200% Above	No	No
42806066301	BUSPIRONE HCL 10 MG TABLET	5	30.000	2.85	0.04048	101%-200% Above	No	No
42806066301	BUSPIRONE HCL 10 MG TABLET	5	90.000	7.08	0.04048	76%-100% Above	No	No
42806066301	BUSPIRONE HCL 10 MG TABLET	6	60.000	4.25	0.03997	76%-100% Above	No	No
42806066301	BUSPIRONE HCL 10 MG TABLET	6	180.000	13.41	0.03997	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806066301	BUSPIRONE HCL 10 MG TABLET	7	30.000	5.58	0.03924	200% Above	No	No
42806066301	BUSPIRONE HCL 10 MG TABLET	7	60.000	4.25	0.03924	76%-100% Above	No	No
42806066301	BUSPIRONE HCL 10 MG TABLET	8	30.000	5.58	0.03933	200% Above	No	No
42806066301	BUSPIRONE HCL 10 MG TABLET	8	90.000	6.26	0.03933	76%-100% Above	No	No
42806066305	BUSPIRONE HCL 10 MG TABLET	8	30.000	2.96	0.03933	101%-200% Above	No	No
42806066401	BUSPIRONE HCL 15 MG TABLET	6	90.000	7.65	0.04759	76%-100% Above	No	No
42806066401	BUSPIRONE HCL 15 MG TABLET	6	90.000	8.65	0.04759	101%-200% Above	No	No
42806066401	BUSPIRONE HCL 15 MG TABLET	7	90.000	7.65	0.04751	76%-100% Above	No	No
42806066401	BUSPIRONE HCL 15 MG TABLET	7	90.000	8.65	0.04751	101%-200% Above	No	No
42806066401	BUSPIRONE HCL 15 MG TABLET	8	60.000	6.18	0.04691	101%-200% Above	No	No
42806066401	BUSPIRONE HCL 15 MG TABLET	8	90.000	8.65	0.04691	101%-200% Above	No	No
42806066560	BUSPIRONE HCL 30 MG TABLET	5	60.000	0.01	0.16103	76%-100% Below	No	No
42806066560	BUSPIRONE HCL 30 MG TABLET	6	60.000	0.01	0.17129	76%-100% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	20.000	5.17	0.0898	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	20.000	5.41	0.0898	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	21.000	5.40	0.0898	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.000	4.05	0.0898	26%-50% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.000	4.99	0.0898	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.000	6.45	0.0898	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.000	7.13	0.0898	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.000	9.99	0.0898	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	40.000	0.00	0.0898	76%-100% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	60.000	9.90	0.0898	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	60.000	14.96	0.0898	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	15.000	3.45	0.09131	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806071401	BENZONATATE 100 MG CAPSULE	6	21.000	5.49	0.09131	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	21.000	8.14	0.09131	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	30.000	3.98	0.09131	26%-50% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	30.000	6.40	0.09131	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	30.000	7.73	0.09131	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	90.000	9.99	0.09131	10%-25% Above	Yes	No
42806071401	BENZONATATE 100 MG CAPSULE	6	100.000	12.49	0.09131	26%-50% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	15.000	3.54	0.0897	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	21.000	4.84	0.0897	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	45.000	0.00	0.0897	76%-100% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	45.000	9.69	0.0897	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	60.000	12.11	0.0897	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	60.000	14.90	0.0897	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	120.000	4.99	0.0897	51%-75% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	15.000	0.79	0.08956	26%-50% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	15.000	4.04	0.08956	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	15.000	4.13	0.08956	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	21.000	4.99	0.08956	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	21.000	7.43	0.08956	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	30.000	6.66	0.08956	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	30.000	6.81	0.08956	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	30.000	6.99	0.08956	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	30.000	7.68	0.08956	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	30.000	8.23	0.08956	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	42.000	8.68	0.08956	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806071401	BENZONATATE 100 MG CAPSULE	8	45.000	9.16	0.08956	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	45.000	11.23	0.08956	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	56.000	13.79	0.08956	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	20.000	2.25	0.0898	10%-25% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	21.000	2.95	0.0898	51%-75% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	21.000	4.90	0.0898	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	21.000	5.69	0.0898	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	30.000	3.17	0.0898	10%-25% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	30.000	4.90	0.0898	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	30.000	4.99	0.0898	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	30.000	7.00	0.0898	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	30.000	7.52	0.0898	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	9.000	2.84	0.09131	200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	6	15.000	3.25	0.09131	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	6	20.000	5.26	0.09131	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	6	21.000	4.60	0.09131	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	21.000	4.74	0.09131	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	6	21.000	4.99	0.09131	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	30.000	1.49	0.09131	26%-50% Below	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	6	30.000	4.99	0.09131	76%-100% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	6	30.000	6.03	0.09131	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	30.000	7.52	0.09131	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	30.000	7.64	0.09131	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	10.000	2.59	0.0897	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	14.000	4.00	0.0897	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806071405	BENZONATATE 100 MG CAPSULE	7	20.000	5.26	0.0897	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.000	4.29	0.0897	51%-75% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.000	4.99	0.0897	76%-100% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.000	6.40	0.0897	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.000	6.99	0.0897	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.000	7.52	0.0897	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.000	7.52	0.0897	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	7	40.000	9.78	0.0897	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	7	42.000	8.68	0.0897	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	7	60.000	12.11	0.0897	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	7	60.000	14.73	0.0897	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	8	10.000	3.07	0.08956	200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	8	20.000	6.78	0.08956	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	8	21.000	5.99	0.08956	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	8	30.000	4.99	0.08956	76%-100% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	8	30.000	6.40	0.08956	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	8	30.000	6.99	0.08956	101%-200% Above	Yes	No
42806071405	BENZONATATE 100 MG CAPSULE	8	30.000	9.99	0.08956	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	8	45.000	2.37	0.08956	26%-50% Below	No	No
42806071405	BENZONATATE 100 MG CAPSULE	8	45.000	11.45	0.08956	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	8	60.000	12.11	0.08956	101%-200% Above	Yes	No
42806071501	BENZONATATE 200 MG CAPSULE	5	21.000	3.88	0.123	26%-50% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.000	11.49	0.123	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	6	21.000	3.62	0.12354	26%-50% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	6	30.000	5.02	0.12354	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806071501	BENZONATATE 200 MG CAPSULE	7	15.000	5.72	0.12652	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	7	21.000	8.54	0.12652	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	7	30.000	11.88	0.12652	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	7	30.000	12.46	0.12652	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	7	60.000	14.90	0.12652	76%-100% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	30.000	5.66	0.1223	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	30.000	9.99	0.1223	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	30.000	12.23	0.1223	200% Above	Yes	No
42806071505	BENZONATATE 200 MG CAPSULE	5	20.000	8.31	0.123	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	5	30.000	6.90	0.123	76%-100% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	6	15.000	5.29	0.12354	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	6	20.000	6.90	0.12354	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	6	30.000	2.40	0.12354	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	7	30.000	10.47	0.12652	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	8	45.000	6.90	0.1223	10%-25% Above	No	No
42806072205	CELECOXIB 200 MG CAPSULE	6	14.000	4.90	0.12063	101%-200% Above	No	No
42806079960	RIFAMPIN 300 MG CAPSULE	7	60.000	14.99	0.67261	51%-75% Below	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	5	10.000	1.32	0.07015	76%-100% Above	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	5	18.000	1.50	0.07015	10%-25% Above	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	6	10.000	1.35	0.07545	76%-100% Above	Yes	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	6	30.000	0.30	0.07545	76%-100% Below	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	6	30.000	2.75	0.07545	10%-25% Above	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	7	18.000	1.94	0.07012	51%-75% Above	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	8	30.000	1.32	0.0702	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	5	12.000	1.77	0.11417	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	7	21.000	3.35	0.11566	26%-50% Above	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	8	85.000	7.58	0.11578	10%-25% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	8	120.000	10.43	0.11578	10%-25% Below	No	No
42858000301	OXYCODONE HCL (IR) 15 MG TAB	5	168.000	13.51	0.12379	26%-50% Below	No	No
42858000301	OXYCODONE HCL (IR) 15 MG TAB	7	168.000	13.51	0.12144	26%-50% Below	No	No
42858000301	OXYCODONE HCL (IR) 15 MG TAB	8	168.000	10.65	0.11925	26%-50% Below	No	No
42858000401	OXYCODONE HCL (IR) 20 MG TAB	5	90.000	12.38	0.22126	26%-50% Below	No	No
42858000401	OXYCODONE HCL (IR) 20 MG TAB	6	90.000	12.38	0.21436	26%-50% Below	No	No
42858000401	OXYCODONE HCL (IR) 20 MG TAB	8	90.000	11.45	0.21607	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	6.000	1.16	0.08837	101%-200% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	8.000	1.14	0.08837	51%-75% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	0.75	0.08837	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	1.26	0.08837	10%-25% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	18.000	1.99	0.08837	10%-25% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	40.000	1.35	0.08837	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	40.000	2.46	0.08837	26%-50% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	1.15	0.08641	10%-25% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.000	1.69	0.08641	26%-50% Above	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.000	1.78	0.08641	26%-50% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	40.000	2.37	0.08641	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	1.38	0.08811	51%-75% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	1.57	0.08811	26%-50% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	2.36	0.08811	101%-200% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	2.12	0.08811	10%-25% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	25.000	1.73	0.08811	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	6.000	0.95	0.08891	76%-100% Above	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	6.000	1.10	0.08891	101%-200% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	0.51	0.08891	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	1.69	0.08891	26%-50% Above	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	1.72	0.08891	26%-50% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	18.000	1.89	0.08891	10%-25% Above	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	1.51	0.08891	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	1.60	0.08891	10%-25% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	2.12	0.08891	10%-25% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	24.000	1.82	0.08891	10%-25% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	25.000	1.73	0.08891	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	40.000	1.35	0.08891	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	45.000	2.75	0.08891	26%-50% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	80.000	4.19	0.08891	26%-50% Below	Yes	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	7.000	3.00	0.08837	200% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	60.000	6.90	0.08837	26%-50% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.000	1.29	0.08641	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	40.000	6.90	0.08641	76%-100% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.000	7.11	0.08811	101%-200% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	4.49	0.08891	101%-200% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	6.41	0.08891	101%-200% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	6.71	0.08891	101%-200% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	40.000	6.90	0.08891	76%-100% Above	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	60.000	6.90	0.08891	26%-50% Above	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	24.000	0.99	0.12722	51%-75% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.000	4.96	0.12722	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.000	4.96	0.13454	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	40.000	4.03	0.12424	10%-25% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	10.000	1.58	0.13171	10%-25% Above	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.000	2.34	0.13171	10%-25% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	120.000	4.96	0.13171	51%-75% Below	Yes	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.000	6.49	0.12424	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	56.000	4.99	0.19912	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	60.000	5.24	0.19912	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	75.000	8.95	0.19912	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	105.000	5.64	0.19912	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.000	6.45	0.19912	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.000	13.88	0.19912	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	24.000	1.29	0.16192	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	60.000	5.32	0.16192	26%-50% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	75.000	8.95	0.16192	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	105.000	5.64	0.16192	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.000	6.45	0.16192	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	40.000	4.99	0.19209	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	60.000	6.44	0.19209	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	75.000	8.95	0.19209	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	150.000	8.06	0.19209	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	30.000	3.94	0.16489	10%-25% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	60.000	3.98	0.16489	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	75.000	7.08	0.16489	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	75.000	8.95	0.16489	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.000	6.45	0.16489	51%-75% Below	Yes	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	75.000	7.73	0.19912	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	90.000	14.90	0.19912	10%-25% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	135.000	19.90	0.19912	10%-25% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	60.000	6.19	0.16192	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	75.000	4.97	0.16192	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	84.000	17.48	0.16192	26%-50% Above	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	16.000	3.76	0.19209	10%-25% Above	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	60.000	3.97	0.19209	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	90.000	14.90	0.19209	10%-25% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.000	20.22	0.19209	10%-25% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	125.000	14.90	0.19209	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	135.000	19.90	0.19209	10%-25% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	60.000	3.96	0.16489	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	135.000	19.90	0.16489	10%-25% Below	No	No
42858011830	LIDOCAINE 5% PATCH	7	30.000	25.60	1.91171	51%-75% Below	No	No
42858013401	FENOFIBRATE 134 MG CAPSULE	6	30.000	4.90	0.13873	10%-25% Above	No	No
42858030101	HYDROMORPHONE 2 MG TABLET	7	30.000	3.20	0.07219	26%-50% Above	Yes	No
42858072101	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	60.000	9.09	0.23559	26%-50% Below	No	No
42858072101	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	60.000	8.91	0.18902	10%-25% Below	No	No
42858072101	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	60.000	9.09	0.18902	10%-25% Below	No	No
42858072101	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	60.000	8.91	0.2028	26%-50% Below	No	No
42858072101	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	60.000	8.91	0.19678	10%-25% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	20.000	2.59	0.24995	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.000	5.39	0.24995	26%-50% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.000	11.13	0.24995	26%-50% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	5.39	0.23987	10%-25% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	45.000	8.54	0.23987	10%-25% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	8.96	0.23987	26%-50% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	3.77	0.22972	26%-50% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	5.39	0.22972	10%-25% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	45.000	8.54	0.22972	10%-25% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	8.96	0.22972	26%-50% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	5.39	0.23945	10%-25% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	8.96	0.23945	26%-50% Below	No	No
42858072301	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	9.82	0.23945	26%-50% Below	No	No
42858072501	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	90.000	13.31	0.23949	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	8.89	0.29443	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	7.40	0.30183	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	7.71	0.30183	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	8.26	0.30183	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	9.99	0.30183	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	76.000	14.77	0.30183	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	8.05	0.2864	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	11.64	0.2864	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	8.05	0.2942	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	8.72	0.2942	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.65	0.2942	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.99	0.2942	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	11.64	0.2942	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	90.000	12.08	0.2942	51%-75% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	9.90	0.29368	26%-50% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	90.000	14.99	0.29368	26%-50% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	10.51	0.28074	26%-50% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	4.99	0.28077	26%-50% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	9.90	0.28077	26%-50% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	90.000	9.99	0.28077	51%-75% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	90.000	14.99	0.28077	26%-50% Below	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	5	28.000	6.25	0.19181	10%-25% Above	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	6	22.000	5.07	0.20536	10%-25% Above	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	7	28.000	6.25	0.18895	10%-25% Above	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	8	60.000	0.01	0.19922	76%-100% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	5	28.000	11.22	0.30844	26%-50% Above	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	5	60.000	14.99	0.30844	10%-25% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	6	28.000	11.22	0.31923	10%-25% Above	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	6	60.000	14.99	0.31923	10%-25% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	7	28.000	11.22	0.29793	26%-50% Above	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	7	56.000	14.99	0.29793	10%-25% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	7	60.000	14.99	0.29793	10%-25% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	8	56.000	14.99	0.31046	10%-25% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	8	60.000	14.99	0.31046	10%-25% Below	No	No
42858080301	MORPHINE SULF ER 60 MG TABLET	8	60.000	12.48	0.55361	51%-75% Below	No	No
42858083940	BUPRENORPHINE 20 MCG/HR PATCH	7	4.000	14.99	85.22803	76%-100% Below	No	No
42858083940	BUPRENORPHINE 20 MCG/HR PATCH	7	4.000	231.88	85.22803	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858086806	DRONABINOL 5 MG CAPSULE	8	60.000	0.60	2.47176	76%-100% Below	No	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	5	6.000	5.78	0.14384	200% Above	Yes	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	5	20.000	14.60	0.14384	200% Above	Yes	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	5	28.000	4.99	0.14384	10%-25% Above	Yes	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	5	30.000	4.99	0.14384	10%-25% Above	Yes	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	6	30.000	19.52	0.1318	200% Above	Yes	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	6	180.000	14.99	0.1318	26%-50% Below	Yes	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	7	30.000	4.99	0.12215	26%-50% Above	Yes	No
43386002606	FLUOCINONIDE 0.05% SOLUTION	5	60.000	14.99	0.31469	10%-25% Below	No	No
43386002606	FLUOCINONIDE 0.05% SOLUTION	5	60.000	26.38	0.31469	26%-50% Above	No	No
43386002606	FLUOCINONIDE 0.05% SOLUTION	6	60.000	12.88	0.37229	26%-50% Below	No	No
43386002606	FLUOCINONIDE 0.05% SOLUTION	6	60.000	26.38	0.37229	10%-25% Above	No	No
43386006019	GAVILYTE-C SOLUTION	5	4000.000	6.80	0.00256	26%-50% Below	No	No
43386006019	GAVILYTE-C SOLUTION	5	4000.000	14.99	0.00256	26%-50% Above	No	No
43386006019	GAVILYTE-C SOLUTION	6	4000.000	14.99	0.00251	26%-50% Above	Yes	No
43386006019	GAVILYTE-C SOLUTION	8	4000.000	9.99	0.00342	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	5	4000.000	8.00	0.00304	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	6	4000.000	8.00	0.00328	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	7	4000.000	7.20	0.00371	51%-75% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	7	4000.000	11.09	0.00371	10%-25% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	8	4000.000	9.19	0.00433	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	8	4000.000	9.60	0.00433	26%-50% Below	No	No
43386009660	CLOBETASOL 0.05% OINTMENT	6	15.000	9.99	0.43064	51%-75% Above	Yes	No
43386009660	CLOBETASOL 0.05% OINTMENT	8	15.000	9.99	0.37064	76%-100% Above	Yes	No
43386009661	CLOBETASOL 0.05% OINTMENT	5	90.000	19.99	0.35278	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43386009662	CLOBETASOL 0.05% OINTMENT	5	60.000	8.98	0.30216	26%-50% Below	Yes	No
43386009662	CLOBETASOL 0.05% OINTMENT	6	60.000	8.98	0.27204	26%-50% Below	Yes	No
43386009662	CLOBETASOL 0.05% OINTMENT	7	60.000	8.98	0.25722	26%-50% Below	Yes	No
43386009662	CLOBETASOL 0.05% OINTMENT	8	60.000	8.98	0.311	51%-75% Below	Yes	No
43386016106	MISOPROSTOL 200 MCG TABLET	5	1.000	1.57	0.83862	76%-100% Above	No	No
43386016106	MISOPROSTOL 200 MCG TABLET	7	1.000	0.95	0.75093	26%-50% Above	No	No
43386016106	MISOPROSTOL 200 MCG TABLET	7	4.000	4.04	0.75093	26%-50% Above	No	No
43386016106	MISOPROSTOL 200 MCG TABLET	8	1.000	1.23	0.73275	51%-75% Above	No	No
43386035601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	45.000	11.12	0.0991	101%-200% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	12.000	1.71	0.12718	10%-25% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	12.000	1.74	0.12718	10%-25% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.000	2.97	0.12718	10%-25% Below	No	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.000	3.17	0.12718	10%-25% Below	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	7.000	1.22	0.11449	51%-75% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	8.000	1.29	0.11449	26%-50% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.000	1.97	0.11449	26%-50% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	16.000	2.08	0.11449	10%-25% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	10.000	1.58	0.11267	26%-50% Above	No	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.000	1.74	0.11267	26%-50% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.000	5.47	0.11267	200% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	21.000	1.79	0.11267	10%-25% Below	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	24.000	2.05	0.11267	10%-25% Below	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	10.000	1.55	0.11884	26%-50% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	10.000	4.62	0.11884	200% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.000	1.74	0.11884	10%-25% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.000	0.00	0.11884	76%-100% Below	No	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	40.000	3.98	0.11884	10%-25% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	10.000	1.62	0.13467	10%-25% Above	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	40.000	4.36	0.13467	10%-25% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	112.000	10.86	0.13467	26%-50% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.000	11.59	0.13467	26%-50% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	180.000	14.99	0.13467	26%-50% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	5.000	1.18	0.11931	76%-100% Above	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	112.000	10.86	0.11931	10%-25% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	180.000	14.76	0.11931	26%-50% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	10.000	1.62	0.12039	26%-50% Above	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	56.000	4.87	0.12039	26%-50% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	11.59	0.12039	10%-25% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	30.000	2.90	0.13059	10%-25% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	56.000	4.87	0.13059	26%-50% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	60.000	6.00	0.13059	10%-25% Below	Yes	No
43386035801	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	180.000	14.76	0.13059	26%-50% Below	Yes	No
43386035810	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	60.000	0.01	0.11931	76%-100% Below	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	6	30.000	12.49	0.46691	10%-25% Below	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	7	60.000	14.99	0.46573	26%-50% Below	Yes	No
43386048024	ORPHENADRINE ER 100 MG TABLET	7	60.000	20.54	0.46573	26%-50% Below	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	8	60.000	20.54	0.45103	10%-25% Below	No	No
43386048026	ORPHENADRINE ER 100 MG TABLET	7	30.000	12.49	0.46573	10%-25% Below	No	No
43538095210	TOVET EMOLLIENT 0.05% FOAM	7	100.000	117.51	2.90918	51%-75% Below	No	No
43538095210	TOVET EMOLLIENT 0.05% FOAM	8	100.000	173.91	2.90918	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	5	60.000	1.85	0.05087	26%-50% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	6	60.000	1.85	0.04618	26%-50% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	6	90.000	12.40	0.04618	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	7	60.000	1.85	0.0483	26%-50% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	7	60.000	8.80	0.0483	200% Above	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	8	60.000	1.85	0.0455	26%-50% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	8	90.000	12.74	0.0455	200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	8	270.000	8.10	0.0455	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	6	90.000	2.61	0.04899	26%-50% Below	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	6	90.000	12.82	0.04899	101%-200% Above	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	7	90.000	12.82	0.04583	200% Above	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	7	270.000	36.88	0.04583	101%-200% Above	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	7	360.000	11.48	0.04583	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	8	90.000	12.82	0.04799	101%-200% Above	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	6	270.000	31.44	0.04932	101%-200% Above	Yes	No
43547027110	ROPINIROLE HCL 2 MG TABLET	6	90.000	17.81	0.0655	200% Above	Yes	No
43547027110	ROPINIROLE HCL 2 MG TABLET	8	135.000	21.52	0.06636	101%-200% Above	Yes	No
43547027210	ROPINIROLE HCL 3 MG TABLET	7	90.000	14.64	0.09935	51%-75% Above	Yes	No
43547027210	ROPINIROLE HCL 3 MG TABLET	8	90.000	12.81	0.07919	76%-100% Above	Yes	No
43547027210	ROPINIROLE HCL 3 MG TABLET	8	90.000	14.64	0.07919	101%-200% Above	Yes	No
43547027609	DONEPEZIL HCL 10 MG TABLET	5	60.000	0.76	0.05089	51%-75% Below	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	7	30.000	2.00	0.04888	26%-50% Above	No	No
43547027611	DONEPEZIL HCL 10 MG TABLET	5	30.000	2.25	0.05089	26%-50% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	5	30.000	3.41	0.04568	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	30.000	4.48	0.04743	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547028010	ESCITALOPRAM 5 MG TABLET	7	30.000	3.35	0.04494	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	7	30.000	4.48	0.04494	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	8	30.000	0.30	0.04577	76%-100% Below	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	8	30.000	4.48	0.04577	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.000	4.53	0.04995	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.000	9.90	0.04995	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	30.000	4.53	0.05194	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	30.000	4.62	0.05194	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	90.000	10.10	0.05194	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	30.000	3.95	0.05286	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	90.000	10.19	0.05286	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.000	0.93	0.05112	26%-50% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.000	3.13	0.05112	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.000	4.41	0.05112	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.000	4.81	0.05112	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	90.000	11.93	0.05112	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	90.000	12.29	0.05112	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.000	0.85	0.04995	26%-50% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.000	3.94	0.04995	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.000	4.41	0.04995	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.000	4.53	0.04995	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.000	4.81	0.04995	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	90.000	10.53	0.04995	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	30.000	3.77	0.05194	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	30.000	4.53	0.05194	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547028111	ESCITALOPRAM 10 MG TABLET	7	45.000	5.58	0.05194	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	90.000	10.10	0.05194	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	90.000	12.29	0.05194	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	30.000	3.77	0.05286	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	30.000	5.68	0.05286	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	45.000	5.58	0.05286	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	90.000	9.79	0.05286	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	90.000	10.10	0.05286	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	90.000	10.59	0.05286	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	30.000	9.90	0.08189	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.000	12.37	0.08189	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	90.000	9.90	0.07964	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	90.000	12.40	0.07964	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	4.54	0.08912	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	5.31	0.08912	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	5.40	0.08912	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	5.50	0.08912	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	5.55	0.08912	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	5.80	0.08912	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	90.000	14.72	0.08912	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.000	4.76	0.07922	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.000	4.99	0.07922	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.000	5.40	0.07922	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	90.000	4.42	0.07922	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	90.000	4.99	0.07922	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547028211	ESCITALOPRAM 20 MG TABLET	6	90.000	8.95	0.07922	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	90.000	14.63	0.07922	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.000	4.76	0.08189	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.000	5.40	0.08189	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	0.92	0.07964	51%-75% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	4.67	0.07964	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	4.99	0.07964	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	5.40	0.07964	101%-200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	6	30.000	7.00	0.3053	10%-25% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	8	30.000	7.00	0.28701	10%-25% Below	No	No
43547028810	BUPROPION HCL SR 100 MG TABLET	6	30.000	5.09	0.10529	51%-75% Above	No	No
43547028810	BUPROPION HCL SR 100 MG TABLET	6	60.000	14.99	0.10529	101%-200% Above	No	No
43547028850	BUPROPION HCL SR 100 MG TABLET	6	30.000	6.82	0.10529	101%-200% Above	No	No
43547028910	BUPROPION HCL SR 150 MG TABLET	8	30.000	6.08	0.0933	101%-200% Above	No	No
43547028910	BUPROPION HCL SR 150 MG TABLET	8	60.000	6.99	0.0933	10%-25% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	5	30.000	7.14	0.09767	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	6	30.000	7.14	0.09733	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	6	180.000	21.69	0.09733	10%-25% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	7	30.000	7.14	0.09562	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	7	60.000	6.99	0.09562	10%-25% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	7	60.000	12.05	0.09562	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	7	60.000	12.45	0.09562	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	8	30.000	7.14	0.0933	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	8	60.000	6.99	0.0933	10%-25% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	8	60.000	12.05	0.0933	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547028950	BUPROPION HCL SR 150 MG TABLET	8	60.000	12.45	0.0933	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	8	60.000	13.50	0.0933	101%-200% Above	No	No
43547029010	BUPROPION HCL SR 200 MG TABLET	8	180.000	0.02	0.14599	76%-100% Below	No	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	5	30.000	14.99	0.13287	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	5	30.000	19.99	0.13287	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	5	90.000	435.31	0.13287	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	6	15.000	9.99	0.13464	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	6	30.000	9.99	0.13464	101%-200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	6	30.000	14.99	0.13464	200% Above	No	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	6	30.000	14.99	0.13464	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	6	30.000	19.99	0.13464	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	7	15.000	9.99	0.12223	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	7	30.000	14.99	0.12223	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	15.000	9.99	0.14055	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	30.000	14.99	0.14055	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	30.000	19.99	0.14055	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	90.000	19.99	0.14055	51%-75% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	90.000	350.67	0.14055	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	5	30.000	9.99	0.14943	101%-200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	5	30.000	19.99	0.14943	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	5	90.000	386.95	0.14943	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	5	90.000	441.36	0.14943	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	6	30.000	2.54	0.12392	26%-50% Below	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	6	30.000	9.99	0.12392	101%-200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	6	90.000	29.99	0.12392	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547030303	ARIPIRAZOLE 5 MG TABLET	6	90.000	435.31	0.12392	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	7	30.000	2.54	0.12385	26%-50% Below	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	7	30.000	4.99	0.12385	26%-50% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	7	30.000	9.99	0.12385	101%-200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	8	30.000	9.99	0.13076	101%-200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	8	30.000	19.99	0.13076	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	8	90.000	350.67	0.13076	200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	5	14.000	14.99	0.14024	200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	5	30.000	9.99	0.14024	101%-200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	8	90.000	333.97	0.14604	200% Above	Yes	No
43547030503	ARIPIRAZOLE 15 MG TABLET	5	30.000	9.99	0.16921	76%-100% Above	Yes	No
43547030503	ARIPIRAZOLE 15 MG TABLET	6	30.000	9.99	0.15772	101%-200% Above	Yes	No
43547030503	ARIPIRAZOLE 15 MG TABLET	6	90.000	9.11	0.15772	26%-50% Below	Yes	No
43547030503	ARIPIRAZOLE 15 MG TABLET	7	30.000	9.99	0.15786	101%-200% Above	Yes	No
43547030603	ARIPIRAZOLE 20 MG TABLET	5	30.000	9.99	0.24443	26%-50% Above	Yes	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	7	30.000	2.63	0.06908	26%-50% Above	No	No
43547033650	BENAZEPRIL HCL 10 MG TABLET	6	90.000	4.32	0.07573	26%-50% Below	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	5	60.000	4.60	0.08815	10%-25% Below	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	5	90.000	5.36	0.08815	26%-50% Below	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	8	60.000	4.03	0.08937	10%-25% Below	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	8	90.000	5.36	0.08937	26%-50% Below	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	7	90.000	6.40	0.10616	26%-50% Below	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	7	90.000	7.73	0.10616	10%-25% Below	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	5	30.000	2.91	0.11365	10%-25% Below	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	6	30.000	2.91	0.11581	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547033850	BENZAEPRI HCL 40 MG TABLET	5	30.000	2.91	0.11365	10%-25% Below	No	No
43547033850	BENZAEPRI HCL 40 MG TABLET	5	90.000	6.03	0.11365	26%-50% Below	No	No
43547033850	BENZAEPRI HCL 40 MG TABLET	6	90.000	6.03	0.11581	26%-50% Below	No	No
43547033850	BENZAEPRI HCL 40 MG TABLET	8	90.000	4.97	0.1019	26%-50% Below	No	No
43547033906	RISPERIDONE 0.25 MG TABLET	5	180.000	9.22	0.04462	10%-25% Above	Yes	No
43547033906	RISPERIDONE 0.25 MG TABLET	8	180.000	8.71	0.04221	10%-25% Above	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	5	30.000	2.76	0.04286	101%-200% Above	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	5	60.000	0.01	0.04286	76%-100% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	6	30.000	2.76	0.04283	101%-200% Above	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	7	30.000	2.76	0.03953	101%-200% Above	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	7	60.000	0.01	0.03953	76%-100% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	8	30.000	2.76	0.04374	101%-200% Above	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	8	60.000	0.01	0.04374	76%-100% Below	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	6	90.000	0.01	0.04283	76%-100% Below	No	No
43547034106	RISPERIDONE 1 MG TABLET	5	30.000	4.06	0.05364	101%-200% Above	Yes	No
43547034106	RISPERIDONE 1 MG TABLET	5	68.000	6.90	0.05364	76%-100% Above	No	No
43547034306	RISPERIDONE 3 MG TABLET	5	30.000	4.76	0.06608	101%-200% Above	Yes	No
43547034306	RISPERIDONE 3 MG TABLET	6	30.000	3.82	0.06422	76%-100% Above	No	No
43547034306	RISPERIDONE 3 MG TABLET	7	30.000	3.82	0.06162	101%-200% Above	No	No
43547034506	LEVETIRACETAM ER 500 MG TABLET	6	180.000	44.90	0.22374	10%-25% Above	No	No
43547034703	PAROXETINE HCL 10 MG TABLET	6	30.000	3.56	0.06911	51%-75% Above	No	No
43547034703	PAROXETINE HCL 10 MG TABLET	7	30.000	3.56	0.07338	51%-75% Above	No	No
43547034703	PAROXETINE HCL 10 MG TABLET	8	30.000	3.56	0.07315	51%-75% Above	No	No
43547034750	PAROXETINE HCL 10 MG TABLET	7	90.000	9.09	0.07338	26%-50% Above	No	No
43547034909	PAROXETINE HCL 30 MG TABLET	6	30.000	4.44	0.1281	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547035150	LISINOPRIL 2.5 MG TABLET	5	90.000	0.00	0.01521	76%-100% Below	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	6	90.000	0.61	0.01587	51%-75% Below	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	7	30.000	1.10	0.01476	101%-200% Above	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	7	90.000	0.73	0.01476	26%-50% Below	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	7	90.000	2.22	0.01476	51%-75% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	30.000	0.00	0.01575	76%-100% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	30.000	1.07	0.01575	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	30.000	1.26	0.01575	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	90.000	0.00	0.01575	76%-100% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	30.000	1.26	0.01559	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	60.000	1.64	0.01559	51%-75% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	90.000	2.29	0.01559	51%-75% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	90.000	2.36	0.01559	51%-75% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	30.000	1.26	0.01562	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	90.000	1.91	0.01562	26%-50% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	90.000	2.54	0.01562	76%-100% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	8	30.000	1.26	0.01581	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	8	30.000	1.31	0.01581	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	8	90.000	2.02	0.01581	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.000	0.00	0.01934	76%-100% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.000	1.27	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.000	1.29	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.000	1.31	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.000	1.36	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.000	0.00	0.01934	76%-100% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547035311	LISINOPRIL 10 MG TABLET	5	90.000	0.01	0.01934	76%-100% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	0.20	0.01934	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	0.36	0.01934	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	1.17	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	1.18	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	1.22	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	1.29	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	1.31	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	60.000	1.94	0.01934	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.000	1.22	0.01934	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.000	2.20	0.01934	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.000	2.62	0.01934	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.000	2.71	0.01934	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.000	3.56	0.01934	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.000	0.38	0.01839	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.000	1.22	0.01839	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.000	1.27	0.01839	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.000	1.31	0.01839	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	45.000	1.64	0.01839	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.000	0.01	0.01839	76%-100% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.000	1.04	0.01839	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.000	2.56	0.01839	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.000	2.65	0.01839	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.000	2.68	0.01839	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	0.35	0.01974	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	0.38	0.01974	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	1.18	0.01974	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	1.27	0.01974	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	1.29	0.01974	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	1.31	0.01974	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	1.44	0.01974	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.000	4.26	0.01974	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.000	0.00	0.02521	76%-100% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.000	0.51	0.02521	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.000	1.57	0.02521	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.000	1.60	0.02521	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	90.000	0.00	0.02521	76%-100% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	180.000	6.32	0.02521	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	0.32	0.02613	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	1.06	0.02613	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	1.31	0.02613	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	1.46	0.02613	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	1.57	0.02613	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	1.60	0.02613	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	1.66	0.02613	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.000	2.91	0.02613	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.000	3.05	0.02613	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.000	3.49	0.02613	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	0.31	0.0259	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	0.32	0.0259	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	1.41	0.0259	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	1.46	0.0259	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	1.57	0.0259	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	1.60	0.0259	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	1.66	0.0259	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	2.80	0.0259	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.000	0.88	0.0259	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.000	2.91	0.0259	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.000	3.00	0.0259	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	27.000	1.47	0.02563	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	0.28	0.02563	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	0.31	0.02563	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	1.06	0.02563	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	1.31	0.02563	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	1.46	0.02563	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	1.66	0.02563	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	2.80	0.02563	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	90.000	0.85	0.02563	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	90.000	4.32	0.02563	76%-100% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	6	90.000	5.99	0.04854	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.000	0.00	0.04819	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.000	2.47	0.04819	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.000	2.52	0.04819	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	90.000	0.00	0.04819	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	90.000	5.99	0.04819	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547035611	LISINOPRIL 40 MG TABLET	6	30.000	0.52	0.04854	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.000	0.75	0.04854	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.000	2.49	0.04854	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.000	2.52	0.04854	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.000	1.61	0.04854	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.000	1.69	0.04854	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.000	6.33	0.04854	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.000	0.54	0.04724	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.000	0.58	0.04724	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.000	2.18	0.04724	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.000	1.61	0.04724	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.000	5.09	0.04724	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.000	5.21	0.04724	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.000	6.16	0.04724	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.000	10.76	0.04724	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.000	16.80	0.04724	200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.000	0.58	0.05025	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.000	2.19	0.05025	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.000	2.52	0.05025	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.000	5.27	0.05025	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.000	5.36	0.05025	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.000	8.51	0.05025	76%-100% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	9.88	0.06107	76%-100% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	45.000	4.87	0.05419	76%-100% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	7.85	0.05419	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	7	45.000	3.92	0.04995	51%-75% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	7.85	0.04995	51%-75% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	8	45.000	3.92	0.05003	51%-75% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.99	0.05003	76%-100% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.66	0.05419	51%-75% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.01	0.05003	26%-50% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.71	0.05003	76%-100% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.06	0.05003	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	60.000	1.81	0.05003	26%-50% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.75	0.05003	51%-75% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.05	0.06744	26%-50% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.05	0.06904	26%-50% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	8.04	0.06904	26%-50% Above	Yes	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.05	0.06944	26%-50% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.14	0.06944	26%-50% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.64	0.06944	51%-75% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	8.04	0.06944	26%-50% Above	Yes	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.71	0.06944	51%-75% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.05	0.05825	51%-75% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.14	0.05825	76%-100% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	7.77	0.05825	26%-50% Above	Yes	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.67	0.06904	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	0.00	0.05825	76%-100% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.04	0.05825	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.64	0.05825	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	6.00	0.05825	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.57	0.05825	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	9.42	0.05825	76%-100% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	10.50	0.10045	10%-25% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.66	0.10045	26%-50% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.10	0.10045	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.66	0.09669	26%-50% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.10	0.09669	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	10.00	0.08706	26%-50% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.23	0.08706	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.10	0.08706	76%-100% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	15.09	0.10045	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.30	0.09669	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	0.00	0.08706	76%-100% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	0.99	0.08706	51%-75% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	2.05	0.08706	10%-25% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.21	0.08706	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.30	0.08706	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.32	0.08706	76%-100% Above	No	No
43547038011	DULOXETINE HCL DR 30 MG CAP	7	30.000	1.18	0.10271	51%-75% Below	No	No
43547038011	DULOXETINE HCL DR 30 MG CAP	7	30.000	5.00	0.10271	51%-75% Above	No	No
43547038011	DULOXETINE HCL DR 30 MG CAP	8	30.000	1.18	0.09834	51%-75% Below	No	No
43547038103	DULOXETINE HCL DR 60 MG CAP	5	30.000	14.99	0.11807	200% Above	Yes	No
43547038111	DULOXETINE HCL DR 60 MG CAP	5	30.000	3.07	0.11807	10%-25% Below	No	No
43547038111	DULOXETINE HCL DR 60 MG CAP	5	30.000	10.00	0.11807	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547038111	DULOXETINE HCL DR 60 MG CAP	5	60.000	12.40	0.11807	51%-75% Above	No	No
43547038111	DULOXETINE HCL DR 60 MG CAP	6	30.000	2.37	0.11559	26%-50% Below	No	No
43547038111	DULOXETINE HCL DR 60 MG CAP	6	30.000	10.00	0.11559	101%-200% Above	No	No
43547038709	FOSINOPRIL SODIUM 20 MG TAB	7	30.000	4.54	0.17857	10%-25% Below	No	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	6	20.000	1.17	0.02026	101%-200% Above	No	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.41	0.02026	101%-200% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	6	30.000	1.46	0.03072	51%-75% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	6	90.000	3.07	0.03072	10%-25% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	7	30.000	1.46	0.02855	51%-75% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	8	30.000	1.69	0.02958	76%-100% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	12.000	1.05	0.03078	101%-200% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	15.000	1.13	0.03078	101%-200% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.42	0.03078	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.46	0.03078	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.51	0.03078	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.52	0.03078	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.52	0.03078	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.55	0.03078	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	34.000	1.65	0.03078	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	45.000	1.15	0.03078	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	60.000	2.33	0.03078	26%-50% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	90.000	1.68	0.03078	26%-50% Below	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	90.000	2.30	0.03078	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	5	90.000	3.16	0.03078	10%-25% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	10.000	0.91	0.03072	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	0.60	0.03072	26%-50% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.26	0.03072	26%-50% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.40	0.03072	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.46	0.03072	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.52	0.03072	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.52	0.03072	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.55	0.03072	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.55	0.03072	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.77	0.03072	76%-100% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	2.10	0.03072	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	2.17	0.03072	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	2.47	0.03072	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	3.07	0.03072	10%-25% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	3.08	0.03072	10%-25% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	3.08	0.03072	10%-25% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	3.16	0.03072	10%-25% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	90.000	3.33	0.03072	10%-25% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	7	30.000	0.60	0.02855	26%-50% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	7	30.000	1.29	0.02855	26%-50% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	7	30.000	1.40	0.02855	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	7	30.000	1.52	0.02855	76%-100% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	7	30.000	1.52	0.02855	76%-100% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	7	30.000	1.55	0.02855	76%-100% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	7	30.000	1.55	0.02855	76%-100% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	7	90.000	1.97	0.02855	10%-25% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547040111	FUROSEMIDE 20 MG TABLET	7	90.000	2.04	0.02855	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	7	90.000	2.17	0.02855	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	7	90.000	3.07	0.02855	10%-25% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	7	90.000	3.16	0.02855	10%-25% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	8	21.000	1.15	0.02958	76%-100% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	8	30.000	1.29	0.02958	26%-50% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	8	30.000	1.40	0.02958	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	8	30.000	1.52	0.02958	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	8	30.000	1.55	0.02958	51%-75% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	8	45.000	1.08	0.02958	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	8	60.000	1.10	0.02958	26%-50% Below	No	No
43547040111	FUROSEMIDE 20 MG TABLET	8	90.000	1.84	0.02958	26%-50% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	8	90.000	2.17	0.02958	10%-25% Below	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	8	90.000	3.16	0.02958	10%-25% Above	Yes	No
43547040210	FUROSEMIDE 40 MG TABLET	5	30.000	1.69	0.03387	51%-75% Above	No	No
43547040210	FUROSEMIDE 40 MG TABLET	6	30.000	1.69	0.03356	51%-75% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	30.000	0.30	0.03387	51%-75% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	30.000	0.54	0.03387	26%-50% Below	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	5	30.000	1.82	0.03387	76%-100% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	30.000	1.84	0.03387	76%-100% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	60.000	2.80	0.03387	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	60.000	2.83	0.03387	26%-50% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	5	90.000	3.88	0.03387	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	90.000	3.97	0.03387	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	90.000	6.08	0.03387	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547040211	FUROSEMIDE 40 MG TABLET	6	30.000	0.54	0.03356	26%-50% Below	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	6	30.000	1.73	0.03356	51%-75% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	6	30.000	1.82	0.03356	76%-100% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	6	60.000	0.60	0.03356	51%-75% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	6	60.000	2.80	0.03356	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	6	60.000	2.83	0.03356	26%-50% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	6	60.000	2.89	0.03356	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	6	90.000	2.41	0.03356	10%-25% Below	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	6	90.000	4.03	0.03356	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	30.000	0.30	0.03342	51%-75% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	30.000	1.73	0.03342	51%-75% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	30.000	1.78	0.03342	76%-100% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	7	30.000	1.82	0.03342	76%-100% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	60.000	2.45	0.03342	10%-25% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	60.000	2.80	0.03342	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	90.000	0.90	0.03342	51%-75% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	90.000	2.64	0.03342	10%-25% Below	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	7	90.000	3.33	0.03342	10%-25% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	90.000	3.33	0.03342	10%-25% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	7	90.000	3.78	0.03342	10%-25% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	90.000	3.87	0.03342	26%-50% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	7	90.000	7.49	0.03342	101%-200% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	180.000	4.99	0.03342	10%-25% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	180.000	7.00	0.03342	10%-25% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	8	30.000	0.30	0.03235	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547040211	FUROSEMIDE 40 MG TABLET	8	30.000	1.57	0.03235	51%-75% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	8	30.000	1.73	0.03235	76%-100% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	8	30.000	1.78	0.03235	76%-100% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	8	30.000	1.78	0.03235	76%-100% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	8	30.000	2.14	0.03235	101%-200% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	8	60.000	2.80	0.03235	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	8	90.000	3.97	0.03235	26%-50% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	8	90.000	6.08	0.03235	101%-200% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	8	360.000	13.52	0.03235	10%-25% Above	Yes	No
43547040310	FUROSEMIDE 80 MG TABLET	5	30.000	2.35	0.05935	26%-50% Above	Yes	No
43547040610	CLONAZEPAM 0.5 MG TABLET	7	15.000	0.84	0.02552	101%-200% Above	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	6	30.000	0.44	0.02593	26%-50% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	5	30.000	1.46	0.03181	51%-75% Above	No	No
43547040710	CLONAZEPAM 1 MG TABLET	8	30.000	2.36	0.03053	101%-200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	5	30.000	1.44	0.03181	26%-50% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	5	30.000	1.46	0.03181	51%-75% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	5	60.000	2.22	0.03181	10%-25% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	5	60.000	2.53	0.03181	26%-50% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	6	30.000	1.44	0.03019	51%-75% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	6	30.000	1.46	0.03019	51%-75% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	6	60.000	2.47	0.03019	26%-50% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	7	30.000	1.44	0.03088	51%-75% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	7	30.000	1.46	0.03088	51%-75% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	7	60.000	2.47	0.03088	26%-50% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	8	30.000	1.26	0.03053	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547040711	CLONAZEPAM 1 MG TABLET	8	30.000	1.46	0.03053	51%-75% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	8	60.000	3.12	0.03053	51%-75% Above	No	No
43547041309	QUINAPRIL 40 MG TABLET	5	30.000	5.86	0.111	51%-75% Above	No	No
43547041309	QUINAPRIL 40 MG TABLET	6	30.000	5.86	0.11006	76%-100% Above	No	No
43547041309	QUINAPRIL 40 MG TABLET	7	30.000	5.86	0.10597	76%-100% Above	No	No
43547041309	QUINAPRIL 40 MG TABLET	8	30.000	5.86	0.11138	51%-75% Above	No	No
43547041450	LISINOPRIL 2.5 MG TABLET	8	30.000	1.10	0.01572	101%-200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	6	30.000	1.18	0.01559	101%-200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	7	30.000	1.18	0.01562	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	5	30.000	0.00	0.01934	76%-100% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	5	60.000	0.00	0.01934	76%-100% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	30.000	1.22	0.01934	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	30.000	1.26	0.01934	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	90.000	2.29	0.01934	26%-50% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	90.000	2.75	0.01934	51%-75% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	180.000	3.94	0.01934	10%-25% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	30.000	0.35	0.01839	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	30.000	1.16	0.01839	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	60.000	1.91	0.01839	51%-75% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	90.000	2.65	0.01839	51%-75% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	90.000	2.68	0.01839	51%-75% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	90.000	2.75	0.01839	51%-75% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	30.000	1.16	0.01974	76%-100% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	30.000	1.38	0.01974	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	90.000	2.29	0.01974	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547041711	LISINOPRIL 20 MG TABLET	5	30.000	0.00	0.02521	76%-100% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	90.000	0.00	0.02521	76%-100% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	180.000	0.00	0.02521	76%-100% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	30.000	1.46	0.02613	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	30.000	1.51	0.02613	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	30.000	1.66	0.02613	101%-200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	30.000	1.69	0.02613	101%-200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	30.000	1.46	0.0259	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	30.000	1.69	0.0259	101%-200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	45.000	1.82	0.0259	51%-75% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	180.000	6.41	0.0259	26%-50% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	8	30.000	1.46	0.02563	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	8	90.000	3.14	0.02563	26%-50% Above	No	No
43547041850	LISINOPRIL 30 MG TABLET	7	90.000	1.91	0.05313	51%-75% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	5	30.000	0.00	0.04819	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	6	90.000	7.48	0.04854	51%-75% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	8	30.000	2.19	0.05025	26%-50% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.000	2.08	0.03464	76%-100% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	2.08	0.033	101%-200% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	2.23	0.033	10%-25% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	2.08	0.03398	101%-200% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	1.81	0.05019	10%-25% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	45.000	2.76	0.05019	10%-25% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	2.43	0.04948	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	180.000	4.86	0.04948	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	2.43	0.04872	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.000	6.05	0.04933	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	2.09	0.04681	26%-50% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.000	41.39	0.13909	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.000	43.66	0.13909	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	4.99	0.14976	10%-25% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	14.49	0.14976	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	80.000	9.99	0.14976	10%-25% Below	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.000	40.82	0.14976	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	30.000	14.49	0.14399	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.000	32.89	0.14399	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.000	2.78	0.13177	26%-50% Below	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	29.99	0.13177	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	32.89	0.13177	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	42.30	0.13177	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	43.66	0.13177	200% Above	Yes	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	20.00	0.13177	51%-75% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	9.99	0.1916	51%-75% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	14.99	0.1916	101%-200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	60.000	6.74	0.1916	26%-50% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	14.99	0.1916	10%-25% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	49.45	0.1916	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	56.39	0.1916	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	9.99	0.17082	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	14.99	0.17082	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	60.000	6.74	0.17082	26%-50% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	10.11	0.17082	26%-50% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	42.30	0.17082	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	44.99	0.17082	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	55.63	0.17082	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	56.39	0.17082	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	3.37	0.15931	26%-50% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	9.99	0.15931	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.99	0.15931	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.99	0.15931	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	29.99	0.15931	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	42.30	0.15931	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	44.81	0.15931	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	44.99	0.15931	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	3.37	0.16039	26%-50% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.99	0.16039	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.000	10.11	0.16039	26%-50% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.000	44.81	0.16039	200% Above	Yes	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	14.90	0.17082	101%-200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.90	0.15931	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	3.21	0.16039	26%-50% Below	No	No
43547042503	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.000	10.56	0.16438	26%-50% Below	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	3.52	0.16438	26%-50% Below	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	19.90	0.16438	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.000	55.62	0.16438	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.000	59.49	0.16438	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	44.99	0.16356	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	55.62	0.16356	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	15.000	4.99	0.14944	101%-200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	9.90	0.14944	101%-200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	20.00	0.14944	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	24.99	0.14944	76%-100% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	42.30	0.14944	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	44.80	0.14944	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	2.46	0.13639	26%-50% Below	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.000	44.80	0.13639	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.000	44.99	0.13639	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.000	58.05	0.13639	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.000	59.49	0.13639	200% Above	Yes	No
43547043109	FENOFIBRATE 145 MG TABLET	5	90.000	8.27	0.15582	26%-50% Below	No	No
43547043109	FENOFIBRATE 145 MG TABLET	5	90.000	44.99	0.15582	200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	6	90.000	44.99	0.16264	200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	7	90.000	7.88	0.14883	26%-50% Below	No	No
43547043109	FENOFIBRATE 145 MG TABLET	8	90.000	29.99	0.16496	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	8	90.000	44.99	0.16496	200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	8	90.000	59.99	0.16496	200% Above	No	No
43547043506	CLONIDINE HCL ER 0.1 MG TABLET	5	60.000	14.90	0.47733	26%-50% Below	No	No
43598013901	KETOROLAC 10 MG TABLET	8	15.000	13.47	0.6484	26%-50% Above	No	No
43598016405	OLANZAPINE 5 MG TABLET	6	10.000	2.42	0.09519	101%-200% Above	No	No
43598016405	OLANZAPINE 5 MG TABLET	8	10.000	2.42	0.09595	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598016430	OLANZAPINE 5 MG TABLET	7	30.000	6.21	0.09261	101%-200% Above	No	No
43598016430	OLANZAPINE 5 MG TABLET	8	16.000	3.48	0.09595	101%-200% Above	No	No
43598016430	OLANZAPINE 5 MG TABLET	8	30.000	7.82	0.09595	101%-200% Above	No	No
43598016430	OLANZAPINE 5 MG TABLET	8	90.000	13.98	0.09595	51%-75% Above	No	No
43598016530	OLANZAPINE 7.5 MG TABLET	8	30.000	6.84	0.1124	101%-200% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	6	30.000	8.55	0.12465	101%-200% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	6	30.000	8.80	0.12465	101%-200% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	7	30.000	8.80	0.11771	101%-200% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	8	30.000	7.57	0.11896	101%-200% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	8	30.000	11.21	0.11896	200% Above	No	No
43598016630	OLANZAPINE 10 MG TABLET	5	30.000	8.89	0.12695	101%-200% Above	No	No
43598016630	OLANZAPINE 10 MG TABLET	6	30.000	8.89	0.12465	101%-200% Above	No	No
43598016630	OLANZAPINE 10 MG TABLET	8	30.000	8.99	0.11896	101%-200% Above	No	No
43598021040	SSD 1% CREAM	7	400.000	19.20	0.08256	26%-50% Below	No	No
43598021050	SSD 1% CREAM	5	100.000	7.86	0.13077	26%-50% Below	No	No
43598021050	SSD 1% CREAM	6	50.000	8.33	0.13362	10%-25% Above	No	No
43598021050	SSD 1% CREAM	7	50.000	4.99	0.12846	10%-25% Below	No	No
43598023018	COLESEVELAM 625 MG TABLET	5	60.000	15.37	0.42419	26%-50% Below	No	No
43598023018	COLESEVELAM 625 MG TABLET	6	60.000	15.45	0.40983	26%-50% Below	No	No
43598029190	PREGABALIN 25 MG CAPSULE	7	90.000	78.87	0.06673	200% Above	Yes	No
43598029290	PREGABALIN 50 MG CAPSULE	6	60.000	2.80	0.09372	26%-50% Below	Yes	No
43598029290	PREGABALIN 50 MG CAPSULE	7	20.000	26.65	0.08264	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	5	60.000	9.99	0.0835	76%-100% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	5	60.000	19.99	0.0835	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	6	60.000	9.99	0.08009	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598029390	PREGABALIN 75 MG CAPSULE	6	60.000	14.99	0.08009	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	6	60.000	19.99	0.08009	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	7	60.000	9.99	0.07721	101%-200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	7	60.000	19.99	0.07721	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	7	60.000	80.53	0.07721	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	8	60.000	9.99	0.07598	101%-200% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	5	60.000	9.99	0.08648	76%-100% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	5	60.000	14.99	0.08648	101%-200% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	5	120.000	5.92	0.08648	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	5	180.000	203.80	0.08648	200% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	60.000	2.96	0.08677	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	60.000	9.99	0.08677	76%-100% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	60.000	14.99	0.08677	101%-200% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	120.000	5.92	0.08677	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	180.000	8.87	0.08677	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	270.000	242.87	0.08677	200% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	7	60.000	2.96	0.07009	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	7	60.000	14.99	0.07009	200% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	7	120.000	5.92	0.07009	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	8	60.000	2.96	0.07481	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	8	60.000	14.99	0.07481	200% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	8	120.000	5.92	0.07481	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	8	180.000	161.91	0.07481	200% Above	Yes	No
43598029590	PREGABALIN 150 MG CAPSULE	5	180.000	201.33	0.10216	200% Above	Yes	No
43598029590	PREGABALIN 150 MG CAPSULE	6	60.000	3.22	0.0979	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598029590	PREGABALIN 150 MG CAPSULE	7	60.000	14.99	0.08075	200% Above	Yes	No
43598029590	PREGABALIN 150 MG CAPSULE	8	60.000	3.22	0.08156	26%-50% Below	Yes	No
43598029790	PREGABALIN 225 MG CAPSULE	5	60.000	9.99	0.1085	51%-75% Above	Yes	No
43598029790	PREGABALIN 225 MG CAPSULE	6	60.000	9.99	0.1049	51%-75% Above	Yes	No
43598029790	PREGABALIN 225 MG CAPSULE	7	60.000	9.99	0.10771	51%-75% Above	Yes	No
43598029790	PREGABALIN 225 MG CAPSULE	7	180.000	162.50	0.10771	200% Above	Yes	No
43598029890	PREGABALIN 300 MG CAPSULE	5	60.000	14.99	0.11363	101%-200% Above	Yes	No
43598029890	PREGABALIN 300 MG CAPSULE	6	60.000	14.99	0.11571	101%-200% Above	Yes	No
43598029890	PREGABALIN 300 MG CAPSULE	8	60.000	14.99	0.10618	101%-200% Above	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.500	91.63	19.50972	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.500	81.79	18.487	26%-50% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.500	84.58	18.487	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.500	91.63	18.487	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	15.000	14.99	18.487	76%-100% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.500	81.98	18.27528	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.500	88.81	18.27528	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.500	91.63	18.27528	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	82.12	18.80885	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	85.29	18.80885	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	8	15.000	164.23	18.80885	26%-50% Below	No	No
43598037201	COLCHICINE 0.6 MG TABLET	5	30.000	10.88	0.50086	26%-50% Below	No	No
43598037201	COLCHICINE 0.6 MG TABLET	5	90.000	30.11	0.50086	26%-50% Below	No	No
43598037201	COLCHICINE 0.6 MG TABLET	6	30.000	9.90	0.48855	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	5	25.000	5.06	0.2656	10%-25% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	5	25.000	13.69	0.2656	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	5	25.000	14.99	0.2656	101%-200% Above	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	6	25.000	5.06	0.25189	10%-25% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	4.99	0.23477	10%-25% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	9.99	0.23477	51%-75% Above	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	17.75	0.23477	200% Above	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	8	75.000	19.99	0.23477	10%-25% Above	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	8	100.000	20.24	0.23477	10%-25% Below	Yes	No
43598044774	NICOTINE 14 MG/24HR PATCH	7	28.000	0.00	1.66929	76%-100% Below	No	No
43598044774	NICOTINE 14 MG/24HR PATCH	8	14.000	0.00	1.58362	76%-100% Below	No	No
43598044828	NICOTINE 21 MG/24HR PATCH	8	28.000	0.00	1.59748	76%-100% Below	No	No
43598044874	NICOTINE 21 MG/24HR PATCH	6	28.000	0.00	1.63629	76%-100% Below	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	5	90.000	17.15	0.34739	26%-50% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.000	7.00	0.20242	10%-25% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.000	7.00	0.18218	26%-50% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.000	9.99	0.18218	76%-100% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	8	30.000	9.99	0.20101	51%-75% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.000	14.90	0.2086	101%-200% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.000	14.90	0.20242	101%-200% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.000	14.90	0.18218	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	28.000	14.90	0.20374	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	19.90	0.20374	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	6	28.000	14.90	0.1935	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	19.90	0.1935	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	7	28.000	14.90	0.17269	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	19.90	0.17269	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	8	28.000	14.90	0.18114	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	19.90	0.18114	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	14.90	0.1935	101%-200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	4.90	0.20374	10%-25% Below	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	26.24	0.20374	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	14.90	0.1935	101%-200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	3.97	0.18114	26%-50% Below	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	44.90	0.18114	101%-200% Above	No	No
43598055330	LAMOTRIGINE ODT 200 MG TABLET	5	30.000	9.99	4.123	76%-100% Below	No	No
43598055330	LAMOTRIGINE ODT 200 MG TABLET	6	30.000	9.99	4.123	76%-100% Below	No	No
43598055330	LAMOTRIGINE ODT 200 MG TABLET	7	30.000	9.99	4.18407	76%-100% Below	No	No
43598055330	LAMOTRIGINE ODT 200 MG TABLET	8	30.000	9.99	4.18407	76%-100% Below	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	5	30.000	14.99	0.21062	101%-200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	5	90.000	179.60	0.21062	200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	6	30.000	9.99	0.28839	10%-25% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	6	30.000	14.99	0.28839	51%-75% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	6	90.000	14.99	0.28839	26%-50% Below	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	6	180.000	29.02	0.28839	26%-50% Below	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	6	270.000	44.99	0.28839	26%-50% Below	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	30.000	9.99	0.22429	26%-50% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	30.000	14.99	0.22429	101%-200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	60.000	9.67	0.22429	26%-50% Below	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	90.000	60.00	0.22429	101%-200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	180.000	289.35	0.22429	200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	8	30.000	9.99	0.22535	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598056601	FLUOXETINE HCL 20 MG TABLET	8	30.000	14.99	0.22535	101%-200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	8	180.000	29.02	0.22535	26%-50% Below	Yes	No
43598057530	TADALAFIL 5 MG TABLET	5	30.000	9.99	0.13295	101%-200% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	30.000	0.00	3.32545	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	90.000	14.99	3.32545	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	84.000	184.25	3.35697	26%-50% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	90.000	14.99	3.35697	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	90.000	14.99	3.28656	76%-100% Below	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	5	30.000	4.99	0.13845	10%-25% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	5	30.000	9.99	0.13845	101%-200% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.99	0.13845	200% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	5	34.000	6.99	0.13845	26%-50% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	5	90.000	37.99	0.13845	200% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	6	30.000	4.99	0.11819	26%-50% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	6	30.000	9.99	0.11819	101%-200% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.99	0.11819	200% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	6	90.000	29.99	0.11819	101%-200% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	6	90.000	37.99	0.11819	200% Above	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	7	90.000	19.99	0.11543	76%-100% Above	No	No
43598072001	CHLORTHALIDONE 50 MG TABLET	7	90.000	20.00	0.18446	10%-25% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	16.000	26.88	0.2324	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	30.000	5.55	0.2324	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	30.000	14.99	0.2324	101%-200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	45.000	8.33	0.2324	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	11.10	0.2324	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	90.000	84.62	0.2324	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	14.000	14.90	0.22334	200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	30.000	5.55	0.22334	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	45.000	8.33	0.22334	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	11.10	0.22334	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	29.99	0.22334	101%-200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	90.000	83.47	0.22334	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	180.000	166.93	0.22334	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	7	30.000	5.55	0.21754	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	11.10	0.21754	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	29.99	0.21754	101%-200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	7	90.000	44.99	0.21754	101%-200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	7	90.000	67.23	0.21754	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	7	180.000	54.99	0.21754	26%-50% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	8	30.000	5.55	0.21694	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	8	30.000	8.94	0.21694	26%-50% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	11.10	0.21694	10%-25% Below	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	8	90.000	67.23	0.21694	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	8	180.000	44.99	0.21694	10%-25% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	8	180.000	134.46	0.21694	200% Above	Yes	No
43598075160	BUPROPION HCL SR 100 MG TABLET	6	90.000	19.60	0.10529	101%-200% Above	No	No
43598075160	BUPROPION HCL SR 100 MG TABLET	8	60.000	0.01	0.10362	76%-100% Below	No	No
43598075201	BUPROPION HCL SR 150 MG TABLET	8	90.000	20.54	0.0933	101%-200% Above	Yes	No
43598075205	BUPROPION HCL SR 150 MG TABLET	5	30.000	7.14	0.09767	101%-200% Above	No	No
43598075205	BUPROPION HCL SR 150 MG TABLET	5	30.000	7.34	0.09767	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598075205	BUPROPION HCL SR 150 MG TABLET	5	60.000	6.99	0.09767	10%-25% Above	No	No
43598075205	BUPROPION HCL SR 150 MG TABLET	6	60.000	6.99	0.09733	10%-25% Above	No	No
43598075205	BUPROPION HCL SR 150 MG TABLET	7	30.000	7.34	0.09562	101%-200% Above	No	No
43598075205	BUPROPION HCL SR 150 MG TABLET	8	30.000	7.49	0.0933	101%-200% Above	No	No
43598075205	BUPROPION HCL SR 150 MG TABLET	8	60.000	6.99	0.0933	10%-25% Above	No	No
43598075260	BUPROPION HCL SR 150 MG TABLET	8	60.000	12.04	0.0933	101%-200% Above	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.33	0.06974	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.14	0.07336	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.38	0.07132	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.65	0.07132	10%-25% Below	No	No
43598086360	BUPROPION HCL SR 150 MG TABLET	8	60.000	9.34	0.29808	26%-50% Below	Yes	No
43975030510	FENOFIBRATE 134 MG CAPSULE	5	56.000	12.40	0.13969	51%-75% Above	No	No
43975044410	FENOFIBRATE 67 MG CAPSULE	5	30.000	7.18	0.12089	76%-100% Above	No	No
43975044410	FENOFIBRATE 67 MG CAPSULE	7	30.000	7.18	0.13962	51%-75% Above	No	No
44523041501	POTASSIUM CITRATE ER 15 MEQ TB	5	540.000	712.69	0.64086	101%-200% Above	Yes	No
45802000402	HYDROCORTISONE 2.5% CREAM	8	20.000	3.32	0.13281	10%-25% Above	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.000	3.34	0.09388	26%-50% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.000	4.23	0.09388	51%-75% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	28.000	1.78	0.08752	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	28.000	3.68	0.08752	26%-50% Above	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	28.000	4.23	0.08752	51%-75% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	56.000	7.36	0.08752	26%-50% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	112.000	7.11	0.08752	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	7	28.000	1.78	0.08593	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	7	28.000	4.24	0.08593	76%-100% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802000403	HYDROCORTISONE 2.5% CREAM	7	56.000	3.56	0.08593	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	28.000	1.78	0.08319	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	28.000	3.85	0.08319	51%-75% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	28.000	4.23	0.08319	76%-100% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	30.000	4.48	0.08319	76%-100% Above	No	No
45802000910	FLUOCINOLONE OIL 0.01% EAR DRP	7	20.000	9.99	1.59615	51%-75% Below	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	5	20.000	2.49	0.1069	10%-25% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	6	40.000	8.87	0.10918	101%-200% Above	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	8	20.000	2.99	0.10957	26%-50% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	8	20.000	3.79	0.10957	51%-75% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	8	20.000	4.43	0.10957	101%-200% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	8	40.000	6.99	0.10957	51%-75% Above	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	8	80.000	15.48	0.10957	76%-100% Above	Yes	No
45802002146	BETAMETHASONE DP 0.05% LOT	8	60.000	12.48	0.40443	26%-50% Below	Yes	No
45802002683	AZELASTINE 0.15% NASAL SPRAY	7	30.000	10.72	0.57483	26%-50% Below	Yes	No
45802002683	AZELASTINE 0.15% NASAL SPRAY	7	30.000	27.39	0.57483	51%-75% Above	No	No
45802002683	AZELASTINE 0.15% NASAL SPRAY	8	30.000	10.72	0.61928	26%-50% Below	Yes	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	6	30.000	9.99	0.29006	10%-25% Above	No	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	7	30.000	4.99	0.27663	26%-50% Below	No	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	8	30.000	9.99	0.27103	10%-25% Above	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	5	15.000	8.84	0.35302	51%-75% Above	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	5	30.000	13.08	0.35302	10%-25% Above	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	6	30.000	12.52	0.35022	10%-25% Above	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	7	15.000	5.80	0.33252	10%-25% Above	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	6	30.000	4.99	0.25604	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802005435	TRIAMCINOLONE 0.025% OINT	7	15.000	3.86	0.22699	10%-25% Above	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	8	15.000	4.98	0.23812	26%-50% Above	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	5	15.000	4.29	0.15898	76%-100% Above	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	5	45.000	9.70	0.15898	26%-50% Above	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	6	30.000	7.84	0.15641	51%-75% Above	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	6	60.000	14.48	0.15641	51%-75% Above	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	8	60.000	14.48	0.1214	76%-100% Above	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	8	120.000	10.39	0.1214	26%-50% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	5	80.000	9.35	0.06869	51%-75% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	5	240.000	20.14	0.06869	10%-25% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	6	80.000	11.07	0.06677	101%-200% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	6	80.000	11.08	0.06677	101%-200% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	7	80.000	8.09	0.06318	51%-75% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	7	80.000	9.90	0.06318	76%-100% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	7	80.000	9.99	0.06318	76%-100% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	8	80.000	9.11	0.06514	51%-75% Above	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	8	80.000	9.99	0.06514	76%-100% Above	No	No
45802005611	GENTAMICIN 0.1% CREAM	6	30.000	20.04	0.92518	26%-50% Below	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	5	30.000	9.90	0.16816	76%-100% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	6	30.000	9.90	0.16244	101%-200% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	6	30.000	14.56	0.16244	101%-200% Above	No	No
45802006405	TRIAMCINOLONE 0.1% CREAM	6	454.000	9.99	0.02989	26%-50% Below	No	No
45802006405	TRIAMCINOLONE 0.1% CREAM	7	454.000	9.99	0.03166	26%-50% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	5	30.000	5.06	0.14496	10%-25% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	5	30.000	6.97	0.14496	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802006435	TRIAMCINOLONE 0.1% CREAM	5	45.000	9.99	0.14496	51%-75% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	6	15.000	2.72	0.12897	26%-50% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	6	15.000	4.84	0.12897	101%-200% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	7	15.000	3.21	0.15244	26%-50% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	7	15.000	3.82	0.15244	51%-75% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	7	15.000	4.22	0.15244	76%-100% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	8	45.000	9.89	0.14923	26%-50% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	8	90.000	18.95	0.14923	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	5	80.000	5.43	0.05539	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	6	80.000	5.43	0.04904	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	7	320.000	24.65	0.05651	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	8	80.000	4.90	0.05413	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	8	80.000	8.35	0.05413	76%-100% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	5	15.000	4.99	0.25276	26%-50% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	7	15.000	4.88	0.23358	26%-50% Above	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.000	58.65	4.19496	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.000	58.65	4.38739	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.000	63.55	4.38739	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	7	23.000	58.65	4.01882	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	7	23.000	58.66	4.01882	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	7	23.000	63.55	4.01882	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.000	58.65	4.07456	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.000	58.66	4.07456	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.000	63.55	4.07456	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.500	22.44	0.76259	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802009735	ESTRADIOL 0.01% CREAM	5	42.500	44.99	0.76259	26%-50% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	6	42.500	14.99	0.75091	51%-75% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.500	21.07	0.81891	26%-50% Below	No	No
45802009851	MESALAMINE 4 GM/60 ML ENEMA	6	240.000	24.99	0.15424	26%-50% Below	Yes	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	6	30.500	18.32	1.13912	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	2.39	0.17815	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	6.93	0.17815	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	7.27	0.17815	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	7.99	0.17815	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	8.10	0.17815	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	8.31	0.17815	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	9.90	0.17815	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.000	5.00	0.17091	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.000	6.93	0.17091	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.000	8.08	0.17091	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.000	9.99	0.17091	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	2.39	0.17062	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	3.23	0.17062	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	4.99	0.17062	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	6.49	0.17062	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	6.87	0.17062	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	7.15	0.17062	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	8.08	0.17062	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.000	6.87	0.17431	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.000	8.08	0.17431	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802011846	MOMETASONE FUROATE 0.1% SOLN	8	60.000	8.92	0.35083	51%-75% Below	No	No
45802011859	MOMETASONE FUROATE 0.1% SOLN	6	60.000	12.68	0.33091	26%-50% Below	No	No
45802011859	MOMETASONE FUROATE 0.1% SOLN	8	30.000	4.99	0.37435	51%-75% Below	Yes	No
45802011859	MOMETASONE FUROATE 0.1% SOLN	8	30.000	18.69	0.37435	51%-75% Above	Yes	No
45802012935	HALOBETASOL PROP 0.05% CREAM	5	45.000	39.78	0.77806	10%-25% Above	No	No
45802012935	HALOBETASOL PROP 0.05% CREAM	7	60.000	53.03	0.76111	10%-25% Above	No	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	5	70.000	25.67	0.61486	26%-50% Below	No	No
45802016000	DICLOFENAC SODIUM 1% GEL	6	100.000	15.41	0.09029	51%-75% Above	No	No
45802016000	DICLOFENAC SODIUM 1% GEL	8	100.000	10.28	0.09025	10%-25% Above	No	No
45802022135	FLUTICASONES PROP 0.005% OINT	6	30.000	9.99	0.54152	26%-50% Below	No	No
45802022211	FLUTICASONES PROP 0.05% CREAM	7	30.000	9.99	0.25507	26%-50% Above	No	No
45802022211	FLUTICASONES PROP 0.05% CREAM	8	30.000	9.99	0.24452	26%-50% Above	No	No
45802025742	MOMETASONE FUROATE 0.1% CREAM	8	90.000	24.90	0.31648	10%-25% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	5	60.000	34.09	0.30587	76%-100% Above	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	6	60.000	16.35	0.33186	10%-25% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	7	60.000	16.35	0.30911	10%-25% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	8	60.000	19.99	0.28418	10%-25% Above	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	8	60.000	34.09	0.28418	76%-100% Above	No	No
45802026937	PERMETHRIN 5% CREAM	5	60.000	9.99	0.32574	26%-50% Below	No	No
45802026937	PERMETHRIN 5% CREAM	5	60.000	14.99	0.32574	10%-25% Below	No	No
45802036665	TESTOSTERONE 1.62% (2.5 G) PKT	6	75.000	172.60	2.69041	10%-25% Below	Yes	No
45802036862	IMIQUIMOD 5% CREAM PACKET	8	1.000	2.79	0.99886	101%-200% Above	No	No
45802040109	CICLOPIROX 1% SHAMPOO	7	120.000	16.55	0.26897	26%-50% Below	No	No
45802040109	CICLOPIROX 1% SHAMPOO	8	120.000	17.29	0.29245	26%-50% Below	No	No
45802040109	CICLOPIROX 1% SHAMPOO	8	120.000	19.99	0.29245	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802041926	AMMONIUM LACTATE 12% LOTION	6	400.000	19.52	0.06484	10%-25% Below	Yes	No
45802041926	AMMONIUM LACTATE 12% LOTION	8	400.000	19.52	0.06629	26%-50% Below	Yes	No
45802041954	AMMONIUM LACTATE 12% LOTION	8	225.000	10.98	0.07536	26%-50% Below	Yes	No
45802042235	DESONIDE 0.05% CREAM	6	30.000	14.99	0.73957	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.000	7.58	0.09973	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.000	7.70	0.09973	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.000	9.68	0.09973	10%-25% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.000	9.71	0.09973	10%-25% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.000	5.27	0.10198	51%-75% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.000	7.43	0.10198	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.000	9.68	0.10198	10%-25% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.000	9.72	0.10198	10%-25% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.000	9.99	0.10198	10%-25% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	5.27	0.09641	51%-75% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	5.71	0.09641	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	6.99	0.09641	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	7.99	0.09641	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	8.31	0.09641	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	9.40	0.09641	10%-25% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	9.68	0.09641	10%-25% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	5.27	0.10077	51%-75% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	6.99	0.10077	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	7.99	0.10077	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	9.40	0.10077	10%-25% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	9.68	0.10077	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	9.99	0.10077	10%-25% Below	Yes	No
45802046653	ECONAZOLE NITRATE 1% CREAM	5	85.000	10.00	0.17624	26%-50% Below	Yes	No
45802049383	AMMONIUM LACTATE 12% CREAM	5	140.000	12.66	0.06744	26%-50% Above	Yes	No
45802049383	AMMONIUM LACTATE 12% CREAM	5	140.000	12.71	0.06744	26%-50% Above	No	No
45802050704	CLINDAMYCIN-BNZ PEROX 1-5% PMP	6	50.000	55.67	1.39488	10%-25% Below	Yes	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	5	60.000	47.34	0.20007	200% Above	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	6	60.000	4.99	0.20531	51%-75% Below	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	6	60.000	19.99	0.20531	51%-75% Above	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	7	60.000	14.90	0.20026	10%-25% Above	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	8	60.000	14.99	0.20498	10%-25% Above	No	No
45802058046	SCOPOLAMINE 1 MG/3 DAY PATCH	8	10.000	67.08	10.7959	26%-50% Below	No	No
45802058084	SCOPOLAMINE 1 MG/3 DAY PATCH	5	4.000	26.42	11.42131	26%-50% Below	No	No
45802058084	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	26.42	11.39164	26%-50% Below	No	No
45802058084	SCOPOLAMINE 1 MG/3 DAY PATCH	8	5.000	33.54	10.7959	26%-50% Below	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SYRUP	6	150.000	4.99	0.02298	26%-50% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SYRUP	8	120.000	8.32	0.02634	101%-200% Above	Yes	No
45802065065	LORATADINE 10 MG TABLET	5	30.000	2.09	0.06233	10%-25% Above	No	No
45802065065	LORATADINE 10 MG TABLET	6	30.000	2.09	0.05939	10%-25% Above	No	No
45802065078	LORATADINE 10 MG TABLET	5	10.000	1.24	0.06233	76%-100% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	18.000	1.67	0.06233	26%-50% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	20.000	0.61	0.06233	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	20.000	1.64	0.06233	26%-50% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	30.000	0.91	0.06233	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	30.000	2.26	0.06233	10%-25% Above	No	No
45802065078	LORATADINE 10 MG TABLET	5	30.000	2.26	0.06233	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802065078	LORATADINE 10 MG TABLET	5	30.000	2.28	0.06233	10%-25% Above	No	No
45802065078	LORATADINE 10 MG TABLET	5	30.000	2.28	0.06233	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	30.000	3.02	0.06233	51%-75% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	90.000	3.57	0.06233	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	90.000	3.62	0.06233	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	90.000	4.72	0.06233	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	5.000	1.00	0.05939	200% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	20.000	0.20	0.05939	76%-100% Below	No	No
45802065078	LORATADINE 10 MG TABLET	6	30.000	0.91	0.05939	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	30.000	2.23	0.05939	10%-25% Above	No	No
45802065078	LORATADINE 10 MG TABLET	6	30.000	2.28	0.05939	26%-50% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	30.000	2.48	0.05939	26%-50% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	30.000	3.57	0.05939	76%-100% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	90.000	3.57	0.05939	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	30.000	0.91	0.06184	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	30.000	2.23	0.06184	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	30.000	2.28	0.06184	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	30.000	3.57	0.06184	76%-100% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	90.000	2.88	0.06184	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	90.000	3.77	0.06184	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	30.000	0.91	0.05865	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	30.000	1.95	0.05865	10%-25% Above	No	No
45802065078	LORATADINE 10 MG TABLET	8	30.000	1.95	0.05865	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	30.000	2.23	0.05865	26%-50% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	30.000	2.28	0.05865	26%-50% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802065078	LORATADINE 10 MG TABLET	8	30.000	2.74	0.05865	51%-75% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	30.000	3.57	0.05865	101%-200% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	90.000	2.88	0.05865	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	90.000	3.77	0.05865	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	90.000	4.15	0.05865	10%-25% Below	Yes	No
45802065087	LORATADINE 10 MG TABLET	6	30.000	2.23	0.05939	10%-25% Above	No	No
45802065087	LORATADINE 10 MG TABLET	6	30.000	2.28	0.05939	26%-50% Above	No	No
45802065087	LORATADINE 10 MG TABLET	6	90.000	6.40	0.05939	10%-25% Above	No	No
45802065087	LORATADINE 10 MG TABLET	6	90.000	19.94	0.05939	200% Above	No	No
45802065087	LORATADINE 10 MG TABLET	7	30.000	2.23	0.06184	10%-25% Above	No	No
45802065087	LORATADINE 10 MG TABLET	8	30.000	2.28	0.05865	26%-50% Above	No	No
45802065087	LORATADINE 10 MG TABLET	8	30.000	2.89	0.05865	51%-75% Above	No	No
45802065087	LORATADINE 10 MG TABLET	8	90.000	4.46	0.05865	10%-25% Below	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	8	148.000	17.43	0.23164	26%-50% Below	Yes	No
45802075401	TESTOSTERONE 1.62% GEL PUMP	8	75.000	0.01	0.60153	76%-100% Below	No	No
45802075830	PROMETHAZINE 12.5 MG SUPPOS	5	20.000	30.22	4.66967	51%-75% Below	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	7	90.000	0.90	3.45559	76%-100% Below	No	No
45802084601	ADAPALENE-BNZYL PEROX 0.1-2.5%	8	45.000	14.99	0.66639	26%-50% Below	No	No
45802090096	CLINDAMYCIN PH 1% GEL	5	60.000	17.04	0.48144	26%-50% Below	No	No
45802090096	CLINDAMYCIN PH 1% GEL	7	60.000	40.63	0.46627	26%-50% Above	No	No
45802091939	CETIRIZINE HCL 10 MG TABLET	5	90.000	9.39	0.06974	26%-50% Above	Yes	No
45802091939	CETIRIZINE HCL 10 MG TABLET	6	90.000	9.39	0.07336	26%-50% Above	Yes	No
45802091939	CETIRIZINE HCL 10 MG TABLET	6	90.000	9.51	0.07336	26%-50% Above	Yes	No
45802091939	CETIRIZINE HCL 10 MG TABLET	7	90.000	6.85	0.0687	10%-25% Above	Yes	No
45802091987	CETIRIZINE HCL 10 MG TABLET	7	90.000	4.34	0.0687	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802093726	HYDROCORTISONE 2.5% LOTION	8	118.000	12.00	0.20771	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	5	118.000	4.59	0.03346	10%-25% Above	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	7	120.000	4.87	0.02797	26%-50% Above	No	No
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	5	150.000	10.13	0.03414	76%-100% Above	No	No
45963041806	RANOLAZINE ER 500 MG TABLET	7	60.000	19.90	0.23731	26%-50% Above	No	No
45963053930	ONDANSETRON HCL 8 MG TABLET	8	18.000	8.98	0.09812	200% Above	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	8	60.000	2.32	0.02875	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	8	90.000	4.74	0.04771	10%-25% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	5	90.000	22.93	0.09577	101%-200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	6	90.000	12.49	0.09235	26%-50% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	6	90.000	14.99	0.09235	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	6	90.000	26.45	0.09235	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	7	30.000	9.31	0.08701	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	7	90.000	21.68	0.08701	101%-200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	8	30.000	9.31	0.09012	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	8	90.000	12.49	0.09012	51%-75% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	8	90.000	21.68	0.09012	101%-200% Above	No	No
45963067696	METOPROLOL SUCC ER 50 MG TAB	7	30.000	6.90	0.08701	101%-200% Above	No	No
45963067696	METOPROLOL SUCC ER 50 MG TAB	8	30.000	6.90	0.09012	101%-200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	5	30.000	14.99	0.15505	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	5	90.000	29.99	0.15505	101%-200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	5	90.000	48.81	0.15505	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	6	30.000	14.25	0.14089	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	6	90.000	39.26	0.14089	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	7	30.000	16.01	0.11132	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45963067711	METOPROLOL SUCC ER 100 MG TAB	8	30.000	0.00	0.14022	76%-100% Below	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	8	30.000	14.25	0.14022	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	30.000	4.90	0.08397	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	30.000	7.84	0.08397	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.73	0.08397	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.93	0.08397	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	90.000	23.85	0.08397	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	6	30.000	4.90	0.08046	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	7	30.000	7.84	0.07196	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	7	30.000	9.73	0.07196	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	7	90.000	23.42	0.07196	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	7	90.000	31.10	0.07196	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	30.000	4.99	0.08429	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	30.000	7.84	0.08429	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	30.000	9.73	0.08429	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	90.000	14.99	0.08429	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	90.000	23.42	0.08429	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	90.000	29.99	0.08429	200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.93	0.08397	200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	5	90.000	28.49	0.08397	200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	6	30.000	9.64	0.08046	200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	8	30.000	6.90	0.08429	101%-200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	8	90.000	3.65	0.08429	51%-75% Below	No	No
46122061576	GNP ASPIRIN EC 81 MG TABLET	5	30.000	1.28	0.01456	101%-200% Above	No	No
46122061576	GNP ASPIRIN EC 81 MG TABLET	6	30.000	1.28	0.01495	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
46122061576	GNP ASPIRIN EC 81 MG TABLET	7	30.000	1.28	0.0148	101%-200% Above	No	No
46122061576	GNP ASPIRIN EC 81 MG TABLET	8	30.000	1.28	0.0151	101%-200% Above	No	No
46122061587	ASPIRIN EC 81 MG TABLET	5	30.000	0.18	0.01456	51%-75% Below	No	No
46122061587	ASPIRIN EC 81 MG TABLET	5	60.000	0.35	0.01456	51%-75% Below	No	No
46122061587	ASPIRIN EC 81 MG TABLET	5	90.000	0.53	0.01456	51%-75% Below	No	No
46122061587	ASPIRIN EC 81 MG TABLET	8	90.000	0.53	0.0151	51%-75% Below	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	5	30.000	14.99	0.18307	101%-200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	5	30.000	14.99	0.18307	101%-200% Above	Yes	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	6	30.000	14.99	0.19141	101%-200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	7	30.000	14.99	0.15211	200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	14.99	0.14561	200% Above	No	No
47335053981	NIACIN ER 500 MG TABLET	8	90.000	83.15	0.19679	200% Above	Yes	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	4.99	0.07794	26%-50% Below	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	0.96	0.07212	51%-75% Below	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	0.80	0.07377	51%-75% Below	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	20.00	0.07377	200% Above	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	44.99	0.07377	200% Above	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	59.90	0.07377	200% Above	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	0.62	0.07086	51%-75% Below	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	0.67	0.07086	51%-75% Below	No	No
47335058481	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	44.99	0.07086	200% Above	No	No
47335061381	NIACIN ER 1,000 MG TABLET	5	30.000	6.04	0.34776	26%-50% Below	No	No
47335061381	NIACIN ER 1,000 MG TABLET	6	30.000	6.26	0.37974	26%-50% Below	No	No
47335061381	NIACIN ER 1,000 MG TABLET	7	30.000	6.33	0.28753	26%-50% Below	No	No
47335061381	NIACIN ER 1,000 MG TABLET	8	30.000	6.33	0.32828	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47335067181	DILTIAZEM 24HR ER 240 MG CAP	6	90.000	43.50	0.57521	10%-25% Below	No	No
47335071086	TOPIRAMATE 50 MG TABLET	6	90.000	5.66	0.04036	51%-75% Above	No	No
47335072183	FEBUXOSTAT 40 MG TABLET	5	30.000	14.99	0.70997	26%-50% Below	No	No
47335072183	FEBUXOSTAT 40 MG TABLET	6	30.000	14.99	0.79169	26%-50% Below	No	No
47335072183	FEBUXOSTAT 40 MG TABLET	6	90.000	20.00	0.79169	51%-75% Below	No	No
47335072183	FEBUXOSTAT 40 MG TABLET	7	30.000	14.99	0.63135	10%-25% Below	No	No
47335072183	FEBUXOSTAT 40 MG TABLET	8	30.000	14.99	0.69404	26%-50% Below	No	No
47335072283	FEBUXOSTAT 80 MG TABLET	5	30.000	6.99	0.83615	51%-75% Below	No	No
47335072283	FEBUXOSTAT 80 MG TABLET	6	30.000	6.99	1.04233	76%-100% Below	No	No
47335072283	FEBUXOSTAT 80 MG TABLET	7	30.000	6.99	0.76584	51%-75% Below	No	No
47335072283	FEBUXOSTAT 80 MG TABLET	8	30.000	6.99	0.78123	51%-75% Below	No	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	90.000	7.37	0.06683	10%-25% Above	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	270.000	19.99	0.06683	10%-25% Above	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	8	360.000	13.46	0.07226	26%-50% Below	Yes	No
47335077991	AZELASTINE 0.1% (137 MCG) SPRY	5	120.000	65.17	0.30258	76%-100% Above	Yes	No
47335089413	CLOPIDOGREL 75 MG TABLET	6	90.000	10.87	0.063	76%-100% Above	No	No
47335090488	QUETIAPINE FUMARATE 100 MG TAB	7	30.000	4.17	0.04922	101%-200% Above	No	No
47335093890	AZELASTINE HCL 0.05% DROPS	5	6.000	14.90	1.18488	101%-200% Above	No	No
47335093890	AZELASTINE HCL 0.05% DROPS	5	6.000	19.90	1.18488	101%-200% Above	No	No
47335098086	LACOSAMIDE 200 MG TABLET	6	60.000	9.99	0.54481	51%-75% Below	No	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.000	14.90	0.23559	101%-200% Above	No	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.000	14.90	0.2028	101%-200% Above	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	24.99	0.24995	51%-75% Above	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	14.90	0.22972	101%-200% Above	No	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.000	4.90	0.23949	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	14.99	0.29443	51%-75% Above	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	55.87	0.30183	200% Above	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.000	71.26	0.30183	101%-200% Above	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	76.000	14.90	0.2864	26%-50% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	14.99	0.2942	51%-75% Above	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	10.73	0.2942	26%-50% Below	Yes	No
47781018001	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	90.000	15.27	0.28567	26%-50% Below	No	No
47781018001	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.000	14.90	0.29368	51%-75% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	6.000	1.86	0.08837	200% Above	Yes	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	30.000	6.41	0.08891	101%-200% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	60.000	12.16	0.08641	101%-200% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	10.000	2.57	0.08891	101%-200% Above	No	No
47781022901	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	18.000	3.07	0.12424	26%-50% Above	No	No
47781023005	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.000	12.37	0.19912	26%-50% Below	No	No
47781023005	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.000	7.92	0.19209	51%-75% Below	No	No
47781023005	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.000	9.90	0.19209	51%-75% Below	No	No
47781023005	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.000	7.96	0.16489	51%-75% Below	No	No
47781026301	OXYCODONE HCL (IR) 5 MG TABLET	6	7.000	0.28	0.07545	26%-50% Below	No	No
47781026301	OXYCODONE HCL (IR) 5 MG TABLET	7	10.000	2.52	0.07012	200% Above	No	No
47781026305	OXYCODONE HCL (IR) 5 MG TABLET	5	12.000	3.19	0.07015	200% Above	No	No
47781026401	OXYCODONE HCL (IR) 15 MG TAB	7	28.000	3.88	0.12144	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	5.61	0.4588	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	5.61	0.4588	10%-25% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	6.99	0.4588	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	14.99	0.4588	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	18.18	0.4588	200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	19.15	0.4588	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	12.000	9.99	0.4588	76%-100% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	5.14	0.4588	10%-25% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	9.99	0.4588	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	14.99	0.4588	101%-200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	14.99	0.4588	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	24.99	0.4588	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	5.000	9.78	0.43658	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	4.99	0.43658	10%-25% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	5.50	0.43658	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	6.99	0.43658	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	9.99	0.43658	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	14.90	0.43658	200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	14.99	0.43658	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	16.28	0.43658	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	18.27	0.43658	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	5.14	0.43658	10%-25% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	9.99	0.43658	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.99	0.43658	101%-200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.99	0.43658	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	20.000	9.99	0.43658	10%-25% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	45.000	16.53	0.43658	10%-25% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	4.90	0.42263	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	5.50	0.42263	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	9.99	0.42263	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	14.99	0.42263	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	16.06	0.42263	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	5.14	0.42263	10%-25% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	9.99	0.42263	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	14.99	0.42263	101%-200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	14.99	0.42263	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	19.99	0.42263	200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	20.000	19.90	0.42263	101%-200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	20.000	30.27	0.42263	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	3.67	0.43273	10%-25% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	4.90	0.43273	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	9.99	0.43273	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	14.90	0.43273	200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	14.99	0.43273	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	18.83	0.43273	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	20.19	0.43273	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	4.90	0.43273	10%-25% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	5.14	0.43273	10%-25% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	9.99	0.43273	51%-75% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	14.99	0.43273	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	22.45	0.43273	200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	14.90	0.43273	51%-75% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	24.99	0.43273	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	30.22	0.43273	200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	30.000	11.02	0.43273	10%-25% Below	Yes	No
47781030701	NITROFURANTOIN MCR 50 MG CAP	6	30.000	14.99	0.41148	10%-25% Above	No	No
47781030701	NITROFURANTOIN MCR 50 MG CAP	7	30.000	14.99	0.3514	26%-50% Above	No	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	5	10.000	10.27	0.48465	101%-200% Above	Yes	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	5	20.000	14.99	0.48465	51%-75% Above	Yes	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	7	10.000	12.46	0.39836	200% Above	Yes	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	8	10.000	9.99	0.4599	101%-200% Above	Yes	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	8	10.000	10.27	0.4599	101%-200% Above	Yes	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	8	10.000	12.83	0.4599	101%-200% Above	Yes	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	8	14.000	9.99	0.4599	51%-75% Above	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	5	60.000	210.96	5.01461	26%-50% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	5	60.000	261.09	5.01461	10%-25% Below	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	5	90.000	391.64	5.01461	10%-25% Below	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	6	60.000	210.96	5.09104	26%-50% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	6	60.000	261.09	5.09104	10%-25% Below	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	6	90.000	391.64	5.09104	10%-25% Below	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	7	60.000	210.96	4.99306	26%-50% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	7	60.000	261.09	4.99306	10%-25% Below	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	7	90.000	391.64	4.99306	10%-25% Below	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	8	60.000	210.96	4.81563	26%-50% Below	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	5	120.000	37.74	0.36266	10%-25% Below	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	6	120.000	37.74	0.3892	10%-25% Below	Yes	No
47781042347	FENTANYL 12 MCG/HR PATCH	5	5.000	22.90	8.0033	26%-50% Below	No	No
47781056926	FLUOCINONIDE 0.05% OINTMENT	6	60.000	11.82	0.36097	26%-50% Below	No	No
47781057701	METHENAMINE HIPP 1 GM TABLET	5	60.000	14.99	0.59675	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781057701	METHENAMINE HIPP 1 GM TABLET	7	180.000	188.19	0.59416	51%-75% Above	Yes	No
47781060730	DISULFIRAM 250 MG TABLET	5	90.000	179.65	1.67966	10%-25% Above	Yes	No
47781060730	DISULFIRAM 250 MG TABLET	8	15.000	19.16	1.70874	10%-25% Below	Yes	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	5	30.000	7.34	0.12092	101%-200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	5	30.000	7.78	0.12092	101%-200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	6	30.000	4.90	0.13396	10%-25% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	6	30.000	6.70	0.13396	51%-75% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	6	30.000	7.34	0.13396	76%-100% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	6	45.000	9.99	0.13396	51%-75% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.70	0.10706	101%-200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	30.000	7.34	0.10706	101%-200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	90.000	19.99	0.10706	101%-200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	90.000	22.21	0.10706	101%-200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	8	45.000	9.99	0.10675	101%-200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	5	45.000	9.99	0.12092	76%-100% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	5	90.000	21.22	0.12092	76%-100% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	30.000	6.70	0.13396	51%-75% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.44	0.10706	76%-100% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	30.000	3.99	0.10675	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	30.000	6.70	0.10675	101%-200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	90.000	17.93	0.10675	76%-100% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	8.22	0.15418	76%-100% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	9.94	0.15418	101%-200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	10.04	0.15418	101%-200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.22	0.13879	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781064310	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.53	0.13879	101%-200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	6	90.000	23.12	0.13879	76%-100% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.22	0.1219	101%-200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	7	90.000	28.04	0.1219	101%-200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	30.000	4.90	0.11359	26%-50% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	30.000	8.22	0.11359	101%-200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	12.40	0.11359	10%-25% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	20.00	0.11359	76%-100% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	5	90.000	10.00	0.15418	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	8	30.000	3.99	0.11359	10%-25% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	30.000	9.12	0.14995	101%-200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	30.000	9.29	0.14995	101%-200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	90.000	11.42	0.14995	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	90.000	25.24	0.14995	76%-100% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	6	30.000	7.57	0.15361	51%-75% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	7	30.000	7.57	0.13143	76%-100% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	7	90.000	5.15	0.13143	51%-75% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	7	90.000	16.95	0.13143	26%-50% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	8	30.000	7.57	0.11066	101%-200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	8	90.000	5.47	0.11066	26%-50% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	8	90.000	21.32	0.11066	101%-200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	8	90.000	25.24	0.11066	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	90.000	10.00	0.14995	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	90.000	10.00	0.13143	10%-25% Below	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	5	90.000	26.33	0.16213	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781064910	LEVOTHYROXINE 88 MCG TABLET	6	30.000	9.22	0.15966	76%-100% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	6	90.000	8.16	0.15966	26%-50% Below	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	8	90.000	14.99	0.11666	26%-50% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	8	90.000	26.33	0.11666	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	5	30.000	9.22	0.16213	76%-100% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	5	30.000	9.27	0.16213	76%-100% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	5	90.000	10.00	0.16213	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	5	90.000	20.00	0.16213	26%-50% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	6	90.000	10.00	0.15966	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	7	30.000	9.22	0.1297	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	7	90.000	26.33	0.1297	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	8	30.000	9.22	0.11666	101%-200% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	5	30.000	7.21	0.16405	26%-50% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	6	90.000	26.53	0.16588	76%-100% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	6	90.000	27.46	0.16588	76%-100% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	8	90.000	20.00	0.11812	76%-100% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	6	90.000	10.00	0.16588	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	7	90.000	27.37	0.13857	101%-200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	7	90.000	35.62	0.1483	101%-200% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	5	30.000	4.00	0.14855	10%-25% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	5	90.000	14.99	0.14855	10%-25% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	6	30.000	4.00	0.17448	10%-25% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	6	30.000	9.99	0.17448	76%-100% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	6	90.000	10.00	0.17448	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	6	90.000	33.27	0.17448	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781065710	LEVOTHYROXINE 125 MCG TABLET	5	30.000	4.90	0.18461	10%-25% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	5	30.000	9.20	0.18461	51%-75% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	5	30.000	14.18	0.18461	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	30.000	4.90	0.18708	10%-25% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	30.000	9.20	0.18708	51%-75% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	30.000	14.18	0.18708	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	60.000	14.99	0.18708	26%-50% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	90.000	28.80	0.18708	51%-75% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	7	30.000	14.18	0.17372	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	7	60.000	14.99	0.17372	26%-50% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	7	90.000	29.99	0.17372	76%-100% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	8	30.000	11.85	0.15643	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	8	60.000	4.30	0.15643	51%-75% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	5	90.000	10.00	0.18461	26%-50% Below	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	5	90.000	20.07	0.19605	10%-25% Above	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	5	90.000	29.56	0.19605	51%-75% Above	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	8	90.000	18.97	0.15697	26%-50% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	5	30.000	9.99	0.19605	51%-75% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	6	30.000	8.39	0.21034	26%-50% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	7	90.000	10.00	0.16676	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	8	30.000	8.39	0.15697	76%-100% Above	No	No
47781066210	LEVOTHYROXINE 150 MCG TABLET	7	30.000	4.90	0.18218	10%-25% Below	No	No
47781066210	LEVOTHYROXINE 150 MCG TABLET	8	90.000	39.18	0.14785	101%-200% Above	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	5	90.000	10.00	0.19838	26%-50% Below	No	No
47781066510	LEVOTHYROXINE 175 MCG TABLET	5	30.000	14.17	0.21869	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781066510	LEVOTHYROXINE 175 MCG TABLET	6	30.000	14.17	0.24963	76%-100% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	6	90.000	10.00	0.24963	51%-75% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	8	30.000	12.00	0.19356	101%-200% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	5	3.000	3.56	0.49042	101%-200% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	5	3.000	3.57	0.49042	101%-200% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	5	6.000	4.64	0.49042	51%-75% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	6	6.000	1.26	0.51574	51%-75% Below	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	6	10.000	7.28	0.51574	26%-50% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	6	15.000	9.90	0.51574	26%-50% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	6	15.000	14.99	0.51574	76%-100% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	7	6.000	6.56	0.44915	101%-200% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	7	8.000	8.19	0.44915	101%-200% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	7	15.000	9.75	0.44915	26%-50% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	7	15.000	9.99	0.44915	26%-50% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	7	18.000	17.88	0.44915	101%-200% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	8	8.000	5.51	0.40528	51%-75% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	8	8.000	8.19	0.40528	101%-200% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	8	9.000	1.89	0.40528	26%-50% Below	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	8	10.000	6.71	0.40528	51%-75% Above	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	8	15.000	9.84	0.40528	51%-75% Above	No	No
49348098023	SM ASPIRIN EC 81 MG TABLET	8	30.000	0.18	0.0151	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	5	90.000	0.49	0.01456	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	6	30.000	0.16	0.01495	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	7	21.000	0.11	0.0148	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	7	90.000	0.49	0.0148	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483048110	ASPIRIN EC 81 MG TABLET	8	30.000	0.16	0.0151	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	8	90.000	0.49	0.0151	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	5	30.000	0.16	0.01456	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	5	30.000	0.16	0.01456	51%-75% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	6	21.000	0.11	0.01495	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	6	30.000	0.16	0.01495	51%-75% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	6	90.000	0.49	0.01495	51%-75% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	7	30.000	0.16	0.0148	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	8	21.000	0.11	0.0151	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	8	30.000	0.16	0.0151	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	8	30.000	0.16	0.0151	51%-75% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	8	90.000	0.49	0.0151	51%-75% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	5	15.000	1.45	0.04805	101%-200% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	7	20.000	1.69	0.04799	76%-100% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	7	30.000	1.86	0.04799	26%-50% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	7	30.000	1.95	0.04799	26%-50% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	8	30.000	2.59	0.04873	76%-100% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	8	40.000	1.01	0.04873	26%-50% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	8	60.000	3.51	0.04873	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	5	15.000	1.46	0.05757	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	5	20.000	1.95	0.05757	51%-75% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	5	21.000	1.47	0.05757	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	5	24.000	1.71	0.05757	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	5	28.000	2.08	0.05757	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	5	30.000	3.48	0.05757	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060350	IBUPROFEN 600 MG TABLET	5	60.000	1.84	0.05757	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	10.000	1.23	0.05642	101%-200% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	16.000	1.41	0.05642	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	16.000	1.50	0.05642	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	20.000	1.35	0.05642	10%-25% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	6	20.000	1.54	0.05642	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	20.000	1.70	0.05642	26%-50% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	6	20.000	1.73	0.05642	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	28.000	1.79	0.05642	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	28.000	2.78	0.05642	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	30.000	1.87	0.05642	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	30.000	2.17	0.05642	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	30.000	2.55	0.05642	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	30.000	4.72	0.05642	101%-200% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	60.000	1.84	0.05642	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	12.000	1.46	0.0532	101%-200% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	7	20.000	1.70	0.0532	51%-75% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	7	20.000	3.64	0.0532	200% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	21.000	1.49	0.0532	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	21.000	1.53	0.0532	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	24.000	1.89	0.0532	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	28.000	2.08	0.0532	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	30.000	0.92	0.0532	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	30.000	1.25	0.0532	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	30.000	1.90	0.0532	10%-25% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060350	IBUPROFEN 600 MG TABLET	7	30.000	1.95	0.0532	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	30.000	1.99	0.0532	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	30.000	2.13	0.0532	26%-50% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	7	50.000	3.13	0.0532	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	120.000	5.56	0.0532	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	12.000	0.22	0.05588	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	8	15.000	1.48	0.05588	76%-100% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	15.000	1.70	0.05588	101%-200% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	16.000	1.50	0.05588	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	20.000	1.70	0.05588	51%-75% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	8	20.000	1.70	0.05588	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	20.000	1.73	0.05588	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	21.000	1.53	0.05588	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	24.000	0.73	0.05588	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	24.000	1.89	0.05588	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	28.000	2.12	0.05588	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	30.000	1.25	0.05588	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	30.000	1.90	0.05588	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	30.000	2.17	0.05588	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	30.000	2.32	0.05588	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	30.000	2.76	0.05588	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	1.000	0.65	0.07407	200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	10.000	1.30	0.07407	51%-75% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	5	10.000	1.30	0.07407	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	16.000	1.64	0.07407	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060450	IBUPROFEN 800 MG TABLET	5	16.000	2.12	0.07407	76%-100% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	20.000	0.83	0.07407	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	5	20.000	0.93	0.07407	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	20.000	1.87	0.07407	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	20.000	1.90	0.07407	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	20.000	1.93	0.07407	26%-50% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	5	21.000	1.96	0.07407	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	24.000	1.03	0.07407	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	24.000	1.54	0.07407	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	28.000	2.37	0.07407	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.000	1.29	0.07407	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.000	1.84	0.07407	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.000	2.47	0.07407	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.000	2.47	0.07407	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.000	2.48	0.07407	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.000	4.50	0.07407	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	60.000	2.58	0.07407	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	60.000	2.99	0.07407	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	3.74	0.07407	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	3.87	0.07407	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	4.99	0.07407	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	5.28	0.07407	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	5.88	0.07407	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	5.97	0.07407	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	10.000	1.30	0.0673	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060450	IBUPROFEN 800 MG TABLET	6	12.000	1.42	0.0673	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	15.000	1.40	0.0673	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	15.000	1.58	0.0673	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	16.000	1.40	0.0673	26%-50% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	16.000	1.40	0.0673	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	16.000	1.50	0.0673	26%-50% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	16.000	1.50	0.0673	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	16.000	1.64	0.0673	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	16.000	1.67	0.0673	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	18.000	0.77	0.0673	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	0.84	0.0673	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	0.86	0.0673	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	1.21	0.0673	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	1.50	0.0673	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	1.64	0.0673	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	1.69	0.0673	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	1.69	0.0673	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	1.90	0.0673	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	21.000	0.90	0.0673	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	21.000	1.69	0.0673	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	21.000	1.69	0.0673	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	21.000	1.92	0.0673	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	21.000	1.96	0.0673	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	21.000	2.17	0.0673	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	24.000	1.88	0.0673	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060450	IBUPROFEN 800 MG TABLET	6	30.000	1.27	0.0673	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	30.000	1.29	0.0673	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	30.000	1.62	0.0673	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	30.000	2.43	0.0673	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	30.000	2.48	0.0673	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	30.000	2.68	0.0673	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	42.000	1.41	0.0673	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	42.000	4.31	0.0673	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	60.000	2.58	0.0673	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	60.000	2.99	0.0673	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.000	3.02	0.0673	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.000	3.87	0.0673	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.000	4.96	0.0673	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.000	4.99	0.0673	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	100.000	7.86	0.0673	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	1.000	0.80	0.07325	200% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	6.000	0.26	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	10.000	0.87	0.07325	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	10.000	1.30	0.07325	76%-100% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	12.000	0.52	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	12.000	1.06	0.07325	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	14.000	1.35	0.07325	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	15.000	1.23	0.07325	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	15.000	1.81	0.07325	51%-75% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	20.000	1.21	0.07325	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060450	IBUPROFEN 800 MG TABLET	7	20.000	1.64	0.07325	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	20.000	1.69	0.07325	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	20.000	1.87	0.07325	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	21.000	0.90	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	21.000	1.92	0.07325	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	28.000	3.12	0.07325	51%-75% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.000	1.29	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.000	1.62	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.000	2.43	0.07325	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.000	2.43	0.07325	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.000	2.48	0.07325	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	40.000	2.59	0.07325	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	60.000	2.99	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	3.87	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	4.07	0.07325	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	4.96	0.07325	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	4.99	0.07325	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	5.81	0.07325	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	5.88	0.07325	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	8.38	0.07325	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	10.000	0.87	0.07215	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	12.000	1.31	0.07215	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	15.000	1.58	0.07215	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	15.000	1.61	0.07215	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	16.000	0.79	0.07215	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060450	IBUPROFEN 800 MG TABLET	8	16.000	1.64	0.07215	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	20.000	1.64	0.07215	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	20.000	1.87	0.07215	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	20.000	1.90	0.07215	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	20.000	2.25	0.07215	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	21.000	0.90	0.07215	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	21.000	1.96	0.07215	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	24.000	2.09	0.07215	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	24.000	2.13	0.07215	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.000	2.43	0.07215	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.000	2.48	0.07215	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.000	2.48	0.07215	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.000	3.94	0.07215	76%-100% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	40.000	3.92	0.07215	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	60.000	2.58	0.07215	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	3.56	0.07215	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	3.87	0.07215	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	4.96	0.07215	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	4.96	0.07215	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	4.99	0.07215	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	5.81	0.07215	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	7.52	0.07215	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	180.000	11.20	0.07215	10%-25% Below	Yes	No
49483060550	GABAPENTIN 100 MG CAPSULE	5	90.000	3.65	0.02957	26%-50% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	5	180.000	6.73	0.02957	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060550	GABAPENTIN 100 MG CAPSULE	6	42.000	0.69	0.02846	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	7	30.000	1.71	0.02791	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	7	90.000	3.14	0.02791	10%-25% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	90.000	3.14	0.02875	10%-25% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	90.000	3.74	0.02875	26%-50% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	180.000	6.73	0.02875	26%-50% Above	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	7	90.000	4.65	0.04566	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	60.000	1.63	0.04701	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	60.000	3.96	0.04701	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	90.000	5.61	0.04701	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	60.000	1.63	0.04559	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	60.000	3.96	0.04559	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	60.000	4.05	0.04559	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	90.000	5.03	0.04559	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	90.000	5.04	0.04559	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	90.000	5.61	0.04559	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	180.000	9.34	0.04559	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	30.000	2.30	0.04566	51%-75% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	60.000	3.46	0.04566	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	60.000	3.94	0.04566	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	60.000	3.96	0.04566	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	90.000	4.74	0.04566	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	90.000	5.04	0.04566	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	60.000	1.58	0.04771	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	60.000	3.46	0.04771	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060650	GABAPENTIN 300 MG CAPSULE	8	60.000	3.96	0.04771	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	90.000	2.57	0.04771	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	90.000	5.55	0.04771	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	90.000	5.61	0.04771	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	180.000	10.35	0.04771	10%-25% Above	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	8	42.000	1.38	0.06022	26%-50% Below	No	No
49483061850	NAPROXEN 500 MG TABLET	5	14.000	2.26	0.07442	101%-200% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	5	20.000	2.85	0.07442	76%-100% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	5	30.000	3.85	0.07442	51%-75% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	5	60.000	7.14	0.07442	51%-75% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	6	10.000	2.09	0.07765	101%-200% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	7	10.000	1.81	0.07177	101%-200% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	7	14.000	1.95	0.07177	76%-100% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	7	60.000	6.46	0.07177	26%-50% Above	No	No
49483062010	METFORMIN HCL 1,000 MG TABLET	5	180.000	6.66	0.02598	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	5	60.000	0.00	0.02598	76%-100% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.36	0.02642	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.64	0.02642	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.36	0.02396	51%-75% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.37	0.02396	51%-75% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.52	0.02396	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.61	0.02396	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	60.000	0.86	0.02446	26%-50% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.36	0.02446	51%-75% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.37	0.02446	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	90.000	3.19	0.02446	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	180.000	2.59	0.02446	26%-50% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.52	0.02446	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.61	0.02446	26%-50% Above	No	No
49483062110	METFORMIN HCL 850 MG TABLET	8	60.000	2.29	0.02732	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	5	90.000	0.00	0.0157	76%-100% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	5	180.000	0.00	0.0157	76%-100% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	60.000	1.54	0.01484	51%-75% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	180.000	2.11	0.01484	10%-25% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	180.000	3.60	0.01484	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	30.000	0.26	0.01464	26%-50% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	60.000	1.54	0.01464	51%-75% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	120.000	2.30	0.01464	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	8	90.000	2.04	0.0148	51%-75% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	8	90.000	2.76	0.0148	101%-200% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	8	120.000	2.30	0.0148	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	8	180.000	3.94	0.0148	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	5	60.000	0.00	0.0157	76%-100% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	6	30.000	1.07	0.01484	101%-200% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	6	60.000	1.59	0.01484	76%-100% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	6	60.000	2.83	0.01484	200% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	6	90.000	2.21	0.01484	51%-75% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	7	60.000	1.54	0.01464	51%-75% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	7	60.000	1.59	0.01464	76%-100% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	7	180.000	3.12	0.01464	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483062281	METFORMIN HCL 500 MG TABLET	7	180.000	3.45	0.01464	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	8	30.000	0.25	0.0148	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	8	60.000	1.53	0.0148	51%-75% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	8	180.000	3.98	0.0148	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	8	180.000	5.17	0.0148	76%-100% Above	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	8	90.000	4.26	0.0324	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	0.54	0.03064	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.38	0.03064	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.54	0.03064	51%-75% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	1.49	0.03064	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	3.17	0.03064	10%-25% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	3.81	0.03064	26%-50% Above	Yes	No
49502010102	EPINEPHRINE 0.15 MG AUTO-INJCT	7	2.000	14.99	141.64375	76%-100% Below	No	No
49502010102	EPINEPHRINE 0.15 MG AUTO-INJCT	8	4.000	9.99	141.49063	76%-100% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	14.99	142.61667	76%-100% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	191.99	142.61667	26%-50% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.000	115.00	142.01172	51%-75% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	9.99	140.79957	76%-100% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	29.99	140.79957	76%-100% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	115.00	140.79957	51%-75% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	165.51	140.79957	26%-50% Below	No	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	7	4.000	9.99	140.79957	76%-100% Below	No	No
49884000901	ISOSORBIDE DINITRATE 30 MG TAB	5	30.000	14.90	0.41501	10%-25% Above	No	No
49884000901	ISOSORBIDE DINITRATE 30 MG TAB	7	30.000	14.90	0.44292	10%-25% Above	No	No
49884004901	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.000	147.12	1.27429	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49884004901	DEXMETHYLPHENIDATE ER 10 MG CP	8	30.000	6.99	1.19639	76%-100% Below	No	No
49884012201	LABETALOL HCL 100 MG TABLET	5	60.000	5.06	0.12092	26%-50% Below	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	5	60.000	9.99	0.12092	26%-50% Above	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	5	180.000	44.90	0.12092	101%-200% Above	No	No
49884012201	LABETALOL HCL 100 MG TABLET	6	180.000	15.19	0.11946	26%-50% Below	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	7	60.000	9.99	0.11911	26%-50% Above	No	No
49884012201	LABETALOL HCL 100 MG TABLET	7	60.000	15.17	0.11911	101%-200% Above	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	8	60.000	14.99	0.12732	76%-100% Above	No	No
49884012201	LABETALOL HCL 100 MG TABLET	8	60.000	15.17	0.12732	76%-100% Above	Yes	No
49884012301	LABETALOL HCL 200 MG TABLET	5	158.000	14.99	0.17807	26%-50% Below	No	No
49884012301	LABETALOL HCL 200 MG TABLET	5	180.000	21.94	0.17807	26%-50% Below	Yes	No
49884012301	LABETALOL HCL 200 MG TABLET	5	180.000	55.48	0.17807	51%-75% Above	Yes	No
49884012301	LABETALOL HCL 200 MG TABLET	8	180.000	21.94	0.1713	26%-50% Below	Yes	No
49884012301	LABETALOL HCL 200 MG TABLET	8	180.000	44.68	0.1713	26%-50% Above	Yes	No
49884012401	LABETALOL HCL 300 MG TABLET	5	60.000	9.99	0.20595	10%-25% Below	No	No
49884012401	LABETALOL HCL 300 MG TABLET	6	60.000	9.99	0.21344	10%-25% Below	No	No
49884012401	LABETALOL HCL 300 MG TABLET	7	60.000	9.99	0.23831	26%-50% Below	No	No
49884012401	LABETALOL HCL 300 MG TABLET	8	60.000	6.04	0.21968	51%-75% Below	No	No
49884015576	VARENICLINE 0.5 MG TABLET	5	11.000	11.41	6.30195	76%-100% Below	No	No
49884015576	VARENICLINE 0.5 MG TABLET	6	11.000	42.32	6.20833	26%-50% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	5	168.000	174.19	6.24768	76%-100% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	6	56.000	221.82	6.19609	26%-50% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	6	180.000	186.63	6.19609	76%-100% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	7	56.000	221.82	6.14583	26%-50% Below	No	No
49884018601	DOXYLAMINE-PYRIDOXINE 10-10 MG	5	60.000	133.36	3.17294	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49884018601	DOXYLAMINE-PYRIDOXINE 10-10 MG	8	60.000	0.01	2.98445	76%-100% Below	No	No
49884023911	ITRACONAZOLE 100 MG CAPSULE	8	10.000	19.99	0.94943	101%-200% Above	Yes	No
49884025011	OLANZAPINE-FLUOXETINE 6-25 MG	7	90.000	413.35	5.38373	10%-25% Below	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	6	15.000	2.64	0.12847	26%-50% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	6	30.000	4.54	0.12847	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	22.000	3.61	0.12328	26%-50% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	30.000	4.54	0.11076	26%-50% Above	No	No
49884028901	MEGESTROL 20 MG TABLET	5	30.000	5.70	0.15484	10%-25% Above	No	No
49884029001	MEGESTROL 40 MG TABLET	5	28.000	2.90	0.20019	26%-50% Below	Yes	No
49884029001	MEGESTROL 40 MG TABLET	5	30.000	9.99	0.20019	51%-75% Above	No	No
49884029001	MEGESTROL 40 MG TABLET	6	60.000	6.21	0.20528	26%-50% Below	Yes	No
49884029001	MEGESTROL 40 MG TABLET	6	90.000	13.70	0.20528	10%-25% Below	Yes	No
49884029001	MEGESTROL 40 MG TABLET	7	30.000	9.99	0.22525	26%-50% Above	No	No
49884029001	MEGESTROL 40 MG TABLET	8	30.000	9.99	0.215	51%-75% Above	No	No
49884030702	CLONAZEPAM 0.25 MG ODT	8	30.000	14.99	0.73217	26%-50% Below	Yes	No
49884033601	FLUOXETINE HCL 20 MG TABLET	6	90.000	44.99	0.28839	51%-75% Above	No	No
49884041872	TESTOSTERONE 1% (25 MG/2.5 G) PK	5	75.000	9.99	2.29529	76%-100% Below	No	No
49884042801	DEXMETHYLPHENIDATE ER 15 MG CP	6	30.000	24.44	1.31855	26%-50% Below	No	No
49884043001	DEXMETHYLPHENIDATE ER 30 MG CP	7	30.000	14.99	1.64313	51%-75% Below	No	No
49884046565	CHOLESTYRAMINE PACKET	6	60.000	40.11	1.10801	26%-50% Below	No	No
49884046565	CHOLESTYRAMINE PACKET	7	17.000	10.20	1.12127	26%-50% Below	No	No
49884046565	CHOLESTYRAMINE PACKET	8	60.000	36.00	1.07121	26%-50% Below	No	No
49884051072	TESTOSTERONE 1% (50 MG/5 G) PK	7	300.000	9.99	0.95647	76%-100% Below	No	No
49884051072	TESTOSTERONE 1% (50 MG/5 G) PK	8	300.000	9.99	0.84349	76%-100% Below	No	No
49884064001	METHIMAZOLE 5 MG TABLET	5	30.000	5.05	0.06021	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49884064001	METHIMAZOLE 5 MG TABLET	5	180.000	33.26	0.06021	200% Above	Yes	No
49884064001	METHIMAZOLE 5 MG TABLET	6	90.000	13.66	0.07152	101%-200% Above	Yes	No
49884064101	METHIMAZOLE 10 MG TABLET	5	8.000	2.36	0.10632	101%-200% Above	Yes	No
49884064101	METHIMAZOLE 10 MG TABLET	5	45.000	9.83	0.10632	101%-200% Above	Yes	No
49884064101	METHIMAZOLE 10 MG TABLET	6	45.000	9.83	0.10566	101%-200% Above	Yes	No
49884070155	CLOMIPHENE CITRATE 50 MG TAB	5	30.000	11.55	0.69367	26%-50% Below	No	No
49884070155	CLOMIPHENE CITRATE 50 MG TAB	6	30.000	11.55	0.713	26%-50% Below	No	No
49884070155	CLOMIPHENE CITRATE 50 MG TAB	7	30.000	11.55	0.67408	26%-50% Below	No	No
49884072401	HYDROXYUREA 500 MG CAPSULE	5	180.000	29.90	0.29087	26%-50% Below	Yes	No
49884072401	HYDROXYUREA 500 MG CAPSULE	8	180.000	29.90	0.27401	26%-50% Below	Yes	No
49884078611	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 20-5-12.5	5	90.000	81.60	1.25036	26%-50% Below	Yes	No
50102022023	AUBRA EQ-28 TABLET	7	84.000	10.92	0.19747	26%-50% Below	No	No
50102023113	TRI-VYLIBRA LO TABLET	5	84.000	0.84	0.16476	76%-100% Below	No	No
50111032703	HYDRALAZINE 25 MG TABLET	6	90.000	8.47	0.04047	101%-200% Above	No	No
50111032703	HYDRALAZINE 25 MG TABLET	8	90.000	11.19	0.04225	101%-200% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	5	180.000	6.90	0.0511	10%-25% Below	No	No
50111032803	HYDRALAZINE 50 MG TABLET	7	90.000	8.03	0.04934	76%-100% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	8	180.000	6.90	0.04842	10%-25% Below	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	5	30.000	8.06	0.11421	101%-200% Above	Yes	No
50111033301	METRONIDAZOLE 250 MG TABLET	6	21.000	5.06	0.12134	76%-100% Above	Yes	No
50111033301	METRONIDAZOLE 250 MG TABLET	6	28.000	7.82	0.12134	101%-200% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	6	30.000	8.45	0.12134	101%-200% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	8	13.000	3.62	0.10802	101%-200% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	8	21.000	5.01	0.10802	101%-200% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	8	21.000	5.18	0.10802	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111033401	METRONIDAZOLE 500 MG TABLET	5	4.000	2.60	0.15499	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	2.40	0.15499	10%-25% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	2.61	0.15499	10%-25% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	4.99	0.15499	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	5.94	0.15499	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	7.25	0.15499	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	7.25	0.15499	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	7.44	0.15499	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	7.44	0.15499	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	21.000	10.30	0.15499	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	28.000	4.99	0.15499	10%-25% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	28.000	9.99	0.15499	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	30.000	2.49	0.15499	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	30.000	11.88	0.15499	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	30.000	14.24	0.15499	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	30.000	20.27	0.15499	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	42.000	14.06	0.15499	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	4.000	2.15	0.15602	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	4.000	2.22	0.15602	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	4.000	2.26	0.15602	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	4.000	2.60	0.15602	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	4.000	2.70	0.15602	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.000	2.61	0.15602	10%-25% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.000	4.84	0.15602	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.000	5.94	0.15602	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.000	7.16	0.15602	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.000	7.25	0.15602	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	15.000	1.24	0.15602	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	21.000	8.54	0.15602	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	21.000	9.33	0.15602	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	21.000	9.99	0.15602	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	30.000	8.76	0.15602	76%-100% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	30.000	12.48	0.15602	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	4.000	2.15	0.14732	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	4.000	2.60	0.14732	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	10.000	4.74	0.14732	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.000	4.21	0.14732	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.000	4.99	0.14732	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.000	5.94	0.14732	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	20.000	9.91	0.14732	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	21.000	8.96	0.14732	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	28.000	4.99	0.14732	10%-25% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	30.000	2.49	0.14732	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	40.000	9.99	0.14732	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	42.000	4.99	0.14732	10%-25% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	4.000	2.22	0.15234	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	4.000	2.26	0.15234	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	4.000	3.12	0.15234	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	1.16	0.15234	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	4.99	0.15234	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	5.94	0.15234	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	6.14	0.15234	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	6.32	0.15234	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	6.41	0.15234	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	7.25	0.15234	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	7.50	0.15234	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	8.02	0.15234	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	21.000	9.99	0.15234	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	21.000	10.50	0.15234	200% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	4.000	1.02	0.15499	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	4.000	2.15	0.15499	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.000	2.61	0.15499	10%-25% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.000	4.21	0.15499	76%-100% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.000	7.25	0.15499	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.000	7.54	0.15499	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	21.000	0.00	0.15499	76%-100% Below	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	21.000	8.15	0.15499	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	4.000	2.65	0.15602	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	14.000	0.00	0.15602	76%-100% Below	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	14.000	5.68	0.15602	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	14.000	6.17	0.15602	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	14.000	7.25	0.15602	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	30.000	14.69	0.15602	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	4.000	0.00	0.14732	76%-100% Below	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	14.000	5.63	0.14732	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111033402	METRONIDAZOLE 500 MG TABLET	7	14.000	5.68	0.14732	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	14.000	6.17	0.14732	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	14.000	9.81	0.14732	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	21.000	9.99	0.14732	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	42.000	9.90	0.14732	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	8	2.000	1.67	0.15234	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	8	4.000	2.99	0.15234	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	8	14.000	6.41	0.15234	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	8	20.000	9.99	0.15234	200% Above	No	No
50111039701	HYDRALAZINE 100 MG TABLET	8	60.000	7.49	0.08306	26%-50% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	5	30.000	5.00	0.13526	10%-25% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	6	30.000	8.38	0.13572	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	7	60.000	9.99	0.12738	26%-50% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	7	90.000	15.83	0.12738	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	8	60.000	9.99	0.12661	26%-50% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	8	90.000	5.98	0.12661	26%-50% Below	Yes	No
50111045002	TRAZODONE 150 MG TABLET	5	60.000	14.90	0.13526	76%-100% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	8	60.000	14.90	0.12661	76%-100% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	8	90.000	23.52	0.12661	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	15.000	1.82	0.03771	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.000	0.30	0.03771	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	5	30.000	0.70	0.03771	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.000	2.96	0.03771	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	30.000	2.96	0.03771	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	60.000	1.39	0.03771	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	2.09	0.03771	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	4.22	0.03771	10%-25% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	5.90	0.03771	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	5.98	0.03771	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	6.26	0.03771	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	6.66	0.03771	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	7.10	0.03771	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	7.31	0.03771	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	180.000	13.56	0.03771	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	180.000	13.59	0.03771	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	15.000	1.60	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	0.30	0.03694	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	0.70	0.03694	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	2.50	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	2.55	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	2.89	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	2.96	0.03694	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	2.96	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	60.000	4.50	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.000	2.20	0.03694	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	6	90.000	5.98	0.03694	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.000	6.13	0.03694	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	90.000	6.80	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.000	7.19	0.03694	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	180.000	7.88	0.03694	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	0.70	0.03565	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	2.50	0.03565	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	2.89	0.03565	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	2.89	0.03565	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	2.96	0.03565	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	2.96	0.03565	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	3.99	0.03565	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	4.07	0.03565	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.000	2.09	0.03565	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.000	2.60	0.03565	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.000	5.44	0.03565	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.000	5.98	0.03565	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.000	7.19	0.03565	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	0.30	0.03529	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	0.70	0.03529	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	1.55	0.03529	26%-50% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	1.72	0.03529	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	2.50	0.03529	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	2.55	0.03529	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	2.89	0.03529	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	2.96	0.03529	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	2.96	0.03529	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	3.62	0.03529	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	3.99	0.03529	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	60.000	4.31	0.03529	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056001	TRAZODONE 50 MG TABLET	8	60.000	4.31	0.03529	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	60.000	5.04	0.03529	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	2.09	0.03529	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	2.60	0.03529	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	3.99	0.03529	10%-25% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	5.78	0.03529	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	5.83	0.03529	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	5.98	0.03529	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	6.13	0.03529	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	7.19	0.03529	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	7.40	0.03529	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	7.40	0.03529	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	8.99	0.03529	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	180.000	1.80	0.03529	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	8	180.000	5.20	0.03529	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	180.000	10.87	0.03529	51%-75% Above	Yes	No
50111056002	TRAZODONE 50 MG TABLET	5	30.000	2.87	0.03771	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	5	60.000	5.09	0.03771	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	6	45.000	3.98	0.03694	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	7	30.000	2.55	0.03565	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	7	30.000	2.87	0.03565	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	7	45.000	3.98	0.03565	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	7	60.000	4.95	0.03565	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	30.000	2.41	0.03529	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	30.000	2.43	0.03529	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056002	TRAZODONE 50 MG TABLET	8	30.000	3.53	0.03529	200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	45.000	4.97	0.03529	200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	60.000	4.35	0.03529	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	60.000	4.95	0.03529	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	90.000	6.04	0.03529	76%-100% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	30.000	2.89	0.03771	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	30.000	2.96	0.03771	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	60.000	5.18	0.03771	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	90.000	0.01	0.03771	76%-100% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	6	15.000	1.60	0.03694	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	30.000	2.41	0.03694	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	30.000	2.89	0.03694	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	60.000	5.18	0.03694	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	90.000	4.18	0.03694	10%-25% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	90.000	7.10	0.03694	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	135.000	10.42	0.03694	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	30.000	2.33	0.03565	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	30.000	2.89	0.03565	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	60.000	5.18	0.03565	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	90.000	0.01	0.03565	76%-100% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	8	25.000	2.53	0.03529	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	8	30.000	0.00	0.03529	76%-100% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	8	30.000	2.50	0.03529	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	8	30.000	2.89	0.03529	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	8	60.000	5.18	0.03529	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056101	TRAZODONE 100 MG TABLET	5	30.000	1.46	0.06786	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	5	30.000	4.01	0.06786	76%-100% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	5	30.000	4.10	0.06786	101%-200% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	5	90.000	4.39	0.06786	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	5	90.000	12.98	0.06786	101%-200% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	7.000	1.93	0.06932	200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	6	30.000	1.46	0.06932	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	30.000	3.48	0.06932	51%-75% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	6	30.000	3.66	0.06932	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	30.000	4.01	0.06932	76%-100% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	6	60.000	6.17	0.06932	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	60.000	7.37	0.06932	76%-100% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	6	90.000	0.01	0.06932	76%-100% Below	No	No
50111056101	TRAZODONE 100 MG TABLET	6	90.000	9.05	0.06932	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	180.000	20.29	0.06932	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	30.000	1.46	0.06585	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	30.000	3.33	0.06585	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	30.000	3.43	0.06585	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	30.000	4.00	0.06585	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	7	60.000	6.17	0.06585	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	60.000	7.37	0.06585	76%-100% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	7	90.000	4.39	0.06585	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	90.000	8.75	0.06585	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	180.000	9.99	0.06585	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	180.000	18.11	0.06585	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056101	TRAZODONE 100 MG TABLET	8	30.000	1.46	0.06537	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	30.000	3.33	0.06537	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	30.000	4.00	0.06537	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	8	60.000	6.17	0.06537	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	60.000	7.26	0.06537	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	90.000	4.39	0.06537	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	90.000	9.05	0.06537	51%-75% Above	Yes	No
50111056102	TRAZODONE 100 MG TABLET	5	30.000	4.01	0.06786	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	5	30.000	4.26	0.06786	101%-200% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	5	60.000	2.51	0.06786	26%-50% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	6	30.000	3.91	0.06932	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	6	30.000	4.01	0.06932	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	6	60.000	2.44	0.06932	26%-50% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	7	30.000	3.91	0.06585	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	7	30.000	4.01	0.06585	101%-200% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	8	30.000	4.90	0.06537	101%-200% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	8	60.000	6.34	0.06537	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	5	30.000	1.25	0.06786	26%-50% Below	No	No
50111056103	TRAZODONE 100 MG TABLET	5	90.000	10.98	0.06786	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	30.000	3.51	0.06932	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	30.000	4.01	0.06932	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	60.000	6.17	0.06932	26%-50% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	90.000	8.62	0.06932	26%-50% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	90.000	10.98	0.06932	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	270.000	25.37	0.06932	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056103	TRAZODONE 100 MG TABLET	7	30.000	2.23	0.06585	10%-25% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	7	30.000	3.51	0.06585	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	7	30.000	4.01	0.06585	101%-200% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	7	60.000	2.56	0.06585	26%-50% Below	No	No
50111056103	TRAZODONE 100 MG TABLET	7	60.000	6.17	0.06585	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	8	30.000	3.42	0.06537	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	8	30.000	3.91	0.06537	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	8	30.000	5.01	0.06537	101%-200% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	8	60.000	2.56	0.06537	26%-50% Below	No	No
50111056103	TRAZODONE 100 MG TABLET	8	60.000	6.17	0.06537	51%-75% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	0.00	0.03174	76%-100% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	0.62	0.03174	26%-50% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.56	0.03174	51%-75% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.66	0.03174	51%-75% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	2.14	0.03174	101%-200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	5.56	0.03174	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	0.62	0.03391	26%-50% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.41	0.03391	26%-50% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.46	0.03391	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.66	0.03391	51%-75% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	2.48	0.03391	101%-200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	50.000	0.01	0.03391	76%-100% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	0.00	0.03326	76%-100% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.75	0.03326	51%-75% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	2.48	0.03326	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	60.000	2.58	0.03326	26%-50% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	90.000	1.85	0.03326	26%-50% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	90.000	3.74	0.03326	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	0.62	0.0324	26%-50% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	0.80	0.0324	10%-25% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.46	0.0324	26%-50% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.66	0.0324	51%-75% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	2.48	0.0324	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	0.00	0.03088	76%-100% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.38	0.03088	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.38	0.03088	26%-50% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.44	0.03088	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.44	0.03088	51%-75% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.48	0.03088	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.54	0.03088	51%-75% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.55	0.03088	51%-75% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.63	0.03088	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	2.38	0.03088	10%-25% Below	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	3.25	0.03088	10%-25% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	4.45	0.03088	51%-75% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	13.46	0.03088	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	120.000	4.10	0.03088	10%-25% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.31	0.03083	26%-50% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.37	0.03083	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.46	0.03083	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.48	0.03083	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.55	0.03083	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.55	0.03083	51%-75% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	0.01	0.03083	76%-100% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	1.62	0.03083	26%-50% Below	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	2.17	0.03083	10%-25% Below	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	2.24	0.03083	10%-25% Below	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	2.25	0.03083	10%-25% Below	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	3.17	0.03083	10%-25% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	3.24	0.03083	10%-25% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	3.42	0.03083	10%-25% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	0.00	0.03473	76%-100% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.23	0.03473	10%-25% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.37	0.03473	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	2.13	0.03064	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	2.25	0.03064	10%-25% Below	Yes	No
50111064803	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.46	0.03473	26%-50% Above	Yes	No
50111064803	FLUOXETINE HCL 20 MG CAPSULE	7	90.000	2.17	0.03473	26%-50% Below	Yes	No
50111064803	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.63	0.03064	76%-100% Above	Yes	No
50111078710	AZITHROMYCIN 250 MG TABLET	5	6.000	1.47	0.3986	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	5	6.000	4.17	0.3986	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	5	6.000	4.30	0.3986	76%-100% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	6	6.000	3.58	0.36893	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	6	6.000	4.28	0.36893	76%-100% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	6	14.000	8.75	0.36893	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111078710	AZITHROMYCIN 250 MG TABLET	7	6.000	3.58	0.37534	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	7	6.000	4.17	0.37534	76%-100% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	7	6.000	4.28	0.37534	76%-100% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	8	6.000	3.49	0.36153	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	8	6.000	3.58	0.36153	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	0.06	0.3986	76%-100% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	1.01	0.3986	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	2.07	0.3986	10%-25% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	2.79	0.3986	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	3.63	0.3986	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	3.80	0.3986	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	4.08	0.3986	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	4.17	0.3986	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	4.19	0.3986	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	4.28	0.3986	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	4.30	0.3986	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	6.06	0.3986	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	0.06	0.36893	76%-100% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	2.55	0.36893	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	2.68	0.36893	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	2.79	0.36893	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	3.49	0.36893	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	3.58	0.36893	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	3.66	0.36893	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	4.08	0.36893	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	4.17	0.36893	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	4.19	0.36893	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	4.28	0.36893	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	4.30	0.36893	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	4.42	0.36893	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	4.53	0.36893	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	5.08	0.36893	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	0.06	0.37534	76%-100% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	0.70	0.37534	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	1.98	0.37534	10%-25% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	2.55	0.37534	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	2.68	0.37534	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	2.79	0.37534	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	3.56	0.37534	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	3.58	0.37534	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	3.66	0.37534	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	4.17	0.37534	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	4.19	0.37534	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	4.28	0.37534	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	4.42	0.37534	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	4.53	0.37534	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	5.08	0.37534	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	7.24	0.37534	200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	0.60	0.36153	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	2.55	0.36153	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	3.58	0.36153	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	3.66	0.36153	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	4.17	0.36153	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	4.28	0.36153	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	4.35	0.36153	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	5.24	0.36153	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	5.33	0.36153	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	6.06	0.36153	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	7.68	0.36153	200% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	5	6.000	4.19	0.3986	51%-75% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	6	6.000	4.19	0.36893	76%-100% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	8	6.000	4.29	0.36153	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	5	1.000	1.79	0.68109	101%-200% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	5	2.000	1.63	0.68109	10%-25% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	5	2.000	3.01	0.68109	101%-200% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	5.000	2.21	0.66028	26%-50% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	5.000	2.82	0.66028	10%-25% Below	Yes	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	5.000	6.60	0.66028	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	30.000	29.41	0.66028	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	7	5.000	4.90	0.64056	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	7	5.000	6.60	0.64056	101%-200% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	7	7.000	0.07	0.64056	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111078810	AZITHROMYCIN 500 MG TABLET	7	30.000	29.41	0.64056	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	2.000	2.62	0.7666	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	5.000	5.39	0.7666	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	10.000	4.90	0.7666	26%-50% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	28.000	14.99	0.7666	26%-50% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	30.000	29.41	0.7666	26%-50% Above	No	No
50111091501	TORSEMIDE 5 MG TABLET	5	90.000	13.50	0.09381	51%-75% Above	No	No
50111091501	TORSEMIDE 5 MG TABLET	8	90.000	13.50	0.0623	101%-200% Above	No	No
50111091601	TORSEMIDE 10 MG TABLET	7	16.000	1.94	0.07768	51%-75% Above	No	No
50111091601	TORSEMIDE 10 MG TABLET	7	45.000	4.20	0.07768	10%-25% Above	No	No
50111091601	TORSEMIDE 10 MG TABLET	7	180.000	17.91	0.07768	26%-50% Above	Yes	No
50111091701	TORSEMIDE 20 MG TABLET	6	90.000	4.99	0.07843	26%-50% Below	No	No
50111091701	TORSEMIDE 20 MG TABLET	8	30.000	4.43	0.08228	76%-100% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	8	30.000	6.67	0.08228	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	8	90.000	14.75	0.08228	76%-100% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	8	180.000	23.12	0.08228	51%-75% Above	No	No
50228010510	METFORMIN HCL 500 MG TABLET	8	106.000	2.54	0.0148	51%-75% Above	No	No
50228010705	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.48	0.02642	26%-50% Above	No	No
50228010710	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.36	0.02598	51%-75% Above	No	No
50228010710	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.24	0.02642	26%-50% Above	No	No
50228010710	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.24	0.02396	51%-75% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	5	30.000	2.79	0.05768	51%-75% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	5	60.000	4.83	0.05768	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	5	60.000	4.84	0.05768	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	5	90.000	7.01	0.05768	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228010901	CARISOPRODOL 350 MG TABLET	6	30.000	2.61	0.05457	51%-75% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	6	30.000	2.96	0.05457	76%-100% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	6	60.000	4.48	0.05457	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	6	90.000	7.01	0.05457	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	7	30.000	2.61	0.0561	51%-75% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	7	40.000	3.53	0.0561	51%-75% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	7	60.000	4.48	0.0561	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	7	60.000	4.83	0.0561	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	7	90.000	7.01	0.0561	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	8	30.000	2.61	0.05443	51%-75% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	8	60.000	4.24	0.05443	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	8	60.000	4.48	0.05443	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	8	90.000	7.01	0.05443	26%-50% Above	No	No
50228010905	CARISOPRODOL 350 MG TABLET	6	120.000	9.10	0.05457	26%-50% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	5	9.000	1.28	0.05768	101%-200% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	5	30.000	4.63	0.05768	101%-200% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	5	90.000	6.90	0.05768	26%-50% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	6	30.000	4.63	0.05457	101%-200% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	6	56.000	3.89	0.05457	26%-50% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	6	56.000	4.71	0.05457	51%-75% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	7	30.000	4.63	0.0561	101%-200% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	7	56.000	3.89	0.0561	10%-25% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	8	30.000	4.63	0.05443	101%-200% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	8	56.000	3.89	0.05443	26%-50% Above	No	No
50228011401	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	4.75	0.03088	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228011401	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	4.75	0.03083	200% Above	No	No
50228011401	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	3.84	0.03473	200% Above	No	No
50228013630	LEVOCETIRIZINE 5 MG TABLET	7	30.000	8.95	0.07034	200% Above	No	No
50228013630	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.95	0.06668	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	9.90	0.07526	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	10.39	0.07526	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	90.000	25.00	0.07526	200% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	9.90	0.07553	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	10.39	0.07553	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	4.90	0.07034	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	9.90	0.07034	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	10.39	0.07034	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	4.90	0.06668	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.55	0.06668	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	9.90	0.06668	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	13.27	0.06668	200% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.51	0.03339	101%-200% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	3.06	0.03273	200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	28.000	2.12	0.03339	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	0.50	0.03339	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	0.56	0.03339	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	1.11	0.03339	10%-25% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.26	0.03339	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.54	0.03339	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.60	0.03339	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	28.000	2.02	0.03071	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	0.61	0.03071	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	1.11	0.03071	10%-25% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.51	0.03071	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.60	0.03071	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.000	6.05	0.03071	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.000	6.14	0.03071	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.000	6.31	0.03071	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	28.000	2.02	0.03149	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	0.61	0.03149	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	1.11	0.03149	10%-25% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.51	0.03149	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.54	0.03149	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.60	0.03149	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	5.15	0.03149	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	6.14	0.03149	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	6.32	0.03149	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	28.000	2.02	0.03273	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	0.30	0.03273	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	0.61	0.03273	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	1.11	0.03273	10%-25% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.26	0.03273	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.51	0.03273	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	3.06	0.03273	200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	3.15	0.03273	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	1.76	0.03339	26%-50% Below	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	3.71	0.03339	10%-25% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	6.15	0.03339	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	6.23	0.03339	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	6.38	0.03339	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.51	0.03071	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.60	0.03071	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.000	4.77	0.03071	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.000	4.95	0.03071	76%-100% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.000	6.15	0.03071	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	0.59	0.03149	26%-50% Below	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.51	0.03149	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	5.00	0.03149	76%-100% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	5.24	0.03149	76%-100% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	6.14	0.03149	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	6.31	0.03149	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	180.000	19.96	0.03149	200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	1.56	0.03273	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.51	0.03273	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.54	0.03273	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.60	0.03273	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	1.76	0.03273	26%-50% Below	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	4.77	0.03273	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	4.95	0.03273	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	5.24	0.03273	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228015705	CELECOXIB 100 MG CAPSULE	8	30.000	6.90	0.10591	101%-200% Above	No	No
50228017560	BUPROPION HCL SR 150 MG TABLET	7	60.000	11.38	0.09562	76%-100% Above	No	No
50228017560	BUPROPION HCL SR 150 MG TABLET	8	60.000	11.38	0.0933	101%-200% Above	No	No
50228017705	GABAPENTIN 600 MG TABLET	5	60.000	7.61	0.09345	26%-50% Above	No	No
50228017705	GABAPENTIN 600 MG TABLET	6	180.000	9.99	0.08963	26%-50% Below	No	No
50228017705	GABAPENTIN 600 MG TABLET	7	90.000	0.90	0.09108	76%-100% Below	No	No
50228017705	GABAPENTIN 600 MG TABLET	8	60.000	7.13	0.09209	26%-50% Above	No	No
50228017705	GABAPENTIN 600 MG TABLET	8	90.000	0.90	0.09209	76%-100% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	5	90.000	6.99	0.12707	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	5	30.000	3.08	0.12707	10%-25% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	6	30.000	3.08	0.11894	10%-25% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	6	90.000	6.99	0.11894	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	6	90.000	7.54	0.11894	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	30.000	3.08	0.12223	10%-25% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	90.000	6.99	0.12223	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	120.000	6.90	0.12223	51%-75% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	30.000	3.08	0.12465	10%-25% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	90.000	6.99	0.12465	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	90.000	7.54	0.12465	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	60.000	1.07	0.02846	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	7	30.000	1.65	0.02791	76%-100% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	3.000	0.84	0.02875	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	30.000	1.65	0.02875	76%-100% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	30.000	1.74	0.02875	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	60.000	1.07	0.02875	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228018005	GABAPENTIN 300 MG CAPSULE	8	10.000	3.13	0.04771	200% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	30.000	1.95	0.04771	26%-50% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	90.000	5.61	0.04771	26%-50% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	30.000	1.95	0.04559	26%-50% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	6	90.000	6.79	0.0604	10%-25% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	6	270.000	23.64	0.0604	26%-50% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	7	90.000	6.79	0.0566	26%-50% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	7	270.000	22.50	0.0566	26%-50% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	8	90.000	6.79	0.06022	10%-25% Above	No	No
50228035490	PREGABALIN 150 MG CAPSULE	5	30.000	14.90	0.10216	200% Above	No	No
50228035490	PREGABALIN 150 MG CAPSULE	6	60.000	14.90	0.0979	101%-200% Above	No	No
50228035490	PREGABALIN 150 MG CAPSULE	8	30.000	14.90	0.08156	200% Above	No	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	7	180.000	60.05	0.41757	10%-25% Below	Yes	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	7	180.000	278.17	0.41757	200% Above	Yes	No
50228043301	NAPROXEN SODIUM 550 MG TAB	7	30.000	6.90	0.29575	10%-25% Below	No	No
50228043301	NAPROXEN SODIUM 550 MG TAB	7	60.000	14.90	0.29575	10%-25% Below	No	No
50228043301	NAPROXEN SODIUM 550 MG TAB	7	60.000	14.99	0.29575	10%-25% Below	No	No
50228043501	NAPROXEN 375 MG TABLET	7	30.000	2.62	0.06486	26%-50% Above	No	No
50228043605	NAPROXEN 500 MG TABLET	5	30.000	1.79	0.07442	10%-25% Below	No	No
50228043605	NAPROXEN 500 MG TABLET	6	60.000	7.25	0.07765	51%-75% Above	No	No
50228043605	NAPROXEN 500 MG TABLET	7	30.000	3.94	0.07177	76%-100% Above	No	No
50228046501	NABUMETONE 500 MG TABLET	5	60.000	13.67	0.17142	26%-50% Above	No	No
50228046601	NABUMETONE 750 MG TABLET	6	30.000	0.00	0.1975	76%-100% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	6	60.000	0.01	0.1975	76%-100% Below	No	No
50228046605	NABUMETONE 750 MG TABLET	8	90.000	14.90	0.19563	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	5	20.000	7.97	0.19414	101%-200% Above	Yes	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	5	25.000	0.00	0.19414	76%-100% Below	No	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	6	20.000	8.47	0.18981	101%-200% Above	Yes	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	6	40.000	10.47	0.18981	26%-50% Above	No	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	7	16.000	1.08	0.18981	51%-75% Below	Yes	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	7	25.000	6.88	0.18981	26%-50% Above	Yes	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	8	15.000	4.37	0.18981	51%-75% Above	Yes	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	8	25.000	7.36	0.18981	51%-75% Above	Yes	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	8	48.000	12.53	0.18981	26%-50% Above	No	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	8	50.000	14.99	0.18981	51%-75% Above	Yes	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	15.000	4.09	0.14766	76%-100% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	25.000	4.99	0.14766	26%-50% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	30.000	6.55	0.14766	26%-50% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	60.000	4.03	0.14766	51%-75% Below	Yes	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	60.000	17.74	0.14766	76%-100% Above	Yes	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	75.000	6.95	0.14766	26%-50% Below	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	90.000	9.99	0.14766	10%-25% Below	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	6	15.000	3.92	0.11432	101%-200% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	6	20.000	4.58	0.11432	76%-100% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	6	30.000	0.30	0.11432	76%-100% Below	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	6	60.000	14.99	0.11432	101%-200% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	7	25.000	4.90	0.11077	76%-100% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	8	15.000	3.60	0.12548	76%-100% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	8	30.000	6.55	0.12548	51%-75% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	8	50.000	16.45	0.12548	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	8	50.000	16.45	0.12548	101%-200% Above	Yes	No
50383007916	ACETAMINOPHEN-CODEINE 120 MG-12 MG/5 ML SOLUTION	8	240.000	3.07	0.0152	10%-25% Below	No	No
50383008716	GUAIATUSSIN AC LIQUID	5	240.000	9.90	0.02727	51%-75% Above	No	No
50383008716	GUAIATUSSIN AC LIQUID	6	200.000	16.86	0.0279	200% Above	No	No
50383008716	GUAIATUSSIN AC LIQUID	7	140.000	5.64	0.02623	51%-75% Above	Yes	No
50383008716	GUAIATUSSIN AC LIQUID	8	120.000	10.36	0.02869	200% Above	No	No
50383023310	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.000	14.90	1.218	10%-25% Above	No	No
50383023310	DORZOLAMIDE-TIMOLOL EYE DROPS	5	30.000	48.47	1.218	26%-50% Above	Yes	No
50383023310	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.000	14.90	1.14848	26%-50% Above	No	No
50383024971	BROMFENAC SODIUM 0.09% EYE DRP	6	1.700	29.99	79.42794	76%-100% Below	No	No
50383024971	BROMFENAC SODIUM 0.09% EYE DRP	8	1.700	29.99	77.2084	76%-100% Below	No	No
50383026505	LOTEPREDNOL ETABONATE 0.5% DRP	5	5.000	93.38	31.20885	26%-50% Below	No	No
50383026505	LOTEPREDNOL ETABONATE 0.5% DRP	7	5.000	85.64	31.25845	26%-50% Below	No	No
50383026505	LOTEPREDNOL ETABONATE 0.5% DRP	8	5.000	92.79	30.57842	26%-50% Below	No	No
50383026730	CLOBETASOL 0.05% CREAM	5	30.000	14.90	0.32493	51%-75% Above	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	5	30.000	4.65	0.43507	51%-75% Below	Yes	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	5	30.000	5.46	0.43507	51%-75% Below	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	6	30.000	0.30	0.42698	76%-100% Below	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	6	30.000	4.65	0.42698	51%-75% Below	Yes	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	6	30.000	9.99	0.42698	10%-25% Below	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	7	30.000	4.65	0.39544	51%-75% Below	Yes	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	7	30.000	9.99	0.39544	10%-25% Below	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	8	30.000	0.30	0.41233	76%-100% Below	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	8	30.000	5.46	0.41233	51%-75% Below	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	8	30.000	6.82	0.41233	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50383066730	LIDOCAINE-PRILOCAINE CREAM	8	30.000	9.99	0.41233	10%-25% Below	Yes	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	14.15	0.27933	200% Above	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	7	16.000	9.90	0.27508	101%-200% Above	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	7	48.000	20.00	0.27508	51%-75% Above	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	9.90	0.28357	101%-200% Above	No	No
50383077504	LIDOCAINE 2% VISCOUS SOLN	6	100.000	4.99	0.06237	10%-25% Below	No	No
50383077504	LIDOCAINE 2% VISCOUS SOLN	7	60.000	2.86	0.06688	26%-50% Below	Yes	No
50383077504	LIDOCAINE 2% VISCOUS SOLN	7	100.000	7.47	0.06688	10%-25% Above	No	No
50383077504	LIDOCAINE 2% VISCOUS SOLN	7	100.000	8.61	0.06688	26%-50% Above	No	No
50383077504	LIDOCAINE 2% VISCOUS SOLN	7	200.000	9.52	0.06688	26%-50% Below	Yes	No
50383077504	LIDOCAINE 2% VISCOUS SOLN	8	90.000	7.82	0.07544	10%-25% Above	No	No
50383077504	LIDOCAINE 2% VISCOUS SOLN	8	120.000	5.71	0.07544	26%-50% Below	Yes	No
50383077916	LACTULOSE 10 GM/15 ML SOLUTION	5	946.000	9.90	0.01605	26%-50% Below	No	No
50383077916	LACTULOSE 10 GM/15 ML SOLUTION	7	946.000	9.90	0.01654	26%-50% Below	No	No
50383077932	LACTULOSE 10 GM/15 ML SOLUTION	8	150.000	2.37	0.01369	10%-25% Above	No	No
50383080416	PROMETHAZINE-CODEINE SYRUP	5	60.000	1.33	0.04114	26%-50% Below	No	No
50383080416	PROMETHAZINE-CODEINE SYRUP	7	120.000	5.62	0.04173	10%-25% Above	No	No
50383081016	ACYCLOVIR 200 MG/5 ML SUSP	8	105.000	14.90	0.18843	10%-25% Below	No	No
50383082416	SULFAMETHOXAZOLE-TMP SUSP	5	120.000	14.99	0.06983	76%-100% Above	No	No
50383082416	SULFAMETHOXAZOLE-TMP SUSP	5	150.000	19.99	0.06983	76%-100% Above	No	No
50383082416	SULFAMETHOXAZOLE-TMP SUSP	5	400.000	21.60	0.06983	10%-25% Below	No	No
50383082416	SULFAMETHOXAZOLE-TMP SUSP	7	126.000	9.90	0.06473	10%-25% Above	No	No
50383082416	SULFAMETHOXAZOLE-TMP SUSP	7	300.000	16.20	0.06473	10%-25% Below	No	No
50383090110	HYDROCORTISON-ACETIC ACID SOLN	6	10.000	43.83	7.06933	26%-50% Below	Yes	No
50383090110	HYDROCORTISON-ACETIC ACID SOLN	8	10.000	43.83	6.86318	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50383094230	AZELASTINE 0.15% NASAL SPRAY	8	30.000	14.90	0.61928	10%-25% Below	No	No
50383094323	OLOPATADINE 665 MCG NASAL SPRY	5	30.500	22.80	1.14188	26%-50% Below	No	No
50383096608	CIMETIDINE 300 MG/5 ML SOLN	8	150.000	15.00	0.12798	10%-25% Below	Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	6	60.000	14.99	0.36324	26%-50% Below	Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	8	60.000	14.99	0.29983	10%-25% Below	Yes	No
50742014201	METHENAMINE HIPP 1 GM TABLET	5	60.000	26.83	0.59675	10%-25% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	6	60.000	23.27	0.56747	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	7	60.000	21.01	0.59416	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	8	60.000	20.66	0.64311	26%-50% Below	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	7.86	0.09087	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	7.86	0.09035	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	7	30.000	6.90	0.08562	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	8	30.000	1.67	0.08945	26%-50% Below	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	8	30.000	7.86	0.08945	101%-200% Above	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	8	90.000	22.95	0.08945	101%-200% Above	No	No
50742017605	ISOSORBIDE MONONIT ER 60 MG TB	5	30.000	2.49	0.11946	26%-50% Below	No	No
50742017605	ISOSORBIDE MONONIT ER 60 MG TB	6	30.000	2.33	0.12315	26%-50% Below	No	No
50742017605	ISOSORBIDE MONONIT ER 60 MG TB	7	30.000	2.40	0.11704	26%-50% Below	No	No
50742017605	ISOSORBIDE MONONIT ER 60 MG TB	8	30.000	2.40	0.11882	26%-50% Below	No	No
50742022415	TIZANIDINE HCL 2 MG CAPSULE	5	30.000	9.90	0.14934	101%-200% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	5	90.000	25.72	0.1841	51%-75% Above	Yes	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	2.18	0.16373	51%-75% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	8.72	0.16373	76%-100% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	7	90.000	20.39	0.16373	26%-50% Above	Yes	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	8	30.000	8.72	0.17017	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	8	90.000	6.77	0.17017	51%-75% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	8	90.000	20.39	0.17017	26%-50% Above	Yes	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	8	90.000	25.72	0.17017	51%-75% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	5	30.000	9.13	0.20004	51%-75% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	6	30.000	9.13	0.21196	26%-50% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	7	30.000	9.13	0.21879	26%-50% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	7	30.000	10.71	0.21879	51%-75% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	7	90.000	26.76	0.21879	26%-50% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	8	30.000	9.13	0.21215	26%-50% Above	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.000	9.99	0.28008	10%-25% Above	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.000	13.24	0.28008	51%-75% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.000	9.99	0.29952	10%-25% Above	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.000	13.24	0.26664	51%-75% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	8	30.000	13.24	0.27751	51%-75% Above	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	7	90.000	19.40	0.35473	26%-50% Below	Yes	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	7	90.000	53.72	0.35473	51%-75% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	5	90.000	390.64	1.10295	200% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	7	30.000	14.99	0.83427	26%-50% Below	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	8	30.000	14.99	0.91602	26%-50% Below	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	8	90.000	354.02	0.91602	200% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	90.000	15.03	0.14107	10%-25% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	90.000	32.08	0.14107	101%-200% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	180.000	29.65	0.14107	10%-25% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	30.000	8.96	0.14623	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	90.000	22.50	0.14623	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	180.000	29.65	0.14623	10%-25% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	7	30.000	9.10	0.14909	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	7	90.000	11.94	0.14909	10%-25% Below	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	30.000	9.10	0.14873	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	90.000	30.42	0.14873	101%-200% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	5	30.000	3.45	0.19678	26%-50% Below	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	5	30.000	14.99	0.19678	101%-200% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	6	30.000	3.45	0.17973	26%-50% Below	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	6	30.000	14.99	0.17973	101%-200% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	6	180.000	36.68	0.17973	10%-25% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	30.000	3.45	0.20051	26%-50% Below	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	30.000	14.99	0.20051	101%-200% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	90.000	29.99	0.20051	51%-75% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	180.000	30.00	0.20051	10%-25% Below	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	180.000	47.27	0.20051	26%-50% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	8	30.000	14.99	0.19755	101%-200% Above	Yes	No
50742026103	NIFEDIPINE ER 60 MG TABLET	5	30.000	14.90	0.19678	101%-200% Above	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	6	30.000	14.90	0.17973	101%-200% Above	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	6	90.000	25.00	0.17973	51%-75% Above	Yes	No
50742026201	NIFEDIPINE ER 90 MG TABLET	6	30.000	14.90	0.34525	26%-50% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	6	90.000	13.95	0.34525	51%-75% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	8	90.000	16.34	0.35137	26%-50% Below	No	No
50742026301	PROBENECID-COLCHICINE TABLET	8	180.000	98.41	0.9643	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	3.000	18.29	11.42131	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	3.000	21.36	11.42131	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	4.000	9.99	11.42131	76%-100% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	4.000	28.48	11.42131	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	5.000	35.60	11.42131	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	14.99	11.39164	51%-75% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	26.42	11.39164	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	28.48	11.39164	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	5.000	35.60	11.39164	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	24.000	170.86	11.39164	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	3.000	21.36	10.32057	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	4.000	26.42	10.32057	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	5.000	33.02	10.32057	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	10.000	9.99	10.32057	76%-100% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	8	3.000	21.36	10.7959	26%-50% Below	Yes	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	5	10.000	127.94	11.42131	10%-25% Above	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	14.99	11.39164	51%-75% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	6	9.000	59.44	11.39164	26%-50% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	6	10.000	14.99	11.39164	76%-100% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	7	4.000	9.99	10.32057	51%-75% Below	No	No
50742050524	SCOPOLAMINE 1 MG/3 DAY PATCH	8	4.000	14.99	10.7959	51%-75% Below	No	No
50742061501	METOPROLOL SUCC ER 25 MG TAB	6	30.000	0.00	0.08046	76%-100% Below	No	No
50742061501	METOPROLOL SUCC ER 25 MG TAB	6	45.000	12.05	0.08046	200% Above	No	No
50742061501	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.27	0.08429	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.000	1.76	0.08397	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.000	4.99	0.08397	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.000	8.23	0.08397	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.64	0.08397	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	60.000	14.99	0.08397	101%-200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	0.90	0.08397	76%-100% Below	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	5.28	0.08397	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	9.99	0.08397	26%-50% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	14.57	0.08397	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	14.77	0.08397	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	14.99	0.08397	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	16.48	0.08397	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	20.00	0.08397	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	22.73	0.08397	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	23.99	0.08397	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	28.40	0.08397	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.000	31.37	0.08397	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	135.000	35.78	0.08397	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.000	1.76	0.08046	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.000	4.99	0.08046	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.23	0.08046	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.27	0.08046	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.000	10.02	0.08046	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	45.000	14.66	0.08046	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	45.000	18.88	0.08046	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	60.000	14.99	0.08046	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	5.28	0.08046	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	16.48	0.08046	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	19.99	0.08046	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	23.99	0.08046	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	24.99	0.08046	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	27.72	0.08046	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	30.000	4.99	0.07196	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	30.000	8.23	0.07196	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	45.000	12.66	0.07196	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	60.000	14.99	0.07196	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.000	5.28	0.07196	10%-25% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.000	11.74	0.07196	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.000	12.49	0.07196	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.000	16.48	0.07196	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.000	22.55	0.07196	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.000	23.99	0.07196	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	135.000	14.99	0.07196	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.000	1.76	0.08429	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.000	4.99	0.08429	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.27	0.08429	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.32	0.08429	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.000	10.02	0.08429	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	60.000	9.99	0.08429	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	60.000	14.99	0.08429	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	85.000	11.08	0.08429	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	11.74	0.08429	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	12.49	0.08429	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	14.99	0.08429	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	19.99	0.08429	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	20.00	0.08429	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	22.73	0.08429	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	23.58	0.08429	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	24.15	0.08429	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	24.74	0.08429	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	24.99	0.08429	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	30.71	0.08429	200% Above	Yes	No
50742061601	METOPROLOL SUCC ER 50 MG TAB	8	30.000	9.31	0.09012	200% Above	No	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	6	90.000	12.40	0.09235	26%-50% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	5.000	2.20	0.09577	200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.000	7.74	0.09577	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.000	8.21	0.09577	101%-200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.000	8.99	0.09577	200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	0.90	0.09577	76%-100% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	9.99	0.09577	10%-25% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	14.57	0.09577	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	14.77	0.09577	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	14.99	0.09577	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	20.99	0.09577	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	23.09	0.09577	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	26.24	0.09577	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	10.000	3.51	0.09235	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.000	1.59	0.09235	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.69	0.09235	101%-200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.000	8.02	0.09235	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	4.78	0.09235	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	11.74	0.09235	26%-50% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	14.99	0.09235	76%-100% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	14.99	0.09235	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	20.99	0.09235	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	23.99	0.09235	101%-200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	25.91	0.09235	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	29.54	0.09235	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	135.000	30.00	0.09235	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	180.000	30.00	0.09235	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.000	1.59	0.08701	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.69	0.08701	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.74	0.08701	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.000	8.02	0.08701	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.000	8.99	0.08701	200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	0.90	0.08701	76%-100% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	4.78	0.08701	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	11.74	0.08701	26%-50% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	12.49	0.08701	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	14.99	0.08701	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	21.68	0.08701	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	22.30	0.08701	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	23.09	0.08701	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	23.99	0.08701	200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	180.000	45.00	0.08701	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	30.000	1.59	0.09012	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.74	0.09012	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	60.000	0.60	0.09012	76%-100% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.000	4.78	0.09012	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.000	9.99	0.09012	10%-25% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.000	11.74	0.09012	26%-50% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.000	14.99	0.09012	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.000	20.99	0.09012	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.000	21.68	0.09012	101%-200% Above	Yes	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	5	30.000	14.90	0.15505	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	6	30.000	13.55	0.14089	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	6	30.000	14.90	0.14089	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	7	30.000	14.90	0.11132	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	8	30.000	14.90	0.14022	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	30.000	14.99	0.15505	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	30.000	16.01	0.15505	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	90.000	0.90	0.15505	76%-100% Below	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	90.000	25.02	0.15505	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	90.000	25.37	0.15505	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	90.000	42.43	0.15505	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	90.000	48.21	0.15505	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	135.000	37.53	0.15505	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	30.000	4.90	0.14089	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	30.000	9.90	0.14089	101%-200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	30.000	14.99	0.14089	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	30.000	16.01	0.14089	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.000	7.40	0.14089	26%-50% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.000	14.99	0.14089	10%-25% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.000	20.15	0.14089	51%-75% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	30.000	7.01	0.11132	101%-200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	30.000	13.55	0.11132	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	30.000	14.99	0.11132	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	30.000	16.01	0.11132	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	60.000	14.99	0.11132	101%-200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.000	20.15	0.11132	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.000	25.00	0.11132	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.000	39.26	0.11132	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.000	42.43	0.11132	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	8	30.000	9.90	0.14022	101%-200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	8	30.000	16.01	0.14022	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	8	90.000	39.26	0.14022	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	8	135.000	30.23	0.14022	51%-75% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	8	180.000	45.00	0.14022	76%-100% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	5	90.000	74.21	0.21462	200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	6	90.000	58.97	0.27011	101%-200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	6	90.000	73.20	0.27011	200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	7	30.000	4.99	0.22405	10%-25% Below	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	8	90.000	58.97	0.22268	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742062001	NIFEDIPINE ER 30 MG TABLET	7	30.000	11.27	0.14061	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	5	60.000	14.99	0.21786	10%-25% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	6	60.000	14.99	0.20726	10%-25% Above	No	No
50742062201	NIFEDIPINE ER 90 MG TABLET	7	90.000	22.55	0.31917	10%-25% Below	No	No
50742063560	QUETIAPINE ER 50 MG TABLET	5	60.000	14.90	0.15883	51%-75% Above	No	No
50742063560	QUETIAPINE ER 50 MG TABLET	6	60.000	14.90	0.18918	26%-50% Above	No	No
50742063560	QUETIAPINE ER 50 MG TABLET	7	60.000	14.90	0.15422	51%-75% Above	No	No
50742063560	QUETIAPINE ER 50 MG TABLET	8	60.000	14.90	0.15102	51%-75% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	5	4.000	5.87	1.11217	26%-50% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	5	5.000	7.07	1.11217	26%-50% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	1.000	1.93	1.12365	51%-75% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	7	2.000	3.39	1.11832	51%-75% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	7	30.000	23.53	1.11832	26%-50% Below	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	8	4.000	4.99	1.08423	10%-25% Above	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	5	60.000	5.14	0.05768	26%-50% Above	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	5	90.000	3.17	0.05768	26%-50% Below	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	5	90.000	6.99	0.05768	26%-50% Above	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	6	60.000	4.92	0.05457	26%-50% Above	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	6	90.000	3.17	0.05457	26%-50% Below	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	6	90.000	6.99	0.05457	26%-50% Above	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	7	90.000	3.17	0.0561	26%-50% Below	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	8	60.000	6.64	0.05443	101%-200% Above	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	8	90.000	3.17	0.05443	26%-50% Below	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	8	90.000	6.99	0.05443	26%-50% Above	Yes	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.000	9.99	1.17513	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.000	19.99	1.17513	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.000	0.00	1.03529	76%-100% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.000	19.99	1.03529	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	7	28.000	0.00	1.01507	76%-100% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	7	28.000	19.99	1.01507	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	8	28.000	0.00	0.95069	76%-100% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	8	28.000	19.99	0.95069	10%-25% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	5	28.000	14.99	0.92698	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	6	28.000	14.99	0.79305	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	7	28.000	14.99	0.83937	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	8	28.000	14.99	0.95724	26%-50% Below	No	No
51224000160	BENZONATATE 200 MG CAPSULE	5	30.000	4.90	0.123	26%-50% Above	No	No
51224000160	BENZONATATE 200 MG CAPSULE	6	30.000	4.90	0.12354	26%-50% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	5	90.000	5.96	0.037	76%-100% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	6	180.000	7.71	0.03713	10%-25% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	7	60.000	4.54	0.04331	51%-75% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	7	360.000	12.89	0.04331	10%-25% Below	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	8	90.000	4.16	0.0378	10%-25% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	8	90.000	5.06	0.0378	26%-50% Above	No	No
51224001060	BENZONATATE 100 MG CAPSULE	6	30.000	7.52	0.09131	101%-200% Above	Yes	No
51224001060	BENZONATATE 100 MG CAPSULE	8	30.000	6.40	0.08956	101%-200% Above	Yes	No
51224002160	GABAPENTIN 600 MG TABLET	5	90.000	12.49	0.09345	26%-50% Above	No	No
51224002160	GABAPENTIN 600 MG TABLET	6	90.000	12.59	0.08963	51%-75% Above	No	No
51224002160	GABAPENTIN 600 MG TABLET	7	90.000	12.59	0.09108	51%-75% Above	No	No
51224002160	GABAPENTIN 600 MG TABLET	8	30.000	4.70	0.09209	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51224002206	AZITHROMYCIN 250 MG TABLET	5	6.000	4.17	0.3986	51%-75% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	6	6.000	3.49	0.36893	51%-75% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	6	6.000	4.21	0.36893	76%-100% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	6	6.000	4.33	0.36893	76%-100% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	7	6.000	3.49	0.37534	51%-75% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	7	6.000	4.19	0.37534	76%-100% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	8	6.000	3.49	0.36153	51%-75% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	5	6.000	4.19	0.3986	51%-75% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	6	6.000	3.49	0.36893	51%-75% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	6	6.000	4.29	0.36893	76%-100% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	7	6.000	4.19	0.37534	76%-100% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	7	6.000	4.29	0.37534	76%-100% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	8	6.000	4.29	0.36153	76%-100% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	8	4.000	2.67	0.36153	76%-100% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	8	6.000	4.29	0.36153	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	5	30.000	4.21	0.07922	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	6	30.000	3.50	0.07786	26%-50% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	6	30.000	4.10	0.07786	51%-75% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	7	30.000	2.59	0.06911	10%-25% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	7	30.000	4.10	0.06911	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	7	90.000	9.13	0.06911	26%-50% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	8	30.000	2.59	0.07259	10%-25% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	8	30.000	4.10	0.07259	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	8	180.000	20.79	0.07259	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51224011950	GABAPENTIN 300 MG CAPSULE	6	90.000	5.03	0.04559	10%-25% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	5	13.000	14.90	0.68109	51%-75% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	6	5.000	6.51	0.66028	76%-100% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	6	13.000	14.90	0.66028	51%-75% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	7	5.000	6.51	0.64056	101%-200% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	7	13.000	14.90	0.64056	76%-100% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	8	5.000	5.00	0.7666	26%-50% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	8	13.000	13.72	0.7666	26%-50% Above	No	No
51224012250	AZITHROMYCIN 500 MG TABLET	6	2.000	3.01	0.66028	101%-200% Above	No	No
51224012250	AZITHROMYCIN 500 MG TABLET	8	2.000	2.64	0.7666	51%-75% Above	No	No
51224012250	AZITHROMYCIN 500 MG TABLET	8	5.000	6.60	0.7666	51%-75% Above	No	No
51224022050	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.90	0.02642	76%-100% Above	No	No
51224022050	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.76	0.02396	51%-75% Above	No	No
51293061101	PHENAZOPYRIDINE 100 MG TAB	5	12.000	14.99	0.3732	200% Above	No	No
51293061101	PHENAZOPYRIDINE 100 MG TAB	5	15.000	6.74	0.3732	10%-25% Above	No	No
51293062801	PHENOBARBITAL 97.2 MG TABLET	5	60.000	14.90	0.42195	26%-50% Below	No	No
51293062801	PHENOBARBITAL 97.2 MG TABLET	6	60.000	14.90	0.44715	26%-50% Below	No	No
51293081101	PHENAZOPYRIDINE 200 MG TAB	6	6.000	14.90	0.54739	200% Above	No	No
51293084405	IBUPROFEN 600 MG TABLET	8	20.000	1.40	0.05588	10%-25% Above	No	No
51293084505	IBUPROFEN 800 MG TABLET	5	20.000	1.33	0.07407	10%-25% Below	No	No
51293084505	IBUPROFEN 800 MG TABLET	5	270.000	11.79	0.07407	26%-50% Below	No	No
51293084505	IBUPROFEN 800 MG TABLET	6	60.000	3.44	0.0673	10%-25% Below	No	No
51293084505	IBUPROFEN 800 MG TABLET	7	60.000	2.71	0.07325	26%-50% Below	No	No
51293084505	IBUPROFEN 800 MG TABLET	8	90.000	3.86	0.07215	26%-50% Below	No	No
51660014390	VALSARTAN 320 MG TABLET	6	90.000	16.43	0.28885	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	5	90.000	3.57	0.06233	26%-50% Below	Yes	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	8	90.000	2.88	0.05865	26%-50% Below	Yes	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	5	30.000	2.19	0.06233	10%-25% Above	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	8	30.000	2.19	0.05865	10%-25% Above	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	6	30.000	2.19	0.05939	10%-25% Above	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	7	30.000	2.19	0.06184	10%-25% Above	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	8	30.000	2.19	0.05865	10%-25% Above	No	No
51672125802	CLOBETASOL 0.05% CREAM	5	30.000	14.99	0.32493	51%-75% Above	No	No
51672125901	CLOBETASOL 0.05% OINTMENT	5	15.000	9.99	0.40119	51%-75% Above	No	No
51672125901	CLOBETASOL 0.05% OINTMENT	6	15.000	14.99	0.43064	101%-200% Above	No	No
51672125903	CLOBETASOL 0.05% OINTMENT	7	60.000	9.99	0.25722	26%-50% Below	No	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	7	15.000	9.99	0.40257	51%-75% Above	Yes	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	7	15.000	14.99	0.40257	101%-200% Above	No	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	8	15.000	7.00	0.42314	10%-25% Above	Yes	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	8	15.000	9.99	0.42314	51%-75% Above	Yes	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	8	15.000	14.99	0.42314	101%-200% Above	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	5	60.000	25.80	0.63429	26%-50% Below	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	6	15.000	6.99	0.67079	26%-50% Below	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	6	60.000	25.80	0.67079	26%-50% Below	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	7	15.000	6.99	0.61237	10%-25% Below	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	7	60.000	25.80	0.61237	26%-50% Below	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	8	15.000	6.99	0.53696	10%-25% Below	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	8	60.000	25.80	0.53696	10%-25% Below	Yes	No
51672126906	BETAMETHASONE VA 0.1% CREAM	7	45.000	14.63	0.44842	26%-50% Below	Yes	No
51672127201	NYSTATIN-TRIAMCINOLONE OINTM	5	30.000	9.99	0.38743	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672127401	BETAMETHASONE DP 0.05% CRM	5	60.000	38.23	0.83338	10%-25% Below	Yes	No
51672127401	BETAMETHASONE DP 0.05% CRM	7	30.000	45.26	0.82757	76%-100% Above	Yes	No
51672127401	BETAMETHASONE DP 0.05% CRM	7	60.000	38.23	0.82757	10%-25% Below	Yes	No
51672127406	BETAMETHASONE DP 0.05% CRM	8	45.000	22.12	0.63627	10%-25% Below	Yes	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	8	30.000	9.90	0.18662	76%-100% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	5	30.000	4.93	0.1479	10%-25% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	5	30.000	8.71	0.1479	76%-100% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	5	60.000	10.21	0.1479	10%-25% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	30.000	5.02	0.12995	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	30.000	6.45	0.12995	51%-75% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	60.000	10.65	0.12995	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	60.000	11.00	0.12995	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	7	30.000	6.37	0.12332	51%-75% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	7	60.000	12.82	0.12332	51%-75% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	30.000	0.98	0.1337	51%-75% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	30.000	4.88	0.1337	10%-25% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	30.000	7.49	0.1337	76%-100% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	30.000	7.58	0.1337	76%-100% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	90.000	21.25	0.1337	76%-100% Above	No	No
51672128401	TRIAMCINOLONE 0.1% OINTMENT	6	15.000	3.68	0.15641	51%-75% Above	No	No
51672128401	TRIAMCINOLONE 0.1% OINTMENT	6	30.000	6.66	0.15641	26%-50% Above	No	No
51672128401	TRIAMCINOLONE 0.1% OINTMENT	6	60.000	12.55	0.15641	26%-50% Above	No	No
51672128401	TRIAMCINOLONE 0.1% OINTMENT	8	15.000	3.52	0.1214	76%-100% Above	No	No
51672128901	NYSTATIN 100,000 UNIT/GM CREAM	6	15.000	12.61	0.23638	200% Above	No	No
51672128901	NYSTATIN 100,000 UNIT/GM CREAM	6	30.000	19.99	0.23638	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	5	60.000	6.97	0.16816	26%-50% Below	Yes	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	6	90.000	24.99	0.16244	51%-75% Above	Yes	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	7	30.000	6.99	0.16012	26%-50% Above	Yes	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	7	90.000	24.99	0.16012	51%-75% Above	Yes	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	8	30.000	9.99	0.15527	101%-200% Above	Yes	No
51672129303	CLOBETASOL 0.05% SOLUTION	6	50.000	11.54	0.31514	26%-50% Below	No	No
51672129303	CLOBETASOL 0.05% SOLUTION	7	50.000	10.65	0.27846	10%-25% Below	No	No
51672129303	CLOBETASOL 0.05% SOLUTION	8	50.000	10.65	0.30753	26%-50% Below	No	No
51672129802	KETOCONAZOLE 2% CREAM	5	30.000	19.99	0.37528	76%-100% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	6	30.000	17.72	0.36209	51%-75% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	5	60.000	13.30	0.31446	26%-50% Below	No	No
51672129803	KETOCONAZOLE 2% CREAM	6	60.000	13.30	0.30462	26%-50% Below	No	No
51672129803	KETOCONAZOLE 2% CREAM	6	60.000	26.62	0.30462	26%-50% Above	No	No
51672130100	AMMONIUM LACTATE 12% CREAM	5	385.000	14.99	0.07541	26%-50% Below	No	No
51672130100	AMMONIUM LACTATE 12% CREAM	5	385.000	19.99	0.07541	26%-50% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	5	20.000	16.72	1.25511	26%-50% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	5	40.000	32.74	1.25511	26%-50% Below	Yes	No
51672130200	TERCONAZOLE 0.8% CREAM	6	20.000	14.99	1.27635	26%-50% Below	No	No
51672130301	ECONAZOLE NITRATE 1% CREAM	5	15.000	14.99	0.42718	101%-200% Above	No	No
51672130302	ECONAZOLE NITRATE 1% CREAM	8	30.000	14.99	0.34887	26%-50% Above	No	No
51672130406	TERCONAZOLE 0.4% CREAM	5	45.000	17.85	0.60749	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.000	16.33	0.65035	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.000	17.69	0.65035	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.000	25.51	0.65035	10%-25% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	7	45.000	25.51	0.63312	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672130406	TERCONAZOLE 0.4% CREAM	8	45.000	17.82	0.63765	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	8	45.000	18.17	0.63765	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	8	45.000	19.99	0.63765	26%-50% Below	Yes	No
51672130603	ALCLOMETASONE DIPRO 0.05% CRM	6	60.000	80.98	0.93965	26%-50% Above	Yes	No
51672131001	BETAMETHASONE DP AUG 0.05% CRM	6	30.000	9.90	0.20991	51%-75% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	5	22.000	7.99	0.17815	101%-200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	5	22.000	8.08	0.17815	101%-200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	5	22.000	10.01	0.17815	101%-200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	5	44.000	14.99	0.17815	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	6	22.000	4.99	0.17091	26%-50% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	6	22.000	5.00	0.17091	26%-50% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	6	22.000	6.87	0.17091	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	6	22.000	8.08	0.17091	101%-200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	7	22.000	6.78	0.17062	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	7	22.000	7.15	0.17062	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	8	22.000	7.15	0.17431	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	8	22.000	9.33	0.17431	101%-200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	8	44.000	13.72	0.17431	76%-100% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	5	15.000	11.13	0.26343	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	5	15.000	11.22	0.26343	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	5	15.000	11.62	0.26343	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	5	15.000	11.72	0.26343	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	6	15.000	9.44	0.2538	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	6	15.000	11.22	0.2538	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	6	30.000	9.90	0.2538	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672131201	MUPIROCIN 2% OINTMENT	6	30.000	14.99	0.2538	76%-100% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	7	15.000	4.99	0.25227	26%-50% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	7	15.000	9.51	0.25227	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	7	15.000	9.56	0.25227	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	7	15.000	9.97	0.25227	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	7	30.000	9.90	0.25227	26%-50% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	8	15.000	2.56	0.25932	26%-50% Below	No	No
51672131201	MUPIROCIN 2% OINTMENT	8	15.000	9.51	0.25932	101%-200% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	8	15.000	11.22	0.25932	101%-200% Above	No	No
51672131801	CICLOPIROX 0.77% CREAM	5	15.000	14.99	0.29544	200% Above	No	No
51672131801	CICLOPIROX 0.77% CREAM	5	30.000	14.99	0.29544	51%-75% Above	Yes	No
51672131802	CICLOPIROX 0.77% CREAM	6	30.000	14.22	0.17994	101%-200% Above	Yes	No
51672131802	CICLOPIROX 0.77% CREAM	8	30.000	26.80	0.18414	200% Above	Yes	No
51672131808	CICLOPIROX 0.77% CREAM	6	90.000	14.99	0.11222	26%-50% Above	Yes	No
51672131808	CICLOPIROX 0.77% CREAM	7	90.000	14.99	0.11245	26%-50% Above	Yes	No
51672135608	FLUOCINOLONE 0.01% BODY OIL	5	118.280	19.99	0.20076	10%-25% Below	Yes	No
51672135608	FLUOCINOLONE 0.01% BODY OIL	8	118.280	17.06	0.21164	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	6	118.280	15.55	0.26898	51%-75% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	7	118.280	15.55	0.19985	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	8	118.280	15.55	0.26989	51%-75% Below	Yes	No
51672136001	ACYCLOVIR 5% OINTMENT	8	15.000	9.99	1.1865	26%-50% Below	No	No
51672136504	FLUOCINOLONE 0.01% SOLUTION	7	60.000	9.99	0.30982	26%-50% Below	No	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	5	45.000	17.70	0.68769	26%-50% Below	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	8	45.000	17.70	0.73927	26%-50% Below	Yes	No
51672137706	ADAPALENE 0.3% GEL	5	45.000	32.19	0.89316	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672137706	ADAPALENE 0.3% GEL	8	45.000	11.27	0.78108	51%-75% Below	No	No
51672137706	ADAPALENE 0.3% GEL	8	45.000	164.72	0.78108	200% Above	Yes	No
51672138102	CLINDAMYCIN-BENZOYL PEROX 1-5%	7	25.000	19.90	0.90261	10%-25% Below	No	No
51672138102	CLINDAMYCIN-BENZOYL PEROX 1-5%	8	25.000	19.90	0.94326	10%-25% Below	No	No
51672138603	FLUOCINONIDE 0.05% CREAM	5	60.000	14.99	0.52251	51%-75% Below	No	No
51672138603	FLUOCINONIDE 0.05% CREAM	6	60.000	14.99	0.53228	51%-75% Below	No	No
51672138703	DAPSONE 5% GEL	7	60.000	102.93	2.10151	10%-25% Below	No	No
51672138903	AZELAIC ACID 15% GEL	6	50.000	19.99	1.00548	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	7	20.000	26.01	2.39065	26%-50% Below	No	No
51672139509	TRETINOIN 0.1% CREAM	7	45.000	71.27	2.28838	26%-50% Below	No	No
51672139903	CLINDAMYCIN PH 1% GEL	8	60.000	9.99	0.39701	51%-75% Below	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	5	60.000	63.58	0.75668	26%-50% Above	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	6	60.000	35.80	0.73836	10%-25% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	7	60.000	35.80	0.69175	10%-25% Below	Yes	No
51672207308	LORATADINE 5 MG/5 ML SYRUP	5	150.000	10.72	0.04291	51%-75% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	5	150.000	6.99	0.02867	51%-75% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	8	150.000	6.99	0.02331	76%-100% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	8	150.000	7.58	0.02331	101%-200% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	8	150.000	10.22	0.02331	101%-200% Above	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	6	28.350	2.40	0.09463	10%-25% Below	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	8	28.350	2.40	0.09547	10%-25% Below	No	No
51672400101	NORTRIPTYLINE HCL 10 MG CAP	5	90.000	3.99	0.07136	26%-50% Below	No	No
51672400101	NORTRIPTYLINE HCL 10 MG CAP	6	90.000	9.99	0.07121	51%-75% Above	No	No
51672400201	NORTRIPTYLINE HCL 25 MG CAP	7	90.000	4.55	0.08587	26%-50% Below	No	No
51672400205	NORTRIPTYLINE HCL 25 MG CAP	6	180.000	9.61	0.09711	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672400301	NORTRIPTYLINE HCL 50 MG CAP	5	60.000	10.07	0.13002	26%-50% Above	No	No
51672400301	NORTRIPTYLINE HCL 50 MG CAP	6	60.000	8.18	0.12	10%-25% Above	No	No
51672400301	NORTRIPTYLINE HCL 50 MG CAP	7	30.000	4.48	0.12062	10%-25% Above	No	No
51672400301	NORTRIPTYLINE HCL 50 MG CAP	7	60.000	8.18	0.12062	10%-25% Above	No	No
51672401801	ETODOLAC 400 MG TABLET	8	60.000	51.33	0.27797	200% Above	Yes	No
51672402701	WARFARIN SODIUM 1 MG TABLET	5	60.000	13.15	0.09676	101%-200% Above	No	No
51672402701	WARFARIN SODIUM 1 MG TABLET	6	60.000	13.15	0.09954	101%-200% Above	No	No
51672402701	WARFARIN SODIUM 1 MG TABLET	7	60.000	13.15	0.10207	101%-200% Above	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	5	30.000	7.78	0.09716	101%-200% Above	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	6	30.000	7.78	0.10331	101%-200% Above	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	6	135.000	7.76	0.10331	26%-50% Below	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	7	30.000	0.00	0.09649	76%-100% Below	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	8	30.000	7.78	0.11058	101%-200% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	5	30.000	0.00	0.09716	76%-100% Below	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	6	30.000	0.00	0.10331	76%-100% Below	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	6	75.000	4.99	0.10331	26%-50% Below	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	7	30.000	0.00	0.09649	76%-100% Below	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	7	75.000	4.99	0.09649	26%-50% Below	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	8	10.000	2.58	0.11058	101%-200% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	8	30.000	0.00	0.11058	76%-100% Below	No	No
51672403401	WARFARIN SODIUM 7.5 MG TABLET	6	30.000	0.00	0.11293	76%-100% Below	No	No
51672403601	ETODOLAC 500 MG TABLET	5	60.000	12.90	0.40971	26%-50% Below	Yes	No
51672403601	ETODOLAC 500 MG TABLET	7	60.000	12.90	0.35114	26%-50% Below	Yes	No
51672403601	ETODOLAC 500 MG TABLET	8	20.000	4.99	0.35003	26%-50% Below	Yes	No
51672403801	ENALAPRIL MALEATE 5 MG TABLET	5	60.000	5.48	0.13028	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672403801	ENALAPRIL MALEATE 5 MG TABLET	6	60.000	14.90	0.13359	76%-100% Above	No	No
51672403801	ENALAPRIL MALEATE 5 MG TABLET	7	60.000	5.48	0.12486	26%-50% Below	No	No
51672404003	ENALAPRIL MALEATE 20 MG TAB	5	30.000	14.99	0.1325	200% Above	No	No
51672404003	ENALAPRIL MALEATE 20 MG TAB	7	90.000	44.99	0.12012	200% Above	No	No
51672404101	CARBAMAZEPINE 100 MG TAB CHEW	7	225.000	4.99	0.26162	76%-100% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	5	60.000	6.90	0.1624	26%-50% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	5	90.000	26.72	0.1624	76%-100% Above	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	6	60.000	6.90	0.16767	26%-50% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	7	60.000	6.90	0.15049	10%-25% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	8	60.000	6.90	0.22468	26%-50% Below	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	5	60.000	8.65	0.21877	26%-50% Below	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	6	15.000	16.41	0.20909	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	6	30.000	4.32	0.20909	26%-50% Below	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.000	4.99	0.19994	51%-75% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	7	60.000	19.99	0.19994	51%-75% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	8	15.000	4.99	0.20092	51%-75% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.000	4.99	0.16636	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.000	9.99	0.15741	26%-50% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.000	14.99	0.15741	101%-200% Above	Yes	No
51672405706	AMIODARONE HCL 400 MG TABLET	7	90.000	98.97	2.56772	51%-75% Below	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	5	120.000	8.32	0.02334	101%-200% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	5	240.000	14.99	0.02334	101%-200% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	5	450.000	23.31	0.02334	101%-200% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	6	120.000	4.65	0.02298	51%-75% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	7	120.000	4.57	0.02445	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	7	120.000	8.56	0.02445	101%-200% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	8	75.000	4.59	0.02634	101%-200% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	8	75.000	5.63	0.02634	101%-200% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	8	120.000	4.57	0.02634	26%-50% Above	Yes	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	5	45.000	29.99	0.51517	26%-50% Above	Yes	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	6	45.000	16.81	0.55757	26%-50% Below	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	8	45.000	15.52	0.53809	26%-50% Below	Yes	No
51672411806	FLUOROURACIL 5% CREAM	5	40.000	36.49	1.21648	10%-25% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	5	40.000	37.42	1.21648	10%-25% Below	Yes	No
51672411806	FLUOROURACIL 5% CREAM	6	40.000	36.49	1.17311	10%-25% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	7	40.000	9.99	1.0981	76%-100% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	7	40.000	37.42	1.0981	10%-25% Below	Yes	No
51672411806	FLUOROURACIL 5% CREAM	7	40.000	113.39	1.0981	101%-200% Above	Yes	No
51672413101	LAMOTRIGINE 100 MG TABLET	7	180.000	25.83	0.05404	101%-200% Above	No	No
51672414506	IMIQUIMOD 5% CREAM PACKET	6	24.000	18.13	0.97623	10%-25% Below	No	No
51672414506	IMIQUIMOD 5% CREAM PACKET	7	24.000	17.85	0.90836	10%-25% Below	No	No
51672414506	IMIQUIMOD 5% CREAM PACKET	8	24.000	33.50	0.99886	26%-50% Above	Yes	No
51672419303	CLOBETASOL PROP 0.05% FOAM	7	50.000	16.62	0.45341	26%-50% Below	Yes	No
51672419303	CLOBETASOL PROP 0.05% FOAM	8	50.000	16.62	0.47701	26%-50% Below	Yes	No
51672420003	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	9.90	0.27097	10%-25% Above	No	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	8	60.000	50.55	1.04122	10%-25% Below	No	No
51672421901	DOXEPIN 50 MG CAPSULE	6	30.000	9.99	0.39071	10%-25% Below	No	No
51672422708	CLOBAZAM 2.5 MG/ML SUSPENSION	6	120.000	32.32	0.40435	26%-50% Below	No	No
51672422708	CLOBAZAM 2.5 MG/ML SUSPENSION	7	120.000	31.55	0.37472	26%-50% Below	No	No
51672422708	CLOBAZAM 2.5 MG/ML SUSPENSION	7	600.000	157.74	0.37472	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672422708	CLOBAZAM 2.5 MG/ML SUSPENSION	8	600.000	146.16	0.43591	26%-50% Below	No	No
51672529701	PROMETHAZINE 25 MG SUPPOSITORY	5	10.000	25.98	3.84571	26%-50% Below	No	No
51862001201	MICROGESTIN FE 1-20 TABLET	5	28.000	3.46	0.18951	26%-50% Below	No	No
51862001201	MICROGESTIN FE 1-20 TABLET	8	84.000	6.69	0.1758	51%-75% Below	No	No
51862001206	MICROGESTIN FE 1-20 TABLET	6	84.000	10.38	0.18957	26%-50% Below	No	No
51862024160	AMIODARONE HCL 200 MG TABLET	8	60.000	5.02	0.12944	26%-50% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	5	90.000	18.79	0.35602	26%-50% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	5	90.000	19.99	0.35602	26%-50% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	6	60.000	25.65	0.35059	10%-25% Above	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	7	90.000	19.99	0.3237	26%-50% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	7	90.000	38.05	0.3237	26%-50% Above	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	7	120.000	25.06	0.3237	26%-50% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	7	180.000	64.24	0.3237	10%-25% Above	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	7	180.000	75.46	0.3237	26%-50% Above	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	8	90.000	18.79	0.32377	26%-50% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	8	360.000	75.17	0.32377	26%-50% Below	Yes	No
51862033305	ESTRADIOL 1 MG TABLET	8	30.000	4.49	0.08616	51%-75% Above	No	No
51862036240	FLUOROURACIL 5% CREAM	5	40.000	36.49	1.21648	10%-25% Below	No	No
51862036240	FLUOROURACIL 5% CREAM	6	40.000	9.99	1.17311	76%-100% Below	No	No
51862044630	TAMOXIFEN 20 MG TABLET	5	30.000	5.75	0.42423	51%-75% Below	No	No
51862044630	TAMOXIFEN 20 MG TABLET	5	90.000	17.24	0.42423	51%-75% Below	No	No
51862044630	TAMOXIFEN 20 MG TABLET	6	30.000	5.75	0.41773	51%-75% Below	No	No
51862045504	CLONIDINE 0.3 MG/DAY PATCH	5	12.000	226.57	16.89757	10%-25% Above	Yes	No
51862054506	SRONYX 0.10-0.02 MG TABLET	5	28.000	0.28	0.22091	76%-100% Below	No	No
51862054506	SRONYX 0.10-0.02 MG TABLET	5	28.000	3.57	0.22091	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51862054506	SRONYX 0.10-0.02 MG TABLET	6	28.000	0.28	0.23781	76%-100% Below	No	No
51862054506	SRONYX 0.10-0.02 MG TABLET	6	28.000	3.57	0.23781	26%-50% Below	Yes	No
51862054506	SRONYX 0.10-0.02 MG TABLET	7	28.000	0.28	0.19747	76%-100% Below	No	No
51862054506	SRONYX 0.10-0.02 MG TABLET	7	28.000	3.57	0.19747	26%-50% Below	Yes	No
51862054506	SRONYX 0.10-0.02 MG TABLET	7	84.000	19.74	0.19747	10%-25% Above	Yes	No
51862054506	SRONYX 0.10-0.02 MG TABLET	8	28.000	3.57	0.20108	26%-50% Below	Yes	No
51862054506	SRONYX 0.10-0.02 MG TABLET	8	84.000	10.72	0.20108	26%-50% Below	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	6	84.000	0.01	0.40281	76%-100% Below	No	No
51862056406	LOW-OGESTREL-28 TABLET	6	84.000	23.88	0.40281	26%-50% Below	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	7	28.000	7.96	0.3947	26%-50% Below	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	7	84.000	23.88	0.3947	26%-50% Below	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	8	84.000	23.88	0.40619	26%-50% Below	Yes	No
51862061001	METHYLPHENIDATE LA 20 MG CAP	8	30.000	19.99	1.2736	26%-50% Below	No	No
51862064330	TAMOXIFEN 20 MG TABLET	7	30.000	5.44	0.42936	51%-75% Below	No	No
51862064330	TAMOXIFEN 20 MG TABLET	8	30.000	5.89	0.4226	51%-75% Below	No	No
51862064330	TAMOXIFEN 20 MG TABLET	8	30.000	5.90	0.4226	51%-75% Below	No	No
51862064330	TAMOXIFEN 20 MG TABLET	8	90.000	17.67	0.4226	51%-75% Below	No	No
51862064330	TAMOXIFEN 20 MG TABLET	8	90.000	17.69	0.4226	51%-75% Below	No	No
51862064506	NYMYO 0.25-0.035 MG (28) TAB	5	84.000	8.61	0.17058	26%-50% Below	No	No
51862064606	TRI-NYMYO 28 TABLET	5	28.000	3.07	0.15149	26%-50% Below	No	No
51862064606	TRI-NYMYO 28 TABLET	6	28.000	2.84	0.16153	26%-50% Below	No	No
51862064606	TRI-NYMYO 28 TABLET	6	28.000	3.07	0.16153	26%-50% Below	No	No
51862064606	TRI-NYMYO 28 TABLET	6	84.000	8.51	0.16153	26%-50% Below	No	No
51862064606	TRI-NYMYO 28 TABLET	8	28.000	2.69	0.15642	26%-50% Below	No	No
51862085501	CARBIDOPA-LEVODOPA 10-100 TAB	6	180.000	12.04	0.13971	51%-75% Below	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51862085501	CARBIDOPA-LEVODOPA 10-100 TAB	7	180.000	12.04	0.14089	51%-75% Below	Yes	No
51862085501	CARBIDOPA-LEVODOPA 10-100 TAB	8	540.000	51.25	0.13005	26%-50% Below	Yes	No
51862086806	MICROGESTIN 21 1-20 TABLET	5	84.000	0.01	0.28451	76%-100% Below	No	No
51862086806	MICROGESTIN 21 1-20 TABLET	7	63.000	0.63	0.28333	76%-100% Below	No	No
51862086806	MICROGESTIN 21 1-20 TABLET	8	84.000	0.01	0.27842	76%-100% Below	No	No
51862088403	CAMILA 0.35 MG TABLET	5	84.000	8.75	0.15975	26%-50% Below	Yes	No
51862088403	CAMILA 0.35 MG TABLET	6	84.000	8.75	0.14915	26%-50% Below	Yes	No
51862088403	CAMILA 0.35 MG TABLET	8	84.000	7.05	0.13998	26%-50% Below	Yes	No
51862088603	ERRIN 0.35 MG TABLET	5	84.000	26.64	0.15975	76%-100% Above	Yes	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	5	90.000	30.98	0.67145	26%-50% Below	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.000	6.16	0.59392	51%-75% Below	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	7	30.000	19.90	0.59214	10%-25% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	7	90.000	0.01	0.59214	76%-100% Below	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	8	90.000	9.99	0.5928	76%-100% Below	No	No
51991007301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	6	30.000	31.28	0.64975	51%-75% Above	No	No
51991029201	OXCARBAZEPINE 150 MG TABLET	5	60.000	5.24	0.16266	26%-50% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	5	60.000	7.59	0.23135	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	5	120.000	15.74	0.23135	26%-50% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	5	180.000	22.68	0.23135	26%-50% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	5	180.000	23.62	0.23135	26%-50% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	6	60.000	8.27	0.22056	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	7	120.000	15.74	0.2198	26%-50% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	7	180.000	23.62	0.2198	26%-50% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	8	120.000	15.74	0.20734	26%-50% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	8	180.000	24.80	0.20734	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.000	29.99	0.56145	26%-50% Below	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	14.99	0.57995	10%-25% Below	No	No
51991036378	RIZATRIPTAN 10 MG ODT	5	12.000	6.33	0.7747	26%-50% Below	Yes	No
51991036378	RIZATRIPTAN 10 MG ODT	5	18.000	9.99	0.7747	26%-50% Below	Yes	No
51991036378	RIZATRIPTAN 10 MG ODT	6	12.000	6.33	0.76318	26%-50% Below	Yes	No
51991036378	RIZATRIPTAN 10 MG ODT	7	10.000	14.80	0.65366	101%-200% Above	Yes	No
51991036378	RIZATRIPTAN 10 MG ODT	8	18.000	9.99	0.70133	10%-25% Below	Yes	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	5	84.000	69.12	0.92698	10%-25% Below	Yes	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	6	84.000	20.00	0.79305	51%-75% Below	No	No
51991070401	ALPRAZOLAM 0.25 MG TABLET	8	30.000	3.40	0.0217	200% Above	No	No
51991070405	ALPRAZOLAM 0.25 MG TABLET	5	2.000	0.79	0.02187	200% Above	No	No
51991070405	ALPRAZOLAM 0.25 MG TABLET	5	30.000	1.46	0.02187	101%-200% Above	No	No
51991070405	ALPRAZOLAM 0.25 MG TABLET	6	30.000	1.46	0.02165	101%-200% Above	No	No
51991070405	ALPRAZOLAM 0.25 MG TABLET	7	30.000	1.46	0.02134	101%-200% Above	No	No
51991070410	ALPRAZOLAM 0.25 MG TABLET	5	10.000	0.94	0.02187	200% Above	No	No
51991070410	ALPRAZOLAM 0.25 MG TABLET	5	20.000	1.21	0.02187	101%-200% Above	No	No
51991070410	ALPRAZOLAM 0.25 MG TABLET	7	24.000	1.21	0.02134	101%-200% Above	No	No
51991070410	ALPRAZOLAM 0.25 MG TABLET	7	30.000	1.33	0.02134	101%-200% Above	No	No
51991070410	ALPRAZOLAM 0.25 MG TABLET	8	20.000	1.21	0.0217	101%-200% Above	No	No
51991070410	ALPRAZOLAM 0.25 MG TABLET	8	30.000	1.51	0.0217	101%-200% Above	No	No
51991070501	ALPRAZOLAM 0.5 MG TABLET	5	28.000	1.41	0.02114	101%-200% Above	No	No
51991070501	ALPRAZOLAM 0.5 MG TABLET	5	60.000	1.60	0.02114	26%-50% Above	No	No
51991070501	ALPRAZOLAM 0.5 MG TABLET	6	20.000	0.00	0.02137	76%-100% Below	No	No
51991070501	ALPRAZOLAM 0.5 MG TABLET	6	30.000	0.98	0.02137	51%-75% Above	No	No
51991070501	ALPRAZOLAM 0.5 MG TABLET	6	60.000	1.57	0.02137	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991070501	ALPRAZOLAM 0.5 MG TABLET	8	4.000	0.77	0.02225	200% Above	No	No
51991070501	ALPRAZOLAM 0.5 MG TABLET	8	20.000	1.17	0.02225	101%-200% Above	No	No
51991070501	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.87	0.02225	26%-50% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	5	15.000	1.01	0.02114	200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.39	0.02114	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	5	90.000	2.89	0.02114	51%-75% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.46	0.02137	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.49	0.02137	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	6	37.000	1.62	0.02137	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	6	90.000	2.89	0.02137	26%-50% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.20	0.02034	76%-100% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.29	0.02034	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.34	0.02034	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.49	0.02034	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	7	45.000	1.86	0.02034	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	7	90.000	2.89	0.02034	51%-75% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	7	180.000	5.04	0.02034	26%-50% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	8	1.000	0.00	0.02225	76%-100% Below	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.49	0.02225	101%-200% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	8	45.000	1.86	0.02225	76%-100% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.90	0.02225	26%-50% Above	No	No
51991070505	ALPRAZOLAM 0.5 MG TABLET	8	90.000	2.89	0.02225	26%-50% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	2.000	0.42	0.02114	200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	15.000	1.10	0.02114	200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.25	0.02114	76%-100% Above	No	No

## NADAC Summary Report

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51991070510	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.44	0.02114	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	40.000	1.54	0.02114	76%-100% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	60.000	0.82	0.02114	26%-50% Below	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.17	0.02114	51%-75% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.20	0.02114	51%-75% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	90.000	4.02	0.02114	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	15.000	1.10	0.02137	200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	30.000	0.38	0.02137	26%-50% Below	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.29	0.02137	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.46	0.02137	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	40.000	1.54	0.02137	76%-100% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	60.000	1.90	0.02137	26%-50% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	60.000	2.17	0.02137	51%-75% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	60.000	2.20	0.02137	51%-75% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	90.000	3.03	0.02137	51%-75% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	90.000	3.45	0.02137	76%-100% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	7	20.000	1.02	0.02034	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	7	30.000	0.38	0.02034	26%-50% Below	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.23	0.02034	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.46	0.02034	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	7	40.000	1.54	0.02034	76%-100% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.90	0.02034	51%-75% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	7	60.000	2.17	0.02034	76%-100% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	8	20.000	1.22	0.02225	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.29	0.02225	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991070510	ALPRAZOLAM 0.5 MG TABLET	8	40.000	1.80	0.02225	101%-200% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.90	0.02225	26%-50% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	8	60.000	2.17	0.02225	51%-75% Above	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	8	110.000	2.93	0.02225	10%-25% Above	No	No
51991070601	ALPRAZOLAM 1 MG TABLET	5	30.000	1.49	0.02444	101%-200% Above	No	No
51991070601	ALPRAZOLAM 1 MG TABLET	6	30.000	1.49	0.02481	76%-100% Above	No	No
51991070601	ALPRAZOLAM 1 MG TABLET	7	30.000	1.49	0.02482	76%-100% Above	No	No
51991070601	ALPRAZOLAM 1 MG TABLET	8	30.000	1.49	0.02534	76%-100% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	5	90.000	0.01	0.02444	76%-100% Below	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	5	90.000	2.98	0.02444	26%-50% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	6	45.000	5.01	0.02481	200% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	6	90.000	0.01	0.02481	76%-100% Below	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	7	90.000	2.98	0.02482	26%-50% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	7	90.000	3.10	0.02482	26%-50% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	8	45.000	5.01	0.02534	200% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	8	90.000	3.10	0.02534	26%-50% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	5	30.000	1.22	0.02444	51%-75% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	5	90.000	2.98	0.02444	26%-50% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	5	120.000	2.62	0.02444	10%-25% Below	Yes	No
51991070610	ALPRAZOLAM 1 MG TABLET	6	30.000	1.16	0.02481	51%-75% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	6	30.000	1.26	0.02481	51%-75% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	6	90.000	2.98	0.02481	26%-50% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	7	30.000	1.16	0.02482	51%-75% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	7	90.000	2.98	0.02482	26%-50% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	8	25.000	1.36	0.02534	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991070610	ALPRAZOLAM 1 MG TABLET	8	30.000	0.45	0.02534	26%-50% Below	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	8	60.000	2.62	0.02534	51%-75% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	8	120.000	2.62	0.02534	10%-25% Below	Yes	No
51991070701	ALPRAZOLAM 2 MG TABLET	6	30.000	0.00	0.05075	76%-100% Below	No	No
51991070701	ALPRAZOLAM 2 MG TABLET	6	30.000	1.85	0.05075	10%-25% Above	No	No
51991070701	ALPRAZOLAM 2 MG TABLET	7	30.000	1.85	0.04815	26%-50% Above	No	No
51991070701	ALPRAZOLAM 2 MG TABLET	7	90.000	5.01	0.04815	10%-25% Above	No	No
51991070701	ALPRAZOLAM 2 MG TABLET	8	30.000	1.85	0.05169	10%-25% Above	No	No
51991070705	ALPRAZOLAM 2 MG TABLET	7	120.000	6.51	0.04815	10%-25% Above	No	No
51991070705	ALPRAZOLAM 2 MG TABLET	8	120.000	8.78	0.05169	26%-50% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	5	30.000	9.99	0.11247	101%-200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	6	30.000	9.99	0.11367	101%-200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	6	30.000	14.99	0.11367	200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	7	30.000	9.99	0.09676	200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	8	30.000	14.99	0.11063	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	5	60.000	14.99	0.10545	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	5	60.000	29.99	0.10545	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	5	180.000	14.99	0.10545	10%-25% Below	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	6	56.000	14.90	0.1056	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	6	90.000	0.01	0.1056	76%-100% Below	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	7	60.000	29.99	0.10271	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	7	90.000	29.99	0.10271	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	8	90.000	59.99	0.09834	200% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	7	30.000	14.99	0.10271	200% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	7	30.000	19.99	0.10271	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991074810	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.99	0.11807	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	5	30.000	14.99	0.11807	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	5	90.000	20.00	0.11807	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	6	30.000	5.00	0.11559	26%-50% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	6	30.000	14.99	0.11559	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	6	90.000	24.99	0.11559	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	30.000	1.41	0.11671	51%-75% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.99	0.11671	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	30.000	10.00	0.11671	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	30.000	14.99	0.11671	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	90.000	0.01	0.11671	76%-100% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	8	30.000	1.15	0.11186	51%-75% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	8	30.000	10.00	0.11186	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	8	90.000	20.00	0.11186	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	8	90.000	59.99	0.11186	200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.99	0.11807	101%-200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	6	9.000	9.99	0.11559	200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	6	30.000	9.99	0.11559	101%-200% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.99	0.11671	101%-200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.99	0.11671	101%-200% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	8	30.000	9.99	0.11186	101%-200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	8	30.000	9.99	0.11186	101%-200% Above	Yes	No
51991075933	LETROZOLE 2.5 MG TABLET	5	15.000	2.68	0.14446	10%-25% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	5	30.000	7.34	0.31733	10%-25% Below	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	5	30.000	14.99	0.31733	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	5	30.000	14.99	0.31733	51%-75% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	6	30.000	7.34	0.30022	10%-25% Below	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	6	30.000	40.14	0.30022	200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	6	90.000	29.99	0.30022	10%-25% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	6	90.000	45.00	0.30022	51%-75% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	6	90.000	120.41	0.30022	200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	7	30.000	14.99	0.22509	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	8	30.000	14.99	0.20204	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	8	90.000	29.99	0.20204	51%-75% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	30.000	0.00	0.37509	76%-100% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	30.000	9.99	0.37509	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	30.000	14.99	0.37509	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	90.000	20.15	0.37509	26%-50% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	90.000	29.99	0.37509	10%-25% Below	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	6	30.000	14.99	0.34171	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	6	90.000	113.20	0.34171	200% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	5.96	0.22434	10%-25% Below	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	9.90	0.22434	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	14.99	0.22434	101%-200% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	8	30.000	9.90	0.25404	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	8	30.000	14.99	0.25404	76%-100% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	8	90.000	44.99	0.25404	76%-100% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	8	90.000	140.88	0.25404	200% Above	Yes	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	5	30.000	14.99	0.43619	10%-25% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	6	30.000	14.99	0.42061	10%-25% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	7	30.000	14.99	0.28445	51%-75% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	8	30.000	19.90	0.27433	101%-200% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	8	90.000	44.99	0.27433	76%-100% Above	No	No
51991082001	PROPRANOLOL ER 160 MG CAPSULE	7	90.000	36.88	0.58272	26%-50% Below	Yes	No
51991082001	PROPRANOLOL ER 160 MG CAPSULE	7	90.000	44.99	0.58272	10%-25% Below	Yes	No
51991082001	PROPRANOLOL ER 160 MG CAPSULE	7	90.000	147.92	0.58272	101%-200% Above	Yes	No
51991083675	EPINASTINE HCL 0.05% EYE DROPS	5	5.000	24.99	15.8565	51%-75% Below	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	5	300.000	14.99	0.02142	101%-200% Above	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	7	300.000	14.99	0.02142	101%-200% Above	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	8	75.000	1.04	0.02142	26%-50% Below	No	No
51991083801	CYPROHEPTADINE 4 MG TABLET	5	30.000	14.99	0.09183	200% Above	Yes	No
51991083801	CYPROHEPTADINE 4 MG TABLET	5	90.000	44.99	0.09183	200% Above	Yes	No
51991083801	CYPROHEPTADINE 4 MG TABLET	6	30.000	1.77	0.09345	26%-50% Below	Yes	No
51991083801	CYPROHEPTADINE 4 MG TABLET	6	30.000	9.99	0.09345	200% Above	Yes	No
51991083801	CYPROHEPTADINE 4 MG TABLET	6	30.000	14.99	0.09345	200% Above	Yes	No
51991094333	MOXIFLOXACIN HCL 400 MG TABLET	7	10.000	10.45	1.27178	10%-25% Below	No	No
51991098101	ZOLPIDEM TART ER 6.25 MG TAB	5	30.000	14.99	0.18734	101%-200% Above	No	No
51991098101	ZOLPIDEM TART ER 6.25 MG TAB	6	30.000	14.99	0.15172	200% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	5	30.000	9.99	0.18307	76%-100% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	6	30.000	9.99	0.19141	51%-75% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	6	30.000	14.99	0.19141	101%-200% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	6	30.000	24.99	0.19141	200% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	7	30.000	9.99	0.15211	101%-200% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	7	30.000	14.99	0.15211	200% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	7	30.000	24.99	0.15211	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	2.74	0.14561	26%-50% Below	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	9.99	0.14561	101%-200% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	14.99	0.14561	200% Above	No	No
51991098201	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	24.99	0.14561	200% Above	No	No
52544029528	AMETHYST 90-20 MCG TABLET	5	84.000	0.01	1.37501	76%-100% Below	No	No
52544029528	AMETHYST 90-20 MCG TABLET	8	84.000	0.01	1.27256	76%-100% Below	No	No
52544062928	NORA-BE TABLET	7	84.000	7.05	0.1578	26%-50% Below	Yes	No
52565001951	BETAMETHASONE DP AUG 0.05% OIN	5	50.000	30.08	0.87416	26%-50% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	30.000	0.00	0.02844	76%-100% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	30.000	1.49	0.02844	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	30.000	1.60	0.02844	76%-100% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	60.000	2.32	0.02844	26%-50% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	180.000	5.67	0.02844	10%-25% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.60	0.02827	76%-100% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	30.000	3.78	0.02827	200% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	60.000	2.28	0.02827	26%-50% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	180.000	5.76	0.02827	10%-25% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.55	0.0275	76%-100% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.55	0.02791	76%-100% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	8	60.000	2.37	0.02791	26%-50% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	5	90.000	5.16	0.03752	51%-75% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	6	90.000	5.16	0.03794	51%-75% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	7	60.000	3.69	0.03785	51%-75% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	8	90.000	5.16	0.03695	51%-75% Above	No	No
52817018110	CLONIDINE HCL 0.2 MG TABLET	5	30.000	0.00	0.03752	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817018110	CLONIDINE HCL 0.2 MG TABLET	7	30.000	0.00	0.03785	76%-100% Below	No	No
52817018110	CLONIDINE HCL 0.2 MG TABLET	7	30.000	2.21	0.03785	76%-100% Above	No	No
52817018110	CLONIDINE HCL 0.2 MG TABLET	8	30.000	0.00	0.03695	76%-100% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	5	28.000	2.41	0.03922	101%-200% Above	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	6	28.000	2.41	0.03789	101%-200% Above	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	7	28.000	2.41	0.03972	101%-200% Above	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	7	90.000	0.01	0.03972	76%-100% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	8	28.000	2.41	0.04156	101%-200% Above	No	No
52817020010	ACETAZOLAMIDE 125 MG TABLET	5	60.000	19.99	0.19703	51%-75% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	5	60.000	24.99	0.09183	200% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	6	60.000	24.99	0.09345	200% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	6	90.000	14.90	0.09345	76%-100% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	7	60.000	24.99	0.08067	200% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	8	30.000	4.90	0.09726	51%-75% Above	No	No
52817023530	RAMELTEON 8 MG TABLET	7	30.000	6.99	1.25156	76%-100% Below	No	No
52817023530	RAMELTEON 8 MG TABLET	8	30.000	6.99	1.03632	76%-100% Below	No	No
52817026010	OXYBUTYNIN 5 MG TABLET	8	14.000	0.50	0.07188	26%-50% Below	No	No
52817027010	BISOPROLOL FUMARATE 5 MG TAB	6	15.000	2.91	0.3471	26%-50% Below	No	No
52817027010	BISOPROLOL FUMARATE 5 MG TAB	7	45.000	8.73	0.30752	26%-50% Below	No	No
52817027110	BISOPROLOL FUMARATE 10 MG TAB	5	30.000	14.87	0.38961	26%-50% Above	No	No
52817027110	BISOPROLOL FUMARATE 10 MG TAB	7	30.000	14.87	0.34085	26%-50% Above	No	No
52817027110	BISOPROLOL FUMARATE 10 MG TAB	8	30.000	14.87	0.34821	26%-50% Above	No	No
52817032010	BACLOFEN 10 MG TABLET	5	45.000	7.39	0.06891	101%-200% Above	No	No
52817032010	BACLOFEN 10 MG TABLET	5	168.000	25.91	0.06891	101%-200% Above	No	No
52817032010	BACLOFEN 10 MG TABLET	8	60.000	0.01	0.05878	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817032050	BACLOFEN 10 MG TABLET	6	45.000	7.39	0.06624	101%-200% Above	No	No
52817032050	BACLOFEN 10 MG TABLET	8	45.000	7.39	0.05878	101%-200% Above	No	No
52817032110	BACLOFEN 20 MG TABLET	6	60.000	14.99	0.11149	101%-200% Above	No	No
52817032110	BACLOFEN 20 MG TABLET	8	120.000	4.99	0.10027	51%-75% Below	No	No
52817032510	MIDODRINE HCL 10 MG TABLET	7	90.000	0.01	0.42863	76%-100% Below	No	No
52817032510	MIDODRINE HCL 10 MG TABLET	8	45.000	0.00	0.44391	76%-100% Below	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	5	14.000	1.21	0.02816	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	5	20.000	0.00	0.02816	76%-100% Below	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	5	20.000	1.53	0.02816	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	5	60.000	3.03	0.02816	76%-100% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	5.000	0.85	0.02342	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	20.000	1.53	0.02342	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	21.000	1.42	0.02342	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	0.95	0.02342	26%-50% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	1.89	0.02342	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	90.000	4.18	0.02342	76%-100% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	10.000	1.13	0.02555	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	15.000	1.31	0.02555	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	20.000	1.53	0.02555	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	0.95	0.02555	10%-25% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.71	0.02555	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.89	0.02555	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.92	0.02555	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	8	20.000	1.53	0.0245	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.89	0.0245	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	5	10.000	1.04	0.02816	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	1.86	0.02816	101%-200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	28.000	1.75	0.02342	101%-200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	1.86	0.02342	101%-200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.83	0.02555	101%-200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.86	0.02555	101%-200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	10.000	0.92	0.0245	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	10.000	1.04	0.0245	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.80	0.0245	101%-200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.86	0.0245	101%-200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	90.000	3.50	0.0245	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	15.000	1.11	0.02236	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	15.000	3.15	0.02236	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	1.23	0.02236	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	1.50	0.02236	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	21.000	1.16	0.02236	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.27	0.02236	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.41	0.02236	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.48	0.02236	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.67	0.02236	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.75	0.02236	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	4.26	0.02236	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	4.91	0.02236	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	45.000	1.75	0.02236	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	2.21	0.02236	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	2.24	0.02236	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	8.43	0.02236	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	84.000	9.99	0.02236	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	2.93	0.02236	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	2.95	0.02236	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	10.000	0.10	0.02026	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	20.000	1.25	0.02026	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.22	0.02026	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.31	0.02026	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.41	0.02026	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.48	0.02026	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.50	0.02026	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	32.000	4.65	0.02026	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	45.000	1.75	0.02026	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	60.000	8.43	0.02026	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	84.000	9.99	0.02026	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	0.01	0.02026	76%-100% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	0.93	0.02026	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	2.54	0.02026	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	2.93	0.02026	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	2.95	0.02026	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	3.11	0.02026	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	10.000	0.90	0.02322	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	12.000	0.98	0.02322	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	14.000	1.03	0.02322	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	15.000	1.03	0.02322	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	15.000	1.11	0.02322	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	21.000	1.12	0.02322	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.22	0.02322	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.41	0.02322	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.48	0.02322	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.67	0.02322	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.73	0.02322	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	60.000	2.12	0.02322	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	84.000	7.15	0.02322	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	90.000	2.54	0.02322	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	90.000	3.02	0.02322	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	4.000	0.82	0.02315	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	10.000	0.81	0.02315	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	15.000	1.11	0.02315	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	20.000	1.17	0.02315	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	20.000	3.00	0.02315	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	21.000	0.76	0.02315	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.00	0.02315	76%-100% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.31	0.02315	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.22	0.02315	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.25	0.02315	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.27	0.02315	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.31	0.02315	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.48	0.02315	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.50	0.02315	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	3.19	0.02315	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	50.000	2.01	0.02315	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	1.93	0.02315	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	2.12	0.02315	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	60.000	5.39	0.02315	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	84.000	7.15	0.02315	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	0.01	0.02315	76%-100% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.54	0.02315	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.86	0.02315	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.93	0.02315	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.95	0.02315	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	4.01	0.02315	76%-100% Above	No	No
52817033210	CYCLOBENZAPRINE 10 MG TABLET	5	15.000	0.66	0.02236	76%-100% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	5	30.000	1.55	0.01899	101%-200% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	5	60.000	2.32	0.01899	101%-200% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	5	180.000	5.73	0.01899	51%-75% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	6	90.000	2.74	0.01823	51%-75% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	6	180.000	5.62	0.01823	51%-75% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	7	60.000	2.06	0.01823	76%-100% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	7	90.000	0.01	0.01823	76%-100% Below	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	7	180.000	4.79	0.01823	26%-50% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	8	60.000	2.06	0.01797	76%-100% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	8	90.000	0.01	0.01797	76%-100% Below	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	5	30.000	1.18	0.02211	76%-100% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817036100	METOPROLOL TARTRATE 50 MG TAB	5	60.000	1.94	0.02211	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	5	60.000	1.98	0.02211	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	30.000	1.14	0.02166	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	30.000	1.31	0.02166	101%-200% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	60.000	1.74	0.02166	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	60.000	1.98	0.02166	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	7	30.000	1.14	0.02296	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	7	30.000	1.31	0.02296	76%-100% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	7	60.000	1.74	0.02296	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	7	60.000	1.98	0.02296	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	7	180.000	0.02	0.02296	76%-100% Below	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	8	60.000	1.74	0.02183	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	8	60.000	1.98	0.02183	51%-75% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	6	180.000	5.30	0.03325	10%-25% Below	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	7	30.000	1.71	0.03109	76%-100% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	7	180.000	6.57	0.03109	10%-25% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	8	60.000	2.35	0.02991	26%-50% Above	No	No
52817080030	CLOTRIMAZOLE 1% SOLUTION	5	30.000	29.89	1.12344	10%-25% Below	No	No
52817081701	HYDROCORT-PRAMOXINE 2.5-1% CRM	7	30.000	19.99	1.98453	51%-75% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	5	120.000	163.80	2.83737	51%-75% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	6	120.000	147.14	2.83737	51%-75% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	7	120.000	140.46	2.83737	51%-75% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	8	120.000	149.28	2.83737	51%-75% Below	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	5	30.000	9.99	0.23457	26%-50% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	5	30.000	14.99	0.23457	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	7	30.000	7.21	0.19635	10%-25% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	7	60.000	14.99	0.19635	26%-50% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	1.38	0.14499	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	9.99	0.14499	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	14.99	0.14499	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	19.99	0.14499	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	1.98	0.14499	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	9.99	0.14499	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	14.99	0.14499	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	30.000	14.99	0.14499	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	6.99	0.14499	10%-25% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	9.99	0.14499	10%-25% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	14.99	0.14499	51%-75% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	7.000	4.99	0.13661	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	8.000	0.79	0.13661	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	10.000	24.99	0.13661	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.000	14.99	0.13661	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.000	24.99	0.13661	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	1.98	0.13661	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	3.05	0.13661	10%-25% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	9.90	0.13661	200% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	14.99	0.13661	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	24.99	0.13661	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.000	14.99	0.13661	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.000	86.96	0.13661	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	5.93	0.13661	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	6.99	0.13661	10%-25% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	9.99	0.13661	10%-25% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	7.000	9.99	0.13432	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	10.000	9.99	0.13432	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	4.99	0.13432	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	9.99	0.13432	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	14.99	0.13432	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	1.98	0.13432	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	3.05	0.13432	10%-25% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	4.99	0.13432	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	6.99	0.13432	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	9.99	0.13432	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.90	0.13432	200% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.99	0.13432	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.000	5.82	0.13432	26%-50% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.000	9.99	0.13432	10%-25% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	2.25	0.13869	10%-25% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	9.99	0.13869	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	14.99	0.13869	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	19.99	0.13869	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	1.98	0.13869	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	4.99	0.13869	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	14.99	0.13869	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	24.99	0.13869	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	49.10	0.13869	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	28.000	5.46	0.13869	26%-50% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	28.000	14.99	0.13869	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.000	2.97	0.13869	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	5.93	0.13869	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	6.99	0.13869	10%-25% Below	Yes	No
53489014301	SPIRONOLACTONE 25 MG TABLET	8	90.000	8.90	0.04981	76%-100% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.90	0.04979	101%-200% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.90	0.04865	101%-200% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.90	0.05082	101%-200% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	7	90.000	10.10	0.05082	101%-200% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.90	0.04981	101%-200% Above	No	No
53489015710	ALLOPURINOL 300 MG TABLET	8	30.000	0.97	0.07633	51%-75% Below	No	No
53489015710	ALLOPURINOL 300 MG TABLET	8	30.000	6.90	0.07633	200% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	6	60.000	4.88	0.12847	26%-50% Below	Yes	No
53489051001	TRAZODONE 50 MG TABLET	7	90.000	7.10	0.03565	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	5.000	1.86	0.10657	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	6.000	2.08	0.10657	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	8.000	1.91	0.10657	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	0.70	0.10657	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	1.18	0.10657	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.000	3.04	0.10657	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	0.84	0.10657	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	1.88	0.10657	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	3.42	0.10657	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	3.42	0.10657	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	3.51	0.10657	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.000	3.73	0.10657	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	18.000	4.89	0.10657	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.000	4.90	0.10657	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.000	4.99	0.10657	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	45.000	11.12	0.10657	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	4.000	1.67	0.09163	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.000	2.20	0.09163	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.000	2.25	0.09163	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	0.70	0.09163	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	2.57	0.09163	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	2.98	0.09163	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.000	3.05	0.09163	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	0.84	0.09163	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	2.89	0.09163	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	18.000	1.26	0.09163	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	1.40	0.09163	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.000	1.75	0.09163	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.000	6.42	0.09163	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.000	4.99	0.09163	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.000	6.99	0.09163	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	40.000	9.59	0.09163	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	3.000	1.25	0.09843	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	7.000	2.31	0.09843	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	8.000	2.20	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	2.59	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	2.98	0.09843	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	0.84	0.09843	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	2.95	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	3.00	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.000	4.09	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	1.21	0.09843	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	4.59	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	4.65	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	4.99	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	5.21	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	25.000	3.65	0.09843	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	28.000	4.99	0.09843	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.000	6.34	0.09843	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	120.000	23.20	0.09843	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	7.000	2.31	0.0991	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	8.000	2.57	0.0991	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	9.000	2.38	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	2.86	0.0991	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	2.95	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.36	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.42	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.51	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	14.000	4.52	0.0991	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	16.000	1.12	0.0991	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	16.000	4.32	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	5.12	0.0991	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	24.000	4.90	0.0991	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	25.000	3.65	0.0991	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	25.000	4.99	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	28.000	4.06	0.0991	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	6.34	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	60.000	14.99	0.0991	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	120.000	23.20	0.0991	76%-100% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.000	7.36	0.09163	101%-200% Above	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	12.000	0.98	0.11931	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	12.000	1.79	0.11931	10%-25% Above	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	180.000	14.76	0.12039	26%-50% Below	Yes	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	11.50	0.11931	10%-25% Below	No	No
53746036110	FOLIC ACID 1 MG TABLET	6	90.000	2.21	0.02751	10%-25% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	7	180.000	2.43	0.0291	51%-75% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	15.000	2.36	0.04979	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	30.000	0.83	0.04979	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.39	0.04979	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.89	0.04979	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.99	0.04979	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	45.000	4.12	0.04979	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	60.000	6.24	0.04979	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	60.000	7.24	0.04979	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.000	3.46	0.04979	10%-25% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.000	5.77	0.04979	26%-50% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	15.000	2.36	0.04865	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	30.000	0.83	0.04865	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.89	0.04865	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.99	0.04865	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	60.000	6.24	0.04865	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	60.000	7.24	0.04865	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.000	8.25	0.04865	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.000	8.75	0.04865	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.000	10.19	0.04865	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.000	10.49	0.04865	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.000	12.67	0.04865	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	180.000	10.00	0.04865	10%-25% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	15.000	2.32	0.05082	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	15.000	2.36	0.05082	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	30.000	0.83	0.05082	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.89	0.05082	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	45.000	4.67	0.05082	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	60.000	7.24	0.05082	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.000	2.75	0.05082	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.000	10.49	0.05082	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	15.000	2.36	0.04981	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	30.000	0.83	0.04981	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	30.000	2.16	0.04981	26%-50% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.34	0.04981	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	45.000	1.25	0.04981	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	45.000	4.37	0.04981	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	60.000	7.32	0.04981	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	90.000	8.25	0.04981	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	90.000	8.45	0.04981	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	90.000	8.65	0.04981	76%-100% Above	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	5	15.000	1.98	0.04979	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.89	0.04979	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	5	60.000	1.44	0.04979	51%-75% Below	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	5	60.000	7.24	0.04979	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	5	180.000	20.00	0.04979	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.41	0.04865	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.89	0.04865	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	6	90.000	10.19	0.04865	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	6	270.000	14.99	0.04865	10%-25% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	7	15.000	1.98	0.05082	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.39	0.05082	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.89	0.05082	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	7	45.000	4.67	0.05082	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	7	60.000	1.24	0.05082	51%-75% Below	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	7	60.000	7.24	0.05082	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	8	15.000	1.98	0.04981	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	8	30.000	0.00	0.04981	76%-100% Below	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.39	0.04981	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746051105	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.89	0.04981	101%-200% Above	No	No
53746051105	SPIRONOLACTONE 25 MG TABLET	8	60.000	7.24	0.04981	101%-200% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	30.000	4.78	0.11	26%-50% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	60.000	7.88	0.11	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	60.000	9.99	0.11	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.000	16.42	0.11	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.000	19.77	0.11	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	30.000	4.54	0.11328	26%-50% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	30.000	7.20	0.11328	101%-200% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	60.000	7.88	0.11328	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	180.000	13.36	0.11328	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.000	12.46	0.10391	26%-50% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.000	15.82	0.10391	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.000	16.42	0.10391	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.000	16.51	0.10391	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.000	19.52	0.10391	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	60.000	9.99	0.10985	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	60.000	13.26	0.10985	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.000	15.82	0.10985	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.000	16.42	0.10985	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.000	16.51	0.10985	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.000	16.81	0.10985	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	30.000	0.99	0.18943	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	30.000	9.99	0.18943	51%-75% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	30.000	12.85	0.18943	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	30.000	13.00	0.18943	101%-200% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	60.000	14.99	0.18943	26%-50% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.000	23.51	0.18943	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.000	37.48	0.18943	101%-200% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.000	37.53	0.18943	101%-200% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	30.000	0.99	0.19739	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	30.000	9.99	0.19739	51%-75% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	30.000	9.99	0.19739	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	45.000	14.99	0.19739	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	90.000	20.00	0.19739	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	90.000	23.18	0.19739	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	90.000	25.73	0.19739	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	90.000	30.00	0.19739	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	90.000	35.05	0.19739	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	180.000	50.00	0.19739	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	30.000	0.99	0.17687	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	30.000	9.99	0.17687	76%-100% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	30.000	9.99	0.17687	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	45.000	14.99	0.17687	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	60.000	14.99	0.17687	26%-50% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	90.000	35.70	0.17687	101%-200% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	30.000	0.99	0.19317	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	30.000	10.50	0.19317	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	60.000	14.99	0.19317	26%-50% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	60.000	14.99	0.19317	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	90.000	20.00	0.19317	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	90.000	29.99	0.19317	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	90.000	30.12	0.19317	51%-75% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	5	45.000	22.42	0.14092	200% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	5	90.000	14.99	0.14092	10%-25% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	6	90.000	29.81	0.1466	101%-200% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	6	90.000	39.76	0.1466	200% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	8	45.000	19.06	0.14795	101%-200% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	8	90.000	32.03	0.14795	101%-200% Above	Yes	No
53746054401	PRIMIDONE 50 MG TABLET	5	360.000	38.90	0.17233	26%-50% Below	No	No
53746054401	PRIMIDONE 50 MG TABLET	8	360.000	38.90	0.15114	26%-50% Below	No	No
53746054405	PRIMIDONE 50 MG TABLET	6	90.000	8.79	0.16274	26%-50% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	5	21.000	5.45	0.11393	101%-200% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	6	32.000	6.78	0.11391	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	7	40.000	6.90	0.11675	26%-50% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	8	40.000	6.90	0.11778	26%-50% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	6	180.000	23.65	0.24403	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	5	30.000	10.16	0.56746	26%-50% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	5	60.000	27.75	0.56746	10%-25% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	6	30.000	10.16	0.57599	26%-50% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	7	30.000	10.16	0.57255	26%-50% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	8	30.000	10.16	0.52983	26%-50% Below	Yes	No
53746071301	GUANFACINE 2 MG TABLET	8	180.000	0.02	0.66813	76%-100% Below	No	No
54092010001	MESALAMINE DR 1.2 GM TABLET	5	60.000	14.99	2.64947	76%-100% Below	No	No
54092010001	MESALAMINE DR 1.2 GM TABLET	5	120.000	0.01	2.64947	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
54092010001	MESALAMINE DR 1.2 GM TABLET	6	60.000	14.99	2.66757	76%-100% Below	No	No
54092010001	MESALAMINE DR 1.2 GM TABLET	7	120.000	0.01	2.58998	76%-100% Below	No	No
54092010001	MESALAMINE DR 1.2 GM TABLET	8	120.000	0.01	2.60477	76%-100% Below	No	No
54092038301	ADDERALL XR 10 MG CAPSULE	5	30.000	39.90	6.84032	76%-100% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	6	180.000	11.17	0.0757	10%-25% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	8	120.000	9.03	0.06563	10%-25% Above	Yes	No
54838051080	OXYBUTYNIN 5 MG/5 ML SYRUP	5	204.000	8.64	0.03233	26%-50% Above	No	No
54838051080	OXYBUTYNIN 5 MG/5 ML SYRUP	6	204.000	8.64	0.03225	26%-50% Above	No	No
54838051080	OXYBUTYNIN 5 MG/5 ML SYRUP	7	204.000	6.96	0.02927	10%-25% Above	No	No
54838051080	OXYBUTYNIN 5 MG/5 ML SYRUP	8	306.000	6.03	0.0307	26%-50% Below	No	No
54838055240	CHILD CETIRIZINE HCL 1 MG/ML	6	75.000	5.54	0.02987	101%-200% Above	No	No
54838055240	CHILD CETIRIZINE HCL 1 MG/ML	7	300.000	14.90	0.04	10%-25% Above	No	No
54838055550	ONDANSETRON 4 MG/5 ML SOLUTION	5	50.000	8.52	0.23986	26%-50% Below	No	No
54838055550	ONDANSETRON 4 MG/5 ML SOLUTION	6	50.000	14.90	0.25222	10%-25% Above	No	No
54838055840	LORATADINE ALLERGY 5 MG/5 ML	7	75.000	5.07	0.04609	26%-50% Above	No	No
54838057280	CETIRIZINE HCL 1 MG/ML SYRUP	5	118.000	6.94	0.01621	200% Above	No	No
54838057280	CETIRIZINE HCL 1 MG/ML SYRUP	5	150.000	6.90	0.01621	101%-200% Above	No	No
54838057280	CETIRIZINE HCL 1 MG/ML SYRUP	5	150.000	10.13	0.01621	200% Above	No	No
54838057280	CETIRIZINE HCL 1 MG/ML SYRUP	6	75.000	5.88	0.01753	200% Above	No	No
54838057280	CETIRIZINE HCL 1 MG/ML SYRUP	6	118.000	7.02	0.01753	200% Above	No	No
54838057280	CETIRIZINE HCL 1 MG/ML SYRUP	7	75.000	5.54	0.01753	200% Above	No	No
54879000460	BETAMETHASONE VA 0.1% LOTION	6	60.000	9.99	0.61286	51%-75% Below	No	No
54879000460	BETAMETHASONE VA 0.1% LOTION	8	60.000	9.99	0.59931	51%-75% Below	No	No
54879000460	BETAMETHASONE VA 0.1% LOTION	8	60.000	19.06	0.59931	26%-50% Below	No	No
55111011230	MOXIFLOXACIN HCL 400 MG TABLET	6	7.000	7.31	1.41274	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111011381	ZENATANE 30 MG CAPSULE	5	60.000	119.15	3.43117	26%-50% Below	No	No
55111011381	ZENATANE 30 MG CAPSULE	6	60.000	0.60	3.01165	76%-100% Below	No	No
55111011381	ZENATANE 30 MG CAPSULE	8	60.000	0.60	3.14532	76%-100% Below	No	No
55111011901	FAMOTIDINE 20 MG TABLET	5	30.000	1.73	0.03426	51%-75% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	5	60.000	3.17	0.03426	51%-75% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	6	30.000	1.68	0.03197	51%-75% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	6	30.000	1.73	0.03197	76%-100% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	6	60.000	2.67	0.03197	26%-50% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	6	60.000	2.70	0.03197	26%-50% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	6	90.000	4.27	0.03197	26%-50% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	6	180.000	7.80	0.03197	26%-50% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	7	10.000	0.21	0.03197	26%-50% Below	No	No
55111011901	FAMOTIDINE 20 MG TABLET	7	30.000	1.19	0.03197	10%-25% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	7	30.000	1.73	0.03197	76%-100% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	7	60.000	1.24	0.03197	26%-50% Below	No	No
55111011901	FAMOTIDINE 20 MG TABLET	7	60.000	2.70	0.03197	26%-50% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	8	30.000	2.04	0.03311	101%-200% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	8	60.000	1.24	0.03311	26%-50% Below	No	No
55111011901	FAMOTIDINE 20 MG TABLET	8	60.000	2.70	0.03311	26%-50% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	8	180.000	8.03	0.03311	26%-50% Above	No	No
55111012105	ATORVASTATIN 10 MG TABLET	5	30.000	0.00	0.03195	76%-100% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	5	90.000	0.01	0.03195	76%-100% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	6	30.000	0.00	0.03764	76%-100% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	6	90.000	0.01	0.03764	76%-100% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	7	30.000	0.00	0.0327	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111012105	ATORVASTATIN 10 MG TABLET	7	90.000	0.01	0.0327	76%-100% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	8	30.000	0.00	0.03497	76%-100% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	8	90.000	0.01	0.03497	76%-100% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	8	90.000	12.49	0.03497	200% Above	No	No
55111012105	ATORVASTATIN 10 MG TABLET	8	90.000	20.00	0.03497	200% Above	No	No
55111012205	ATORVASTATIN 20 MG TABLET	5	30.000	0.00	0.04423	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	5	90.000	0.01	0.04423	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	5	90.000	20.00	0.04423	200% Above	No	No
55111012205	ATORVASTATIN 20 MG TABLET	6	30.000	0.00	0.04596	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	6	90.000	0.01	0.04596	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	7	30.000	0.00	0.04441	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	7	30.000	5.81	0.04441	200% Above	No	No
55111012205	ATORVASTATIN 20 MG TABLET	7	90.000	0.01	0.04441	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	7	90.000	10.97	0.04441	101%-200% Above	No	No
55111012205	ATORVASTATIN 20 MG TABLET	8	15.000	0.00	0.04748	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	8	30.000	0.00	0.04748	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	8	30.000	5.81	0.04748	200% Above	No	No
55111012205	ATORVASTATIN 20 MG TABLET	8	90.000	0.01	0.04748	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	8	90.000	20.00	0.04748	200% Above	No	No
55111012205	ATORVASTATIN 20 MG TABLET	8	90.000	29.99	0.04748	200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	5	30.000	5.46	0.06231	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	5	30.000	5.94	0.06231	200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	5	30.000	6.04	0.06231	200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	5	90.000	11.60	0.06231	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	5	90.000	14.99	0.06231	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111012305	ATORVASTATIN 40 MG TABLET	5	90.000	15.99	0.06231	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	6	30.000	4.97	0.06219	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	6	30.000	5.04	0.06219	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	6	30.000	5.14	0.06219	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	6	90.000	11.60	0.06219	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	6	90.000	13.52	0.06219	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	6	90.000	14.99	0.06219	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	7	30.000	0.00	0.05572	76%-100% Below	No	No
55111012305	ATORVASTATIN 40 MG TABLET	7	30.000	4.97	0.05572	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	7	30.000	5.14	0.05572	200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	7	30.000	5.29	0.05572	200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	7	90.000	15.99	0.05572	200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	8	30.000	4.97	0.05662	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	8	30.000	5.14	0.05662	200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	8	90.000	0.01	0.05662	76%-100% Below	No	No
55111012305	ATORVASTATIN 40 MG TABLET	8	90.000	10.97	0.05662	101%-200% Above	No	No
55111012305	ATORVASTATIN 40 MG TABLET	8	90.000	15.99	0.05662	200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	5	30.000	6.61	0.09762	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	5	30.000	6.76	0.09762	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	5	30.000	7.04	0.09762	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	6	30.000	6.70	0.09675	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	6	30.000	6.76	0.09675	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	6	30.000	6.86	0.09675	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	6	90.000	18.34	0.09675	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	6	90.000	18.59	0.09675	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111012405	ATORVASTATIN 80 MG TABLET	7	30.000	6.70	0.09381	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	7	30.000	6.86	0.09381	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	7	90.000	12.75	0.09381	51%-75% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	7	90.000	15.50	0.09381	76%-100% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	7	90.000	17.76	0.09381	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	7	90.000	20.00	0.09381	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	8	30.000	0.00	0.10232	76%-100% Below	No	No
55111012405	ATORVASTATIN 80 MG TABLET	8	30.000	6.70	0.10232	101%-200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	8	30.000	9.26	0.10232	200% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	8	90.000	18.80	0.10232	101%-200% Above	No	No
55111012701	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.91	0.15555	10%-25% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	5	2.000	0.14	0.15555	51%-75% Below	Yes	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	5	10.000	1.13	0.15555	26%-50% Below	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.92	0.15555	26%-50% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.89	0.15555	10%-25% Above	Yes	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.90	0.15555	10%-25% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	5.54	0.15555	76%-100% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	6	2.000	0.19	0.14361	26%-50% Below	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	3.25	0.14361	10%-25% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	6	28.000	6.30	0.14361	51%-75% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	3.52	0.15502	51%-75% Above	No	No
55111013581	ZENATANE 10 MG CAPSULE	6	60.000	92.45	2.37197	26%-50% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	5	30.000	0.30	3.16241	76%-100% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	5	30.000	52.65	3.16241	26%-50% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	5	30.000	52.98	3.16241	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111013781	ZENATANE 40 MG CAPSULE	6	30.000	52.98	2.72164	26%-50% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	6	60.000	105.95	2.72164	26%-50% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	7	30.000	52.98	2.79604	26%-50% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	7	60.000	105.95	2.79604	26%-50% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	8	60.000	105.95	2.82292	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	1.000	1.61	0.74577	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	1.000	1.71	0.74577	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	3.18	0.74577	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	3.23	0.74577	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	5.05	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	5.55	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	5.80	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	5.95	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	3.000	7.96	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	3.000	8.34	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	3.000	9.49	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	4.000	9.99	0.74577	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	5.000	2.23	0.74577	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.000	2.72	0.74599	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.000	3.22	0.74599	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.000	0.02	0.74599	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.000	0.91	0.74599	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.000	2.33	0.74599	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.000	3.18	0.74599	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.000	4.74	0.74599	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.000	5.70	0.74599	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.000	7.96	0.74599	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.000	8.34	0.74599	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	4.000	8.79	0.74599	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	10.000	14.99	0.74599	76%-100% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.000	0.01	0.65148	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.000	2.72	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.000	3.22	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	0.91	0.65148	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	1.81	0.65148	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	4.74	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	5.70	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	5.75	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	5.80	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	6.06	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	2.53	0.65148	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	6.77	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	6.95	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	7.00	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	7.96	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	8.34	0.65148	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.000	0.01	0.57535	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.000	2.72	0.57535	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.000	3.27	0.57535	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.000	4.60	0.57535	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.000	4.74	0.57535	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.000	4.90	0.57535	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.000	5.55	0.57535	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	3.000	1.37	0.57535	10%-25% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	3.000	7.05	0.57535	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	3.000	8.34	0.57535	200% Above	No	No
55111015001	FLUOXETINE HCL 10 MG TABLET	5	30.000	4.21	0.20535	26%-50% Below	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	5	30.000	6.99	0.20535	10%-25% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	6	30.000	9.99	0.254	26%-50% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	6	90.000	45.00	0.254	76%-100% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	7	30.000	4.21	0.20819	26%-50% Below	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	7	30.000	6.99	0.20819	10%-25% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	8	30.000	4.21	0.24262	26%-50% Below	Yes	No
55111015030	FLUOXETINE HCL 10 MG TABLET	7	30.000	14.99	0.20819	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	10.000	0.10	0.0692	76%-100% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	10.000	4.92	0.0692	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	15.000	6.81	0.0692	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	30.000	13.53	0.0692	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	8.000	3.42	0.06868	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	10.000	4.79	0.06868	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	12.000	3.12	0.06868	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	15.000	6.81	0.06868	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	16.000	7.22	0.06868	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	18.000	4.99	0.06868	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	18.000	8.26	0.06868	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	12.000	9.99	0.0675	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	18.000	8.26	0.0675	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	10.000	4.79	0.06661	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	12.000	4.83	0.06661	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	12.000	5.75	0.06661	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	18.000	6.83	0.06661	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	18.000	8.26	0.06661	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	18.000	9.99	0.06661	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	5	18.000	0.18	0.09982	76%-100% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	5	18.000	11.00	0.09982	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	5	18.000	11.16	0.09982	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	6	10.000	0.10	0.09565	76%-100% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	6	18.000	10.69	0.09565	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	10.000	5.34	0.09453	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	12.000	7.37	0.09453	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	12.000	9.99	0.09453	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	18.000	0.18	0.09453	76%-100% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	18.000	9.07	0.09453	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	18.000	11.00	0.09453	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	8	12.000	0.12	0.09812	76%-100% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	8	12.000	9.99	0.09812	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	28.000	2.80	0.03676	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.60	0.03676	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.95	0.03676	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	6.32	0.03676	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.49	0.03676	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.58	0.03676	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.60	0.03385	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	1.21	0.03385	51%-75% Below	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	7.36	0.03385	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	7.58	0.03385	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.95	0.03355	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	6.32	0.03355	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.27	0.03355	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.36	0.03355	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	0.40	0.03446	51%-75% Below	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.60	0.03446	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	3.18	0.03446	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	7.49	0.03446	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	7.58	0.03446	101%-200% Above	No	No
55111016305	OLANZAPINE 2.5 MG TABLET	8	30.000	1.56	0.09689	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	5	90.000	21.93	0.05642	200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	5	120.000	14.90	0.05642	101%-200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	6	20.000	5.21	0.0553	200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	6	60.000	4.99	0.0553	26%-50% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	6	120.000	14.90	0.0553	101%-200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	8	120.000	14.90	0.05623	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.90	0.05084	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.000	7.37	0.05084	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	40.000	9.90	0.05084	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	45.000	11.05	0.05084	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	60.000	6.90	0.05084	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	60.000	9.90	0.05084	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	60.000	14.52	0.05084	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	90.000	14.90	0.05084	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	180.000	29.90	0.05084	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.000	4.90	0.04842	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.19	0.04842	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.26	0.04842	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.90	0.04842	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.000	7.37	0.04842	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.000	9.14	0.04842	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	60.000	14.52	0.04842	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	20.000	4.99	0.04818	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	20.000	5.27	0.04818	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	30.000	7.37	0.04818	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	40.000	9.90	0.04818	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	60.000	9.90	0.04818	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	60.000	14.52	0.04818	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	90.000	13.50	0.04818	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	20.000	5.27	0.04778	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	21.000	5.51	0.04778	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.61	0.04778	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.90	0.04778	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	40.000	9.90	0.04778	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	45.000	9.52	0.04778	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	60.000	6.90	0.04778	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	60.000	14.52	0.04778	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	60.000	14.90	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.40	0.05084	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.78	0.05084	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.000	7.46	0.05084	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	45.000	4.90	0.05084	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.000	6.90	0.05084	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.000	12.49	0.05084	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.000	14.84	0.05084	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	90.000	9.99	0.05084	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	180.000	29.99	0.05084	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	20.000	1.93	0.04842	76%-100% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	20.000	1.96	0.04842	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	0.00	0.04842	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	0.30	0.04842	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.35	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.40	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	7.46	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	7.68	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	9.99	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	45.000	10.82	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.000	5.00	0.04842	51%-75% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.000	6.90	0.04842	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.000	9.99	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.000	12.01	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.000	14.19	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	90.000	9.99	0.04842	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	90.000	14.99	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	90.000	17.67	0.04842	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	20.000	4.46	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	0.00	0.04818	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	0.30	0.04818	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	2.08	0.04818	26%-50% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	4.99	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.35	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.40	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.61	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.76	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.99	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	7.46	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.000	6.90	0.04818	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.000	9.99	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.000	12.01	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.000	12.49	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	90.000	5.00	0.04818	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	120.000	20.00	0.04818	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	270.000	2.70	0.04818	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	450.000	44.99	0.04818	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	0.00	0.04778	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	0.78	0.04778	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.35	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.40	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.61	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	7.46	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	7.68	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.000	7.82	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	50.000	12.30	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.000	0.01	0.04778	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.000	6.90	0.04778	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.000	9.99	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.000	14.62	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.000	2.35	0.04778	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.000	4.90	0.04778	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.000	5.00	0.04778	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.000	9.99	0.04778	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.000	14.99	0.04778	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.000	17.67	0.04778	200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	5	30.000	4.04	0.06653	101%-200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	5	30.000	4.16	0.06653	101%-200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	5	90.000	0.01	0.06653	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	5	90.000	20.00	0.06653	200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	6	30.000	3.52	0.063	76%-100% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	6	30.000	4.04	0.063	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111019605	CLOPIDOGREL 75 MG TABLET	7	30.000	3.47	0.06614	51%-75% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	7	30.000	3.52	0.06614	76%-100% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	7	30.000	4.04	0.06614	101%-200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	8	30.000	0.00	0.06467	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	8	30.000	3.52	0.06467	76%-100% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	8	30.000	4.04	0.06467	101%-200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	8	90.000	0.01	0.06467	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	8	90.000	20.00	0.06467	200% Above	No	No
55111019630	CLOPIDOGREL 75 MG TABLET	6	90.000	9.70	0.063	51%-75% Above	No	No
55111019630	CLOPIDOGREL 75 MG TABLET	6	90.000	10.64	0.063	76%-100% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	5	30.000	4.06	0.06653	101%-200% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	6	30.000	4.06	0.063	101%-200% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	6	90.000	9.02	0.063	51%-75% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	6	90.000	9.90	0.063	51%-75% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	7	30.000	4.06	0.06614	101%-200% Above	No	No
55111025660	ZIPRASIDONE HCL 20 MG CAPSULE	5	15.000	6.91	0.27265	51%-75% Above	No	No
55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	7	30.000	14.91	0.29701	51%-75% Above	No	No
55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	8	30.000	14.91	0.30244	51%-75% Above	No	No
55111025960	ZIPRASIDONE HCL 80 MG CAPSULE	5	90.000	29.99	0.40681	10%-25% Below	No	No
55111025960	ZIPRASIDONE HCL 80 MG CAPSULE	7	30.000	14.99	0.4085	10%-25% Above	No	No
55111025960	ZIPRASIDONE HCL 80 MG CAPSULE	8	30.000	14.99	0.40388	10%-25% Above	No	No
55111025960	ZIPRASIDONE HCL 80 MG CAPSULE	8	60.000	9.99	0.40388	51%-75% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	6	10.000	3.07	0.17453	51%-75% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	6	10.000	8.57	0.17453	200% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	7	7.000	1.97	0.21144	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111028050	LEVOFLOXACIN 500 MG TABLET	7	7.000	2.33	0.21144	51%-75% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	5	7.000	1.55	0.35641	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	6	4.000	0.70	0.35635	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	6	30.000	11.92	0.35635	10%-25% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	7	30.000	11.92	0.33556	10%-25% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	8	30.000	11.92	0.33737	10%-25% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	5	12.000	9.90	0.53466	51%-75% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	10.54	0.59165	76%-100% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	12.06	0.59165	101%-200% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	8	12.000	13.84	0.59165	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	9.000	3.63	0.51745	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	9.000	9.89	0.51745	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	9.000	9.99	0.51745	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	10.000	9.99	0.51745	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	3.45	0.5299	26%-50% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	8.05	0.5299	51%-75% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	9.48	0.5299	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	10.000	9.99	0.5299	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	3.45	0.52465	26%-50% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	8.05	0.52465	51%-75% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	9.48	0.52465	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	7	12.000	4.99	0.52465	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	3.45	0.51919	26%-50% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	8.05	0.51919	51%-75% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	8.38	0.51919	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	9.99	0.51919	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	10.000	9.99	0.51919	76%-100% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	5	6.000	6.51	0.51993	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	6	21.000	14.90	0.52569	26%-50% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	6	30.000	10.14	0.52569	26%-50% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	7	5.000	5.38	0.51447	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	9.44	0.51447	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	7	12.000	6.90	0.51447	10%-25% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	8	6.000	8.24	0.52126	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	8	12.000	6.90	0.52126	10%-25% Above	No	No
55111029390	SUMATRIPTAN SUCC 100 MG TABLET	5	36.000	21.08	0.51993	10%-25% Above	Yes	No
55111029390	SUMATRIPTAN SUCC 100 MG TABLET	6	27.000	26.91	0.52569	76%-100% Above	Yes	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	0.00	0.51993	76%-100% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	3.06	0.51993	26%-50% Below	Yes	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	7.91	0.51993	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.26	0.51993	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.44	0.51993	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.69	0.51993	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.99	0.51993	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	2.89	0.52569	26%-50% Below	Yes	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	9.26	0.52569	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	9.42	0.52569	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	2.89	0.51447	26%-50% Below	Yes	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	7.91	0.51447	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	9.26	0.51447	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	9.42	0.51447	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	9.44	0.51447	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	9.99	0.51447	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	2.89	0.52126	26%-50% Below	Yes	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	9.26	0.52126	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	12.92	0.52126	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	12.000	10.75	0.52126	51%-75% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	7	90.000	6.63	0.02949	101%-200% Above	Yes	No
55111032005	GLIMEPIRIDE 1 MG TABLET	6	90.000	7.49	0.03604	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	90.000	2.08	0.03802	26%-50% Below	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	90.000	10.00	0.03802	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	180.000	20.00	0.03802	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	180.000	27.56	0.03802	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	360.000	38.70	0.03802	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	6	90.000	9.54	0.04041	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	6	360.000	44.53	0.04041	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	30.000	0.69	0.034	26%-50% Below	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	90.000	10.00	0.034	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	180.000	14.90	0.034	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	90.000	2.08	0.0407	26%-50% Below	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	90.000	10.00	0.0407	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	90.000	12.49	0.0407	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	180.000	15.37	0.0407	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	180.000	27.56	0.0407	200% Above	Yes	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	60.000	6.90	0.03802	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	60.000	7.49	0.03802	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	90.000	7.49	0.03802	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	60.000	1.36	0.04041	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	60.000	7.49	0.04041	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	60.000	1.36	0.034	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	60.000	7.49	0.034	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	8	60.000	1.33	0.0407	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	8	60.000	7.49	0.0407	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	30.000	7.78	0.04527	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.000	15.44	0.04527	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.000	15.65	0.04527	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	180.000	30.87	0.04527	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	6	60.000	15.00	0.04952	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	6	90.000	20.00	0.04952	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	6	180.000	28.13	0.04952	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	6	180.000	30.87	0.04952	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	90.000	12.44	0.04106	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	90.000	15.00	0.04106	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	90.000	19.90	0.04106	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	180.000	44.99	0.04106	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	180.000	45.00	0.04106	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	8	90.000	12.44	0.04489	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	8	90.000	18.68	0.04489	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	8	180.000	5.47	0.04489	26%-50% Below	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	8	180.000	24.88	0.04489	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	30.000	4.90	0.04527	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	30.000	7.49	0.04527	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	60.000	4.90	0.04527	76%-100% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	60.000	4.99	0.04527	76%-100% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	60.000	15.00	0.04527	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	90.000	20.63	0.04527	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	90.000	22.03	0.04527	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	30.000	4.90	0.04952	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	60.000	4.90	0.04952	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	60.000	12.70	0.04952	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	90.000	7.49	0.04952	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	30.000	4.90	0.04106	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	60.000	4.90	0.04106	76%-100% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	60.000	4.99	0.04106	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	60.000	12.60	0.04106	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	30.000	4.90	0.04489	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	60.000	4.90	0.04489	76%-100% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	60.000	4.99	0.04489	76%-100% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	60.000	12.60	0.04489	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	90.000	17.20	0.04489	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	180.000	24.99	0.04489	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.57	0.06651	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.67	0.06651	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.50	0.06651	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	6	10.000	2.39	0.06001	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.57	0.06001	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.67	0.06001	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.40	0.06001	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.67	0.06225	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.57	0.06139	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.67	0.06139	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.50	0.06139	101%-200% Above	No	No
55111034305	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.05	0.03008	10%-25% Above	No	No
55111034305	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.50	0.02936	51%-75% Above	No	No
55111034305	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.72	0.03153	76%-100% Above	No	No
55111034305	CITALOPRAM HBR 20 MG TABLET	7	45.000	8.74	0.03153	200% Above	No	No
55111034305	CITALOPRAM HBR 20 MG TABLET	8	27.000	1.46	0.03177	51%-75% Above	No	No
55111034305	CITALOPRAM HBR 20 MG TABLET	8	30.000	0.39	0.03177	51%-75% Below	No	No
55111034305	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.29	0.03177	10%-25% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	5	30.000	1.97	0.03919	51%-75% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.62	0.03919	26%-50% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	6	30.000	0.68	0.03767	26%-50% Below	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	6	30.000	1.68	0.03767	26%-50% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	6	90.000	4.42	0.03767	26%-50% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	7	30.000	0.64	0.03951	26%-50% Below	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	7	30.000	1.68	0.03951	26%-50% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	8	30.000	0.62	0.0397	26%-50% Below	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	8	30.000	1.68	0.0397	26%-50% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	8	90.000	4.62	0.0397	26%-50% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	14.99	0.11577	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	14.99	0.11264	200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	14.99	0.10812	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	30.000	1.47	0.08397	26%-50% Below	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	30.000	4.99	0.08397	76%-100% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	30.000	8.32	0.08397	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.55	0.08397	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.73	0.08397	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	30.000	14.47	0.08397	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	135.000	29.99	0.08397	101%-200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.32	0.08046	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.79	0.08046	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	30.000	9.73	0.08046	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	30.000	10.21	0.08046	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	90.000	27.72	0.08046	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	90.000	48.69	0.08046	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	7	30.000	0.00	0.07196	76%-100% Below	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	7	30.000	8.27	0.07196	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	7	30.000	14.47	0.07196	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	7	90.000	14.99	0.07196	101%-200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	7	90.000	20.00	0.07196	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	15.000	5.42	0.08429	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	30.000	4.99	0.08429	76%-100% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	30.000	9.73	0.08429	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	30.000	10.68	0.08429	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	30.000	13.68	0.08429	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111046605	METOPROLOL SUCC ER 25 MG TAB	5	90.000	24.99	0.08397	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	30.000	1.13	0.08046	51%-75% Below	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.32	0.08046	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	30.000	9.73	0.08046	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	30.000	14.47	0.08046	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.000	0.01	0.08046	76%-100% Below	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.000	24.15	0.08046	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.000	30.71	0.08046	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	270.000	67.64	0.08046	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	30.000	1.13	0.07196	26%-50% Below	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	30.000	8.32	0.07196	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	30.000	9.73	0.07196	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	90.000	3.65	0.07196	26%-50% Below	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	90.000	11.74	0.07196	76%-100% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	90.000	27.97	0.07196	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	30.000	1.13	0.08429	51%-75% Below	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.64	0.08429	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	30.000	14.47	0.08429	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	60.000	19.99	0.08429	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	90.000	24.99	0.08429	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	90.000	29.83	0.08429	200% Above	Yes	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	5	30.000	1.66	0.09577	26%-50% Below	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	5	30.000	9.05	0.09577	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	5	90.000	26.70	0.09577	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	30.000	0.81	0.09235	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.69	0.09235	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.74	0.09235	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	90.000	21.68	0.09235	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	90.000	25.66	0.09235	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	180.000	24.99	0.09235	26%-50% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.69	0.08701	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.74	0.08701	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.74	0.09012	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	8	30.000	9.92	0.09012	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	8	90.000	36.14	0.09012	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	8	180.000	6.75	0.09012	51%-75% Below	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	30.000	7.74	0.09577	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	30.000	8.22	0.09577	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	30.000	9.05	0.09577	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	90.000	0.01	0.09577	76%-100% Below	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	90.000	14.57	0.09577	51%-75% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	90.000	15.00	0.09577	51%-75% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	30.000	1.01	0.09235	51%-75% Below	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.60	0.09235	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.74	0.09235	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	30.000	9.05	0.09235	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.000	14.57	0.09235	51%-75% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.000	14.99	0.09235	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.000	21.68	0.09235	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.000	21.73	0.09235	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.000	23.09	0.09235	101%-200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.000	29.99	0.09235	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	7	30.000	1.13	0.08701	51%-75% Below	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	7	30.000	9.05	0.08701	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	7	90.000	20.99	0.08701	101%-200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	5.000	2.12	0.09012	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	30.000	1.13	0.09012	51%-75% Below	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.69	0.09012	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	30.000	9.05	0.09012	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	30.000	9.92	0.09012	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	90.000	0.01	0.09012	76%-100% Below	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	90.000	11.74	0.09012	26%-50% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	90.000	15.00	0.09012	76%-100% Above	Yes	No
55111046801	METOPROLOL SUCC ER 100 MG TAB	5	30.000	14.99	0.15505	200% Above	No	No
55111046801	METOPROLOL SUCC ER 100 MG TAB	6	30.000	14.99	0.14089	200% Above	No	No
55111046801	METOPROLOL SUCC ER 100 MG TAB	7	90.000	29.99	0.11132	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	5	30.000	9.99	0.15505	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	5	90.000	25.37	0.15505	76%-100% Above	Yes	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	6	30.000	9.99	0.14089	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	7	30.000	9.99	0.11132	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	7	90.000	38.57	0.11132	200% Above	Yes	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	7	90.000	44.99	0.11132	200% Above	No	No
55111052030	ATOMOXETINE HCL 18 MG CAPSULE	5	30.000	15.93	0.74479	26%-50% Below	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	5	30.000	15.02	0.92877	26%-50% Below	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	6	30.000	21.05	1.04492	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	7	90.000	216.98	0.71281	200% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	8	30.000	95.35	0.93246	200% Above	Yes	No
55111053405	DIVALPROEX SOD ER 500 MG TAB	6	270.000	0.03	0.19647	76%-100% Below	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	6	30.000	24.66	1.0297	10%-25% Below	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	6	30.000	26.71	1.0297	10%-25% Below	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	7	30.000	25.77	0.99588	10%-25% Below	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	7	30.000	26.71	0.99588	10%-25% Below	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	7	90.000	234.12	0.99588	101%-200% Above	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	8	15.000	12.89	1.05794	10%-25% Below	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	8	30.000	26.71	1.05794	10%-25% Below	No	No
55111061701	ESZOPICLONE 3 MG TABLET	6	30.000	14.90	0.14144	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	7	30.000	14.90	0.12004	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	7	30.000	14.90	0.17927	101%-200% Above	No	No
55111062660	ZAFIRLUKAST 20 MG TABLET	7	30.000	18.60	0.91185	26%-50% Below	No	No
55111064501	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	17.26	0.06241	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.31	0.06114	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.66	0.06114	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.75	0.06114	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	17.26	0.06114	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	17.55	0.06114	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.41	0.05893	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.08	0.05893	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.31	0.05893	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	17.26	0.05893	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.18	0.05727	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.31	0.05727	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	16.75	0.05727	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	17.26	0.05727	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.31	0.06241	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	7.88	0.06241	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.17	0.06241	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	16.75	0.06241	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	17.26	0.06241	200% Above	No	No
55111064534	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.31	0.06114	200% Above	No	No
55111064534	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.17	0.05893	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	5	30.000	14.90	0.58036	10%-25% Below	No	No
55111065001	METAXALONE 800 MG TABLET	7	45.000	14.90	0.61911	26%-50% Below	No	No
55111065001	METAXALONE 800 MG TABLET	8	21.000	19.90	0.6425	26%-50% Above	No	No
55111068405	IBU 800 MG TABLET	5	20.000	1.81	0.07407	10%-25% Above	No	No
55111068405	IBU 800 MG TABLET	7	90.000	5.88	0.07325	10%-25% Below	No	No
55111068405	IBU 800 MG TABLET	8	30.000	1.29	0.07215	26%-50% Below	No	No
55111069312	SUMATRIPTAN 6 MG/0.5 ML INJECT	5	1.000	47.21	72.03561	26%-50% Below	No	No
55111069312	SUMATRIPTAN 6 MG/0.5 ML INJECT	8	5.000	14.99	69.54778	76%-100% Below	No	No
55111071830	LAMOTRIGINE ER 50 MG TABLET	6	30.000	21.90	1.11588	26%-50% Below	No	No
55111071830	LAMOTRIGINE ER 50 MG TABLET	8	30.000	20.46	0.95089	26%-50% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	5	30.000	1.07	0.06987	26%-50% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.11	0.06987	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.35	0.06987	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	5	30.000	9.99	0.06987	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	5	30.000	10.05	0.06987	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.89	0.06511	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.18	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.35	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.36	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.000	10.05	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	90.000	20.91	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	90.000	22.84	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	90.000	23.54	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	90.000	24.01	0.06511	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.89	0.06565	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.96	0.06565	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.90	0.06565	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.18	0.06565	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.78	0.06471	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.84	0.06471	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.18	0.06471	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.30	0.06471	200% Above	No	No
55111072530	MONTELUKAST SOD 10 MG TABLET	5	30.000	4.99	0.06987	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	30.000	1.05	0.05378	26%-50% Below	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	30.000	4.99	0.05378	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	30.000	6.99	0.05378	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	30.000	9.29	0.05378	200% Above	No	No
55111072901	ALLOPURINOL 100 MG TABLET	5	30.000	9.29	0.05378	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	90.000	9.86	0.05378	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	90.000	10.00	0.05378	101%-200% Above	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111072901	ALLOPURINOL 100 MG TABLET	5	90.000	19.78	0.05378	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	90.000	19.79	0.05378	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	120.000	14.99	0.05378	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	6	30.000	6.99	0.05366	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	6	30.000	9.29	0.05366	200% Above	No	No
55111072901	ALLOPURINOL 100 MG TABLET	6	30.000	9.29	0.05366	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	6	90.000	9.99	0.05366	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	6	90.000	10.00	0.05366	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	6	270.000	58.58	0.05366	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	7	30.000	1.05	0.04747	26%-50% Below	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	7	30.000	6.99	0.04747	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	7	90.000	10.00	0.04747	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	7	90.000	12.49	0.04747	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	7	90.000	19.78	0.04747	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	7	90.000	26.40	0.04747	200% Above	No	No
55111072901	ALLOPURINOL 100 MG TABLET	7	120.000	14.99	0.04747	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	30.000	1.05	0.0477	26%-50% Below	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	30.000	4.35	0.0477	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	30.000	6.99	0.0477	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	30.000	7.89	0.0477	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	90.000	7.94	0.0477	76%-100% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	90.000	10.00	0.0477	101%-200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	90.000	19.78	0.0477	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	8	120.000	14.99	0.0477	101%-200% Above	Yes	No
55111072910	ALLOPURINOL 100 MG TABLET	5	60.000	9.99	0.05378	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111072910	ALLOPURINOL 100 MG TABLET	6	30.000	7.42	0.05366	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	6	60.000	9.99	0.05366	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	7	60.000	9.99	0.04747	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	8	60.000	9.99	0.0477	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	8	60.000	14.39	0.0477	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	8	90.000	20.77	0.0477	200% Above	No	No
55111073001	ALLOPURINOL 300 MG TABLET	6	90.000	9.90	0.07528	26%-50% Above	No	No
55111073001	ALLOPURINOL 300 MG TABLET	7	90.000	9.90	0.07381	26%-50% Above	No	No
55111073001	ALLOPURINOL 300 MG TABLET	8	90.000	15.60	0.07633	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	5	30.000	15.13	0.07705	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	5	90.000	19.36	0.07705	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	5	90.000	19.63	0.07705	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	5	90.000	21.48	0.07705	200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	5	90.000	44.19	0.07705	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	6	30.000	15.13	0.07528	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	6	45.000	9.68	0.07528	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	6	90.000	15.60	0.07528	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	6	90.000	19.36	0.07528	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	6	90.000	21.48	0.07528	200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	7	16.000	7.20	0.07381	200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	7	90.000	15.60	0.07381	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	7	90.000	21.48	0.07381	200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	8	30.000	15.13	0.07633	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	8	90.000	15.60	0.07633	101%-200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	8	90.000	21.48	0.07633	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111073130	VALSARTAN 40 MG TABLET	5	30.000	9.90	0.21106	51%-75% Above	No	No
55111073130	VALSARTAN 40 MG TABLET	6	30.000	9.90	0.21012	51%-75% Above	No	No
55111073190	VALSARTAN 40 MG TABLET	7	30.000	19.99	0.19006	200% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	8	30.000	14.99	0.21399	101%-200% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	5	30.000	4.49	0.23356	26%-50% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	5	30.000	9.90	0.23356	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	5	30.000	14.99	0.23356	101%-200% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	5	90.000	0.01	0.23356	76%-100% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	5	90.000	24.90	0.23356	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	6	30.000	4.49	0.22638	26%-50% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	6	30.000	4.99	0.22638	26%-50% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	6	90.000	14.90	0.22638	26%-50% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	6	90.000	29.90	0.22638	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	6	90.000	44.99	0.22638	101%-200% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	7	30.000	4.55	0.22114	26%-50% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	7	30.000	4.99	0.22114	10%-25% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	8	30.000	4.55	0.22764	26%-50% Below	No	No
55111073390	VALSARTAN 160 MG TABLET	8	90.000	0.01	0.22764	76%-100% Below	No	No
55111073490	VALSARTAN 320 MG TABLET	6	90.000	29.99	0.28885	10%-25% Above	No	No
55111076260	VALGANCICLOVIR 450 MG TABLET	6	30.000	54.34	2.97529	26%-50% Below	No	No
55111076260	VALGANCICLOVIR 450 MG TABLET	7	60.000	108.67	3.00932	26%-50% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	5	20.000	1.83	0.18403	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.000	5.02	0.28426	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.000	6.05	0.28426	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.000	6.72	0.28426	10%-25% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	60.000	5.90	0.28426	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.000	12.03	0.28426	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.000	15.50	0.28426	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.000	6.05	0.27994	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.000	6.72	0.27994	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	60.000	5.90	0.27994	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.000	15.50	0.27994	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.000	18.78	0.27994	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.000	5.53	0.30296	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.000	6.65	0.30296	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.000	6.72	0.30296	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	60.000	5.90	0.30296	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.000	12.03	0.30296	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.000	18.57	0.30296	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.000	5.53	0.27783	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.000	6.65	0.27783	10%-25% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.000	6.72	0.27783	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	90.000	15.50	0.27783	26%-50% Below	Yes	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	6	20.000	20.60	2.38656	51%-75% Below	Yes	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	6	30.000	59.75	2.38656	10%-25% Below	Yes	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	7	20.000	20.60	2.42588	51%-75% Below	Yes	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	7	30.000	48.13	2.42588	26%-50% Below	Yes	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	8	30.000	48.13	2.03671	10%-25% Below	Yes	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	1.63	0.03339	51%-75% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.26	0.03339	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.54	0.03339	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.60	0.03339	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	1.56	0.03071	51%-75% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.26	0.03071	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.60	0.03071	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.26	0.03149	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.54	0.03149	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.60	0.03149	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	6.14	0.03149	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.20	0.03273	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.26	0.03273	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.60	0.03273	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.73	0.03273	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	8.67	0.03273	101%-200% Above	No	No
57237000430	FLUCONAZOLE 100 MG TABLET	5	3.000	4.70	0.30217	200% Above	No	No
57237000430	FLUCONAZOLE 100 MG TABLET	7	7.000	9.75	0.26408	200% Above	No	No
57237000430	FLUCONAZOLE 100 MG TABLET	8	4.000	5.58	0.3173	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.000	3.22	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	0.99	0.74577	26%-50% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	2.37	0.74577	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	5.46	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	5.55	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	5.61	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	5.66	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	5.70	0.74577	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	8.08	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	10.60	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	3.000	4.65	0.74577	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	3.000	8.19	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	6.000	14.90	0.74577	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	0.00	0.74599	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	2.72	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	3.15	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	3.22	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	3.78	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	4.60	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	6.04	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.000	0.99	0.74599	26%-50% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.000	1.81	0.74599	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.000	2.33	0.74599	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.000	5.46	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.000	5.55	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.000	5.75	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.000	6.99	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.000	7.87	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.000	8.19	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.000	8.29	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	5.000	9.99	0.74599	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	6.000	14.90	0.74599	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.000	1.13	0.65148	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.000	1.71	0.65148	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.000	2.72	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.000	3.13	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	0.00	0.65148	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	2.33	0.65148	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	4.74	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	5.46	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	5.55	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	5.70	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	10.60	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	3.000	6.68	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	3.000	6.99	0.65148	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	14.000	14.99	0.65148	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.000	1.36	0.57535	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.000	1.71	0.57535	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.000	2.63	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.000	3.06	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.000	3.15	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.000	3.22	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.000	1.81	0.57535	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.000	4.65	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.000	5.46	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.000	5.55	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.000	5.70	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.000	6.16	0.57535	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.000	0.00	0.57535	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.000	6.77	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.000	8.10	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	5.000	9.99	0.57535	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	5.000	10.73	0.57535	200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	5	2.000	5.66	0.48222	200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	5	5.000	9.90	0.48222	200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	5	10.000	9.99	0.48222	101%-200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	6	5.000	9.90	0.49565	200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	8	1.000	1.32	0.50582	101%-200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	8	5.000	9.99	0.50582	200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	8	7.000	6.99	0.50582	76%-100% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	6	30.000	3.92	0.07615	51%-75% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	7	30.000	3.92	0.07644	51%-75% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	8	30.000	3.82	0.07642	51%-75% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	8	30.000	3.92	0.07642	51%-75% Above	No	No
57237000830	MIRTAZAPINE 15 MG TABLET	6	90.000	10.15	0.07615	26%-50% Above	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	7.000	4.14	0.0628	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	10.000	0.37	0.0628	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	14.000	4.99	0.0628	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	1.10	0.0628	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	6.99	0.0628	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	9.99	0.0628	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	13.82	0.0628	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	14.00	0.0628	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	44.19	0.0628	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.000	3.45	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	1.10	0.0547	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	5.30	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	6.99	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	9.99	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	14.78	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	15.22	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	6.99	0.0547	26%-50% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	11.13	0.0547	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	13.82	0.0547	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	20.04	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	29.99	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	30.00	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	180.000	40.09	0.0547	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	7.000	3.45	0.05506	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	1.10	0.05506	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	6.99	0.05506	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	9.99	0.05506	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	14.78	0.05506	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	15.22	0.05506	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	11.13	0.05506	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	19.99	0.05506	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	42.86	0.05506	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	44.19	0.05506	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.000	22.27	0.05506	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	10.000	1.13	0.05877	76%-100% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	10.000	7.00	0.05877	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	1.10	0.05877	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	6.99	0.05877	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	9.99	0.05877	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	19.51	0.05877	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	11.13	0.05877	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	30.00	0.05877	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	180.000	75.37	0.05877	200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	14.90	0.0628	200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.000	14.90	0.0628	200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	14.90	0.05877	101%-200% Above	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	5	60.000	4.90	0.11247	26%-50% Below	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	6	30.000	14.90	0.11367	200% Above	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	6	60.000	4.90	0.11367	26%-50% Below	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	6	60.000	9.90	0.11367	26%-50% Above	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	7	30.000	14.90	0.09676	200% Above	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	7	60.000	4.90	0.09676	10%-25% Below	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	8	60.000	4.90	0.11063	26%-50% Below	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	5	90.000	5.66	0.10545	26%-50% Below	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	6	30.000	9.99	0.1056	200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	7	30.000	9.99	0.10271	200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	7	30.000	14.90	0.10271	200% Above	No	No
57237001899	DULOXETINE HCL DR 30 MG CAP	7	60.000	14.90	0.10271	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237001930	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.99	0.11807	101%-200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	5	180.000	1.80	0.11807	76%-100% Below	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	5	180.000	44.90	0.11807	101%-200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	5	180.000	44.99	0.11807	101%-200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	6	30.000	4.90	0.11559	26%-50% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	6	90.000	37.99	0.11559	200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.99	0.11671	101%-200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	8	30.000	4.90	0.11186	26%-50% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	8	180.000	44.99	0.11186	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	4.000	0.00	0.13209	76%-100% Below	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	12.000	5.64	0.13209	200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	14.000	4.88	0.13209	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	21.000	6.98	0.13209	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	21.000	7.15	0.13209	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	30.000	9.27	0.13209	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	30.000	9.67	0.13209	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	40.000	7.18	0.13209	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	6	20.000	5.82	0.12173	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	6	21.000	5.96	0.12173	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	6	21.000	6.71	0.12173	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	14.000	4.04	0.13433	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	21.000	5.72	0.13433	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	21.000	6.71	0.13433	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	12.000	4.15	0.13987	101%-200% Above	Yes	No
57237002801	AMOXICILLIN 500 MG TABLET	8	20.000	5.68	0.13987	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237002801	AMOXICILLIN 500 MG TABLET	8	21.000	4.99	0.13987	51%-75% Above	Yes	No
57237002801	AMOXICILLIN 500 MG TABLET	8	21.000	6.71	0.13987	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	21.000	6.81	0.13987	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	23.000	9.99	0.13987	200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	28.000	7.71	0.13987	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	30.000	9.90	0.13987	101%-200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	20.000	3.86	0.14794	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	20.000	3.88	0.14794	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	14.000	1.18	0.14463	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	14.000	2.44	0.14463	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	14.000	2.92	0.14463	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	20.000	2.20	0.14463	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	20.000	3.86	0.14463	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	14.000	2.58	0.14915	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	20.000	3.86	0.14915	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	14.000	7.48	0.15002	200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	20.000	1.72	0.15002	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	20.000	3.86	0.15002	26%-50% Above	No	No
57237002920	AMOXICILLIN 875 MG TABLET	6	20.000	3.22	0.14463	10%-25% Above	No	No
57237003005	AMOXICILLIN 250 MG CAPSULE	6	21.000	2.26	0.0546	76%-100% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	8	20.000	1.81	0.07382	10%-25% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	8	30.000	4.83	0.07382	101%-200% Above	No	No
57237003401	CEFPROZIL 125 MG/5 ML SUSP	5	100.000	22.08	0.1708	26%-50% Above	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	5	100.000	12.12	0.17799	26%-50% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	5	100.000	12.91	0.17799	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	5	100.000	13.99	0.17799	10%-25% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	6	100.000	12.12	0.21928	26%-50% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	6	100.000	13.99	0.21928	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	7	100.000	13.99	0.16394	10%-25% Below	No	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	5	75.000	11.11	0.31105	51%-75% Below	Yes	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	8	150.000	20.97	0.24587	26%-50% Below	No	No
57237003750	CEFPROZIL 500 MG TABLET	5	20.000	11.25	0.95072	26%-50% Below	No	No
57237004101	PENICILLIN VK 500 MG TABLET	5	20.000	4.47	0.09821	101%-200% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	5	28.000	5.99	0.09821	101%-200% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	6	28.000	0.28	0.09203	76%-100% Below	No	No
57237004101	PENICILLIN VK 500 MG TABLET	7	28.000	4.90	0.09056	76%-100% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	8	28.000	6.08	0.1091	76%-100% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	5	60.000	11.84	0.09821	76%-100% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	6	20.000	4.56	0.09203	101%-200% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	6	60.000	11.84	0.09203	101%-200% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	7	28.000	6.08	0.09056	101%-200% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	7	40.000	6.88	0.09056	76%-100% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	7	60.000	11.84	0.09056	101%-200% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	8	28.000	5.22	0.1091	51%-75% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	8	60.000	11.84	0.1091	76%-100% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	6	40.000	8.05	0.09203	101%-200% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	7	30.000	1.13	0.09056	51%-75% Below	No	No
57237004199	PENICILLIN VK 500 MG TABLET	7	40.000	6.97	0.09056	76%-100% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	7	40.000	8.48	0.09056	101%-200% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	8	40.000	7.12	0.1091	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	14.90	0.31225	51%-75% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.90	0.26668	10%-25% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	7	90.000	30.00	0.28203	10%-25% Above	Yes	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	9.90	0.28822	10%-25% Above	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	6	10.000	6.64	0.26668	101%-200% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	14.90	0.55379	10%-25% Below	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.000	23.44	0.49832	101%-200% Above	No	No
57237004390	VALACYCLOVIR HCL 1 GRAM TABLET	7	14.000	9.90	0.49908	26%-50% Above	No	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	7	75.000	3.59	0.07162	26%-50% Below	Yes	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	8	225.000	38.86	0.07924	101%-200% Above	Yes	No
57237005860	CEFUROXIME AXETIL 250 MG TAB	8	20.000	19.99	0.38972	101%-200% Above	No	No
57237005920	CEFUROXIME AXETIL 500 MG TAB	5	14.000	9.99	0.5222	26%-50% Above	No	No
57237006301	FLECAINIDE ACETATE 50 MG TAB	5	60.000	15.39	0.1463	51%-75% Above	No	No
57237006301	FLECAINIDE ACETATE 50 MG TAB	6	60.000	14.75	0.1471	51%-75% Above	No	No
57237006301	FLECAINIDE ACETATE 50 MG TAB	7	60.000	14.75	0.13681	76%-100% Above	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	5	60.000	14.90	0.38002	26%-50% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	6	60.000	14.90	0.44717	26%-50% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	7	60.000	14.90	0.36135	26%-50% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	8	60.000	14.90	0.417	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	4.000	2.36	0.0692	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	12.000	0.53	0.0692	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	15.000	6.72	0.0692	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	18.000	4.90	0.0692	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	18.000	7.20	0.0692	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	18.000	8.03	0.0692	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	12.000	4.99	0.06868	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	12.000	5.66	0.06868	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	15.000	7.01	0.06868	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	18.000	4.90	0.06868	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.90	0.06868	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	60.000	4.94	0.06868	10%-25% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	5.000	2.76	0.0675	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	12.000	5.66	0.0675	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	18.000	6.74	0.0675	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	18.000	7.11	0.0675	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	12.000	4.69	0.06661	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	12.000	5.66	0.06661	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	18.000	6.74	0.06661	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	18.000	6.90	0.06661	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	30.000	0.00	0.06661	76%-100% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	18.000	6.90	0.09982	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	30.000	14.90	0.09982	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	18.000	6.90	0.09565	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	12.000	7.37	0.09453	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.000	6.90	0.09453	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.000	8.98	0.09453	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.000	10.69	0.09453	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	18.000	6.90	0.09812	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	2.000	1.15	0.23707	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.000	0.00	0.23707	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.000	3.75	0.23707	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.000	5.30	0.23707	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	12.000	3.66	0.24816	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	15.000	4.39	0.24816	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	15.000	4.40	0.24816	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.12	0.24816	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.17	0.24816	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	6.000	2.45	0.23596	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	10.000	3.30	0.23596	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.66	0.23596	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	12.000	9.53	0.23596	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	14.000	4.05	0.23596	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	15.000	4.41	0.23596	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	5.000	2.02	0.23742	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	10.000	2.74	0.23742	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	10.000	3.17	0.23742	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	12.000	0.00	0.23742	76%-100% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	12.000	3.66	0.23742	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	18.000	2.08	0.23742	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	18.000	5.00	0.23742	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	18.000	5.26	0.23742	10%-25% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	5	15.000	3.01	0.23707	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	5	15.000	4.44	0.23707	10%-25% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	18.000	3.63	0.23596	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	15.000	3.01	0.23742	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	18.000	3.77	0.23742	10%-25% Below	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	4.000	2.13	0.24363	101%-200% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	5.000	2.52	0.24363	101%-200% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	18.000	4.99	0.24363	10%-25% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	18.000	6.99	0.24363	51%-75% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	18.000	7.19	0.24363	51%-75% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	6	6.000	3.37	0.23397	101%-200% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	6	12.000	4.82	0.23397	51%-75% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	6	15.000	6.11	0.23397	51%-75% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	6	18.000	4.99	0.23397	10%-25% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	6	18.000	5.87	0.23397	26%-50% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	6	18.000	5.96	0.23397	26%-50% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	7	12.000	4.82	0.22583	76%-100% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	7	15.000	4.99	0.22583	26%-50% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	7	15.000	6.11	0.22583	76%-100% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	7	18.000	6.09	0.22583	26%-50% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	7	18.000	7.19	0.22583	76%-100% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	8	18.000	0.18	0.22315	76%-100% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	6	6.000	2.73	0.23397	76%-100% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	8	18.000	4.90	0.22315	10%-25% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	8	18.000	5.87	0.22315	26%-50% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	6	12.000	14.99	0.76318	51%-75% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	7	14.000	14.99	0.65366	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	6	20.000	14.90	0.45302	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	8	14.000	16.58	0.45182	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237010099	METOPROLOL TARTRATE 25 MG TAB	7	30.000	1.28	0.01823	101%-200% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	7	60.000	1.97	0.01823	76%-100% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	8	30.000	1.28	0.01797	101%-200% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	8	60.000	1.97	0.01797	76%-100% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	5	30.000	1.31	0.02211	76%-100% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	5	60.000	1.76	0.02211	26%-50% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	5	60.000	1.98	0.02211	26%-50% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	6	2.000	0.03	0.02166	26%-50% Below	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	6	180.000	4.73	0.02166	10%-25% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	8	30.000	1.31	0.02183	76%-100% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	8	180.000	4.73	0.02183	10%-25% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	5	90.000	28.51	0.12636	101%-200% Above	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	5	90.000	28.76	0.12636	101%-200% Above	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	7	30.000	5.50	0.12677	26%-50% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	7	90.000	27.67	0.12677	101%-200% Above	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	7	90.000	30.21	0.12677	101%-200% Above	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	8	30.000	5.50	0.11883	51%-75% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	8	90.000	28.51	0.11883	101%-200% Above	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	8	90.000	38.97	0.11883	200% Above	Yes	No
57237012401	WARFARIN SODIUM 5 MG TABLET	7	45.000	5.99	0.09649	26%-50% Above	No	No
57237012401	WARFARIN SODIUM 5 MG TABLET	8	45.000	5.99	0.11058	10%-25% Above	No	No
57237012601	WARFARIN SODIUM 7.5 MG TABLET	6	105.000	1.05	0.11293	76%-100% Below	No	No
57237012601	WARFARIN SODIUM 7.5 MG TABLET	8	105.000	1.05	0.12376	76%-100% Below	No	No
57237012701	WARFARIN SODIUM 10 MG TABLET	5	30.000	8.71	0.12496	101%-200% Above	No	No
57237012701	WARFARIN SODIUM 10 MG TABLET	6	30.000	8.71	0.10746	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237012701	WARFARIN SODIUM 10 MG TABLET	8	30.000	8.71	0.12144	101%-200% Above	No	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	7	60.000	3.54	0.10861	26%-50% Below	No	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	8	60.000	3.56	0.11137	26%-50% Below	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	5	30.000	4.99	0.144	10%-25% Above	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	5	90.000	14.90	0.144	10%-25% Above	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	6	90.000	7.43	0.14621	26%-50% Below	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	7	30.000	4.99	0.14307	10%-25% Above	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	8	90.000	29.90	0.1548	101%-200% Above	No	No
57237015035	FLUCONAZOLE 40 MG/ML SUSP	5	35.000	12.64	0.68347	26%-50% Below	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	20.000	2.26	0.03676	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	28.000	2.80	0.03676	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.95	0.03676	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	3.02	0.03676	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	4.28	0.03676	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	6.14	0.03676	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.36	0.03676	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.58	0.03676	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	14.000	0.36	0.03385	10%-25% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	0.78	0.03385	10%-25% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.55	0.03385	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.95	0.03385	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	3.02	0.03385	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	2.34	0.03385	10%-25% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	4.21	0.03385	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	4.99	0.03385	51%-75% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	6.14	0.03385	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	6.67	0.03385	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	7.58	0.03385	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.55	0.03355	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.95	0.03355	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	3.02	0.03355	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	3.39	0.03355	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	5.13	0.03355	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	5.93	0.03355	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	6.14	0.03355	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	6.27	0.03355	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.58	0.03355	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	17.53	0.03355	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	28.000	2.56	0.03446	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.55	0.03446	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.95	0.03446	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	3.02	0.03446	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	3.20	0.03446	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	4.05	0.03446	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	5.58	0.03446	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	5.93	0.03446	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	6.14	0.03446	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	6.27	0.03446	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	7.36	0.03446	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	7.58	0.03446	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	10.34	0.03446	200% Above	Yes	No
57237016230	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.16	0.06114	200% Above	No	No
57237016230	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	9.90	0.06114	200% Above	No	No
57237016230	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	9.90	0.05893	200% Above	No	No
57237016230	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	8.92	0.05727	200% Above	No	No
57237016230	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	8.92	0.06241	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.32	0.06114	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.90	0.06114	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.08	0.05893	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.99	0.05893	101%-200% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	0.86	0.05727	26%-50% Below	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.32	0.05727	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	6.01	0.05727	10%-25% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.32	0.05727	101%-200% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	16.75	0.05727	200% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	17.17	0.05727	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.90	0.06241	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.99	0.06241	101%-200% Above	Yes	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.00	0.06114	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.00	0.05893	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.00	0.05727	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	12.50	0.05727	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.00	0.06241	101%-200% Above	No	No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.25	0.05615	10%-25% Below	No	No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.10	0.04944	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
57237017090	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	14.90	0.07212	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	6.90	0.07794	101%-200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	14.90	0.07794	101%-200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.90	0.07212	200% Above	No	No
57237017105	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	29.90	0.12799	101%-200% Above	No	No
57237017105	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	29.90	0.11711	101%-200% Above	No	No
57237017301	VENLAFAXINE HCL 37.5 MG TABLET	7	30.000	9.40	0.07613	200% Above	No	No
57237017301	VENLAFAXINE HCL 37.5 MG TABLET	8	30.000	9.40	0.08438	200% Above	No	No
57237017501	VENLAFAXINE HCL 75 MG TABLET	7	30.000	8.68	0.09393	200% Above	No	No
57237017501	VENLAFAXINE HCL 75 MG TABLET	8	30.000	8.68	0.09309	200% Above	No	No
57237018190	PRAMIPEXOLE 0.25 MG TABLET	5	180.000	14.90	0.05021	51%-75% Above	No	No
57237018190	PRAMIPEXOLE 0.25 MG TABLET	8	180.000	14.90	0.05533	26%-50% Above	No	No
57237018490	PRAMIPEXOLE 1 MG TABLET	5	30.000	3.78	0.07362	51%-75% Above	No	No
57237018490	PRAMIPEXOLE 1 MG TABLET	7	30.000	3.78	0.07784	51%-75% Above	No	No
57237018490	PRAMIPEXOLE 1 MG TABLET	8	30.000	3.78	0.07449	51%-75% Above	No	No
57237021230	MONTELUKAST SOD 4 MG TAB CHEW	8	30.000	9.99	0.08642	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	7	30.000	10.23	0.0881	200% Above	No	No
57237021390	MONTELUKAST SOD 5 MG TAB CHEW	7	90.000	24.58	0.0881	200% Above	No	No
57237021990	PIOGLITAZONE HCL 15 MG TABLET	8	90.000	14.71	0.08794	76%-100% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	8	90.000	23.24	0.12236	101%-200% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	8	90.000	23.95	0.12236	101%-200% Above	No	No
57237022301	RAMIPRIL 2.5 MG CAPSULE	6	90.000	6.86	0.05801	26%-50% Above	No	No
57237022505	RAMIPRIL 10 MG CAPSULE	7	90.000	8.62	0.07082	26%-50% Above	No	No
57237023201	SULFAMETHOXAZOLE-TMP SS TABLET	6	30.000	0.74	0.05892	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	2.08	0.08153	76%-100% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	4.54	0.07812	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	1.86	0.07938	51%-75% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.69	0.07938	51%-75% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.27	0.07329	51%-75% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.27	0.08153	26%-50% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	1.77	0.07812	51%-75% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.32	0.07812	26%-50% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	6	30.000	10.15	0.17059	76%-100% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	5	60.000	2.68	0.0317	26%-50% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	5	60.000	2.80	0.0317	26%-50% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	5	180.000	8.10	0.0317	26%-50% Above	Yes	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	6	60.000	2.68	0.03325	26%-50% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	6	60.000	2.80	0.03325	26%-50% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	6	180.000	3.28	0.03325	26%-50% Below	Yes	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	7	60.000	0.84	0.03109	51%-75% Below	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	7	60.000	2.68	0.03109	26%-50% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	7	60.000	2.80	0.03109	26%-50% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	7	180.000	6.66	0.03109	10%-25% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	8	60.000	2.80	0.02991	51%-75% Above	No	No
57664016758	METOPROLOL TARTRATE 100 MG TAB	8	180.000	6.75	0.02991	10%-25% Above	Yes	No
57664037708	TRAMADOL HCL 50 MG TABLET	5	30.000	1.33	0.02454	76%-100% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	5	60.000	2.26	0.02454	51%-75% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	6	12.000	2.52	0.02486	200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	6	24.000	1.27	0.02486	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664037708	TRAMADOL HCL 50 MG TABLET	6	25.000	1.22	0.02486	76%-100% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	7	20.000	1.06	0.02478	101%-200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	7	31.000	1.42	0.02478	76%-100% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	7	60.000	2.22	0.02478	26%-50% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	10.000	0.97	0.02429	200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	12.000	0.96	0.02429	200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	12.000	1.00	0.02429	200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	20.000	1.09	0.02429	101%-200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	30.000	1.53	0.02429	101%-200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	30.000	1.92	0.02429	101%-200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	60.000	1.80	0.02429	10%-25% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	5	18.000	0.18	0.02454	51%-75% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	5	18.000	1.11	0.02454	101%-200% Above	Yes	No
57664037713	TRAMADOL HCL 50 MG TABLET	5	21.000	1.32	0.02454	101%-200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	5	42.000	1.69	0.02454	51%-75% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	6	16.000	1.01	0.02486	101%-200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	6	21.000	0.34	0.02486	26%-50% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	6	60.000	2.06	0.02486	26%-50% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	6	60.000	2.10	0.02486	26%-50% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	7	15.000	1.08	0.02478	101%-200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	7	60.000	0.60	0.02478	51%-75% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	8	15.000	0.88	0.02429	101%-200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	8	30.000	1.16	0.02429	51%-75% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	12.000	0.91	0.02454	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	12.000	0.92	0.02454	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664037718	TRAMADOL HCL 50 MG TABLET	5	12.000	0.96	0.02454	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	15.000	0.24	0.02454	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	20.000	1.10	0.02454	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	20.000	1.44	0.02454	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	21.000	1.11	0.02454	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	30.000	1.33	0.02454	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	30.000	1.34	0.02454	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	30.000	1.38	0.02454	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	60.000	2.06	0.02454	26%-50% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	90.000	2.68	0.02454	10%-25% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	8.000	0.83	0.02486	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	10.000	0.88	0.02486	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	12.000	1.07	0.02486	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	14.000	0.96	0.02486	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	16.000	0.90	0.02486	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	20.000	1.06	0.02486	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	20.000	1.20	0.02486	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	28.000	1.36	0.02486	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	28.000	4.84	0.02486	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	30.000	1.33	0.02486	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	30.000	1.34	0.02486	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	60.000	2.06	0.02486	26%-50% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	90.000	2.78	0.02486	10%-25% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	120.000	3.29	0.02486	10%-25% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	16.000	0.62	0.02478	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664037718	TRAMADOL HCL 50 MG TABLET	7	18.000	1.06	0.02478	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	21.000	1.25	0.02478	101%-200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	30.000	1.30	0.02478	51%-75% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	30.000	1.33	0.02478	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	30.000	1.34	0.02478	76%-100% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	60.000	0.89	0.02478	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	60.000	2.06	0.02478	26%-50% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	7	90.000	2.78	0.02478	10%-25% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	12.000	0.91	0.02429	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	30.000	0.44	0.02429	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	30.000	1.19	0.02429	51%-75% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	42.000	0.62	0.02429	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	60.000	0.89	0.02429	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	90.000	2.78	0.02429	26%-50% Above	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	5	30.000	16.72	0.18108	200% Above	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	8	30.000	14.90	0.17326	101%-200% Above	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	5	30.000	14.99	0.25472	76%-100% Above	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	7	30.000	14.90	0.24946	76%-100% Above	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	7	30.000	14.99	0.24946	76%-100% Above	No	No
57664044118	DIGOXIN 0.25 MG TABLET	5	30.000	0.00	0.22868	76%-100% Below	No	No
57664044118	DIGOXIN 0.25 MG TABLET	6	30.000	0.00	0.27928	76%-100% Below	No	No
57664044118	DIGOXIN 0.25 MG TABLET	7	30.000	0.00	0.20969	76%-100% Below	No	No
57664044118	DIGOXIN 0.25 MG TABLET	8	30.000	0.00	0.21795	76%-100% Below	No	No
57664044188	DIGOXIN 0.25 MG TABLET	7	90.000	14.99	0.20969	10%-25% Below	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAE	5	30.000	1.31	0.02211	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664047758	METOPROLOL TARTRATE 50 MG TAB	5	60.000	1.98	0.02211	26%-50% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	5	180.000	2.27	0.02211	26%-50% Below	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	5	180.000	4.59	0.02211	10%-25% Above	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	5	180.000	6.84	0.02211	51%-75% Above	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	6	30.000	1.31	0.02166	101%-200% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	6	60.000	1.98	0.02166	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	6	90.000	1.13	0.02166	26%-50% Below	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	6	180.000	4.59	0.02166	10%-25% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	6	180.000	6.73	0.02166	51%-75% Above	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	7	30.000	1.31	0.02296	76%-100% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	7	60.000	1.98	0.02296	26%-50% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	7	90.000	2.67	0.02296	26%-50% Above	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	7	180.000	2.27	0.02296	26%-50% Below	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	7	180.000	4.84	0.02296	10%-25% Above	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	30.000	1.07	0.02183	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	30.000	1.31	0.02183	76%-100% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	60.000	1.98	0.02183	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	60.000	2.37	0.02183	76%-100% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	180.000	2.27	0.02183	26%-50% Below	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	180.000	4.59	0.02183	10%-25% Above	Yes	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	270.000	8.15	0.02183	26%-50% Above	Yes	No
57664049918	MIRTAZAPINE 15 MG TABLET	5	15.000	2.26	0.08015	76%-100% Above	No	No
57664049918	MIRTAZAPINE 15 MG TABLET	6	30.000	4.03	0.07615	76%-100% Above	No	No
57664049918	MIRTAZAPINE 15 MG TABLET	6	30.000	4.74	0.07615	101%-200% Above	No	No
57664049918	MIRTAZAPINE 15 MG TABLET	7	30.000	3.41	0.07644	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664049918	MIRTAZAPINE 15 MG TABLET	8	30.000	3.36	0.07642	26%-50% Above	No	No
57664049983	MIRTAZAPINE 15 MG TABLET	5	30.000	4.01	0.08015	51%-75% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	6	30.000	3.58	0.07615	51%-75% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	7	30.000	3.26	0.07644	26%-50% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	8	30.000	3.26	0.07642	26%-50% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	8	30.000	3.91	0.07642	51%-75% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	8	90.000	10.55	0.07642	51%-75% Above	Yes	No
57664050083	MIRTAZAPINE 30 MG TABLET	7	30.000	4.37	0.09284	51%-75% Above	Yes	No
57664050289	TIZANIDINE HCL 2 MG TABLET	6	90.000	9.90	0.0553	76%-100% Above	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	7	30.000	7.50	0.05471	200% Above	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	7	45.000	11.24	0.05471	200% Above	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	7	90.000	9.90	0.05471	101%-200% Above	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	7	270.000	44.90	0.05471	200% Above	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	8	30.000	6.37	0.05623	200% Above	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	8	30.000	7.50	0.05623	200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	5	30.000	7.59	0.05084	200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	90.000	20.17	0.04842	200% Above	Yes	No
57664050652	METOPROLOL TARTRATE 25 MG TAB	7	60.000	1.97	0.01823	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	30.000	0.30	0.01899	26%-50% Below	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	30.000	1.55	0.01899	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	45.000	1.96	0.01899	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	45.000	1.98	0.01899	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	56.000	2.17	0.01899	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	60.000	0.74	0.01899	26%-50% Below	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	60.000	1.71	0.01899	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	60.000	2.40	0.01899	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	60.000	2.66	0.01899	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	90.000	1.12	0.01899	26%-50% Below	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	90.000	7.65	0.01899	200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	180.000	5.12	0.01899	26%-50% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	180.000	5.53	0.01899	51%-75% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	180.000	7.92	0.01899	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	45.000	0.45	0.01823	26%-50% Below	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	56.000	2.17	0.01823	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	60.000	0.74	0.01823	26%-50% Below	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	60.000	2.06	0.01823	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	60.000	2.06	0.01823	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	60.000	2.28	0.01823	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	60.000	2.40	0.01823	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	90.000	0.90	0.01823	26%-50% Below	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	90.000	2.74	0.01823	51%-75% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	90.000	3.91	0.01823	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	180.000	5.76	0.01823	51%-75% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	180.000	7.81	0.01823	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	30.000	1.55	0.01823	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	30.000	1.58	0.01823	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	45.000	1.91	0.01823	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	56.000	1.86	0.01823	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	90.000	1.12	0.01823	26%-50% Below	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	90.000	2.74	0.01823	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	90.000	3.15	0.01823	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	180.000	5.62	0.01823	51%-75% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	180.000	6.30	0.01823	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	30.000	0.37	0.01797	26%-50% Below	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	30.000	1.16	0.01797	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	30.000	1.37	0.01797	101%-200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	30.000	1.83	0.01797	200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	45.000	0.56	0.01797	26%-50% Below	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	45.000	1.58	0.01797	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	56.000	1.86	0.01797	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	60.000	2.06	0.01797	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	60.000	2.06	0.01797	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	60.000	2.28	0.01797	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	60.000	2.62	0.01797	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	90.000	0.90	0.01797	26%-50% Below	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	90.000	2.74	0.01797	51%-75% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	90.000	3.15	0.01797	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	90.000	7.65	0.01797	200% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	135.000	4.73	0.01797	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	180.000	4.86	0.01797	26%-50% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	180.000	6.30	0.01797	76%-100% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	180.000	11.58	0.01797	200% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	5	30.000	12.59	0.76983	26%-50% Below	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	5	30.000	14.99	0.76983	26%-50% Below	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	5	90.000	120.12	0.76983	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664051083	MIRTAZAPINE 7.5 MG TABLET	6	90.000	120.12	0.74541	76%-100% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	8	90.000	96.77	0.76285	26%-50% Above	Yes	No
57664062388	DEXMETHYLPHENIDATE ER 15 MG CP	6	30.000	134.89	1.31855	200% Above	No	No
57664062388	DEXMETHYLPHENIDATE ER 15 MG CP	7	30.000	24.44	1.11816	26%-50% Below	No	No
57664062388	DEXMETHYLPHENIDATE ER 15 MG CP	7	30.000	134.89	1.11816	200% Above	No	No
57664066683	CARVEDILOL ER 80 MG CAPSULE	7	90.000	293.05	6.06567	26%-50% Below	Yes	No
57664066683	CARVEDILOL ER 80 MG CAPSULE	8	90.000	474.95	6.06765	10%-25% Below	Yes	No
57664068788	AMITRIPTYLINE HCL 10 MG TAB	6	30.000	3.41	0.04104	101%-200% Above	No	No
57664078386	CLONAZEPAM 0.125 MG ODT	6	6.000	4.74	0.70216	10%-25% Above	Yes	No
57664078486	CLONAZEPAM 0.25 MG ODT	6	30.000	14.99	0.72411	26%-50% Below	No	No
57664085385	MINOCYCLINE 100 MG CAPSULE	5	30.000	6.26	0.36988	26%-50% Below	No	No
57664085385	MINOCYCLINE 100 MG CAPSULE	8	30.000	6.26	0.37588	26%-50% Below	No	No
58657045601	URO-MP CAPSULE	6	40.000	14.99	1.82501	76%-100% Below	No	No
58657045601	URO-MP CAPSULE	7	20.000	21.75	1.7895	26%-50% Below	No	No
58657045601	URO-MP CAPSULE	8	21.000	21.68	1.7895	26%-50% Below	Yes	No
58657050004	CODEINE-GUAIFEN 10-100 MG/5 ML	6	120.000	7.57	0.05416	10%-25% Above	No	No
58657050004	CODEINE-GUAIFEN 10-100 MG/5 ML	6	237.000	14.32	0.05416	10%-25% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	75.000	7.98	0.02727	200% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	120.000	6.91	0.02727	101%-200% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	237.000	12.82	0.02727	76%-100% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	280.000	14.99	0.02727	76%-100% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	60.000	4.99	0.0279	101%-200% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	150.000	9.50	0.0279	101%-200% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	180.000	7.25	0.0279	26%-50% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	180.000	9.85	0.0279	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	180.000	14.99	0.0279	101%-200% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	200.000	8.06	0.0279	26%-50% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	237.000	12.82	0.0279	76%-100% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	240.000	12.98	0.0279	76%-100% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	7	237.000	12.82	0.02623	101%-200% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	7	240.000	9.99	0.02623	51%-75% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	8	75.000	2.39	0.02869	10%-25% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	8	118.000	6.80	0.02869	76%-100% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	8	120.000	5.00	0.02869	26%-50% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	8	150.000	7.00	0.02869	51%-75% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	8	200.000	8.06	0.02869	26%-50% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	8	200.000	9.99	0.02869	51%-75% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	8	237.000	12.82	0.02869	76%-100% Above	No	No
58657064510	CARISOPRODOL 350 MG TABLET	5	8.000	1.23	0.05768	101%-200% Above	No	No
58657064701	CLONIDINE HCL 0.1 MG TABLET	6	30.000	0.32	0.02827	51%-75% Below	No	No
58657064750	CLONIDINE HCL 0.1 MG TABLET	8	30.000	0.35	0.02791	51%-75% Below	No	No
58657067601	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.85	0.14361	26%-50% Above	No	No
58657067601	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	2.85	0.15502	26%-50% Above	No	No
58657067650	CIPROFLOXACIN HCL 500 MG TAB	8	20.000	3.46	0.15502	10%-25% Above	No	No
58657070201	HALOPERIDOL 2 MG TABLET	6	15.000	4.47	0.46255	26%-50% Below	Yes	No
58657071350	BUPROPION HCL XL 300 MG TABLET	8	90.000	20.00	0.14838	26%-50% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	4.21	0.03676	26%-50% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	6.14	0.03676	76%-100% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	6.49	0.03676	76%-100% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	3.39	0.03355	10%-25% Above	Yes	No



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Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	6.84	0.03355	101%-200% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.86	0.03446	101%-200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	0.86	0.06114	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	4.10	0.06114	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	4.99	0.06114	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.23	0.06114	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.25	0.06114	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.31	0.06114	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	2.58	0.06114	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	7.46	0.06114	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	7.56	0.06114	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	9.77	0.06114	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	10.00	0.06114	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	11.12	0.06114	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	12.49	0.06114	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.83	0.06114	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.99	0.06114	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.75	0.06114	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.86	0.06114	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	17.26	0.06114	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	17.55	0.06114	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	0.86	0.05893	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	1.49	0.05893	10%-25% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.18	0.05893	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.23	0.05893	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.08	0.05893	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.25	0.05893	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	7.46	0.05893	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	7.56	0.05893	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	9.77	0.05893	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	10.00	0.05893	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	13.48	0.05893	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	16.75	0.05893	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	17.00	0.05893	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	0.86	0.05727	26%-50% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.18	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.23	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.08	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.25	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	7.48	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	9.01	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	9.99	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	6.01	0.05727	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	10.00	0.05727	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	13.48	0.05727	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.17	0.05727	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.83	0.05727	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	17.26	0.05727	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	0.86	0.06241	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	1.49	0.06241	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	3.89	0.06241	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	4.99	0.06241	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.18	0.06241	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.08	0.06241	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.25	0.06241	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.64	0.06241	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	7.88	0.06241	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	9.77	0.06241	51%-75% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	10.00	0.06241	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	16.75	0.06241	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	17.26	0.06241	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	180.000	21.02	0.06241	76%-100% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	0.30	0.06114	76%-100% Below	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.23	0.06114	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.25	0.06114	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.31	0.06114	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.75	0.06114	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	14.000	3.89	0.05893	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.23	0.05893	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.25	0.05893	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	11.37	0.05893	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	6.99	0.05893	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	16.75	0.05893	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.18	0.05727	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.23	0.05727	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.25	0.05727	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.17	0.05727	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	16.75	0.05727	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	17.26	0.05727	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	17.60	0.05727	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.25	0.06241	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	7.88	0.06241	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	16.75	0.06241	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	17.26	0.06241	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	22.15	0.06241	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	23.58	0.06241	200% Above	No	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	7	15.000	4.99	0.47017	26%-50% Below	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.000	4.57	0.43772	26%-50% Below	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.000	9.99	0.43772	51%-75% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	5	22.500	4.91	0.3499	26%-50% Below	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	5	22.500	9.99	0.3499	26%-50% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	7	22.500	14.99	0.35214	76%-100% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	8	22.500	9.99	0.32424	26%-50% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	5.33	0.27097	26%-50% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	14.99	0.27097	76%-100% Above	Yes	No
59651002601	AMOX-CLAV 250-62.5 MG/5 ML SUS	8	100.000	30.16	0.39253	10%-25% Below	Yes	No
59651002601	AMOX-CLAV 250-62.5 MG/5 ML SUS	8	200.000	14.99	0.39253	76%-100% Below	No	No
59651002655	AMOX-CLAV 250-62.5 MG/5 ML SUS	7	300.000	71.97	0.40999	26%-50% Below	No	No
59651003085	ZUMANDIMINE 3 MG-0.03 MG TAB	6	28.000	4.47	0.23703	26%-50% Below	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	5	360.000	6.70	0.04033	51%-75% Below	Yes	No

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59651003212	IBUPROFEN 100 MG/5 ML SUSP	6	120.000	4.99	0.02903	26%-50% Above	Yes	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	7	118.000	2.19	0.04249	51%-75% Below	Yes	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	8	240.000	7.65	0.03994	10%-25% Below	Yes	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	6	120.000	4.87	0.02408	51%-75% Above	Yes	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	7	30.000	1.64	0.02797	76%-100% Above	Yes	No
59651005230	EZETIMIBE 10 MG TABLET	6	30.000	19.99	0.09804	200% Above	No	No
59651005230	EZETIMIBE 10 MG TABLET	8	30.000	6.99	0.10319	101%-200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	5	90.000	131.51	0.10469	200% Above	Yes	No
59651005290	EZETIMIBE 10 MG TABLET	6	90.000	147.94	0.09804	200% Above	Yes	No
59651005290	EZETIMIBE 10 MG TABLET	8	30.000	5.00	0.10319	51%-75% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	8	30.000	20.00	0.10319	200% Above	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	5	12.000	24.22	2.92897	26%-50% Below	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	6	9.000	19.99	3.49433	26%-50% Below	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	6	12.000	24.22	3.49433	26%-50% Below	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	6	12.000	25.28	3.49433	26%-50% Below	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	7	10.000	20.19	3.42485	26%-50% Below	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	7	12.000	24.22	3.42485	26%-50% Below	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	7	12.000	25.28	3.42485	26%-50% Below	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	8	12.000	24.22	3.57352	26%-50% Below	Yes	No
59651013930	NEBIVOLOL 10 MG TABLET	5	30.000	7.28	0.33835	26%-50% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	5	90.000	21.83	0.33835	26%-50% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	7	90.000	12.50	0.32182	51%-75% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	8	90.000	12.50	0.32388	51%-75% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	5	30.000	9.99	0.24203	26%-50% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	5	30.000	19.99	0.24203	101%-200% Above	No	No

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59651015201	PROGESTERONE 100 MG CAPSULE	5	90.000	4.99	0.24203	76%-100% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	6	30.000	9.99	0.25808	26%-50% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	6	30.000	14.99	0.25808	76%-100% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	6	30.000	19.99	0.25808	101%-200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	7	30.000	14.99	0.23146	101%-200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	7	90.000	4.99	0.23146	76%-100% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	7	90.000	29.99	0.23146	26%-50% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	8	30.000	14.99	0.25086	76%-100% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	8	30.000	19.99	0.25086	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	5	10.000	0.00	0.47072	76%-100% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	5	10.000	6.90	0.47072	26%-50% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	6	10.000	0.00	0.47699	76%-100% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	6	10.000	6.90	0.47699	26%-50% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	7	10.000	6.90	0.42094	51%-75% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	7	12.000	9.99	0.42094	76%-100% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	7	30.000	19.90	0.42094	51%-75% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	8	10.000	6.90	0.42486	51%-75% Above	No	No
59651017401	DOXEPIN 25 MG CAPSULE	5	30.000	6.70	0.25355	10%-25% Below	Yes	No
59651017401	DOXEPIN 25 MG CAPSULE	8	30.000	9.99	0.27671	10%-25% Above	No	No
59651017501	DOXEPIN 50 MG CAPSULE	5	90.000	50.32	0.35254	51%-75% Above	Yes	No
59651017501	DOXEPIN 50 MG CAPSULE	8	90.000	39.98	0.35796	10%-25% Above	Yes	No
59651017701	DOXEPIN 100 MG CAPSULE	5	60.000	21.74	0.47289	10%-25% Below	Yes	No
59651017701	DOXEPIN 100 MG CAPSULE	6	60.000	21.74	0.68882	26%-50% Below	Yes	No
59651017701	DOXEPIN 100 MG CAPSULE	7	60.000	21.74	0.48102	10%-25% Below	Yes	No
59651018030	LETROZOLE 2.5 MG TABLET	5	5.000	1.30	0.14446	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651018030	LETROZOLE 2.5 MG TABLET	8	5.000	1.30	0.14242	76%-100% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	6	32.000	19.99	0.23868	101%-200% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	7	26.000	12.40	0.2335	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	4.88	0.30258	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	9.99	0.30258	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	9.99	0.30258	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	14.90	0.30258	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	14.99	0.30258	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	14.99	0.30258	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	90.000	48.20	0.30258	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	4.88	0.31397	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	4.99	0.31397	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	5.48	0.31397	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	14.90	0.31397	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	14.99	0.31397	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	20.00	0.31397	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	24.90	0.31397	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	90.000	48.20	0.31397	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	4.88	0.2915	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	5.72	0.2915	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	6.99	0.2915	10%-25% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	7.09	0.2915	10%-25% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	9.99	0.2915	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	14.99	0.2915	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	14.99	0.2915	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	19.99	0.2915	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	20.00	0.2915	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	41.35	0.2915	200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	90.000	14.99	0.2915	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	90.000	38.84	0.2915	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	4.88	0.29235	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	4.99	0.29235	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	5.72	0.29235	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	6.90	0.29235	10%-25% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	6.99	0.29235	10%-25% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	7.09	0.29235	10%-25% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	9.99	0.29235	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	14.99	0.29235	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	14.99	0.29235	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	19.90	0.29235	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	19.99	0.29235	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	29.99	0.29235	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	90.000	38.84	0.29235	26%-50% Above	Yes	No
59651021530	AZELASTINE 0.15% NASAL SPRAY	6	30.000	10.72	0.45495	10%-25% Below	Yes	No
59651024701	MIDODRINE HCL 5 MG TABLET	6	90.000	16.95	0.25147	10%-25% Below	Yes	No
59651024801	MIDODRINE HCL 10 MG TABLET	6	90.000	32.38	0.44427	10%-25% Below	Yes	No
59651026830	GLIPIZIDE ER 2.5 MG TABLET	6	90.000	15.63	0.13369	26%-50% Above	No	No
59651026830	GLIPIZIDE ER 2.5 MG TABLET	8	90.000	18.96	0.13085	51%-75% Above	No	No
59651027001	GLIPIZIDE ER 10 MG TABLET	5	90.000	27.56	0.18199	51%-75% Above	Yes	No
59651027001	GLIPIZIDE ER 10 MG TABLET	7	90.000	21.90	0.17536	26%-50% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651027001	GLIPIZIDE ER 10 MG TABLET	8	60.000	14.90	0.17504	26%-50% Above	No	No
59651027005	GLIPIZIDE ER 10 MG TABLET	5	60.000	14.90	0.18199	26%-50% Above	No	No
59651027005	GLIPIZIDE ER 10 MG TABLET	7	60.000	14.90	0.17536	26%-50% Above	No	No
59651027005	GLIPIZIDE ER 10 MG TABLET	8	30.000	8.82	0.17504	51%-75% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	6	30.000	11.27	0.14996	101%-200% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	6	90.000	38.45	0.14996	101%-200% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	7	30.000	11.27	0.14061	101%-200% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	7	90.000	38.70	0.14061	200% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	5	30.000	4.99	0.21786	10%-25% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	5	30.000	14.99	0.21786	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	5	90.000	34.00	0.21786	51%-75% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	30.000	14.99	0.20726	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	90.000	33.53	0.20726	76%-100% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	180.000	29.99	0.20726	10%-25% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	7	30.000	14.99	0.19084	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	30.000	14.99	0.18399	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	60.000	19.99	0.18399	76%-100% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	90.000	27.02	0.18399	51%-75% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	90.000	44.99	0.18399	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	90.000	44.99	0.18399	101%-200% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	180.000	54.04	0.18399	51%-75% Above	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	6	90.000	55.95	0.32061	76%-100% Above	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	6	180.000	111.91	0.32061	76%-100% Above	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	8	90.000	45.07	0.27398	76%-100% Above	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	5	5.000	0.00	0.42423	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651030030	TAMOXIFEN 20 MG TABLET	5	30.000	6.23	0.42423	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	6	30.000	6.23	0.41773	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	7	30.000	5.90	0.42936	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	8	30.000	5.88	0.4226	51%-75% Below	No	No
59651030601	CHLORZOXAZONE 500 MG TABLET	7	30.000	12.01	0.24855	51%-75% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	5	30.000	4.99	0.20535	10%-25% Below	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	5	30.000	9.99	0.20535	51%-75% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	6	30.000	4.99	0.254	26%-50% Below	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	7	30.000	4.99	0.20819	10%-25% Below	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	8	30.000	4.99	0.24262	26%-50% Below	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	6	30.000	9.90	0.28839	10%-25% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	7	30.000	9.90	0.22429	26%-50% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	5	30.000	9.99	0.15776	101%-200% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	6	30.000	9.99	0.2064	51%-75% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	7	30.000	9.99	0.15324	101%-200% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	8	60.000	9.99	0.14361	10%-25% Above	No	No
59651031677	TIZANIDINE HCL 6 MG CAPSULE	5	30.000	4.11	0.19295	26%-50% Below	No	No
59651032930	MONTELUKAST SOD 4 MG GRANULES	5	30.000	124.98	1.23025	200% Above	Yes	No
59651032930	MONTELUKAST SOD 4 MG GRANULES	7	30.000	124.98	1.02516	200% Above	Yes	No
59651032930	MONTELUKAST SOD 4 MG GRANULES	8	30.000	124.98	1.29917	200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	5	20.000	2.20	0.05757	76%-100% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	8	20.000	1.73	0.05588	51%-75% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	40.000	0.99	0.07407	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.000	2.68	0.0673	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.000	2.48	0.07325	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651036205	IBUPROFEN 800 MG TABLET	8	15.000	1.58	0.07215	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.000	1.27	0.07215	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	60.000	0.01	0.07215	76%-100% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	5	60.000	9.99	0.21892	10%-25% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	6	60.000	52.05	0.21189	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	8	60.000	52.05	0.2091	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	8	180.000	29.99	0.2091	10%-25% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	8	180.000	74.79	0.2091	76%-100% Above	No	No
59651039201	BUSPIRONE HCL 15 MG TABLET	5	45.000	4.61	0.05104	76%-100% Above	No	No
59651039205	BUSPIRONE HCL 15 MG TABLET	5	30.000	3.29	0.05104	101%-200% Above	No	No
59651039205	BUSPIRONE HCL 15 MG TABLET	5	120.000	11.70	0.05104	76%-100% Above	No	No
59651039205	BUSPIRONE HCL 15 MG TABLET	6	180.000	16.47	0.04759	76%-100% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	2.34	0.1628	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	4.90	0.1628	26%-50% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	4.99	0.1628	26%-50% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	4.99	0.1628	26%-50% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	6.99	0.1628	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.90	0.1628	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.99	0.1628	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.99	0.1628	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	10.75	0.1628	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	11.59	0.1628	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.90	0.1628	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.99	0.1628	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.99	0.1628	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	15.24	0.1628	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	17.96	0.1628	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.72	0.1628	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.73	0.1628	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.82	0.1628	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.82	0.1628	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	18.87	0.1628	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	2.19	0.17001	26%-50% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	2.34	0.17001	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	4.99	0.17001	26%-50% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	4.99	0.17001	26%-50% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	6.90	0.17001	76%-100% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	6.99	0.17001	76%-100% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	8.44	0.17001	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	8.44	0.17001	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.99	0.17001	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.99	0.17001	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.17001	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.17001	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.99	0.17001	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.99	0.17001	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	15.10	0.17001	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	15.90	0.17001	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	16.00	0.17001	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	17.96	0.17001	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	18.41	0.17001	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	18.87	0.17001	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	2.14	0.16027	26%-50% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	2.34	0.16027	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.03	0.16027	10%-25% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.99	0.16027	26%-50% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	6.90	0.16027	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	6.99	0.16027	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	7.00	0.16027	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	8.44	0.16027	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	8.44	0.16027	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.99	0.16027	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.99	0.16027	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	11.35	0.16027	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.90	0.16027	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.99	0.16027	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.99	0.16027	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	15.19	0.16027	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	16.00	0.16027	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	16.00	0.16027	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	17.96	0.16027	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	17.96	0.16027	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	18.41	0.16027	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	18.41	0.16027	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	2.02	0.16291	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	2.34	0.16291	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	4.99	0.16291	26%-50% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	4.99	0.16291	26%-50% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.90	0.16291	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.99	0.16291	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.99	0.16291	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	10.75	0.16291	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.70	0.16291	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.99	0.16291	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.99	0.16291	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.10	0.16291	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.19	0.16291	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.24	0.16291	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	17.87	0.16291	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	17.96	0.16291	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	18.13	0.16291	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	18.41	0.16291	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	18.41	0.16291	200% Above	Yes	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	5	21.000	14.99	0.19516	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	6	21.000	0.00	0.18822	76%-100% Below	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	6	21.000	9.99	0.18822	101%-200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	6	21.000	14.99	0.18822	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	6	60.000	14.99	0.18822	26%-50% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	7	10.000	4.99	0.16468	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	7	20.000	14.99	0.16468	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	7	21.000	14.99	0.16468	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	8	20.000	14.99	0.16548	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	8	21.000	0.00	0.16548	76%-100% Below	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	8	60.000	7.52	0.16548	10%-25% Below	No	No
59746011306	PROCHLORPERAZINE 5 MG TABLET	5	20.000	4.03	0.29114	26%-50% Below	Yes	No
59746011306	PROCHLORPERAZINE 5 MG TABLET	6	30.000	6.05	0.28686	26%-50% Below	Yes	No
59746011506	PROCHLORPERAZINE 10 MG TAB	6	20.000	0.20	0.39353	76%-100% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	7	10.000	4.96	0.39805	10%-25% Above	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	7	30.000	9.99	0.39805	10%-25% Below	Yes	No
59746011506	PROCHLORPERAZINE 10 MG TAB	7	50.000	9.99	0.39805	26%-50% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	8	20.000	0.20	0.41877	76%-100% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	8	30.000	0.30	0.41877	76%-100% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	8	30.000	6.74	0.41877	26%-50% Below	Yes	No
59746012106	MECLIZINE 25 MG TABLET	5	30.000	4.99	0.11431	26%-50% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	5	60.000	9.90	0.11431	26%-50% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	7	30.000	7.98	0.10817	101%-200% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	7	60.000	9.90	0.10817	51%-75% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	8	30.000	4.99	0.10968	51%-75% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	8	60.000	9.90	0.10968	26%-50% Above	No	No
59746012206	MECLIZINE 12.5 MG TABLET	8	30.000	3.33	0.07264	51%-75% Above	No	No
59746017106	PREDNISONE 1 MG TABLET	5	90.000	9.87	0.07576	26%-50% Above	No	No
59746017106	PREDNISONE 1 MG TABLET	8	90.000	9.67	0.07713	26%-50% Above	No	No
59746017206	PREDNISONE 5 MG TABLET	5	30.000	3.05	0.08241	10%-25% Above	No	No
59746017206	PREDNISONE 5 MG TABLET	6	5.000	1.20	0.07498	200% Above	No	No
59746017206	PREDNISONE 5 MG TABLET	6	21.000	3.03	0.07498	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017206	PREDNISON 5 MG TABLET	6	30.000	3.05	0.07498	26%-50% Above	No	No
59746017206	PREDNISON 5 MG TABLET	8	14.000	2.24	0.08938	76%-100% Above	No	No
59746017206	PREDNISON 5 MG TABLET	8	30.000	3.95	0.08938	26%-50% Above	No	No
59746017210	PREDNISON 5 MG TABLET	5	20.000	2.94	0.08241	76%-100% Above	No	No
59746017210	PREDNISON 5 MG TABLET	5	30.000	4.06	0.08241	51%-75% Above	No	No
59746017210	PREDNISON 5 MG TABLET	6	21.000	3.03	0.07498	76%-100% Above	No	No
59746017210	PREDNISON 5 MG TABLET	6	30.000	1.31	0.07498	26%-50% Below	No	No
59746017210	PREDNISON 5 MG TABLET	6	30.000	3.54	0.07498	51%-75% Above	No	No
59746017210	PREDNISON 5 MG TABLET	6	30.000	4.14	0.07498	76%-100% Above	No	No
59746017210	PREDNISON 5 MG TABLET	6	90.000	10.63	0.07498	51%-75% Above	No	No
59746017210	PREDNISON 5 MG TABLET	7	3.000	0.97	0.08157	200% Above	No	No
59746017210	PREDNISON 5 MG TABLET	7	30.000	3.54	0.08157	26%-50% Above	No	No
59746017210	PREDNISON 5 MG TABLET	7	30.000	4.14	0.08157	51%-75% Above	No	No
59746017210	PREDNISON 5 MG TABLET	8	30.000	3.54	0.08938	26%-50% Above	No	No
59746017210	PREDNISON 5 MG TABLET	8	30.000	4.14	0.08938	51%-75% Above	No	No
59746017210	PREDNISON 5 MG TABLET	8	45.000	4.77	0.08938	10%-25% Above	No	No
59746017306	PREDNISON 10 MG TABLET	5	21.000	3.31	0.06823	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	5	35.000	4.94	0.06823	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	5	60.000	6.90	0.06823	51%-75% Above	No	No
59746017306	PREDNISON 10 MG TABLET	6	22.000	2.39	0.06582	51%-75% Above	No	No
59746017306	PREDNISON 10 MG TABLET	7	16.000	2.25	0.06545	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	7	18.000	2.96	0.06545	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	7	21.000	3.31	0.06545	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	7	24.000	3.69	0.06545	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	8	10.000	1.63	0.06767	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017306	PREDNISON 10 MG TABLET	8	18.000	2.46	0.06767	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	8	20.000	2.67	0.06767	76%-100% Above	No	No
59746017306	PREDNISON 10 MG TABLET	8	30.000	4.55	0.06767	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	10.000	1.88	0.06823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	10.000	1.97	0.06823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	12.000	2.17	0.06823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	15.000	3.53	0.06823	200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	27.000	4.16	0.06823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	30.000	2.93	0.06823	26%-50% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	30.000	4.54	0.06823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	32.000	4.67	0.06823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	42.000	6.35	0.06823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	5.000	1.35	0.06582	200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	10.000	1.69	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	10.000	1.92	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	15.000	2.24	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	15.000	2.64	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	18.000	2.86	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	20.000	0.89	0.06582	26%-50% Below	No	No
59746017310	PREDNISON 10 MG TABLET	6	21.000	3.50	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	30.000	3.70	0.06582	76%-100% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	30.000	4.45	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	39.000	5.44	0.06582	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	60.000	4.99	0.06582	26%-50% Above	No	No
59746017310	PREDNISON 10 MG TABLET	7	5.000	1.28	0.06545	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017310	PREDNISONONE 10 MG TABLET	7	5.000	1.35	0.06545	200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	7	8.000	1.52	0.06545	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	7	10.000	1.68	0.06545	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	7	10.000	1.88	0.06545	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	7	30.000	4.45	0.06545	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	7	60.000	6.80	0.06545	51%-75% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	5.000	0.72	0.06767	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	10.000	1.72	0.06767	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	10.000	1.97	0.06767	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	18.000	2.46	0.06767	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	21.000	2.77	0.06767	76%-100% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	21.000	3.31	0.06767	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	25.000	4.04	0.06767	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	8	30.000	4.45	0.06767	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	5	6.000	1.67	0.11673	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	5	10.000	2.39	0.11673	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	6.000	1.67	0.1107	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	6.000	1.70	0.1107	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	10.000	2.03	0.1107	76%-100% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	10.000	2.40	0.1107	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	14.000	3.11	0.1107	76%-100% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	18.000	3.81	0.1107	76%-100% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	7	5.000	1.53	0.11267	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	7	7.000	1.88	0.11267	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	7	10.000	2.03	0.11267	76%-100% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017506	PREDNISONONE 20 MG TABLET	7	10.000	2.40	0.11267	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	7	14.000	1.02	0.11267	26%-50% Below	No	No
59746017506	PREDNISONONE 20 MG TABLET	8	6.000	1.46	0.1164	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	8	10.000	2.35	0.1164	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	8	14.000	3.35	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	5.000	0.36	0.11673	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	5.000	1.62	0.11673	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	7.000	1.97	0.11673	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.000	0.10	0.11673	76%-100% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.000	0.95	0.11673	10%-25% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.000	2.35	0.11673	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.000	2.40	0.11673	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.000	2.48	0.11673	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.000	2.49	0.11673	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	19.000	4.07	0.11673	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	5.000	1.53	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	5.000	1.59	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	6.000	1.46	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	9.000	2.32	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	0.10	0.1107	76%-100% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	0.73	0.1107	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	2.35	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	2.40	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	2.44	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	2.49	0.1107	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017509	PREDNISONONE 20 MG TABLET	6	13.000	2.93	0.1107	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	5.000	0.36	0.11267	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	6.000	0.30	0.11267	51%-75% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	6.000	1.50	0.11267	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	8.000	1.89	0.11267	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.000	2.12	0.11267	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.000	2.35	0.11267	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.000	2.40	0.11267	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.000	2.44	0.11267	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.000	2.53	0.11267	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	12.000	2.78	0.11267	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	3.000	1.18	0.1164	200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	5.000	1.53	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	5.000	1.59	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	5.000	1.62	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	6.000	1.70	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	7.000	1.69	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	10.000	2.12	0.1164	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	10.000	2.40	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	10.000	2.92	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	10.000	3.01	0.1164	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	18.000	3.81	0.1164	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	20.000	3.51	0.1164	26%-50% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	30.000	4.99	0.1164	26%-50% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	30.000	5.20	0.1164	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	6	15.000	1.12	0.02026	200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.25	0.02322	76%-100% Above	Yes	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.25	0.02315	76%-100% Above	Yes	No
59746028001	ESCITALOPRAM 10 MG TABLET	5	30.000	4.53	0.05112	101%-200% Above	No	No
59746033730	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.000	44.90	0.14399	200% Above	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	60.000	5.43	0.13909	26%-50% Below	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	3.99	0.14976	10%-25% Below	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	60.000	13.50	0.14976	26%-50% Above	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	180.000	14.62	0.14976	26%-50% Below	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	9.99	0.13177	10%-25% Below	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	42.69	0.13177	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	14.99	0.16438	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	9.99	0.16356	101%-200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	14.99	0.16356	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	9.99	0.14944	101%-200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	14.99	0.14944	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	17.23	0.14944	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	42.30	0.14944	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	14.99	0.13639	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	19.99	0.13639	200% Above	No	No
59746033930	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.90	0.16039	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	9.99	0.1916	51%-75% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	14.99	0.1916	101%-200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	8.90	0.1916	26%-50% Below	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	29.99	0.1916	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	44.90	0.1916	101%-200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	9.90	0.17082	76%-100% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	9.99	0.17082	76%-100% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	14.99	0.17082	101%-200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	13.50	0.17082	10%-25% Below	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	9.99	0.15931	101%-200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.99	0.15931	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	19.90	0.15931	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	20.00	0.15931	26%-50% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	3.21	0.16039	26%-50% Below	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	9.99	0.16039	101%-200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.99	0.16039	200% Above	No	No
59746036290	VALSARTAN 160 MG TABLET	7	30.000	9.90	0.22114	26%-50% Above	No	No
59746036290	VALSARTAN 160 MG TABLET	8	30.000	9.90	0.22764	26%-50% Above	No	No
59746036390	VALSARTAN 320 MG TABLET	8	30.000	9.90	0.29079	10%-25% Above	No	No
59746038306	TERAZOSIN 1 MG CAPSULE	7	90.000	10.26	0.13611	10%-25% Below	No	No
59746038306	TERAZOSIN 1 MG CAPSULE	8	30.000	3.46	0.14915	10%-25% Below	No	No
59746038310	TERAZOSIN 1 MG CAPSULE	5	30.000	3.96	0.15968	10%-25% Below	No	No
59746038310	TERAZOSIN 1 MG CAPSULE	6	30.000	3.46	0.15279	10%-25% Below	No	No
59746038310	TERAZOSIN 1 MG CAPSULE	7	30.000	3.46	0.13611	10%-25% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	5	90.000	11.33	0.16393	10%-25% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	5	90.000	11.54	0.16393	10%-25% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	8	90.000	10.32	0.1557	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	8	90.000	11.54	0.1557	10%-25% Below	No	No
59746038606	TERAZOSIN 10 MG CAPSULE	6	90.000	9.61	0.16535	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746038606	TERAZOSIN 10 MG CAPSULE	6	180.000	20.60	0.16535	26%-50% Below	No	No
59762002801	DICLOFENAC-MISOPROSTOL DR 50-0.2 MG TABLET	6	180.000	392.28	1.33519	51%-75% Above	Yes	No
59762005001	METHYLPREDNISOLONE 16 MG TAB	6	4.000	5.02	1.78008	26%-50% Below	Yes	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	5	90.000	11.62	0.10136	26%-50% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.000	4.31	0.10217	26%-50% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	8	90.000	11.62	0.10568	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	5	10.000	2.42	0.13866	51%-75% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	5	10.000	2.49	0.13866	76%-100% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	6	5.000	1.60	0.13382	101%-200% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	6	10.000	2.45	0.13382	76%-100% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	6	30.000	4.90	0.13382	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	7	12.000	2.42	0.1364	26%-50% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	7	30.000	4.90	0.1364	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	8	30.000	5.02	0.14037	10%-25% Above	No	No
59762007301	HYDROCORTISONE 5 MG TABLET	5	210.000	23.69	0.15576	26%-50% Below	No	No
59762007301	HYDROCORTISONE 5 MG TABLET	6	210.000	13.17	0.17684	51%-75% Below	No	No
59762007301	HYDROCORTISONE 5 MG TABLET	7	210.000	13.90	0.18001	51%-75% Below	No	No
59762007301	HYDROCORTISONE 5 MG TABLET	8	140.000	19.90	0.16799	10%-25% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	5	75.000	14.90	0.3031	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	6	75.000	14.90	0.2607	10%-25% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	7	75.000	14.90	0.26743	10%-25% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	8	75.000	14.90	0.2767	26%-50% Below	No	No
59762007501	HYDROCORTISONE 20 MG TABLET	6	5.000	4.98	0.51714	76%-100% Above	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	5	120.000	21.02	0.23518	10%-25% Below	Yes	No
59762010405	SULFASALAZINE DR 500 MG TAB	6	120.000	21.02	0.23588	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762010405	SULFASALAZINE DR 500 MG TAB	7	540.000	94.61	0.21901	10%-25% Below	Yes	No
59762015601	ATORVASTATIN 20 MG TABLET	6	90.000	2.08	0.04596	26%-50% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	5	2.500	8.07	2.02188	51%-75% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	5	2.500	9.97	2.02188	76%-100% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	6	2.500	8.07	1.81388	76%-100% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	6	2.500	9.70	1.81388	101%-200% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	7	2.500	8.07	1.83542	51%-75% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	7	2.500	9.70	1.83542	101%-200% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	8	2.500	6.90	1.86414	26%-50% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	8	2.500	10.36	1.86414	101%-200% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	5	360.000	49.99	0.19497	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	6	120.000	14.99	0.18218	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	6	120.000	27.05	0.18218	10%-25% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	7	90.000	9.99	0.17142	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	8	20.000	4.38	0.1785	10%-25% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	8	120.000	0.01	0.1785	76%-100% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	8	120.000	11.88	0.1785	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	8	360.000	49.99	0.1785	10%-25% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	20.000	5.03	0.19497	26%-50% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	30.000	7.23	0.19497	10%-25% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	42.000	0.00	0.19497	76%-100% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	90.000	9.99	0.19497	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	120.000	0.01	0.19497	76%-100% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	120.000	14.54	0.19497	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	6	30.000	7.23	0.18218	26%-50% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762040105	SUCRALFATE 1 GM TABLET	6	42.000	0.00	0.18218	76%-100% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	6	120.000	0.01	0.18218	76%-100% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	6	120.000	14.54	0.18218	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	7	60.000	13.80	0.17142	26%-50% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	7	120.000	0.01	0.17142	76%-100% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	7	120.000	9.99	0.17142	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	8	42.000	13.05	0.1785	51%-75% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	8	120.000	0.01	0.1785	76%-100% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	7	180.000	1.80	0.68831	76%-100% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	7	180.000	80.01	0.68831	26%-50% Below	No	No
59762054201	GLIPIZIDE XL 10 MG TABLET	7	30.000	9.14	0.17536	51%-75% Above	No	No
59762054201	GLIPIZIDE XL 10 MG TABLET	8	30.000	9.14	0.17504	51%-75% Above	No	No
59762070702	DICLOFENAC EPOLAMINE 1.3% PTCH	5	30.000	119.64	5.833	26%-50% Below	Yes	No
59762070702	DICLOFENAC EPOLAMINE 1.3% PTCH	6	30.000	119.64	5.89422	26%-50% Below	Yes	No
59762070702	DICLOFENAC EPOLAMINE 1.3% PTCH	8	30.000	119.64	6.05088	26%-50% Below	Yes	No
59762080002	TOLTERODINE TARTRATE 2 MG TAB	5	60.000	24.99	0.56918	26%-50% Below	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	5	8.000	11.40	2.54795	26%-50% Below	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	5	12.000	17.11	2.54795	26%-50% Below	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	6	8.000	11.40	2.12566	26%-50% Below	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	7	8.000	11.40	1.92754	26%-50% Below	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	8	8.000	11.40	1.95122	26%-50% Below	Yes	No
59762106101	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	6	8.000	3.51	0.21702	101%-200% Above	No	No
59762122203	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	14.99	0.57995	10%-25% Below	No	No
59762151701	CELECOXIB 200 MG CAPSULE	5	90.000	14.90	0.12804	26%-50% Above	No	No
59762151701	CELECOXIB 200 MG CAPSULE	8	90.000	14.90	0.12633	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762172001	EPLERENONE 50 MG TABLET	6	90.000	163.72	0.79366	101%-200% Above	Yes	No
59762201009	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.45	0.0106	101%-200% Above	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	6	6.000	4.19	0.36893	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	5	6.000	3.71	0.3986	51%-75% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	5	6.000	4.19	0.3986	51%-75% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	5	6.000	4.21	0.3986	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	6	6.000	3.49	0.36893	51%-75% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	6	6.000	4.19	0.36893	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	7	6.000	0.06	0.37534	76%-100% Below	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	7	6.000	0.88	0.37534	51%-75% Below	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	7	6.000	3.49	0.37534	51%-75% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	7	6.000	4.08	0.37534	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	7	6.000	4.19	0.37534	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	7	6.000	6.61	0.37534	101%-200% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	8	6.000	3.49	0.36153	51%-75% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	8	6.000	4.28	0.36153	76%-100% Above	No	No
59762219807	AZITHROMYCIN 250 MG TABLET	5	14.000	8.66	0.3986	51%-75% Above	No	No
59762219807	AZITHROMYCIN 250 MG TABLET	6	6.000	3.71	0.36893	51%-75% Above	No	No
59762219807	AZITHROMYCIN 250 MG TABLET	6	11.000	5.90	0.36893	26%-50% Above	No	No
59762219807	AZITHROMYCIN 250 MG TABLET	7	4.000	4.83	0.37534	200% Above	No	No
59762219807	AZITHROMYCIN 250 MG TABLET	7	6.000	3.58	0.37534	51%-75% Above	No	No
59762232201	ELETRIPTAN HBR 40 MG TABLET	6	6.000	6.99	3.49433	51%-75% Below	No	No
59762232201	ELETRIPTAN HBR 40 MG TABLET	7	6.000	6.99	3.42485	51%-75% Below	No	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.000	5.09	0.45408	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.000	13.50	0.45408	76%-100% Above	No	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	6	15.000	5.09	0.45643	10%-25% Below	No	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	7	15.000	13.50	0.47017	76%-100% Above	No	No
59762313001	AZITHROMYCIN 200 MG/5 ML SUSP	5	22.500	14.99	0.3499	76%-100% Above	No	No
59762313001	AZITHROMYCIN 200 MG/5 ML SUSP	8	22.500	18.53	0.32424	101%-200% Above	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	6.90	0.23477	10%-25% Above	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	9.90	0.23477	51%-75% Above	No	No
59762371809	TRIAZOLAM 0.25 MG TABLET	8	2.000	3.39	1.08423	51%-75% Above	Yes	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	7	60.000	1.74	0.02134	26%-50% Above	No	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	8	15.000	2.45	0.0217	200% Above	No	No
59762372001	ALPRAZOLAM 0.5 MG TABLET	6	90.000	2.80	0.02137	26%-50% Above	No	No
59762372001	ALPRAZOLAM 0.5 MG TABLET	7	90.000	2.80	0.02034	51%-75% Above	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	7	30.000	1.68	0.02482	101%-200% Above	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	7	90.000	2.98	0.02482	26%-50% Above	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	8	30.000	1.16	0.02534	51%-75% Above	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	8	60.000	2.14	0.02534	26%-50% Above	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	8	90.000	2.98	0.02534	26%-50% Above	No	No
59762374302	CLINDAMYCIN PH 1% GEL	8	60.000	14.99	0.39701	26%-50% Below	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	8.05	0.1628	101%-200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.99	0.1628	101%-200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.99	0.1628	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	15.24	0.1628	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	8.05	0.17001	101%-200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.99	0.17001	101%-200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.17001	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.99	0.17001	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	16.05	0.17001	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	0.00	0.16027	76%-100% Below	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.99	0.16027	26%-50% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.99	0.16027	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	15.19	0.16027	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	16.05	0.16027	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.99	0.16291	200% Above	No	No
59762444003	METHYLPREDNISOLONE 4 MG TABLET	8	12.000	9.44	0.16548	200% Above	No	No
59762453802	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	26.48	42.89202	26%-50% Below	No	No
59762453802	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	27.30	45.18095	26%-50% Below	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	5	1.000	1.39	0.83862	51%-75% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	5	1.000	1.46	0.83862	51%-75% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	5	2.000	2.39	0.83862	26%-50% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	5	2.000	2.71	0.83862	51%-75% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	6	2.000	2.39	0.72794	51%-75% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	7	2.000	2.25	0.75093	26%-50% Above	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	7	4.000	3.55	0.75093	10%-25% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	8	1.000	0.48	0.73275	26%-50% Below	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	8	1.000	1.38	0.73275	76%-100% Above	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	8	4.000	3.47	0.73275	10%-25% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	8	8.000	7.35	0.73275	10%-25% Above	Yes	No
59762500802	MISOPROSTOL 200 MCG TABLET	7	1.000	1.57	0.75093	101%-200% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	7	5.000	4.78	0.75093	26%-50% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	8	1.000	1.35	0.73275	76%-100% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	5	40.000	43.44	1.7199	26%-50% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	5	40.000	43.66	1.7199	26%-50% Below	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	7	40.000	14.99	1.6413	76%-100% Below	No	No
59762501002	CLINDAMYCIN HCL 300 MG CAPSULE	7	20.000	6.66	0.26693	10%-25% Above	No	No
59762505001	GABAPENTIN 250 MG/5 ML SOLN	7	720.000	39.89	0.09034	26%-50% Below	Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	6	90.000	27.86	0.22684	26%-50% Above	Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	6	180.000	73.55	0.22684	76%-100% Above	Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	8	90.000	14.90	0.20589	10%-25% Below	No	No
60219170701	PREDNISON 10 MG TABLET	5	20.000	3.22	0.06823	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	5	21.000	3.25	0.06823	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	5	21.000	3.40	0.06823	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	5	30.000	0.00	0.06823	76%-100% Below	No	No
60219170701	PREDNISON 10 MG TABLET	6	8.000	1.59	0.06582	200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	6	20.000	3.23	0.06582	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	6	21.000	2.86	0.06582	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	6	21.000	3.35	0.06582	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	8	7.000	1.36	0.06767	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	8	10.000	1.97	0.06767	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	8	12.000	2.21	0.06767	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	8	22.000	3.46	0.06767	101%-200% Above	No	No
60219170701	PREDNISON 10 MG TABLET	8	90.000	8.57	0.06767	26%-50% Above	No	No
60219170705	PREDNISON 10 MG TABLET	5	5.000	0.74	0.06823	101%-200% Above	No	No
60219170705	PREDNISON 10 MG TABLET	5	11.000	1.17	0.06823	51%-75% Above	No	No
60219170705	PREDNISON 10 MG TABLET	5	12.000	1.98	0.06823	101%-200% Above	No	No
60219170705	PREDNISON 10 MG TABLET	5	18.000	2.95	0.06823	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60219170705	PREDNISONONE 10 MG TABLET	5	21.000	3.32	0.06823	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	5	24.000	1.01	0.06823	26%-50% Below	No	No
60219170705	PREDNISONONE 10 MG TABLET	5	30.000	4.42	0.06823	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	5	60.000	9.10	0.06823	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	6	10.000	1.77	0.06582	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	6	14.000	2.14	0.06582	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	6	20.000	3.19	0.06582	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	6	21.000	0.00	0.06582	76%-100% Below	No	No
60219170705	PREDNISONONE 10 MG TABLET	6	21.000	3.32	0.06582	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	6	30.000	4.42	0.06582	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	7	10.000	1.97	0.06545	200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	7	20.000	3.19	0.06545	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	7	21.000	3.32	0.06545	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	7.000	1.36	0.06767	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	9.000	1.84	0.06767	200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	10.000	1.97	0.06767	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	10.000	2.66	0.06767	200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	18.000	2.55	0.06767	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	20.000	3.19	0.06767	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	30.000	0.00	0.06767	76%-100% Below	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	30.000	4.42	0.06767	101%-200% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	63.000	8.47	0.06767	76%-100% Above	No	No
60219170705	PREDNISONONE 10 MG TABLET	8	112.000	9.99	0.06767	26%-50% Above	No	No
60219170801	PREDNISONONE 20 MG TABLET	5	6.000	1.44	0.11673	101%-200% Above	No	No
60219170801	PREDNISONONE 20 MG TABLET	5	10.000	1.97	0.11673	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60219170801	PREDNISONE 20 MG TABLET	5	20.000	3.29	0.11673	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	7.000	1.67	0.1164	101%-200% Above	No	No
60219175203	SILDENAFIL 50 MG TABLET	6	8.000	14.99	0.19329	200% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	5	12.000	9.28	0.49042	51%-75% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	6	12.000	7.88	0.51574	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	7	8.000	5.51	0.44915	51%-75% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	7	8.000	8.41	0.44915	101%-200% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	7	15.000	9.70	0.44915	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	8	6.000	2.89	0.40528	10%-25% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	8	10.000	5.31	0.40528	26%-50% Above	No	No
60258015001	SF 5000 PLUS CREAM	5	51.000	5.39	0.08861	10%-25% Above	No	No
60258015001	SF 5000 PLUS CREAM	5	51.000	8.22	0.08861	76%-100% Above	No	No
60258015001	SF 5000 PLUS CREAM	6	51.000	5.39	0.08678	10%-25% Above	No	No
60258015001	SF 5000 PLUS CREAM	6	51.000	8.10	0.08678	76%-100% Above	No	No
60258015001	SF 5000 PLUS CREAM	8	51.000	5.39	0.08774	10%-25% Above	No	No
60258015001	SF 5000 PLUS CREAM	8	51.000	8.09	0.08774	76%-100% Above	No	No
60258015001	SF 5000 PLUS CREAM	8	102.000	10.17	0.08774	10%-25% Above	No	No
60432006575	AMOX-CLAV 250-62.5 MG/5 ML SUS	5	150.000	38.72	0.43207	26%-50% Below	No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	2.58	0.27933	26%-50% Below	No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	6.90	0.27933	51%-75% Above	No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	2.56	0.27769	26%-50% Below	No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	8.50	0.27769	76%-100% Above	No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	6.90	0.28357	51%-75% Above	No	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.000	19.90	0.05327	200% Above	No	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.000	14.90	0.05327	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.000	5.78	0.05819	10%-25% Below	Yes	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	100.000	17.13	0.05051	200% Above	No	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	118.000	14.90	0.05051	101%-200% Above	No	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	118.000	14.99	0.05051	101%-200% Above	Yes	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	120.000	4.90	0.05051	10%-25% Below	No	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	120.000	14.99	0.05051	101%-200% Above	Yes	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	420.000	16.93	0.05051	10%-25% Below	No	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	90.000	14.99	0.05034	200% Above	Yes	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.000	17.35	0.05034	101%-200% Above	Yes	No
60432045516	HYDROCODONE-HOMATROPINE SOLN	7	120.000	8.08	0.08456	10%-25% Below	Yes	No
60432045516	HYDROCODONE-HOMATROPINE SOLN	7	120.000	11.96	0.08456	10%-25% Above	No	No
60432046400	LIDOCAINE 2% VISCOUS SOLN	5	100.000	7.42	0.06432	10%-25% Above	Yes	No
60432046400	LIDOCAINE 2% VISCOUS SOLN	5	150.000	10.84	0.06432	10%-25% Above	Yes	No
60432046400	LIDOCAINE 2% VISCOUS SOLN	6	100.000	4.76	0.06237	10%-25% Below	Yes	No
60432046400	LIDOCAINE 2% VISCOUS SOLN	7	100.000	4.76	0.06688	26%-50% Below	Yes	No
60432046400	LIDOCAINE 2% VISCOUS SOLN	7	100.000	8.61	0.06688	26%-50% Above	Yes	No
60432053716	NYSTATIN 100,000 UNIT/ML SUSP	8	300.000	14.90	0.03981	10%-25% Above	No	No
60432056160	TRIAMCINOLONE 0.1% LOTION	7	60.000	9.99	0.31703	26%-50% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.000	8.09	0.05849	10%-25% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	140.000	11.20	0.05849	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	140.000	11.29	0.05849	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	180.000	14.04	0.05849	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	200.000	10.09	0.05849	10%-25% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	118.000	9.63	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	0.01	0.05533	76%-100% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	9.99	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	140.000	11.20	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	180.000	0.02	0.05533	76%-100% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	180.000	14.31	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	210.000	0.02	0.05533	76%-100% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	118.000	8.57	0.05382	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	9.79	0.05382	51%-75% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	140.000	4.10	0.05382	26%-50% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	140.000	11.05	0.05382	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	140.000	11.20	0.05382	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	150.000	1.50	0.05382	76%-100% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	180.000	5.27	0.05382	26%-50% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.56	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.99	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	140.000	11.05	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	140.000	11.06	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	140.000	11.29	0.05533	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	240.000	18.83	0.05533	26%-50% Above	No	No
60432074116	ACETIC ACID 2% EAR SOLUTION	8	15.000	14.76	1.37137	26%-50% Below	Yes	No
60505001406	DILT XR 120 MG CAPSULE	5	90.000	22.73	0.42424	26%-50% Below	No	No
60505001406	DILT XR 120 MG CAPSULE	6	30.000	10.66	0.45129	10%-25% Below	No	No
60505001406	DILT XR 120 MG CAPSULE	7	30.000	10.66	0.44417	10%-25% Below	No	No
60505001506	DILT XR 180 MG CAPSULE	7	90.000	20.93	0.51726	51%-75% Below	Yes	No
60505001606	DILT XR 240 MG CAPSULE	5	90.000	32.84	0.73669	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	8	90.000	31.04	0.82805	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	5	60.000	9.25	0.27827	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	6	60.000	9.48	0.23869	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	7	60.000	9.48	0.22674	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	8	60.000	9.48	0.24212	26%-50% Below	No	No
60505004001	ETODOLAC 300 MG CAPSULE	6	30.000	19.99	0.41931	51%-75% Above	No	No
60505004101	ETODOLAC 400 MG TABLET	5	60.000	45.49	0.33459	101%-200% Above	No	No
60505004101	ETODOLAC 400 MG TABLET	6	40.000	14.99	0.29128	26%-50% Above	No	No
60505004101	ETODOLAC 400 MG TABLET	6	60.000	45.49	0.29128	101%-200% Above	No	No
60505004101	ETODOLAC 400 MG TABLET	7	60.000	45.49	0.29728	101%-200% Above	No	No
60505004206	ACYCLOVIR 200 MG CAPSULE	7	25.000	3.42	0.10714	26%-50% Above	No	No
60505008000	SOTALOL 80 MG TABLET	7	45.000	6.05	0.0737	76%-100% Above	No	No
60505008000	SOTALOL 80 MG TABLET	7	180.000	0.02	0.0737	76%-100% Below	No	No
60505008100	SOTALOL 160 MG TABLET	6	180.000	31.02	0.13964	10%-25% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	5	90.000	9.34	0.09397	10%-25% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	8	90.000	9.34	0.08175	26%-50% Above	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	5	30.000	8.99	0.09336	200% Above	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	7	30.000	8.99	0.08075	200% Above	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	8	30.000	8.99	0.08395	200% Above	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	8	90.000	44.99	0.08395	200% Above	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	6	30.000	14.90	0.07481	200% Above	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	7	30.000	14.90	0.06537	200% Above	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	7	90.000	38.02	0.06537	200% Above	Yes	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	8	30.000	14.90	0.07972	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	5	30.000	4.90	0.09652	51%-75% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	5	90.000	23.99	0.09652	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	5	90.000	50.21	0.09652	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	6	30.000	14.90	0.09414	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	6	90.000	49.52	0.09414	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	7	30.000	4.90	0.08126	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	7	90.000	39.89	0.08126	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	8	90.000	23.99	0.09438	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	8	90.000	39.89	0.09438	200% Above	Yes	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	5	90.000	44.99	0.10961	200% Above	Yes	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	5	90.000	52.00	0.10961	200% Above	Yes	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	6	90.000	52.59	0.11713	200% Above	Yes	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	7	90.000	41.90	0.10329	200% Above	Yes	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	8	90.000	44.99	0.12239	200% Above	Yes	No
60505010102	PAROXETINE HCL 40 MG TABLET	5	90.000	9.90	0.13671	10%-25% Below	No	No
60505010102	PAROXETINE HCL 40 MG TABLET	8	90.000	9.90	0.1413	10%-25% Below	No	No
60505011308	GABAPENTIN 300 MG CAPSULE	5	30.000	2.25	0.04701	51%-75% Above	No	No
60505011308	GABAPENTIN 300 MG CAPSULE	5	60.000	4.02	0.04701	26%-50% Above	No	No
60505011308	GABAPENTIN 300 MG CAPSULE	6	30.000	2.25	0.04559	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	5	60.000	2.44	0.036	10%-25% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	7	90.000	2.40	0.0353	10%-25% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	8	180.000	4.81	0.03538	10%-25% Below	Yes	No
60505014101	GLIPIZIDE 5 MG TABLET	5	30.000	0.63	0.036	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	5	180.000	3.49	0.036	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	30.000	1.59	0.03395	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	90.000	0.01	0.03395	76%-100% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	90.000	3.37	0.03395	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505014102	GLIPIZIDE 5 MG TABLET	7	30.000	1.59	0.0353	26%-50% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	8	30.000	1.59	0.03538	26%-50% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	8	90.000	0.01	0.03538	76%-100% Below	No	No
60505014200	GLIPIZIDE 10 MG TABLET	5	180.000	10.01	0.04772	10%-25% Above	Yes	No
60505014200	GLIPIZIDE 10 MG TABLET	6	360.000	19.73	0.04956	10%-25% Above	Yes	No
60505014200	GLIPIZIDE 10 MG TABLET	7	90.000	3.31	0.04861	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	7	60.000	2.42	0.04861	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	7	60.000	2.55	0.04861	10%-25% Below	Yes	No
60505014201	GLIPIZIDE 10 MG TABLET	8	30.000	1.76	0.05139	10%-25% Above	No	No
60505014201	GLIPIZIDE 10 MG TABLET	8	60.000	2.41	0.05139	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	5	180.000	7.42	0.04772	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	6	360.000	13.59	0.04956	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	7	60.000	0.01	0.04861	76%-100% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	7	60.000	2.51	0.04861	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	7	90.000	2.08	0.04861	51%-75% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	7	90.000	3.40	0.04861	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	8	180.000	7.08	0.05139	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	8	360.000	13.59	0.05139	26%-50% Below	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.08	0.05893	200% Above	Yes	No
60505015701	BUPROPION HCL 100 MG TABLET	6	60.000	14.99	0.13945	76%-100% Above	No	No
60505015701	BUPROPION HCL 100 MG TABLET	7	60.000	14.99	0.13827	76%-100% Above	No	No
60505015701	BUPROPION HCL 100 MG TABLET	8	60.000	14.99	0.13517	76%-100% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	5	60.000	9.99	0.12184	26%-50% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	6	52.000	14.90	0.12083	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	7	60.000	14.90	0.11548	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505015801	BUPROPION HCL 75 MG TABLET	7	60.000	19.99	0.11548	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	8	30.000	0.00	0.11826	76%-100% Below	No	No
60505015801	BUPROPION HCL 75 MG TABLET	8	30.000	7.49	0.11826	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	8	30.000	13.92	0.11826	200% Above	No	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	5	30.000	1.19	0.06677	26%-50% Below	No	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	5	30.000	1.30	0.06677	26%-50% Below	No	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	6	30.000	1.15	0.06819	26%-50% Below	No	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	7	30.000	1.24	0.06819	26%-50% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	6	90.000	0.90	0.06819	76%-100% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	8	90.000	0.90	0.07262	76%-100% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	5	30.000	1.04	0.05536	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	5	30.000	1.13	0.05536	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	0.90	0.05437	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	0.98	0.05437	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	4.90	0.05437	200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	7	30.000	0.98	0.0563	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	7	90.000	45.55	0.0563	200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	0.98	0.05788	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	1.06	0.05788	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	2.93	0.05788	26%-50% Below	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	7	90.000	3.18	0.0563	26%-50% Below	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	0.98	0.05788	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	1.76	0.08849	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	1.76	0.09067	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	4.86	0.09067	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	5.27	0.09067	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	1.76	0.0866	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	14.90	0.0866	200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	0.70	0.09038	51%-75% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	14.90	0.09038	200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	8	90.000	1.94	0.09038	76%-100% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	1.62	0.08849	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	1.76	0.08849	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	5	90.000	5.27	0.08849	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	1.62	0.09067	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	6	30.000	1.76	0.09067	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	1.62	0.0866	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	7	30.000	1.76	0.0866	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	0.65	0.09038	76%-100% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	0.70	0.09038	51%-75% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	8	90.000	2.10	0.09038	51%-75% Below	No	No
60505018301	CARBAMAZEPINE 200 MG TABLET	7	180.000	44.90	0.18301	26%-50% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	8	30.000	5.46	0.07642	101%-200% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	5	30.000	3.92	0.08015	51%-75% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	6	90.000	8.61	0.07615	10%-25% Above	No	No
60505024801	MIRTAZAPINE 30 MG TABLET	5	30.000	5.23	0.09641	76%-100% Above	No	No
60505024801	MIRTAZAPINE 30 MG TABLET	6	30.000	4.32	0.09205	51%-75% Above	No	No
60505024801	MIRTAZAPINE 30 MG TABLET	6	30.000	5.05	0.09205	76%-100% Above	No	No
60505024801	MIRTAZAPINE 30 MG TABLET	7	30.000	4.32	0.09284	51%-75% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	5	90.000	14.99	0.05642	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505025103	TIZANIDINE HCL 2 MG TABLET	5	90.000	19.99	0.05642	200% Above	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	6	30.000	4.99	0.0553	200% Above	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	6	30.000	7.59	0.0553	200% Above	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	6	45.000	1.70	0.0553	26%-50% Below	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	6	90.000	14.99	0.0553	200% Above	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	6	90.000	17.99	0.0553	200% Above	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	7	30.000	4.99	0.05471	200% Above	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	7	270.000	44.99	0.05471	200% Above	Yes	No
60505025103	TIZANIDINE HCL 2 MG TABLET	8	30.000	9.39	0.05623	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.40	0.05084	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.99	0.05084	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	270.000	26.19	0.05084	76%-100% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	20.000	5.36	0.04842	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	30.000	2.08	0.04842	26%-50% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	30.000	2.99	0.04842	101%-200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.35	0.04842	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.99	0.04842	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	45.000	11.14	0.04842	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	60.000	11.92	0.04842	200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	270.000	8.48	0.04842	26%-50% Below	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	360.000	39.28	0.04842	101%-200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	360.000	44.99	0.04842	101%-200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	15.000	4.10	0.04818	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	30.000	0.94	0.04818	26%-50% Below	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	30.000	4.99	0.04818	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.40	0.04818	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	40.000	7.82	0.04818	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	45.000	11.14	0.04818	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	270.000	25.00	0.04818	76%-100% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	8	30.000	0.94	0.04778	26%-50% Below	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	8	30.000	6.35	0.04778	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	8	30.000	8.17	0.04778	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	8	30.000	9.99	0.04778	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	8	45.000	11.14	0.04778	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	8	60.000	11.92	0.04778	200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	8	360.000	31.64	0.04778	76%-100% Above	Yes	No
60505025302	CLOPIDOGREL 75 MG TABLET	5	90.000	7.15	0.06653	10%-25% Above	Yes	No
60505025302	CLOPIDOGREL 75 MG TABLET	5	90.000	7.25	0.06653	10%-25% Above	Yes	No
60505025302	CLOPIDOGREL 75 MG TABLET	5	90.000	9.17	0.06653	51%-75% Above	Yes	No
60505025302	CLOPIDOGREL 75 MG TABLET	5	90.000	10.87	0.06653	76%-100% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	7	90.000	8.33	0.06614	26%-50% Above	Yes	No
60505025302	CLOPIDOGREL 75 MG TABLET	8	30.000	3.45	0.06467	76%-100% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	8	90.000	8.33	0.06467	26%-50% Above	Yes	No
60505025302	CLOPIDOGREL 75 MG TABLET	8	90.000	9.17	0.06467	51%-75% Above	Yes	No
60505025701	DESMOPRESSIN ACETATE 0.1 MG TB	5	270.000	260.26	0.39942	101%-200% Above	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	5	30.000	14.99	0.42398	10%-25% Above	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	7	30.000	23.48	0.40392	76%-100% Above	No	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	7	60.000	14.99	0.40392	26%-50% Below	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	5	5.000	79.42	2.19389	200% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	6	5.000	9.99	2.2726	10%-25% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505036301	OFLOXACIN 0.3% EAR DROPS	6	5.000	14.99	2.2726	26%-50% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	6	5.000	14.99	2.2726	26%-50% Above	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	6	10.000	13.34	2.2726	26%-50% Below	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	7	1.000	4.90	2.30097	101%-200% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	7	5.000	6.99	2.30097	26%-50% Below	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	7	5.000	14.90	2.30097	26%-50% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	7	5.000	14.99	2.30097	26%-50% Above	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	7	5.000	19.90	2.30097	51%-75% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	7	5.000	103.87	2.30097	200% Above	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	7	10.000	14.99	2.30097	26%-50% Below	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	8	5.000	9.99	2.41144	10%-25% Below	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	8	10.000	15.07	2.41144	26%-50% Below	Yes	No
60505036302	OFLOXACIN 0.3% EAR DROPS	8	10.000	12.03	2.29785	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	5.000	6.07	1.74753	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	5.000	9.78	1.74753	10%-25% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	5.000	9.99	1.74753	10%-25% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	5.000	11.42	1.74753	26%-50% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	10.000	19.99	1.74753	10%-25% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	6	5.000	6.07	1.60751	10%-25% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	7	5.000	14.58	1.57057	76%-100% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	8	5.000	11.42	1.62104	26%-50% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	8	5.000	13.77	1.62104	51%-75% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	8	20.000	24.29	1.62104	10%-25% Below	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	5	10.000	11.98	1.62535	26%-50% Below	Yes	No
60505057804	AZELASTINE HCL 0.05% DROPS	8	6.000	14.90	1.17369	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	5	3.000	14.90	3.5905	26%-50% Above	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	6	3.000	14.99	3.91083	26%-50% Above	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	8.24	3.40298	10%-25% Below	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	29.20	3.40298	101%-200% Above	Yes	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	14.90	3.59727	26%-50% Above	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	14.99	3.59727	26%-50% Above	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	19.90	3.59727	76%-100% Above	No	No
60505058604	OLOPATADINE HCL 0.2% EYE DROP	7	2.500	14.90	8.412	26%-50% Below	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	5	30.000	14.90	0.80542	26%-50% Below	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	6	30.000	14.90	0.83265	26%-50% Below	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	6	30.000	20.22	0.83265	10%-25% Below	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	7	30.000	13.59	0.7997	26%-50% Below	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	8	30.000	32.25	0.83946	26%-50% Above	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	6	15.000	19.99	1.57011	10%-25% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	7	15.000	14.90	1.54506	26%-50% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	8	15.000	14.48	1.53115	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	0.00	0.27933	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	0.16	0.27933	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	3.50	0.27933	10%-25% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	3.61	0.27933	10%-25% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	6.90	0.27933	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	8.50	0.27933	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	9.90	0.27933	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	9.99	0.27933	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	11.60	0.27933	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	13.65	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	13.74	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.06	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.15	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.31	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.38	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.40	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	14.99	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	26.39	0.27933	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	2.56	0.27769	26%-50% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	3.97	0.27769	10%-25% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	4.90	0.27769	10%-25% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	4.99	0.27769	10%-25% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	5.00	0.27769	10%-25% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	6.33	0.27769	26%-50% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	6.90	0.27769	51%-75% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	7.00	0.27769	51%-75% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	9.90	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	9.99	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	11.55	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	11.60	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	11.64	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	12.23	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	13.65	0.27769	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	14.06	0.27769	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	14.15	0.27769	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	14.38	0.27769	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	14.99	0.27769	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	48.000	29.99	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	6	48.000	33.54	0.27769	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	0.16	0.27508	76%-100% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	2.07	0.27508	51%-75% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	3.02	0.27508	26%-50% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	3.88	0.27508	10%-25% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	4.90	0.27508	10%-25% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	6.90	0.27508	51%-75% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	9.90	0.27508	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	9.99	0.27508	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	11.64	0.27508	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	13.74	0.27508	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	13.90	0.27508	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	14.06	0.27508	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	7	48.000	29.99	0.27508	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	8	1.000	1.74	0.28357	200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	0.16	0.28357	76%-100% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	3.97	0.28357	10%-25% Below	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	6.90	0.28357	51%-75% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	9.90	0.28357	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	9.99	0.28357	101%-200% Above	No	No
60505082901	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	11.28	0.28357	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	11.55	0.28357	101%-200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	12.14	0.28357	101%-200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	13.74	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	14.06	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	14.15	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	14.90	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	14.99	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	18.03	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.000	19.33	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	32.000	27.57	0.28357	200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.000	29.99	0.28357	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	5	17.000	19.99	2.23897	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	5	17.000	24.00	2.23897	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	6	17.000	24.00	2.25298	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	7	17.000	19.99	2.16074	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	7	17.000	24.00	2.16074	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	8	17.000	19.99	2.22905	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	5.41	0.30258	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	6.90	0.30258	10%-25% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	6.99	0.30258	10%-25% Below	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	9.99	0.30258	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	9.99	0.30258	10%-25% Above	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	14.65	0.30258	51%-75% Above	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	24.99	0.30258	101%-200% Above	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	29.99	0.30258	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	90.000	44.99	0.30258	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	90.000	48.88	0.30258	76%-100% Above	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	5.48	0.31397	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	6.90	0.31397	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	6.99	0.31397	10%-25% Below	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	24.99	0.31397	101%-200% Above	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	29.99	0.31397	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	29.99	0.31397	200% Above	Yes	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	33.22	0.31397	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	5.72	0.2915	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	6.90	0.2915	10%-25% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	6.99	0.2915	10%-25% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	7.09	0.2915	10%-25% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	9.99	0.2915	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	33.13	0.2915	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	35.15	0.2915	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	90.000	29.99	0.2915	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	90.000	98.28	0.2915	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	6.90	0.29235	10%-25% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	14.90	0.29235	51%-75% Above	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.000	14.99	4.19496	76%-100% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.000	58.66	4.19496	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.000	59.99	4.19496	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.000	9.99	4.38739	76%-100% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.000	58.66	4.38739	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.000	9.99	4.07456	76%-100% Below	No	No
60505100301	KETOROLAC 0.5% OPHTH SOLUTION	6	5.000	10.69	1.52764	26%-50% Above	No	No
60505100501	TIMOLOL 0.5% EYE DROP	5	5.000	101.78	31.3164	26%-50% Below	No	No
60505100501	TIMOLOL 0.5% EYE DROP	6	5.000	101.78	31.3164	26%-50% Below	No	No
60505100501	TIMOLOL 0.5% EYE DROP	7	5.000	101.78	31.3164	26%-50% Below	No	No
60505100501	TIMOLOL 0.5% EYE DROP	8	5.000	87.78	31.3164	26%-50% Below	No	No
60505131603	PAROXETINE CR 12.5 MG TABLET	5	30.000	9.99	1.01536	51%-75% Below	No	No
60505131603	PAROXETINE CR 12.5 MG TABLET	6	30.000	9.99	1.06812	51%-75% Below	No	No
60505131703	PAROXETINE CR 25 MG TABLET	5	30.000	14.90	1.00626	26%-50% Below	No	No
60505131703	PAROXETINE CR 25 MG TABLET	7	30.000	14.90	0.99948	26%-50% Below	No	No
60505131703	PAROXETINE CR 25 MG TABLET	8	30.000	14.90	0.85221	26%-50% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	5	90.000	7.38	0.1479	26%-50% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	6	30.000	0.30	0.15255	76%-100% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	7	90.000	0.90	0.1429	76%-100% Below	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	6	30.000	2.09	0.15255	51%-75% Below	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	6	90.000	6.26	0.15255	51%-75% Below	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	6	90.000	7.99	0.15255	26%-50% Below	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	7	30.000	2.90	0.1429	26%-50% Below	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	7	30.000	14.90	0.1429	200% Above	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	8	30.000	2.90	0.1682	26%-50% Below	No	No
60505252703	MODAFINIL 200 MG TABLET	8	60.000	0.01	0.5622	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	5	30.000	0.66	0.03195	26%-50% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	5	90.000	1.98	0.03195	26%-50% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	30.000	0.53	0.03764	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	90.000	13.36	0.03764	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505257808	ATORVASTATIN 10 MG TABLET	7	30.000	0.47	0.0327	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	7	30.000	0.53	0.0327	26%-50% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	7	90.000	1.40	0.0327	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	8	30.000	0.38	0.03497	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	8	30.000	0.47	0.03497	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	8	90.000	1.13	0.03497	51%-75% Below	No	No
60505257809	ATORVASTATIN 10 MG TABLET	8	30.000	0.35	0.03497	51%-75% Below	No	No
60505257809	ATORVASTATIN 10 MG TABLET	8	90.000	1.40	0.03497	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	28.000	5.38	0.04423	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	30.000	0.95	0.04423	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	90.000	2.85	0.04423	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	30.000	0.69	0.04596	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	30.000	0.95	0.04596	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	90.000	2.08	0.04596	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	30.000	0.50	0.04441	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	30.000	5.88	0.04441	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	90.000	1.49	0.04441	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	8	30.000	0.50	0.04748	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	8	30.000	0.87	0.04748	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	8	90.000	2.60	0.04748	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	5	30.000	0.95	0.04423	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	5	90.000	2.85	0.04423	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	6	30.000	0.69	0.04596	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	7	30.000	0.50	0.04441	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	8	30.000	0.87	0.04748	26%-50% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505257909	ATORVASTATIN 20 MG TABLET	8	30.000	5.88	0.04748	200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	8	90.000	2.60	0.04748	26%-50% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	30.000	4.90	0.06231	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	30.000	5.20	0.06231	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	30.000	5.89	0.06231	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	90.000	15.90	0.06231	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	90.000	16.37	0.06231	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	30.000	4.88	0.06219	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	30.000	5.89	0.06219	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	30.000	6.27	0.06219	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	90.000	3.53	0.06219	26%-50% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	90.000	15.90	0.06219	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	90.000	16.37	0.06219	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.000	4.88	0.05572	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.000	4.90	0.05572	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.000	5.73	0.05572	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.000	5.89	0.05572	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	10.000	2.02	0.05662	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	28.000	4.74	0.05662	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	0.96	0.05662	26%-50% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	4.88	0.05662	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	4.93	0.05662	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	5.89	0.05662	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	7.44	0.05662	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	8.07	0.05662	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505258008	ATORVASTATIN 40 MG TABLET	8	90.000	14.90	0.05662	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	90.000	16.37	0.05662	200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	5	30.000	4.93	0.06231	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	5	30.000	5.89	0.06231	200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	5	30.000	6.27	0.06231	200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	6	30.000	4.93	0.06219	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	6	90.000	9.90	0.06219	76%-100% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	7	30.000	4.93	0.05572	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	8	30.000	4.93	0.05662	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	8	90.000	16.37	0.05662	200% Above	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	8	60.000	14.90	0.14361	51%-75% Above	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	8	90.000	14.90	0.14361	10%-25% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	5	30.000	2.55	0.03771	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	5	30.000	2.96	0.03771	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	30.000	2.55	0.03694	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	30.000	3.12	0.03694	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	60.000	4.31	0.03694	76%-100% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	60.000	4.36	0.03694	76%-100% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	90.000	7.40	0.03694	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	7	30.000	2.55	0.03565	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	7	60.000	4.31	0.03565	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	8	30.000	2.55	0.03529	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	8	30.000	2.89	0.03529	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	8	30.000	3.12	0.03529	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	8	60.000	4.31	0.03529	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505265301	TRAZODONE 50 MG TABLET	8	90.000	7.19	0.03529	101%-200% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	5	30.000	4.12	0.06786	101%-200% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	5	90.000	0.01	0.06786	76%-100% Below	No	No
60505265401	TRAZODONE 100 MG TABLET	5	90.000	6.78	0.06786	10%-25% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	6	30.000	3.43	0.06932	51%-75% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	6	90.000	0.01	0.06932	76%-100% Below	No	No
60505265401	TRAZODONE 100 MG TABLET	6	90.000	10.51	0.06932	51%-75% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	7	30.000	3.43	0.06585	51%-75% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	8	30.000	3.43	0.06537	51%-75% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	8	90.000	0.01	0.06537	76%-100% Below	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	5.24	0.09788	76%-100% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.000	5.32	0.09788	26%-50% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.000	17.27	0.09788	76%-100% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	4.33	0.0913	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.000	14.11	0.0913	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	4.33	0.08923	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	40.000	5.45	0.08923	51%-75% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	45.000	6.96	0.08923	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.000	5.32	0.08923	26%-50% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.000	13.91	0.08923	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.000	13.95	0.08923	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.000	14.11	0.08923	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	4.33	0.08948	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.000	5.32	0.08948	26%-50% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.000	13.91	0.08948	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	0.00	0.09788	76%-100% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	0.79	0.09788	51%-75% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	3.99	0.09788	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	5.11	0.09788	51%-75% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	5.15	0.09788	51%-75% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.000	14.11	0.09788	51%-75% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	0.00	0.0913	76%-100% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	0.79	0.0913	51%-75% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	3.99	0.0913	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	5.11	0.0913	76%-100% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	3.99	0.08923	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	0.00	0.08948	76%-100% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	0.79	0.08948	51%-75% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	3.99	0.08948	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	5.06	0.08948	76%-100% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.000	9.99	0.08948	10%-25% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.000	14.11	0.08948	51%-75% Above	No	No
60505265701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	5	90.000	5.68	0.13176	51%-75% Below	Yes	No
60505265705	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	6	90.000	9.99	0.1334	10%-25% Below	No	No
60505265901	TRAZODONE 300 MG TABLET	6	90.000	76.50	1.53671	26%-50% Below	Yes	No
60505265901	TRAZODONE 300 MG TABLET	7	90.000	76.50	1.4443	26%-50% Below	Yes	No
60505267108	ATORVASTATIN 80 MG TABLET	6	30.000	1.58	0.09675	26%-50% Below	No	No
60505267108	ATORVASTATIN 80 MG TABLET	7	30.000	1.48	0.09381	26%-50% Below	No	No
60505267108	ATORVASTATIN 80 MG TABLET	7	30.000	6.70	0.09381	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	8	30.000	1.58	0.10232	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505267108	ATORVASTATIN 80 MG TABLET	8	30.000	8.49	0.10232	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	5	30.000	4.90	0.09762	51%-75% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	5	30.000	5.59	0.09762	76%-100% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	5	30.000	6.17	0.09762	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	5	90.000	18.90	0.09762	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	6	30.000	4.90	0.09675	51%-75% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	6	30.000	5.59	0.09675	76%-100% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	6	30.000	6.17	0.09675	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	7	30.000	4.90	0.09381	51%-75% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	7	30.000	5.59	0.09381	76%-100% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	7	30.000	6.17	0.09381	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	7	90.000	18.80	0.09381	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	8	30.000	1.48	0.10232	51%-75% Below	No	No
60505267109	ATORVASTATIN 80 MG TABLET	8	30.000	4.90	0.10232	51%-75% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	8	30.000	6.17	0.10232	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	8	90.000	18.80	0.10232	101%-200% Above	No	No
60505294505	EZETIMIBE 10 MG TABLET	8	90.000	44.90	0.10319	200% Above	No	No
60505299506	DULOXETINE HCL DR 20 MG CAP	8	30.000	9.90	0.11063	101%-200% Above	No	No
60505384801	CELECOXIB 100 MG CAPSULE	5	60.000	9.99	0.0974	51%-75% Above	Yes	No
60505384801	CELECOXIB 100 MG CAPSULE	8	60.000	9.99	0.10591	51%-75% Above	Yes	No
60505384901	CELECOXIB 200 MG CAPSULE	5	30.000	9.99	0.12804	101%-200% Above	Yes	No
60505384905	CELECOXIB 200 MG CAPSULE	5	90.000	19.99	0.12804	51%-75% Above	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	5	30.000	9.90	0.24474	26%-50% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	6	30.000	9.90	0.26287	10%-25% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	8	30.000	184.81	0.26925	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505392801	GUANFACINE HCL ER 2 MG TABLET	5	30.000	9.99	0.26252	26%-50% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	6	30.000	9.99	0.27526	10%-25% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	7	30.000	9.99	0.27695	10%-25% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	8	30.000	9.99	0.26118	26%-50% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	5	30.000	24.99	0.24166	200% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	6	30.000	9.99	0.27389	10%-25% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	6	30.000	14.90	0.27389	76%-100% Above	No	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	6	30.000	14.99	0.27389	76%-100% Above	No	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	7	30.000	9.99	0.24259	26%-50% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	8	30.000	14.90	0.26803	76%-100% Above	No	No
60505464303	PRASUGREL 10 MG TABLET	8	90.000	17.87	0.3635	26%-50% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	8	45.000	57.85	1.91395	26%-50% Below	No	No
60505615201	CEFTRIAZONE 500 MG VIAL	8	120.000	2094.61	0.97033	200% Above	No	No
60505622500	BRIMONIDINE-TIMOLOL 0.2%-0.5%	7	5.000	77.75	31.93363	51%-75% Below	No	No
60505622500	BRIMONIDINE-TIMOLOL 0.2%-0.5%	8	5.000	93.59	29.62194	26%-50% Below	No	No
60505622501	BRIMONIDINE-TIMOLOL 0.2%-0.5%	7	5.000	84.23	24.4146	26%-50% Below	No	No
60505622600	ATROPINE 1% EYE DROPS	6	2.000	18.19	17.19607	26%-50% Below	Yes	No
60505707705	BUPRENORPHINE 10 MCG/HR PATCH	6	4.000	14.99	62.0561	76%-100% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	5.000	16.11	5.64849	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.000	16.11	5.55333	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.000	16.36	5.55333	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	15.000	93.09	5.55333	10%-25% Above	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	5.000	16.11	5.50524	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	5.000	19.99	5.50524	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	10.000	62.06	5.50524	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	15.000	93.09	5.50524	10%-25% Above	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.000	16.11	5.30474	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.000	19.99	5.30474	10%-25% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.000	31.03	5.30474	10%-25% Above	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	10.000	62.06	5.30474	10%-25% Above	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	15.000	48.34	5.30474	26%-50% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	5	10.000	32.18	5.71274	26%-50% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	7	10.000	32.18	5.58874	26%-50% Below	Yes	No
60758077305	KETOROLAC 0.4% OPHTH SOLUTION	5	5.000	14.99	10.47	51%-75% Below	No	No
60758077305	KETOROLAC 0.4% OPHTH SOLUTION	7	5.000	14.99	9.38562	51%-75% Below	No	No
60758088005	FLUOROMETHOLONE 0.1% DROPS	8	5.000	14.99	13.6669	76%-100% Below	No	No
60758088005	FLUOROMETHOLONE 0.1% DROPS	8	5.000	34.10	13.6669	26%-50% Below	Yes	No
60758090810	POLYMYXIN B-TMP EYE DROPS	5	10.000	7.32	0.51899	26%-50% Above	No	No
60758090810	POLYMYXIN B-TMP EYE DROPS	5	10.000	10.92	0.51899	101%-200% Above	No	No
60758090810	POLYMYXIN B-TMP EYE DROPS	6	10.000	9.25	0.4567	101%-200% Above	No	No
60758090810	POLYMYXIN B-TMP EYE DROPS	7	10.000	8.22	0.51276	51%-75% Above	No	No
60758090810	POLYMYXIN B-TMP EYE DROPS	8	10.000	7.75	0.55851	26%-50% Above	No	No
60758090810	POLYMYXIN B-TMP EYE DROPS	8	10.000	11.01	0.55851	76%-100% Above	No	No
60793085501	LEVOXYL 112 MCG TABLET	6	90.000	31.64	1.04604	51%-75% Below	Yes	No
60793085501	LEVOXYL 112 MCG TABLET	8	90.000	25.49	1.04604	51%-75% Below	Yes	No
60793086001	LEVOXYL 200 MCG TABLET	6	90.000	58.37	1.24996	26%-50% Below	No	No
60846080401	UNITHROID 88 MCG TABLET	8	90.000	46.76	3.54785	76%-100% Below	Yes	No
61314001405	DICLOFENAC 0.1% EYE DROPS	7	5.000	9.99	1.78574	10%-25% Above	No	No
61314001425	DICLOFENAC 0.1% EYE DROPS	5	2.500	14.90	2.02133	101%-200% Above	No	No
61314003002	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.000	17.72	1.218	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61314003002	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.000	14.90	1.29057	10%-25% Above	No	No
61314003002	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.000	14.90	1.14848	26%-50% Above	No	No
61314004475	TRIFLURIDINE 1% EYE DROPS	8	7.500	106.13	21.6064	26%-50% Below	No	No
61314012605	KETOROLAC 0.5% OPTH SOLUTION	6	5.000	9.99	1.52764	26%-50% Above	No	No
61314012605	KETOROLAC 0.5% OPTH SOLUTION	7	10.000	19.65	1.6541	10%-25% Above	No	No
61314012605	KETOROLAC 0.5% OPTH SOLUTION	8	3.000	6.59	1.52151	26%-50% Above	No	No
61314014405	BRIMONIDINE TARTRATE 0.15% DRP	6	15.000	269.12	25.83394	26%-50% Below	Yes	No
61314014405	BRIMONIDINE TARTRATE 0.15% DRP	7	10.000	146.80	25.76727	26%-50% Below	Yes	No
61314022605	TIMOLOL MALEATE 0.25% EYE DROP	7	5.000	3.51	0.63306	10%-25% Above	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	5	5.000	5.09	1.23305	10%-25% Below	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	7	6.000	46.94	1.03168	200% Above	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	8	6.000	14.99	1.17369	101%-200% Above	No	No
61314032001	OLOPATADINE 665 MCG NASAL SPRY	5	30.500	23.74	1.14188	26%-50% Below	Yes	No
61314032001	OLOPATADINE 665 MCG NASAL SPRY	6	30.500	23.74	1.13912	26%-50% Below	Yes	No
61314032001	OLOPATADINE 665 MCG NASAL SPRY	7	30.500	23.74	1.02467	10%-25% Below	Yes	No
61314054701	LATANOPROST 0.005% EYE DROPS	5	2.500	8.07	2.02188	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	5	2.500	9.36	2.02188	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	5	7.500	27.68	2.02188	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.500	5.00	1.81388	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.500	8.07	1.81388	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.500	9.36	1.81388	101%-200% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	2.500	7.93	1.83542	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	2.500	8.07	1.83542	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	2.500	9.36	1.83542	101%-200% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	8	2.500	2.38	1.86414	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61314054701	LATANOPROST 0.005% EYE DROPS	8	2.500	9.36	1.86414	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.000	2.89	0.51899	26%-50% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.000	11.01	0.51899	101%-200% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.000	9.06	0.4567	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.000	9.39	0.4567	101%-200% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.000	10.92	0.4567	101%-200% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.000	11.01	0.4567	101%-200% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.000	2.70	0.51276	26%-50% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.000	11.26	0.51276	101%-200% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	8	10.000	4.32	0.55851	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	8	10.000	9.34	0.55851	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	8	10.000	11.01	0.55851	76%-100% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.000	9.06	2.53503	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.000	14.90	2.53503	10%-25% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	5	10.000	15.97	2.53503	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	14.90	2.4697	10%-25% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.000	9.99	2.31966	10%-25% Below	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	5	3.500	14.99	3.12028	26%-50% Above	Yes	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	6	7.000	13.36	3.09671	26%-50% Below	Yes	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	8	3.500	4.99	2.87143	26%-50% Below	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	8	3.500	13.50	2.87143	26%-50% Above	No	No
61314063305	GENTAMICIN 0.3% EYE DROP	6	5.000	9.27	0.66342	101%-200% Above	Yes	No
61314063305	GENTAMICIN 0.3% EYE DROP	8	5.000	4.99	0.72952	26%-50% Above	Yes	No
61314063705	PREDNISOLONE AC 1% EYE DROP	5	5.000	16.11	5.64849	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	5	5.000	17.45	5.64849	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.000	16.36	5.55333	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.000	17.45	5.55333	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.000	33.18	5.55333	10%-25% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	7	5.000	15.10	5.50524	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	7	5.000	16.36	5.50524	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	8	5.000	16.36	5.30474	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	6	10.000	32.73	5.67494	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	7	10.000	49.90	5.58874	10%-25% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	8	10.000	30.21	5.36869	26%-50% Below	No	No
61314064175	NEOMYCIN-POLY-HC EYE DROPS	5	7.500	82.76	17.346	26%-50% Below	No	No
61314064175	NEOMYCIN-POLY-HC EYE DROPS	8	7.500	76.39	17.346	26%-50% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	6	5.000	4.29	1.27341	26%-50% Below	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	7	5.000	4.29	1.38652	26%-50% Below	Yes	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	5	10.000	14.99	6.01041	51%-75% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	9.99	6.07466	76%-100% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	14.99	6.07466	51%-75% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.000	72.38	5.82199	10%-25% Above	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	5	10.000	31.02	5.76254	26%-50% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	30.43	5.20992	26%-50% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.000	30.04	5.4518	26%-50% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.000	47.71	13.63439	26%-50% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.000	47.71	14.48959	26%-50% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.000	47.71	13.72123	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	5	5.000	8.12	2.11159	10%-25% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	5	5.000	14.90	2.11159	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	6	5.000	14.99	1.81143	51%-75% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	7	5.000	13.50	1.86355	26%-50% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	7	5.000	14.99	1.86355	51%-75% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	7	30.000	8.72	0.10682	101%-200% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	7	180.000	50.60	0.10682	101%-200% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	8	30.000	8.72	0.10616	101%-200% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	8	60.000	14.90	0.10616	101%-200% Above	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	6	30.000	9.07	0.11307	101%-200% Above	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	7	60.000	9.90	0.10682	51%-75% Above	No	No
61442010260	DICLOFENAC SOD DR 50 MG TAB	7	30.000	8.82	0.10682	101%-200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	5	30.000	6.50	0.10067	101%-200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	5	90.000	14.90	0.10067	51%-75% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	6	30.000	6.50	0.09629	101%-200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	7	20.000	4.36	0.09999	101%-200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	7	30.000	6.50	0.09999	101%-200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	8	30.000	6.50	0.10054	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	5	60.000	10.72	0.10067	76%-100% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	5	60.000	12.30	0.10067	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	5	60.000	13.04	0.10067	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	6	60.000	10.37	0.09629	76%-100% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	7	60.000	9.96	0.09999	51%-75% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	8	60.000	9.96	0.10054	51%-75% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	8	60.000	13.50	0.10054	101%-200% Above	No	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	5	60.000	12.30	0.10067	101%-200% Above	No	No
61442011201	ACYCLOVIR 400 MG TABLET	7	21.000	3.59	0.09971	51%-75% Above	No	No

## NADAC Summary Report

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61442011601	GLIMEPIRIDE 2 MG TABLET	8	30.000	4.44	0.0407	200% Above	No	No
61442012101	FAMOTIDINE 20 MG TABLET	7	30.000	1.59	0.03197	51%-75% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	5	60.000	3.08	0.03426	26%-50% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	6	20.000	1.46	0.03197	101%-200% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	6	30.000	1.83	0.03197	76%-100% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	6	60.000	3.08	0.03197	51%-75% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	6	60.000	5.95	0.03197	200% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	8	12.000	0.92	0.03311	101%-200% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	8	28.000	1.48	0.03311	51%-75% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	8	30.000	1.59	0.03311	51%-75% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	8	60.000	3.08	0.03311	51%-75% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	5	30.000	5.31	0.06791	101%-200% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	5	60.000	10.06	0.06791	101%-200% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	7	30.000	4.90	0.0617	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	5	14.000	2.74	0.06791	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	5	30.000	5.12	0.06791	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	5	90.000	12.74	0.06791	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	6	30.000	3.72	0.0686	76%-100% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	6	30.000	4.90	0.0686	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	6	30.000	5.12	0.0686	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	6	90.000	4.90	0.0686	10%-25% Below	No	No
61442012210	FAMOTIDINE 40 MG TABLET	7	30.000	5.12	0.0617	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	8	30.000	4.90	0.06339	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	8	30.000	5.12	0.06339	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	8	60.000	8.18	0.06339	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61442012210	FAMOTIDINE 40 MG TABLET	8	90.000	11.90	0.06339	101%-200% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	5	30.000	1.56	0.02289	101%-200% Above	No	No
61748030213	MYORISAN 20 MG CAPSULE	5	30.000	49.77	3.15184	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	8	30.000	1422.39	41.97812	10%-25% Above	No	No
61958250101	BIKTARVY 50-200-25 MG TABLET	6	30.000	2390.77	115.62523	26%-50% Below	No	No
62011001901	HM ASPIRIN EC 81 MG TABLET	5	60.000	0.35	0.01456	51%-75% Below	No	No
62011032301	HM CHILD ALL DAY ALLER 1 MG/ML	6	30.000	1.41	0.02987	51%-75% Above	No	No
62037099901	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	9.99	0.18925	51%-75% Above	No	No
62037099901	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	9.99	0.18558	76%-100% Above	No	No
62037099901	POTASSIUM CL ER 20 MEQ TABLET	7	90.000	19.99	0.18977	10%-25% Above	No	No
62037099901	POTASSIUM CL ER 20 MEQ TABLET	8	5.000	2.02	0.18816	101%-200% Above	No	No
62037099901	POTASSIUM CL ER 20 MEQ TABLET	8	7.000	3.42	0.18816	101%-200% Above	No	No
62037099901	POTASSIUM CL ER 20 MEQ TABLET	8	90.000	28.04	0.18816	51%-75% Above	No	No
62037099910	POTASSIUM CL ER 20 MEQ TABLET	5	4.000	1.90	0.18925	101%-200% Above	No	No
62037099910	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	4.90	0.18925	10%-25% Below	No	No
62135062605	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	9.90	0.14128	200% Above	No	No
62135062605	DOXYCYCLINE HYCLATE 100 MG TAB	6	30.000	14.90	0.13546	200% Above	No	No
62135062605	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	19.90	0.14383	200% Above	No	No
62135062650	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	9.99	0.14128	200% Above	No	No
62135062650	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	14.99	0.14128	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	4.99	0.14499	101%-200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	5	28.000	14.90	0.14499	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	5	30.000	5.94	0.14499	26%-50% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	14.99	0.14499	51%-75% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	14.90	0.13661	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.000	9.99	0.13661	101%-200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.000	14.90	0.13661	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.000	14.90	0.13661	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	42.000	19.99	0.13661	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	9.99	0.13661	10%-25% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	11.25	0.13661	26%-50% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	7	10.000	9.99	0.13432	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.90	0.13432	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.99	0.13432	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	7	28.000	14.99	0.13432	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	8	10.000	0.87	0.13869	26%-50% Below	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	7.40	0.13869	200% Above	No	No
62175011843	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.86	0.03676	101%-200% Above	No	No
62175011843	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.93	0.03676	101%-200% Above	No	No
62175011843	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.86	0.03385	101%-200% Above	No	No
62175011843	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.86	0.03355	101%-200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.99	0.06114	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.16	0.06114	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.66	0.06114	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.99	0.05893	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.16	0.05893	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	17.17	0.05893	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.99	0.05727	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.16	0.05727	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	16.66	0.05727	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	4.90	0.06241	101%-200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.16	0.06241	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	16.66	0.06241	101%-200% Above	No	No
62175026232	NIFEDIPINE ER 90 MG TABLET	6	90.000	59.99	0.34525	76%-100% Above	No	No
62175027037	OXYBUTYNIN CL ER 5 MG TABLET	6	30.000	6.90	0.13885	51%-75% Above	No	No
62175027037	OXYBUTYNIN CL ER 5 MG TABLET	7	30.000	6.90	0.10592	101%-200% Above	No	No
62175027037	OXYBUTYNIN CL ER 5 MG TABLET	8	30.000	6.90	0.12	76%-100% Above	No	No
62175047032	PAROXETINE ER 12.5 MG TABLET	8	30.000	9.99	0.82349	51%-75% Below	No	No
62175047232	PAROXETINE ER 37.5 MG TABLET	5	90.000	52.36	1.14737	26%-50% Below	No	No
62175048537	VERAPAMIL ER PM 100 MG CAPSULE	8	30.000	90.73	4.24378	26%-50% Below	No	No
62175048737	VERAPAMIL ER PM 300 MG CAPSULE	8	30.000	124.07	8.6686	51%-75% Below	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.65	0.06651	76%-100% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.94	0.06651	76%-100% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.54	0.06651	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	4.99	0.06651	10%-25% Below	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.49	0.06651	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.94	0.06001	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.000	5.08	0.06001	26%-50% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.13	0.06001	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.89	0.06225	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.89	0.06225	101%-200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.94	0.06225	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	1.05	0.06139	26%-50% Below	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.89	0.06139	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.45	0.06139	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62175061746	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.94	0.06651	76%-100% Above	No	No
62175061746	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.57	0.06651	101%-200% Above	No	No
62175089241	ATORVASTATIN 40 MG TABLET	7	10.000	2.40	0.05572	200% Above	No	No
62175089241	ATORVASTATIN 40 MG TABLET	7	30.000	5.89	0.05572	200% Above	No	No
62175089241	ATORVASTATIN 40 MG TABLET	8	30.000	5.89	0.05662	200% Above	No	No
62332000271	FAMOTIDINE 40 MG TABLET	8	30.000	4.50	0.06339	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	8	10.000	2.29	0.06339	200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	8	30.000	5.00	0.06339	101%-200% Above	No	No
62332000931	VENLAFAXINE HCL 37.5 MG TABLET	5	30.000	11.19	0.08344	200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	3.99	0.08415	51%-75% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	3.99	0.07987	51%-75% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	3.99	0.08045	51%-75% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	7	180.000	19.99	0.08045	26%-50% Above	No	No
62332002790	LOSARTAN POTASSIUM 25 MG TAB	5	180.000	12.49	0.06107	10%-25% Above	No	No
62332002790	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.59	0.05419	26%-50% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	2.81	0.06107	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.15	0.06107	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	60.000	5.61	0.06107	51%-75% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.98	0.06107	26%-50% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	9.75	0.06107	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	9.88	0.06107	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	3.08	0.05419	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	45.000	4.87	0.05419	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	2.93	0.05419	26%-50% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.59	0.05419	26%-50% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.61	0.05419	26%-50% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	7.85	0.05419	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	7.98	0.05419	51%-75% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	9.75	0.05419	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	9.88	0.05419	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	17.51	0.05419	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	180.000	5.85	0.05419	26%-50% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	180.000	19.76	0.05419	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	3.08	0.04995	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	3.15	0.04995	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	7.75	0.04995	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	7.85	0.04995	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.01	0.05003	26%-50% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.59	0.05003	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.66	0.05003	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.08	0.05003	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.15	0.05003	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.32	0.05003	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	45.000	3.92	0.05003	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.61	0.05003	26%-50% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.85	0.05003	51%-75% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.98	0.05003	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	1.18	0.06744	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	2.51	0.06744	10%-25% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.73	0.06744	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.74	0.06744	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	9.29	0.06744	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	60.000	2.36	0.06744	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	3.54	0.06744	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	8.04	0.06744	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.14	0.06744	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.24	0.06744	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.42	0.06744	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.13	0.06904	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.63	0.06904	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.73	0.06904	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	45.000	1.77	0.06904	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	5.30	0.06904	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	8.04	0.06904	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.42	0.06904	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.70	0.06904	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	10.00	0.06904	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	180.000	10.60	0.06904	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	1.18	0.06944	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.13	0.06944	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.63	0.06944	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.73	0.06944	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	3.54	0.06944	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	5.30	0.06944	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	6.99	0.06944	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	8.04	0.06944	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	8.18	0.06944	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.42	0.06944	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.70	0.06944	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	24.45	0.06944	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	180.000	10.60	0.06944	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	180.000	15.31	0.06944	10%-25% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	180.000	16.12	0.06944	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	22.000	2.93	0.05825	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	24.000	3.05	0.05825	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	2.39	0.05825	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.13	0.05825	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.18	0.05825	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.63	0.05825	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.73	0.05825	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	45.000	1.77	0.05825	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	60.000	5.56	0.05825	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	3.54	0.05825	26%-50% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	7.31	0.05825	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	7.77	0.05825	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.04	0.05825	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.51	0.05825	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	9.42	0.05825	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	9.70	0.05825	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	15.000	3.09	0.10045	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.44	0.10045	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	4.77	0.10045	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	10.01	0.10045	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	10.36	0.10045	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	10.50	0.10045	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.39	0.10045	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.41	0.10045	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.84	0.10045	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	15.08	0.10045	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	15.13	0.10045	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.67	0.09928	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.69	0.09928	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.44	0.09928	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	4.77	0.09928	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	10.00	0.09928	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	10.36	0.09928	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	10.50	0.09928	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	11.51	0.09928	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.23	0.09928	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.41	0.09928	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.84	0.09928	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	20.00	0.09928	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	24.25	0.09928	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	15.000	2.61	0.09669	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	0.99	0.09669	51%-75% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.53	0.09669	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.67	0.09669	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.44	0.09669	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	4.77	0.09669	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	10.00	0.09669	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	11.94	0.09669	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.20	0.09669	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.23	0.09669	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.49	0.09669	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.41	0.09669	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.84	0.09669	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	15.13	0.09669	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	15.000	2.54	0.08706	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.53	0.08706	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.67	0.08706	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.44	0.08706	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	4.77	0.08706	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	9.46	0.08706	10%-25% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	10.00	0.08706	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.23	0.08706	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.41	0.08706	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.99	0.08706	76%-100% Above	Yes	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	6	270.000	54.16	0.04618	200% Above	Yes	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	5	90.000	7.49	0.04922	51%-75% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	6	90.000	7.49	0.04899	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	7	30.000	4.68	0.04583	200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	8	30.000	3.98	0.04799	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	8	90.000	7.49	0.04799	51%-75% Above	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	5	30.000	2.66	0.04941	76%-100% Above	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	7	30.000	3.38	0.04721	101%-200% Above	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	7	90.000	8.95	0.04721	101%-200% Above	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	8	90.000	8.95	0.053	76%-100% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	5	30.000	4.66	0.06551	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	6	30.000	4.66	0.0655	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	7	30.000	4.66	0.06249	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	8	30.000	4.66	0.06636	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	8	30.000	5.84	0.06636	101%-200% Above	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	7	30.000	3.88	0.09935	26%-50% Above	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	6	90.000	11.17	0.08047	51%-75% Above	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	7	90.000	12.76	0.0809	51%-75% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	5	42.000	3.80	0.03558	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	7	60.000	0.01	0.03317	76%-100% Below	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	5	30.000	3.19	0.06362	51%-75% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	7	270.000	17.53	0.05404	10%-25% Above	No	No
62332003960	LAMOTRIGINE 150 MG TABLET	6	180.000	20.00	0.08563	26%-50% Above	No	No
62332003960	LAMOTRIGINE 150 MG TABLET	8	240.000	9.99	0.0768	26%-50% Below	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	5	45.000	5.57	0.10255	10%-25% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	8	45.000	7.22	0.07692	101%-200% Above	No	No
62332004290	IRBESARTAN 150 MG TABLET	7	90.000	9.40	0.20181	26%-50% Below	No	No
62332004430	VALSARTAN 40 MG TABLET	7	30.000	9.99	0.19006	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332004490	VALSARTAN 40 MG TABLET	6	30.000	19.99	0.21012	200% Above	No	No
62332004490	VALSARTAN 40 MG TABLET	7	30.000	9.90	0.19006	51%-75% Above	No	No
62332004590	VALSARTAN 80 MG TABLET	8	90.000	44.99	0.21399	101%-200% Above	Yes	No
62332004890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.000	44.90	0.13909	200% Above	No	No
62332004890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	14.65	0.14976	200% Above	No	No
62332004890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.000	24.99	0.14976	76%-100% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	9.99	0.17082	76%-100% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	9.99	0.15931	101%-200% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	9.99	0.16039	101%-200% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	7	60.000	1.97	0.0275	10%-25% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.28	0.02791	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	8	60.000	0.70	0.02791	51%-75% Below	No	No
62332005531	CLONIDINE HCL 0.2 MG TABLET	8	30.000	0.59	0.03695	26%-50% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	7	60.000	3.79	0.03785	51%-75% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	8	60.000	3.79	0.03695	51%-75% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	6	60.000	4.33	0.03789	76%-100% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	7	60.000	4.33	0.03972	76%-100% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	8	10.000	1.45	0.04156	200% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	8	60.000	5.42	0.04156	101%-200% Above	No	No
62332006230	LEFLUNOMIDE 20 MG TABLET	6	30.000	14.99	0.57441	10%-25% Below	No	No
62332007990	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	30.000	14.99	0.29122	51%-75% Above	No	No
62332007990	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	8	90.000	0.01	0.24377	76%-100% Below	No	No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	30.000	10.79	0.2903	10%-25% Above	No	No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	30.000	8.99	0.23692	26%-50% Above	No	No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	30.000	10.79	0.23692	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	90.000	0.01	0.23692	76%-100% Below	No	No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	90.000	23.99	0.23692	10%-25% Above	No	No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	30.000	8.99	0.27216	10%-25% Above	No	No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	30.000	10.79	0.27216	26%-50% Above	No	No
62332008090	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	30.000	10.79	0.28943	10%-25% Above	No	No
62332008190	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	5	30.000	6.49	0.31404	26%-50% Below	No	No
62332008190	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	6	30.000	6.49	0.32773	26%-50% Below	No	No
62332008190	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	90.000	0.90	0.3184	76%-100% Below	No	No
62332008390	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	90.000	44.99	0.3707	26%-50% Above	No	No
62332008390	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.000	18.23	0.36681	26%-50% Below	No	No
62332008390	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	8	90.000	18.23	0.38391	26%-50% Below	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	5	90.000	60.00	0.14943	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	8	90.000	60.00	0.13076	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	6	90.000	14.90	0.13448	10%-25% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	5	180.000	6.90	0.01899	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	8	180.000	4.79	0.01797	26%-50% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	5	180.000	4.65	0.02211	10%-25% Above	No	No
62332012090	PREGABALIN 50 MG CAPSULE	5	90.000	44.99	0.08831	200% Above	No	No
62332012090	PREGABALIN 50 MG CAPSULE	8	90.000	9.90	0.0782	26%-50% Above	No	No
62332012190	PREGABALIN 75 MG CAPSULE	6	60.000	24.90	0.08009	200% Above	No	No
62332012190	PREGABALIN 75 MG CAPSULE	7	60.000	13.50	0.07721	101%-200% Above	No	No
62332012190	PREGABALIN 75 MG CAPSULE	8	60.000	13.50	0.07598	101%-200% Above	No	No
62332012190	PREGABALIN 75 MG CAPSULE	8	60.000	24.90	0.07598	200% Above	No	No
62332012290	PREGABALIN 100 MG CAPSULE	5	60.000	14.99	0.08648	101%-200% Above	No	No
62332012290	PREGABALIN 100 MG CAPSULE	6	60.000	14.99	0.08677	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332012290	PREGABALIN 100 MG CAPSULE	7	60.000	14.99	0.07009	200% Above	No	No
62332012390	PREGABALIN 150 MG CAPSULE	5	60.000	9.99	0.10216	51%-75% Above	No	No
62332012390	PREGABALIN 150 MG CAPSULE	6	60.000	9.99	0.0979	51%-75% Above	No	No
62332012390	PREGABALIN 150 MG CAPSULE	6	120.000	9.90	0.0979	10%-25% Below	No	No
62332012390	PREGABALIN 150 MG CAPSULE	7	60.000	9.99	0.08075	101%-200% Above	No	No
62332012490	PREGABALIN 200 MG CAPSULE	8	60.000	9.99	0.09306	76%-100% Above	No	No
62332013330	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.000	44.90	0.15171	200% Above	No	No
62332013330	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	14.90	0.12986	26%-50% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	30.000	6.90	0.0974	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	30.000	14.99	0.0974	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.000	14.90	0.0974	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	6	30.000	6.90	0.10794	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	6	60.000	9.99	0.10794	51%-75% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	6	180.000	71.44	0.10794	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	7	60.000	9.99	0.09848	51%-75% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	7	60.000	14.99	0.09848	101%-200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	8	60.000	9.99	0.10591	51%-75% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.000	2.63	0.12804	26%-50% Below	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.000	4.99	0.12804	26%-50% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.000	9.99	0.12804	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.000	14.99	0.12804	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	60.000	5.74	0.12804	10%-25% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	60.000	9.99	0.12804	26%-50% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	60.000	14.99	0.12804	76%-100% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	90.000	8.61	0.12804	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.000	1.09	0.12063	51%-75% Below	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.000	4.99	0.12063	26%-50% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.000	6.99	0.12063	76%-100% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.000	9.99	0.12063	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.000	14.99	0.12063	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	60.000	5.74	0.12063	10%-25% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	90.000	52.57	0.12063	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	20.000	14.99	0.12857	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.000	1.09	0.12857	51%-75% Below	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.000	6.99	0.12857	76%-100% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.000	6.99	0.12857	76%-100% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.000	9.99	0.12857	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.000	14.99	0.12857	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	60.000	5.74	0.12857	10%-25% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	90.000	14.99	0.12857	26%-50% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	90.000	19.99	0.12857	51%-75% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	0.30	0.12633	76%-100% Below	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	1.38	0.12633	51%-75% Below	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	4.99	0.12633	26%-50% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	6.99	0.12633	76%-100% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	9.99	0.12633	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	14.99	0.12633	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	19.99	0.12633	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	60.000	9.99	0.12633	26%-50% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.000	8.61	0.12633	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.000	19.99	0.12633	51%-75% Above	Yes	No
62332014271	CELECOXIB 200 MG CAPSULE	5	30.000	4.90	0.12804	26%-50% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	30.000	6.90	0.12804	76%-100% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	30.000	14.90	0.12804	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	30.000	4.90	0.12063	26%-50% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	30.000	6.90	0.12063	76%-100% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	30.000	9.90	0.12063	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	60.000	2.18	0.12063	51%-75% Below	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	30.000	4.90	0.12857	26%-50% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	30.000	6.90	0.12857	76%-100% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	30.000	14.90	0.12857	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	60.000	2.18	0.12857	51%-75% Below	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	30.000	4.90	0.12633	26%-50% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	30.000	6.90	0.12633	76%-100% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	30.000	9.90	0.12633	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	60.000	2.76	0.12633	51%-75% Below	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	60.000	9.90	0.12633	26%-50% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	90.000	14.90	0.12633	26%-50% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	9.99	0.24073	26%-50% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	9.99	0.21059	51%-75% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	9.99	0.22966	26%-50% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	14.99	0.22966	26%-50% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	60.000	105.99	0.29393	200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.000	9.90	0.2754	10%-25% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	90.000	155.49	0.30063	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332017260	LACOSAMIDE 100 MG TABLET	6	60.000	14.99	0.45553	26%-50% Below	No	No
62332017260	LACOSAMIDE 100 MG TABLET	7	60.000	14.99	0.35635	26%-50% Below	No	No
62332017260	LACOSAMIDE 100 MG TABLET	8	60.000	14.99	0.36312	26%-50% Below	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	5	90.000	46.18	0.70997	26%-50% Below	Yes	No
62332019030	FEBUXOSTAT 40 MG TABLET	7	30.000	15.39	0.63135	10%-25% Below	Yes	No
62332019030	FEBUXOSTAT 40 MG TABLET	7	90.000	46.18	0.63135	10%-25% Below	Yes	No
62332019030	FEBUXOSTAT 40 MG TABLET	7	180.000	725.74	0.63135	200% Above	Yes	No
62332019130	FEBUXOSTAT 80 MG TABLET	6	90.000	41.82	1.04233	51%-75% Below	Yes	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	7	90.000	29.90	0.4944	26%-50% Below	No	No
62332020630	AMLODIPINE-VALSARTAN 10-160 MG	8	30.000	0.00	0.62432	76%-100% Below	No	No
62332020630	AMLODIPINE-VALSARTAN 10-160 MG	8	90.000	0.01	0.62432	76%-100% Below	No	No
62332020630	AMLODIPINE-VALSARTAN 10-160 MG	8	90.000	44.99	0.62432	10%-25% Below	No	No
62332020890	AMLODIPINE-VALSARTAN 10-320 MG	5	30.000	14.90	0.73193	26%-50% Below	No	No
62332020890	AMLODIPINE-VALSARTAN 10-320 MG	7	30.000	14.90	0.69487	26%-50% Below	No	No
62332020890	AMLODIPINE-VALSARTAN 10-320 MG	8	30.000	14.90	0.70845	26%-50% Below	No	No
62332021030	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	5	30.000	23.00	1.16787	26%-50% Below	No	No
62332021030	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	8	30.000	14.99	0.8263	26%-50% Below	No	No
62332021130	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	6	90.000	0.01	1.0405	76%-100% Below	No	No
62332021130	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	6	90.000	59.99	1.0405	26%-50% Below	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	8	30.000	38.69	1.97514	26%-50% Below	No	No
62332024590	FENOFIBRIC ACID DR 135 MG CAP	6	90.000	94.57	0.67711	51%-75% Above	Yes	No
62332024590	FENOFIBRIC ACID DR 135 MG CAP	8	90.000	94.57	0.54717	76%-100% Above	Yes	No
62332025130	AZITHROMYCIN 250 MG TABLET	5	6.000	4.17	0.3986	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	5	6.000	4.28	0.3986	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	5	6.000	7.77	0.3986	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332025130	AZITHROMYCIN 250 MG TABLET	6	2.000	1.88	0.36893	101%-200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	4.000	3.03	0.36893	101%-200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	5.000	3.60	0.36893	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.000	0.00	0.36893	76%-100% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.000	4.17	0.36893	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.000	4.28	0.36893	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.000	4.35	0.36893	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.000	6.06	0.36893	101%-200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.000	7.24	0.36893	200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	6.000	1.98	0.37534	10%-25% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	6.000	3.58	0.37534	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	6.000	4.17	0.37534	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	6.000	4.28	0.37534	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	6.000	6.06	0.37534	101%-200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	10.000	4.99	0.37534	26%-50% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	12.000	7.61	0.37534	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	8	6.000	3.58	0.36153	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	8	6.000	4.17	0.36153	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	8	6.000	4.28	0.36153	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	8	6.000	7.77	0.36153	200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	8	12.000	7.61	0.36153	51%-75% Above	No	No
62332038231	TEMAZEPAM 30 MG CAPSULE	6	30.000	1.70	0.09454	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	6	30.000	3.17	0.09454	10%-25% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	7	30.000	1.70	0.09523	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	7	30.000	3.17	0.09523	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332038231	TEMAZEPAM 30 MG CAPSULE	8	30.000	1.70	0.09381	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	8	30.000	3.17	0.09381	10%-25% Above	Yes	No
62332038690	MODAFINIL 200 MG TABLET	5	60.000	14.99	0.56416	51%-75% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	6	60.000	14.99	0.60248	51%-75% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	8	30.000	14.99	0.5622	10%-25% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	8	60.000	14.99	0.5622	51%-75% Below	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	0.00	1.49258	76%-100% Below	No	No
62332042631	BENZONATATE 100 MG CAPSULE	8	20.000	5.31	0.08956	101%-200% Above	No	No
62332042671	BENZONATATE 100 MG CAPSULE	6	30.000	7.43	0.09131	101%-200% Above	No	No
62332042671	BENZONATATE 100 MG CAPSULE	7	30.000	6.57	0.0897	101%-200% Above	No	No
62332042671	BENZONATATE 100 MG CAPSULE	7	30.000	7.43	0.0897	101%-200% Above	No	No
62332042731	BENZONATATE 200 MG CAPSULE	7	20.000	8.31	0.12652	200% Above	No	No
62332042771	BENZONATATE 200 MG CAPSULE	6	30.000	9.90	0.12354	101%-200% Above	No	No
62332042771	BENZONATATE 200 MG CAPSULE	7	28.000	11.05	0.12652	200% Above	No	No
62332048625	CLOBETASOL 0.05% SOLUTION	8	25.000	14.90	0.51845	10%-25% Above	No	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	6	30.000	4.99	0.10456	51%-75% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	5	30.000	14.99	0.15776	200% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	5	60.000	14.99	0.15776	51%-75% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	6	42.000	9.99	0.2064	10%-25% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	8	21.000	14.99	0.14361	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	5	120.000	28.56	0.19295	10%-25% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	7	120.000	28.56	0.19865	10%-25% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	8	42.000	14.99	0.217	51%-75% Above	Yes	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	5	3.000	24.90	3.5905	101%-200% Above	No	No
62332050817	BROMFENAC SODIUM 0.09% EYE DRP	5	1.700	85.47	79.42794	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332054715	CLOBETASOL 0.05% CREAM	5	15.000	9.99	0.34391	76%-100% Above	Yes	No
62332054715	CLOBETASOL 0.05% CREAM	5	45.000	18.61	0.34391	10%-25% Above	Yes	No
62332054730	CLOBETASOL 0.05% CREAM	5	30.000	11.94	0.32493	10%-25% Above	Yes	No
62332054745	CLOBETASOL 0.05% CREAM	6	45.000	19.99	0.23592	76%-100% Above	Yes	No
62332054760	CLOBETASOL 0.05% CREAM	5	60.000	19.55	0.29248	10%-25% Above	Yes	No
62332054760	CLOBETASOL 0.05% CREAM	5	60.000	19.99	0.29248	10%-25% Above	Yes	No
62332054760	CLOBETASOL 0.05% CREAM	5	60.000	183.10	0.29248	200% Above	Yes	No
62332054804	CLOBETASOL 0.05% SHAMPOO	6	118.000	47.93	0.57896	26%-50% Below	Yes	No
62332055590	FENOFIBRATE 160 MG TABLET	6	30.000	4.90	0.18907	10%-25% Below	No	No
62332055590	FENOFIBRATE 160 MG TABLET	7	30.000	7.00	0.17065	26%-50% Above	No	No
62332055590	FENOFIBRATE 160 MG TABLET	8	30.000	7.00	0.17375	26%-50% Above	No	No
62332058231	LIDOCAINE-PRILOCAINE CREAM	8	30.000	6.82	0.41233	26%-50% Below	No	No
62559023001	PROPAFENONE HCL 150 MG TABLET	5	56.000	9.99	0.14673	10%-25% Above	No	No
62559023001	PROPAFENONE HCL 150 MG TABLET	8	270.000	14.99	0.14623	51%-75% Below	No	No
62559023101	PROPAFENONE HCL 225 MG TAB	8	270.000	14.99	0.19622	51%-75% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	5	15.000	21.23	1.6806	10%-25% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	5	30.000	42.47	1.6806	10%-25% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	6	90.000	90.19	1.6784	26%-50% Below	No	No
62559027630	NEBIVOLOL 5 MG TABLET	7	90.000	13.55	0.32177	51%-75% Below	No	No
62559027630	NEBIVOLOL 5 MG TABLET	8	90.000	20.00	0.28861	10%-25% Below	No	No
62559027690	NEBIVOLOL 5 MG TABLET	5	30.000	14.90	0.32273	51%-75% Above	No	No
62559027690	NEBIVOLOL 5 MG TABLET	6	30.000	14.90	0.32022	51%-75% Above	No	No
62559027690	NEBIVOLOL 5 MG TABLET	7	30.000	14.90	0.32177	51%-75% Above	No	No
62559027690	NEBIVOLOL 5 MG TABLET	8	30.000	14.90	0.28861	51%-75% Above	No	No
62559027730	NEBIVOLOL 10 MG TABLET	5	90.000	44.90	0.33835	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62559027730	NEBIVOLOL 10 MG TABLET	6	90.000	44.90	0.33369	26%-50% Above	No	No
62559027830	NEBIVOLOL 20 MG TABLET	5	90.000	44.90	0.40709	10%-25% Above	No	No
62559027830	NEBIVOLOL 20 MG TABLET	8	90.000	23.81	0.41215	26%-50% Below	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	5	60.000	14.90	0.30997	10%-25% Below	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	7	60.000	14.90	0.29136	10%-25% Below	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	8	30.000	6.90	0.29494	10%-25% Below	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	8	60.000	14.90	0.29494	10%-25% Below	No	No
62559038001	FLECAINIDE ACETATE 50 MG TAB	7	60.000	9.99	0.13681	10%-25% Above	No	No
62559038001	FLECAINIDE ACETATE 50 MG TAB	8	180.000	29.99	0.14605	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	5	30.000	14.90	0.22627	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	5	180.000	25.61	0.22627	26%-50% Below	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	6	30.000	14.90	0.24403	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	6	60.000	8.54	0.24403	26%-50% Below	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	6	180.000	25.61	0.24403	26%-50% Below	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	7	30.000	14.90	0.22066	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	7	60.000	8.83	0.22066	26%-50% Below	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	7	180.000	44.99	0.22066	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	8	30.000	14.90	0.22578	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	8	180.000	26.48	0.22578	26%-50% Below	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	5	60.000	14.90	0.38002	26%-50% Below	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	6	60.000	14.90	0.44717	26%-50% Below	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	7	60.000	14.90	0.36135	26%-50% Below	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	8	60.000	14.90	0.417	26%-50% Below	No	No
62559039020	VANCOMYCIN HCL 125 MG CAPSULE	6	36.000	47.27	1.53894	10%-25% Below	No	No
62559043001	HYDROCORTISONE 1% CREAM	8	28.400	10.83	0.67271	26%-50% Below	Yes	No



## NADAC Summary Report

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62559043130	HYDROCORTISONE 2.5% CREAM	5	30.000	5.05	0.30048	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	30.000	14.99	0.29207	51%-75% Above	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	30.000	14.99	0.29207	51%-75% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	60.000	4.99	0.29207	51%-75% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	7	30.000	9.99	0.28519	10%-25% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	7	30.000	14.99	0.28519	51%-75% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	7	60.000	10.09	0.28519	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	8	30.000	9.99	0.28498	10%-25% Above	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	8	30.000	24.99	0.28498	101%-200% Above	Yes	No
62559046190	FENOFIBRATE 150 MG CAPSULE	5	30.000	6.99	5.60694	76%-100% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	6	30.000	6.99	5.56471	76%-100% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	7	30.000	6.99	5.69711	76%-100% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	8	30.000	6.99	5.69711	76%-100% Below	No	No
62559049001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	600.000	156.63	0.19401	26%-50% Above	No	No
62559049001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	30.000	9.99	0.20146	51%-75% Above	No	No
62559049010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	60.000	7.42	0.19744	26%-50% Below	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	5	90.000	30.99	0.13419	101%-200% Above	No	No
62559053001	PROPRANOLOL ER 60 MG CAPSULE	7	30.000	14.90	0.22509	101%-200% Above	No	No
62559053001	PROPRANOLOL ER 60 MG CAPSULE	8	30.000	14.90	0.20204	101%-200% Above	No	No
62559055016	SULFAMETHOXAZOLE-TMP SUSP	5	150.000	5.79	0.06983	26%-50% Below	No	No
62559055016	SULFAMETHOXAZOLE-TMP SUSP	5	200.000	7.72	0.06983	26%-50% Below	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	6	1.000	3.31	0.74599	200% Above	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	8	2.000	7.69	0.57535	200% Above	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	5	2.000	23.56	14.64277	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	5	3.000	35.34	14.64277	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62756001540	TESTOSTERONE CYP 200 MG/ML	6	1.000	19.29	14.63185	26%-50% Above	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	6	2.000	23.56	14.63185	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	6	3.000	35.34	14.63185	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	6	4.000	47.12	14.63185	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	6	6.000	70.68	14.63185	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	7	2.000	23.56	14.45568	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	7	3.000	25.45	14.45568	26%-50% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	7	4.000	47.12	14.45568	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	7	10.000	59.99	14.45568	51%-75% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	8	1.000	11.78	14.36912	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	8	3.000	35.34	14.36912	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	8	4.000	47.12	14.36912	10%-25% Below	No	No
62756001740	TESTOSTERON CYP 1,000 MG/10 ML	7	10.000	23.64	3.64547	26%-50% Below	Yes	No
62756001740	TESTOSTERON CYP 1,000 MG/10 ML	8	10.000	23.64	3.60606	26%-50% Below	Yes	No
62756014201	METFORMIN HCL ER 500 MG TABLET	5	30.000	4.32	0.037	200% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	5	60.000	3.00	0.037	26%-50% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	5	60.000	7.34	0.037	200% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	5	90.000	4.18	0.037	10%-25% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	6	60.000	3.00	0.03713	26%-50% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	6	60.000	7.34	0.03713	200% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	6	90.000	4.18	0.03713	10%-25% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	7	60.000	3.00	0.04331	10%-25% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	8	30.000	2.17	0.0378	76%-100% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	8	60.000	2.52	0.0378	10%-25% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	8	60.000	3.70	0.0378	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62756014202	METFORMIN HCL ER 500 MG TABLET	8	60.000	4.54	0.0378	76%-100% Above	No	No
62756016013	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	12.50	0.0628	101%-200% Above	No	No
62756016013	TAMSULOSIN HCL 0.4 MG CAPSULE	6	14.000	7.00	0.0547	200% Above	No	No
62756016013	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	7.00	0.0547	200% Above	No	No
62756016013	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	7.00	0.05506	200% Above	No	No
62756016013	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	12.50	0.05506	101%-200% Above	No	No
62756016081	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	20.47	0.0628	200% Above	Yes	No
62756016081	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	20.04	0.05877	200% Above	Yes	No
62756016088	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	11.13	0.05506	101%-200% Above	Yes	No
62756016088	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	30.00	0.05877	200% Above	Yes	No
62756018388	OXCARBAZEPINE 150 MG TABLET	5	120.000	0.01	0.16266	76%-100% Below	No	No
62756018388	OXCARBAZEPINE 150 MG TABLET	6	120.000	0.01	0.14903	76%-100% Below	No	No
62756018488	OXCARBAZEPINE 300 MG TABLET	7	60.000	8.99	0.2198	26%-50% Below	No	No
62756018488	OXCARBAZEPINE 300 MG TABLET	8	60.000	8.99	0.20734	26%-50% Below	No	No
62756018588	OXCARBAZEPINE 600 MG TABLET	5	180.000	0.02	0.46968	76%-100% Below	No	No
62756023290	LOTEPREDNOL ETABONATE 0.5% DRP	5	5.000	90.14	31.20885	26%-50% Below	Yes	No
62756023290	LOTEPREDNOL ETABONATE 0.5% DRP	7	5.000	90.14	31.25845	26%-50% Below	Yes	No
62756023290	LOTEPREDNOL ETABONATE 0.5% DRP	8	5.000	90.14	30.57842	26%-50% Below	Yes	No
62756024064	ONDANSETRON ODT 4 MG TABLET	5	10.000	8.19	0.23707	200% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	5	12.000	1.38	0.23707	51%-75% Below	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.66	0.23707	26%-50% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	5	15.000	4.50	0.23707	26%-50% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	6	10.000	1.73	0.24816	26%-50% Below	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	6	12.000	3.66	0.24816	10%-25% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.99	0.24816	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62756024064	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.13	0.24816	10%-25% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	7	5.000	1.96	0.23596	51%-75% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	7	10.000	3.25	0.23596	26%-50% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.20	0.23596	10%-25% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	8	5.000	1.96	0.23742	51%-75% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	8	10.000	3.17	0.23742	26%-50% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	8	12.000	3.15	0.23742	10%-25% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	8	12.000	3.66	0.23742	26%-50% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	8	18.000	5.26	0.23742	10%-25% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	5	9.000	3.98	0.24363	76%-100% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	5	18.000	4.90	0.24363	10%-25% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	6	18.000	2.48	0.23397	26%-50% Below	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	6	18.000	7.19	0.23397	51%-75% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	7	15.000	4.99	0.22583	26%-50% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	7	18.000	6.18	0.22583	51%-75% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	8	18.000	2.38	0.22315	26%-50% Below	No	No
62756045983	BUPRENORPHINE 2 MG TABLET SL	5	21.000	0.21	0.44158	76%-100% Below	No	No
62756046188	CARBIDOPA-LEVO ER 25-100 TAB	8	60.000	9.99	0.19145	10%-25% Below	Yes	No
62756051813	CARBIDOPA-LEVODOPA 25-100 TAB	8	90.000	14.27	0.11955	26%-50% Above	No	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	5	9.000	9.99	0.53466	101%-200% Above	Yes	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	6	9.000	9.99	0.6158	76%-100% Above	Yes	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	7	9.000	7.15	0.52657	26%-50% Above	Yes	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	7	9.000	9.99	0.52657	101%-200% Above	Yes	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	7	10.000	13.32	0.52657	101%-200% Above	Yes	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	8	3.000	3.87	0.59165	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	8	6.000	7.05	0.59165	76%-100% Above	Yes	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	7.15	0.59165	26%-50% Above	Yes	No
62756052069	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	9.99	0.59165	76%-100% Above	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	5	9.000	3.20	0.51745	26%-50% Below	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	6	3.000	1.07	0.5299	26%-50% Below	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	6	12.000	4.27	0.5299	26%-50% Below	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	6	12.000	9.99	0.5299	51%-75% Above	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	8.05	0.52465	51%-75% Above	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	8	3.000	1.07	0.51919	26%-50% Below	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	8	10.000	10.45	0.51919	101%-200% Above	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	8	12.000	4.27	0.51919	26%-50% Below	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	2.96	0.51993	26%-50% Below	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	3.45	0.51993	26%-50% Below	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.17	0.51993	76%-100% Above	No	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.53	0.51993	101%-200% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.66	0.51993	101%-200% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	2.96	0.52569	26%-50% Below	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	7.86	0.52569	51%-75% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	6	12.000	12.10	0.52569	76%-100% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	5.44	0.51447	10%-25% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	7.91	0.51447	51%-75% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	9.53	0.51447	101%-200% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	9.99	0.51447	101%-200% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	7	10.000	8.66	0.51447	51%-75% Above	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	7	10.000	10.51	0.51447	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	2.96	0.52126	26%-50% Below	Yes	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	9.17	0.52126	76%-100% Above	No	No
62756058988	LIOETHYRONINE SOD 5 MCG TAB	5	90.000	18.84	0.35602	26%-50% Below	No	No
62756058988	LIOETHYRONINE SOD 5 MCG TAB	6	60.000	14.90	0.35059	26%-50% Below	No	No
62756058988	LIOETHYRONINE SOD 5 MCG TAB	7	90.000	44.99	0.3237	51%-75% Above	No	No
62756058988	LIOETHYRONINE SOD 5 MCG TAB	7	180.000	44.99	0.3237	10%-25% Below	No	No
62756079713	DIVALPROEX SOD DR 250 MG TAB	7	90.000	18.93	0.07162	101%-200% Above	No	No
62756079713	DIVALPROEX SOD DR 250 MG TAB	8	30.000	6.81	0.07924	101%-200% Above	No	No
62756079788	DIVALPROEX SOD DR 250 MG TAB	6	60.000	10.49	0.07364	101%-200% Above	No	No
62756079888	DIVALPROEX SOD DR 500 MG TAB	5	180.000	67.79	0.13997	101%-200% Above	Yes	No
62756079888	DIVALPROEX SOD DR 500 MG TAB	6	180.000	19.99	0.14289	10%-25% Below	Yes	No
62756079888	DIVALPROEX SOD DR 500 MG TAB	7	180.000	53.86	0.1337	101%-200% Above	Yes	No
62756096783	CALCITRIOL 0.25 MCG CAPSULE	7	12.000	3.65	0.17216	76%-100% Above	No	No
62756096783	CALCITRIOL 0.25 MCG CAPSULE	8	12.000	3.65	0.18572	51%-75% Above	No	No
62756096788	CALCITRIOL 0.25 MCG CAPSULE	5	30.000	9.78	0.1778	76%-100% Above	No	No
62756096788	CALCITRIOL 0.25 MCG CAPSULE	6	30.000	9.78	0.18115	76%-100% Above	No	No
62756096788	CALCITRIOL 0.25 MCG CAPSULE	8	30.000	9.09	0.18572	51%-75% Above	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	45.000	14.99	0.96917	51%-75% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	45.000	14.99	1.02246	51%-75% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	90.000	14.99	1.02246	76%-100% Below	No	No
63304001760	RANOLAZINE ER 500 MG TABLET	5	60.000	19.99	0.25634	26%-50% Above	No	No
63304001760	RANOLAZINE ER 500 MG TABLET	6	60.000	8.34	0.24326	26%-50% Below	No	No
63304001860	RANOLAZINE ER 1,000 MG TABLET	8	180.000	44.99	0.38588	26%-50% Below	No	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	10.03	0.18189	76%-100% Above	No	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	10.03	0.18018	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	10.03	0.17594	76%-100% Above	No	No
63304007605	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	11.70	0.18769	101%-200% Above	No	No
63304007605	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	9.48	0.18189	51%-75% Above	No	No
63304007605	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	9.48	0.18018	51%-75% Above	No	No
63304007605	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	9.48	0.17594	76%-100% Above	No	No
63304007610	POTASSIUM CL ER 10 MEQ TABLET	5	90.000	28.10	0.18769	51%-75% Above	No	No
63304008913	MESALAMINE ER 500 MG CAPSULE	8	240.000	732.70	4.39847	26%-50% Below	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	7	180.000	59.99	2.58998	76%-100% Below	No	No
63304045001	MORPHINE SULF ER 15 MG TABLET	6	60.000	9.25	0.20536	10%-25% Below	Yes	No
63304045001	MORPHINE SULF ER 15 MG TABLET	8	90.000	13.88	0.19922	10%-25% Below	Yes	No
63304047901	CEVIMELINE HCL 30 MG CAPSULE	5	270.000	451.68	0.8133	101%-200% Above	Yes	No
63304047901	CEVIMELINE HCL 30 MG CAPSULE	8	270.000	363.85	1.07055	10%-25% Above	Yes	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	7	14.000	6.62	0.24	76%-100% Above	No	No
63304062210	ATENOLOL 50 MG TABLET	7	30.000	2.84	0.02613	200% Above	No	No
63304062210	ATENOLOL 50 MG TABLET	8	30.000	2.84	0.02776	200% Above	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	6	20.000	2.81	0.11027	26%-50% Above	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	7	21.000	2.81	0.10698	10%-25% Above	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	8	40.000	3.81	0.11158	10%-25% Below	No	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	5	12.000	0.77	0.11521	26%-50% Below	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	5	30.000	7.57	0.11521	101%-200% Above	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	5	42.000	2.70	0.11521	26%-50% Below	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	6	24.000	3.03	0.11027	10%-25% Above	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	7	4.000	0.26	0.10698	26%-50% Below	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	7	21.000	2.74	0.10698	10%-25% Above	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	7	26.000	1.67	0.10698	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	8	19.000	1.22	0.11158	26%-50% Below	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	8	28.000	2.15	0.11158	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	2.000	0.27	0.27351	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	14.000	5.93	0.27351	51%-75% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	14.000	5.93	0.27351	51%-75% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	20.000	0.00	0.27351	76%-100% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	21.000	8.29	0.27351	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	21.000	8.56	0.27351	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	4.11	0.27351	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	9.99	0.27351	10%-25% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	9.99	0.27351	10%-25% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	11.53	0.27351	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	40.000	5.48	0.27351	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	40.000	15.58	0.27351	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	42.000	5.76	0.27351	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	21.000	7.05	0.25859	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.000	4.11	0.25859	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	40.000	5.48	0.25859	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	40.000	14.84	0.25859	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	40.000	14.99	0.25859	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	63.000	9.99	0.25859	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	15.000	6.14	0.26693	51%-75% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.000	6.99	0.26693	10%-25% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.000	7.05	0.26693	10%-25% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	9.78	0.26693	10%-25% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	10.15	0.26693	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	14.000	4.98	0.2641	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	14.000	4.99	0.2641	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	14.000	5.93	0.2641	51%-75% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.000	10.84	0.2641	76%-100% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	28.000	0.28	0.2641	76%-100% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	28.000	6.08	0.2641	10%-25% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	28.000	9.17	0.2641	10%-25% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	28.000	9.17	0.2641	10%-25% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	4.87	0.2641	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	4.99	0.2641	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	9.78	0.2641	10%-25% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	11.87	0.2641	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	40.000	14.99	0.2641	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	60.000	12.59	0.2641	10%-25% Below	Yes	No
63304071805	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	8.98	0.16373	76%-100% Above	No	No
63304071805	DILTIAZEM 24H ER(CD) 120 MG CP	8	30.000	8.98	0.17017	51%-75% Above	No	No
63304072190	DILTIAZEM 24H ER(CD) 300 MG CP	7	30.000	14.99	0.35473	26%-50% Above	No	No
63304072405	BUPROPION HCL XL 300 MG TABLET	5	30.000	10.00	0.17759	76%-100% Above	No	No
63304072405	BUPROPION HCL XL 300 MG TABLET	5	90.000	12.40	0.17759	10%-25% Below	No	No
63304072405	BUPROPION HCL XL 300 MG TABLET	5	90.000	20.00	0.17759	10%-25% Above	No	No
63304072405	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.99	0.16488	200% Above	No	No
63304072405	BUPROPION HCL XL 300 MG TABLET	7	90.000	20.00	0.16488	26%-50% Above	No	No
63304082705	ATORVASTATIN 10 MG TABLET	5	30.000	0.61	0.03195	26%-50% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	5	30.000	5.01	0.03195	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
63304082705	ATORVASTATIN 10 MG TABLET	5	90.000	1.83	0.03195	26%-50% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	6	30.000	0.49	0.03764	51%-75% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	6	90.000	13.06	0.03764	200% Above	No	No
63304082705	ATORVASTATIN 10 MG TABLET	7	30.000	0.43	0.0327	51%-75% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	7	30.000	0.49	0.0327	26%-50% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	7	30.000	4.15	0.0327	200% Above	No	No
63304082705	ATORVASTATIN 10 MG TABLET	7	90.000	1.30	0.0327	51%-75% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	7	90.000	1.46	0.0327	26%-50% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	8	30.000	0.30	0.03497	51%-75% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	8	30.000	0.35	0.03497	51%-75% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	8	30.000	4.15	0.03497	200% Above	No	No
63304082705	ATORVASTATIN 10 MG TABLET	8	90.000	0.90	0.03497	51%-75% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	8	90.000	1.04	0.03497	51%-75% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	8	90.000	1.30	0.03497	51%-75% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	5	30.000	0.88	0.04423	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	5	30.000	0.95	0.04423	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	5	90.000	2.64	0.04423	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	6	30.000	0.64	0.04596	51%-75% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	6	30.000	0.88	0.04596	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	6	90.000	1.92	0.04596	51%-75% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	6	90.000	2.64	0.04596	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	7	30.000	0.46	0.04441	51%-75% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	7	30.000	5.01	0.04441	200% Above	No	No
63304082805	ATORVASTATIN 20 MG TABLET	7	90.000	1.38	0.04441	51%-75% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	7	90.000	1.92	0.04441	51%-75% Below	No	No

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63304082805	ATORVASTATIN 20 MG TABLET	8	30.000	0.80	0.04748	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	8	30.000	5.01	0.04748	200% Above	No	No
63304082805	ATORVASTATIN 20 MG TABLET	8	90.000	1.38	0.04748	51%-75% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	8	90.000	2.40	0.04748	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	8	90.000	15.94	0.04748	200% Above	No	No
63304082905	ATORVASTATIN 40 MG TABLET	7	30.000	4.88	0.05572	101%-200% Above	No	No
63304082905	ATORVASTATIN 40 MG TABLET	7	30.000	5.02	0.05572	200% Above	No	No
63304082905	ATORVASTATIN 40 MG TABLET	8	30.000	4.88	0.05662	101%-200% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	5	30.000	5.68	0.09762	76%-100% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	5	30.000	6.76	0.09762	101%-200% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	5	30.000	6.87	0.09762	101%-200% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	6	30.000	5.54	0.09675	76%-100% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	6	30.000	5.63	0.09675	76%-100% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	6	30.000	5.68	0.09675	76%-100% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	7	30.000	5.68	0.09381	101%-200% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	7	30.000	5.84	0.09381	101%-200% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	8	30.000	5.63	0.10232	76%-100% Above	No	No
63304083005	ATORVASTATIN 80 MG TABLET	8	30.000	7.22	0.10232	101%-200% Above	No	No
63304083090	ATORVASTATIN 80 MG TABLET	5	90.000	5.72	0.09762	26%-50% Below	No	No
63304083090	ATORVASTATIN 80 MG TABLET	5	90.000	18.25	0.09762	101%-200% Above	No	No
63304083090	ATORVASTATIN 80 MG TABLET	8	30.000	1.58	0.10232	26%-50% Below	No	No
63304083090	ATORVASTATIN 80 MG TABLET	8	90.000	4.75	0.10232	26%-50% Below	No	No
63304083090	ATORVASTATIN 80 MG TABLET	8	90.000	18.25	0.10232	76%-100% Above	No	No
63304092401	GUANFACINE HCL ER 1 MG TABLET	5	30.000	24.99	0.24474	200% Above	No	No
63304092401	GUANFACINE HCL ER 1 MG TABLET	7	30.000	24.99	0.24145	200% Above	No	No

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63304092401	GUANFACINE HCL ER 1 MG TABLET	8	30.000	24.99	0.26925	200% Above	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	5	120.000	4.99	0.09973	51%-75% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	5	120.000	8.04	0.09973	26%-50% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	5	120.000	9.40	0.09973	10%-25% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	6	120.000	4.99	0.10198	51%-75% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	8	120.000	8.04	0.10077	26%-50% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	8	120.000	9.68	0.10077	10%-25% Below	No	No
63646030030	ACYCLOVIR 5% OINTMENT	5	15.000	14.90	0.73423	26%-50% Above	No	No
64380015901	MEGESTROL 40 MG TABLET	8	90.000	14.99	0.215	10%-25% Below	No	No
64380021201	METHIMAZOLE 5 MG TABLET	6	30.000	5.05	0.07152	101%-200% Above	Yes	No
64380021201	METHIMAZOLE 5 MG TABLET	7	30.000	5.05	0.06765	101%-200% Above	Yes	No
64380021201	METHIMAZOLE 5 MG TABLET	7	45.000	7.00	0.06765	101%-200% Above	Yes	No
64380021201	METHIMAZOLE 5 MG TABLET	8	30.000	5.05	0.06855	101%-200% Above	Yes	No
64380021301	METHIMAZOLE 10 MG TABLET	7	90.000	26.05	0.09491	200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	6	30.000	1.35	0.09131	26%-50% Below	No	No
64380071206	BENZONATATE 100 MG CAPSULE	6	30.000	7.73	0.09131	101%-200% Above	No	No
64380071206	BENZONATATE 100 MG CAPSULE	6	90.000	21.72	0.09131	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	7	14.000	3.06	0.0897	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	7	20.000	4.50	0.0897	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	7	30.000	1.49	0.0897	26%-50% Below	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	7	90.000	4.46	0.0897	26%-50% Below	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	7	90.000	21.72	0.0897	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	15.000	3.54	0.08956	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	20.000	5.26	0.08956	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	21.000	5.49	0.08956	101%-200% Above	Yes	No

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64380071206	BENZONATATE 100 MG CAPSULE	8	21.000	7.08	0.08956	200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	30.000	1.49	0.08956	26%-50% Below	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	30.000	6.40	0.08956	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	30.000	6.45	0.08956	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	30.000	6.99	0.08956	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	30.000	7.73	0.08956	101%-200% Above	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	8	60.000	14.73	0.08956	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	9.000	2.83	0.0898	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	20.000	0.99	0.0898	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	20.000	5.35	0.0898	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	20.000	9.07	0.0898	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	21.000	1.04	0.0898	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	30.000	1.49	0.0898	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	30.000	4.38	0.0898	51%-75% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	30.000	4.99	0.0898	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	30.000	6.45	0.0898	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	30.000	7.83	0.0898	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	35.000	8.65	0.0898	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	60.000	9.99	0.0898	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	8.000	2.26	0.09131	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	14.000	3.06	0.09131	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	14.000	4.00	0.09131	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	21.000	4.69	0.09131	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	21.000	4.99	0.09131	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	30.000	1.49	0.09131	26%-50% Below	Yes	No

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64380071207	BENZONATATE 100 MG CAPSULE	6	30.000	6.45	0.09131	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	42.000	10.48	0.09131	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	15.000	4.24	0.0897	200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	5	30.000	4.99	0.123	26%-50% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	5	30.000	9.99	0.123	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	5	30.000	12.31	0.123	200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	6	21.000	7.25	0.12354	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	6	21.000	8.54	0.12354	200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	6	30.000	2.41	0.12354	26%-50% Below	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	6	30.000	4.99	0.12354	26%-50% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	6	30.000	9.99	0.12354	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	6	42.000	14.54	0.12354	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	6	90.000	14.99	0.12354	26%-50% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	15.000	4.99	0.12652	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	20.000	1.61	0.12652	26%-50% Below	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	21.000	1.69	0.12652	26%-50% Below	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	21.000	5.00	0.12652	76%-100% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	21.000	7.30	0.12652	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	30.000	4.99	0.12652	26%-50% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	30.000	9.99	0.12652	101%-200% Above	No	No
64380071306	BENZONATATE 200 MG CAPSULE	7	30.000	10.56	0.12652	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	30.000	12.23	0.12652	200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	45.000	6.99	0.12652	10%-25% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	7	60.000	14.99	0.12652	76%-100% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	8	15.000	1.21	0.1223	26%-50% Below	Yes	No

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64380071306	BENZONATATE 200 MG CAPSULE	8	20.000	6.94	0.1223	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	8	30.000	2.41	0.1223	26%-50% Below	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	8	30.000	4.99	0.1223	26%-50% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	8	30.000	9.99	0.1223	101%-200% Above	No	No
64380071306	BENZONATATE 200 MG CAPSULE	8	30.000	10.07	0.1223	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	8	30.000	11.88	0.1223	200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	8	90.000	7.24	0.1223	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.000	4.99	0.123	26%-50% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.000	11.83	0.123	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.000	18.90	0.123	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	6	30.000	4.99	0.12354	26%-50% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	30.000	11.88	0.12354	200% Above	Yes	No
64380072306	CALCITRIOL 0.25 MCG CAPSULE	6	360.000	44.99	0.18115	26%-50% Below	No	No
64380072306	CALCITRIOL 0.25 MCG CAPSULE	8	360.000	3.60	0.18572	76%-100% Below	No	No
64380072406	CALCITRIOL 0.5 MCG CAPSULE	7	60.000	19.90	0.29546	10%-25% Above	No	No
64380072506	MYCOPHENOLATE 500 MG TABLET	7	340.000	44.99	0.2996	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.000	0.07	0.14074	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	2.000	1.31	0.14074	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	0.48	0.14074	10%-25% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.88	0.14074	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	6.000	2.50	0.14074	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	8.000	3.11	0.14074	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.34	0.14074	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.44	0.14074	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.000	0.04	0.13821	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	2.000	1.31	0.13821	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.88	0.13821	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.98	0.13821	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	8.000	2.61	0.13821	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.15	0.13821	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.23	0.13821	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.34	0.13821	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.60	0.13821	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.000	0.07	0.13305	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	2.000	1.31	0.13305	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	0.30	0.13305	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.98	0.13305	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	5.000	2.29	0.13305	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	6.000	2.50	0.13305	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.000	2.61	0.13305	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.70	0.13305	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.000	4.65	0.13305	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	30.000	8.13	0.13305	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	0.30	0.14147	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.98	0.14147	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	8.000	2.61	0.14147	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.23	0.14147	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.34	0.14147	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	30.000	8.13	0.14147	76%-100% Above	No	No
64380074206	BUSPIRONE HCL 10 MG TABLET	8	60.000	1.40	0.03933	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380074318	BUSPIRONE HCL 15 MG TABLET	7	180.000	16.98	0.04751	76%-100% Above	No	No
64380074318	BUSPIRONE HCL 15 MG TABLET	8	60.000	5.92	0.04691	101%-200% Above	No	No
64380074605	PRAMIPEXOLE 0.125 MG TABLET	7	60.000	6.11	0.05152	76%-100% Above	Yes	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	5	120.000	9.99	0.05021	51%-75% Above	Yes	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	7	120.000	9.99	0.05024	51%-75% Above	Yes	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	8	120.000	9.99	0.05533	26%-50% Above	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	6	90.000	28.47	0.05849	200% Above	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	7	90.000	10.28	0.06023	76%-100% Above	Yes	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	60.000	14.99	0.18201	26%-50% Above	No	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	120.000	14.99	0.18201	26%-50% Below	No	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	360.000	44.90	0.18201	26%-50% Below	No	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	60.000	14.99	0.17971	26%-50% Above	No	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	60.000	14.99	0.18292	26%-50% Above	No	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	120.000	14.99	0.18292	26%-50% Below	No	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	60.000	14.99	0.18022	26%-50% Above	No	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	120.000	14.99	0.18022	26%-50% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	5	4000.000	14.99	0.00947	51%-75% Below	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	6	4000.000	12.00	0.00881	51%-75% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	6	4000.000	14.69	0.00881	51%-75% Below	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	6	4000.000	27.45	0.00881	10%-25% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	7	4000.000	10.40	0.00868	51%-75% Below	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	7	4000.000	22.00	0.00868	26%-50% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	8	4000.000	10.40	0.00884	51%-75% Below	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	8	4000.000	12.00	0.00884	51%-75% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	8	4000.000	14.69	0.00884	51%-75% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	8	4000.000	22.00	0.00884	26%-50% Below	No	No
64380078506	PREDNISON 20 MG TABLET	5	3.000	1.28	0.11673	200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	5.000	0.67	0.11673	10%-25% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	5.000	1.59	0.11673	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	7.000	0.47	0.11673	26%-50% Below	No	No
64380078506	PREDNISON 20 MG TABLET	5	7.000	1.94	0.11673	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	10.000	1.97	0.11673	51%-75% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	10.000	2.48	0.11673	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	10.000	2.53	0.11673	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	10.000	2.62	0.11673	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	10.000	2.83	0.11673	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	20.000	4.50	0.11673	76%-100% Above	No	No
64380078506	PREDNISON 20 MG TABLET	5	30.000	5.19	0.11673	26%-50% Above	No	No
64380078506	PREDNISON 20 MG TABLET	6	8.000	0.54	0.1107	26%-50% Below	No	No
64380078506	PREDNISON 20 MG TABLET	6	10.000	2.06	0.1107	76%-100% Above	No	No
64380078506	PREDNISON 20 MG TABLET	6	10.000	2.73	0.1107	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	6	30.000	5.19	0.1107	51%-75% Above	No	No
64380078506	PREDNISON 20 MG TABLET	7	5.000	1.36	0.11267	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	7	6.000	0.86	0.11267	26%-50% Above	No	No
64380078506	PREDNISON 20 MG TABLET	7	10.000	2.44	0.11267	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	7	10.000	3.27	0.11267	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	7	11.000	2.09	0.11267	51%-75% Above	No	No
64380078506	PREDNISON 20 MG TABLET	7	11.000	2.17	0.11267	51%-75% Above	No	No
64380078506	PREDNISON 20 MG TABLET	7	18.000	0.41	0.11267	76%-100% Below	No	No
64380078506	PREDNISON 20 MG TABLET	7	20.000	0.66	0.11267	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380078506	PREDNISON 20 MG TABLET	7	90.000	13.79	0.11267	26%-50% Above	No	No
64380078506	PREDNISON 20 MG TABLET	8	5.000	1.41	0.1164	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	8	6.000	1.76	0.1164	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	8	8.000	1.11	0.1164	10%-25% Above	No	No
64380078506	PREDNISON 20 MG TABLET	8	10.000	2.12	0.1164	76%-100% Above	No	No
64380078506	PREDNISON 20 MG TABLET	8	10.000	2.44	0.1164	101%-200% Above	No	No
64380078506	PREDNISON 20 MG TABLET	8	11.000	2.09	0.1164	51%-75% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	60.000	8.29	0.21892	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	60.000	14.99	0.21892	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	60.000	24.99	0.21892	76%-100% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	90.000	12.44	0.21892	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	60.000	8.29	0.21189	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	60.000	24.99	0.21189	76%-100% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	90.000	12.44	0.21189	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	90.000	14.99	0.21189	10%-25% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	270.000	160.30	0.21189	101%-200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	30.000	0.30	0.18727	76%-100% Below	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	60.000	24.99	0.18727	101%-200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	90.000	12.44	0.18727	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	8	30.000	0.30	0.2091	76%-100% Below	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	8	90.000	12.44	0.2091	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	8	90.000	14.99	0.2091	10%-25% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	8	180.000	44.90	0.2091	10%-25% Above	No	No
64380079508	CYPROHEPTADINE 4 MG TABLET	5	90.000	4.90	0.09183	26%-50% Below	No	No
64380079508	CYPROHEPTADINE 4 MG TABLET	8	90.000	4.90	0.09726	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	12.07	1.50533	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	16.000	1.64	0.07407	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	18.000	1.76	0.07407	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	20.000	1.87	0.07407	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	21.000	1.74	0.07407	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.000	2.48	0.07407	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.000	2.52	0.07407	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.000	2.73	0.07407	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	90.000	5.01	0.07407	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	90.000	5.81	0.07407	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	20.000	1.78	0.0673	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	21.000	1.92	0.0673	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	24.000	2.09	0.0673	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	30.000	2.43	0.0673	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	60.000	3.53	0.0673	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	90.000	4.99	0.0673	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	270.000	15.94	0.0673	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	16.000	0.79	0.07325	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	20.000	1.87	0.07325	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	30.000	1.62	0.07325	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	30.000	2.43	0.07325	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	60.000	3.58	0.07325	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	90.000	4.96	0.07325	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	90.000	5.81	0.07325	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	12.000	1.49	0.07215	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380080707	IBUPROFEN 800 MG TABLET	8	15.000	1.35	0.07215	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	15.000	2.06	0.07215	76%-100% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	16.000	0.79	0.07215	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	20.000	1.64	0.07215	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	20.000	1.75	0.07215	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	21.000	1.96	0.07215	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	24.000	2.09	0.07215	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	30.000	0.00	0.07215	76%-100% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	30.000	2.43	0.07215	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	30.000	3.16	0.07215	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	50.000	3.11	0.07215	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	90.000	5.81	0.07215	10%-25% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	5	8.000	1.12	0.05757	101%-200% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	5	30.000	1.95	0.05757	10%-25% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	5	30.000	2.17	0.05757	10%-25% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	6	12.000	1.33	0.05642	76%-100% Above	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	6	30.000	2.17	0.05642	26%-50% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	6	90.000	0.01	0.05642	76%-100% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	6	90.000	9.99	0.05642	76%-100% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	7	15.000	1.46	0.0532	76%-100% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	7	16.000	1.38	0.0532	51%-75% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	7	28.000	2.08	0.0532	26%-50% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	7	30.000	2.13	0.0532	26%-50% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	7	30.000	2.17	0.0532	26%-50% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	7	30.000	2.42	0.0532	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380080807	IBUPROFEN 600 MG TABLET	7	90.000	0.01	0.0532	76%-100% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	6.000	0.16	0.05588	51%-75% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	10.000	1.02	0.05588	76%-100% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	12.000	1.29	0.05588	76%-100% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	21.000	0.00	0.05588	76%-100% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	30.000	0.00	0.05588	76%-100% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	30.000	1.87	0.05588	10%-25% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	30.000	2.13	0.05588	26%-50% Above	No	No
64380080907	IBUPROFEN 400 MG TABLET	7	28.000	1.75	0.04799	26%-50% Above	No	No
64380084206	PIROXICAM 10 MG CAPSULE	8	60.000	11.77	0.24918	10%-25% Below	Yes	No
64380084206	PIROXICAM 10 MG CAPSULE	8	60.000	19.99	0.24918	26%-50% Above	Yes	No
64380086707	GABAPENTIN 100 MG CAPSULE	8	180.000	5.99	0.02875	10%-25% Above	Yes	No
64380086807	GABAPENTIN 300 MG CAPSULE	6	180.000	9.27	0.04559	10%-25% Above	Yes	No
64380086807	GABAPENTIN 300 MG CAPSULE	6	180.000	9.41	0.04559	10%-25% Above	Yes	No
64380086807	GABAPENTIN 300 MG CAPSULE	7	270.000	14.88	0.04566	10%-25% Above	Yes	No
64380086807	GABAPENTIN 300 MG CAPSULE	8	90.000	5.31	0.04771	10%-25% Above	Yes	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	2.71	0.06107	26%-50% Above	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.71	0.05419	51%-75% Above	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.59	0.05419	26%-50% Above	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	7.00	0.05419	26%-50% Above	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.71	0.04995	76%-100% Above	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	6.49	0.04995	200% Above	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.32	0.05003	101%-200% Above	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	8	60.000	0.01	0.05003	76%-100% Below	No	No
64380093308	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	9.99	0.05003	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	1.13	0.06744	26%-50% Below	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.32	0.06744	51%-75% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.64	0.06744	76%-100% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.95	0.06744	51%-75% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.18	0.06904	51%-75% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.42	0.06904	51%-75% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.08	0.06944	26%-50% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.13	0.06944	26%-50% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.18	0.06944	51%-75% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	3.40	0.06944	26%-50% Below	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.08	0.05825	76%-100% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	3.40	0.05825	26%-50% Below	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.00	0.05825	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	1.89	0.10045	26%-50% Below	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.10045	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.95	0.10045	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.99	0.10045	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.49	0.10045	76%-100% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	5.68	0.10045	26%-50% Below	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.41	0.10045	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	1.89	0.09928	26%-50% Below	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.53	0.09928	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.58	0.09928	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.99	0.09928	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	13.28	0.09928	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.41	0.09928	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.66	0.09928	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	1.89	0.09669	26%-50% Below	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.53	0.09669	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.09669	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.69	0.09669	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.99	0.09669	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.97	0.09669	26%-50% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	13.28	0.09669	51%-75% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	1.89	0.08706	26%-50% Below	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.78	0.08706	101%-200% Above	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	5.68	0.08706	26%-50% Below	No	No
64380093508	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	13.28	0.08706	51%-75% Above	No	No
64380097106	HYDROCORTISONE 10 MG TABLET	6	180.000	37.34	0.2607	10%-25% Below	No	No
64380097106	HYDROCORTISONE 10 MG TABLET	6	450.000	83.21	0.2607	26%-50% Below	No	No
64380097106	HYDROCORTISONE 10 MG TABLET	7	270.000	59.99	0.26743	10%-25% Below	No	No
64679051603	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.000	4.90	0.05506	26%-50% Above	No	No
64679051603	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	6.90	0.05877	200% Above	No	No
64679051603	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.000	4.90	0.05877	26%-50% Above	No	No
64679051603	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	6.90	0.05877	26%-50% Above	No	No
64679092402	ENALAPRIL MALEATE 5 MG TABLET	5	60.000	14.90	0.13028	76%-100% Above	No	No
64679092402	ENALAPRIL MALEATE 5 MG TABLET	6	90.000	19.99	0.13359	51%-75% Above	Yes	No
64679092402	ENALAPRIL MALEATE 5 MG TABLET	7	60.000	14.90	0.12486	76%-100% Above	No	No
64679092402	ENALAPRIL MALEATE 5 MG TABLET	8	60.000	14.90	0.11969	101%-200% Above	No	No
64679092502	ENALAPRIL MALEATE 10 MG TAB	5	30.000	4.90	0.11046	26%-50% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64679092502	ENALAPRIL MALEATE 10 MG TAB	6	30.000	4.90	0.10734	51%-75% Above	No	No
64679092502	ENALAPRIL MALEATE 10 MG TAB	7	30.000	4.90	0.10569	51%-75% Above	No	No
64679092502	ENALAPRIL MALEATE 10 MG TAB	8	30.000	4.90	0.10928	26%-50% Above	No	No
64679092503	ENALAPRIL MALEATE 10 MG TAB	7	90.000	38.50	0.10569	200% Above	Yes	No
64679092603	ENALAPRIL MALEATE 20 MG TAB	5	30.000	14.99	0.1325	200% Above	Yes	No
64679092603	ENALAPRIL MALEATE 20 MG TAB	5	90.000	44.99	0.1325	200% Above	Yes	No
64679092603	ENALAPRIL MALEATE 20 MG TAB	6	180.000	44.99	0.13461	76%-100% Above	Yes	No
64679092603	ENALAPRIL MALEATE 20 MG TAB	8	90.000	29.99	0.12674	101%-200% Above	Yes	No
64679096105	AZITHROMYCIN 250 MG TABLET	6	6.000	3.49	0.36893	51%-75% Above	No	No
64679096105	AZITHROMYCIN 250 MG TABLET	6	6.000	4.19	0.36893	76%-100% Above	No	No
64764017130	DEXILANT DR 30 MG CAPSULE	5	30.000	160.02	9.86865	26%-50% Below	No	No
64764017530	DEXILANT DR 60 MG CAPSULE	6	30.000	188.74	9.85821	26%-50% Below	Yes	No
64980010401	PHOSPHA 250 NEUTRAL TABLET	7	180.000	63.97	0.19057	76%-100% Above	Yes	No
64980020501	LITHIUM CARBONATE ER 300 MG TB	5	90.000	14.99	0.13578	10%-25% Above	No	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	6	30.000	14.99	0.13885	200% Above	No	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	7	30.000	14.99	0.10592	200% Above	No	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	6	90.000	18.48	0.13369	51%-75% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	5	30.000	6.21	0.09773	101%-200% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	5	90.000	14.44	0.09773	51%-75% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	6	30.000	6.21	0.10136	101%-200% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	6	180.000	34.52	0.10136	76%-100% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	7	30.000	3.58	0.09442	26%-50% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	7	30.000	6.21	0.09442	101%-200% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	7	90.000	15.19	0.09442	76%-100% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	8	30.000	1.79	0.10081	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64980028001	GLIPIZIDE ER 5 MG TABLET	8	90.000	10.01	0.10081	10%-25% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	8	90.000	14.14	0.10081	51%-75% Above	Yes	No
64980028005	GLIPIZIDE ER 5 MG TABLET	5	30.000	6.29	0.09773	101%-200% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	5	60.000	12.27	0.09773	101%-200% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	6	30.000	6.29	0.10136	101%-200% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	6	60.000	12.27	0.10136	101%-200% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	7	60.000	11.92	0.09442	101%-200% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	8	60.000	14.99	0.10081	101%-200% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	5	30.000	3.70	0.18199	26%-50% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	6	90.000	11.09	0.17873	26%-50% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	6	180.000	24.99	0.17873	10%-25% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	7	30.000	7.71	0.17536	26%-50% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	7	30.000	10.40	0.17536	76%-100% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	8	30.000	3.70	0.17504	26%-50% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	8	90.000	11.09	0.17504	26%-50% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	8	90.000	25.93	0.17504	51%-75% Above	Yes	No
64980028105	GLIPIZIDE ER 10 MG TABLET	5	30.000	8.99	0.18199	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	5	30.000	10.86	0.18199	76%-100% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	5	60.000	13.50	0.18199	10%-25% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	30.000	8.82	0.17873	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	30.000	8.99	0.17873	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	90.000	29.72	0.17873	76%-100% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	7	30.000	8.82	0.17536	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	7	30.000	8.99	0.17536	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	8	30.000	8.99	0.17504	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64980028105	GLIPIZIDE ER 10 MG TABLET	8	90.000	23.99	0.17504	51%-75% Above	No	No
64980030310	CHLORTHALIDONE 25 MG TABLET	6	30.000	14.90	0.12012	200% Above	No	No
64980030310	CHLORTHALIDONE 25 MG TABLET	7	30.000	14.90	0.11282	200% Above	No	No
64980030310	CHLORTHALIDONE 25 MG TABLET	8	30.000	14.90	0.12125	200% Above	No	No
64980030550	DENTA 5000 PLUS CREAM	6	51.000	7.04	0.08678	51%-75% Above	Yes	No
64980030550	DENTA 5000 PLUS CREAM	8	51.000	4.97	0.08774	10%-25% Above	Yes	No
64980032430	PROCTOZONE-HC 2.5% CREAM	8	30.000	19.90	0.28498	101%-200% Above	No	No
64980032802	ERYTHROMYCIN-BENZOYL GEL	7	46.600	35.12	0.90536	10%-25% Below	Yes	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	5	118.280	4.99	0.22692	76%-100% Below	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	7	118.280	4.99	0.22023	76%-100% Below	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	5	4.000	3.18	0.31487	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	6	4.000	2.68	0.28525	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	6	12.000	8.05	0.28525	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	7	4.000	1.89	0.28788	51%-75% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	7	4.000	2.35	0.28788	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	7	4.000	2.68	0.28788	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	8	4.000	2.35	0.292	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	8	4.000	2.68	0.292	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	8	12.000	4.50	0.292	26%-50% Above	No	No
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	5	30.000	26.71	1.11166	10%-25% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	8	60.000	14.90	0.07598	200% Above	No	No
64980041310	PREGABALIN 100 MG CAPSULE	5	60.000	6.90	0.08648	26%-50% Above	No	No
64980041310	PREGABALIN 100 MG CAPSULE	6	60.000	12.60	0.08677	101%-200% Above	No	No
64980041310	PREGABALIN 100 MG CAPSULE	7	60.000	12.60	0.07009	101%-200% Above	No	No
64980041310	PREGABALIN 100 MG CAPSULE	8	60.000	12.60	0.07481	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64980042712	TINIDAZOLE 500 MG TABLET	5	10.000	18.82	2.72723	26%-50% Below	Yes	No
64980042712	TINIDAZOLE 500 MG TABLET	6	8.000	15.06	2.752	26%-50% Below	Yes	No
64980043701	ATENOLOL 25 MG TABLET	6	60.000	4.72	0.02573	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	5	90.000	7.17	0.02518	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	6	30.000	2.75	0.02573	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	6	90.000	6.84	0.02573	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	6	120.000	9.99	0.02573	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	7	30.000	2.75	0.02522	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	7	90.000	6.84	0.02522	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	8	90.000	7.17	0.02477	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	8	120.000	9.99	0.02477	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	5	30.000	3.01	0.02866	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	5	60.000	6.24	0.02866	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	5	90.000	8.98	0.02866	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	5	90.000	9.11	0.02866	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	6	30.000	2.84	0.02956	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	7	30.000	2.84	0.02613	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	7	30.000	2.93	0.02613	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	7	90.000	0.01	0.02613	76%-100% Below	No	No
64980043810	ATENOLOL 50 MG TABLET	7	90.000	8.24	0.02613	200% Above	Yes	No
64980043810	ATENOLOL 50 MG TABLET	8	30.000	2.84	0.02776	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	8	90.000	0.01	0.02776	76%-100% Below	No	No
64980043910	ATENOLOL 100 MG TABLET	5	135.000	15.31	0.04647	101%-200% Above	Yes	No
64980043910	ATENOLOL 100 MG TABLET	6	90.000	9.62	0.04504	101%-200% Above	No	No
64980043910	ATENOLOL 100 MG TABLET	8	135.000	14.99	0.04545	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	28.03	6.07466	51%-75% Below	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.000	28.03	5.82199	51%-75% Below	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	8	10.000	14.99	5.57078	51%-75% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	5	45.000	6.91	0.10227	26%-50% Above	Yes	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	5	600.000	9.99	0.20128	76%-100% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	5	5.000	3.88	1.23305	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	5	5.000	4.90	1.23305	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	5	15.000	16.31	1.23305	10%-25% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	6	5.000	3.93	1.1005	26%-50% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	7	5.000	3.88	1.15847	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	7	5.000	5.09	1.15847	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	7	10.000	9.39	1.15847	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	7	15.000	13.73	1.15847	10%-25% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.000	6.45	1.11642	10%-25% Above	No	No
64980051501	OFLOXACIN 0.3% EYE DROPS	6	10.000	9.99	1.87062	26%-50% Below	No	No
64980051505	OFLOXACIN 0.3% EYE DROPS	5	5.000	10.57	1.74753	10%-25% Above	No	No
64980051505	OFLOXACIN 0.3% EYE DROPS	5	5.000	14.99	1.74753	51%-75% Above	No	No
64980051505	OFLOXACIN 0.3% EYE DROPS	6	5.000	0.05	1.60751	76%-100% Below	No	No
64980051505	OFLOXACIN 0.3% EYE DROPS	7	5.000	14.99	1.57057	76%-100% Above	No	No
64980051505	OFLOXACIN 0.3% EYE DROPS	8	5.000	4.90	1.62104	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	10.000	2.35	0.10779	101%-200% Above	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	10.000	0.10	0.1081	76%-100% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	10.000	2.71	0.1081	101%-200% Above	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	20.000	4.18	0.1081	76%-100% Above	No	No
65162004910	OXYCODONE HCL (IR) 15 MG TAB	5	120.000	13.35	0.12379	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162004910	OXYCODONE HCL (IR) 15 MG TAB	6	120.000	12.27	0.1245	10%-25% Below	No	No
65162004910	OXYCODONE HCL (IR) 15 MG TAB	7	120.000	12.27	0.12144	10%-25% Below	No	No
65162004910	OXYCODONE HCL (IR) 15 MG TAB	8	120.000	9.90	0.11925	26%-50% Below	No	No
65162004910	OXYCODONE HCL (IR) 15 MG TAB	8	120.000	12.27	0.11925	10%-25% Below	No	No
65162006205	SUCRALFATE 1 GM/10 ML SUSP	8	240.000	37.68	0.32296	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	30.000	1.50	0.02957	51%-75% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	30.000	1.67	0.02957	76%-100% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	60.000	3.19	0.02957	76%-100% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	90.000	3.56	0.02957	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	90.000	3.65	0.02957	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	60.000	2.32	0.02846	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	60.000	2.74	0.02846	51%-75% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	90.000	3.56	0.02846	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	90.000	3.65	0.02846	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	90.000	3.74	0.02846	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	120.000	4.65	0.02846	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	120.000	4.78	0.02846	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	30.000	1.65	0.02791	76%-100% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	60.000	2.32	0.02791	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	60.000	2.74	0.02791	51%-75% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	90.000	3.56	0.02791	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	90.000	3.65	0.02791	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	120.000	4.65	0.02791	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	120.000	4.78	0.02791	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	30.000	1.65	0.02875	76%-100% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162010150	GABAPENTIN 100 MG CAPSULE	8	90.000	3.56	0.02875	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	90.000	3.65	0.02875	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	90.000	3.74	0.02875	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	120.000	4.65	0.02875	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	120.000	6.37	0.02875	76%-100% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	30.000	2.39	0.04701	51%-75% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	60.000	3.44	0.04701	10%-25% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	60.000	3.73	0.04701	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	60.000	4.06	0.04701	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	90.000	6.81	0.04701	51%-75% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	270.000	15.62	0.04701	10%-25% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	30.000	1.22	0.04559	10%-25% Below	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	30.000	2.02	0.04559	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	30.000	2.39	0.04559	51%-75% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	60.000	3.73	0.04559	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	90.000	0.90	0.04559	76%-100% Below	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	90.000	5.55	0.04559	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	120.000	6.14	0.04559	10%-25% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	21.000	1.64	0.04566	51%-75% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	30.000	2.39	0.04566	51%-75% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	60.000	3.44	0.04566	10%-25% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	60.000	3.46	0.04566	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	90.000	4.74	0.04566	10%-25% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	90.000	5.55	0.04566	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	120.000	6.14	0.04566	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162010211	GABAPENTIN 300 MG CAPSULE	7	270.000	15.62	0.04566	26%-50% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	540.000	14.99	0.04566	26%-50% Below	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	8	30.000	0.30	0.04771	76%-100% Below	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	8	30.000	1.25	0.04771	10%-25% Below	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	8	60.000	4.05	0.04771	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	30.000	2.30	0.04701	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	30.000	8.84	0.04701	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	60.000	3.50	0.04701	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	60.000	3.94	0.04701	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	60.000	3.96	0.04701	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	60.000	9.99	0.04701	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	2.64	0.04701	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	4.79	0.04701	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	4.90	0.04701	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	4.95	0.04701	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	5.46	0.04701	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	5.55	0.04701	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	5.61	0.04701	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	5.75	0.04701	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	9.99	0.04701	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	120.000	3.52	0.04701	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	120.000	7.06	0.04701	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	270.000	15.82	0.04701	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	30.000	0.86	0.04559	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	30.000	2.30	0.04559	51%-75% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162010250	GABAPENTIN 300 MG CAPSULE	6	42.000	3.05	0.04559	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.000	3.30	0.04559	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.000	3.94	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.000	3.96	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.000	9.99	0.04559	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	2.33	0.04559	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	4.65	0.04559	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	4.74	0.04559	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	4.90	0.04559	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	5.55	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	5.61	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	5.66	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	5.70	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	9.99	0.04559	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	120.000	3.11	0.04559	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	120.000	7.06	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	120.000	7.26	0.04559	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.000	1.95	0.04566	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.000	2.09	0.04566	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.000	2.30	0.04566	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.000	2.50	0.04566	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.000	4.75	0.04566	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	42.000	3.05	0.04566	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	45.000	3.05	0.04566	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	60.000	1.58	0.04566	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162010250	GABAPENTIN 300 MG CAPSULE	7	60.000	1.71	0.04566	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	60.000	3.30	0.04566	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.000	4.65	0.04566	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.000	4.79	0.04566	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.000	4.90	0.04566	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.000	5.61	0.04566	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	120.000	3.42	0.04566	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	120.000	7.06	0.04566	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	120.000	7.26	0.04566	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	180.000	6.90	0.04566	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	270.000	15.82	0.04566	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	21.000	7.24	0.04771	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.000	1.93	0.04771	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.000	2.30	0.04771	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.000	4.75	0.04771	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	45.000	2.72	0.04771	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	2.57	0.04771	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	4.74	0.04771	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	4.79	0.04771	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	4.90	0.04771	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	5.46	0.04771	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	5.55	0.04771	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	5.61	0.04771	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	5.70	0.04771	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.000	9.99	0.04771	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162010250	GABAPENTIN 300 MG CAPSULE	8	120.000	3.42	0.04771	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	120.000	7.06	0.04771	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	270.000	15.82	0.04771	10%-25% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	5	30.000	3.14	0.0579	76%-100% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	5	84.000	9.99	0.0579	101%-200% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	6	30.000	3.14	0.0604	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	6	84.000	9.99	0.0604	76%-100% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	7	84.000	9.99	0.0566	101%-200% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	8	84.000	9.99	0.06022	76%-100% Above	No	No
65162011550	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.000	2.91	0.11449	51%-75% Above	No	No
65162018810	NAPROXEN 250 MG TABLET	5	15.000	1.44	0.05367	76%-100% Above	No	No
65162018910	NAPROXEN 375 MG TABLET	7	14.000	1.49	0.06486	51%-75% Above	Yes	No
65162019011	NAPROXEN 500 MG TABLET	5	28.000	3.72	0.07442	76%-100% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	30.000	4.04	0.07442	76%-100% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	30.000	4.06	0.07442	76%-100% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	60.000	6.99	0.07442	51%-75% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	60.000	7.34	0.07442	51%-75% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	6	14.000	2.48	0.07765	101%-200% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	6	40.000	5.14	0.07765	51%-75% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	7	12.000	1.97	0.07177	101%-200% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	7	28.000	3.73	0.07177	76%-100% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	7	60.000	4.90	0.07177	10%-25% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	7	60.000	7.34	0.07177	51%-75% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	5	12.000	2.06	0.07442	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	20.000	2.94	0.07442	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162019050	NAPROXEN 500 MG TABLET	5	20.000	3.17	0.07442	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	28.000	3.82	0.07442	76%-100% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.000	2.33	0.07442	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.000	7.14	0.07442	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.000	7.34	0.07442	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.000	7.42	0.07442	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	180.000	7.79	0.07442	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	14.000	2.23	0.07765	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.000	2.49	0.07765	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.000	2.87	0.07765	76%-100% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	30.000	3.94	0.07765	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.000	6.08	0.07765	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.000	7.14	0.07765	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	180.000	8.44	0.07765	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	10.000	1.59	0.07177	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	16.000	2.45	0.07177	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	20.000	1.08	0.07177	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	20.000	2.87	0.07177	76%-100% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	30.000	1.17	0.07177	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	30.000	1.80	0.07177	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	30.000	3.38	0.07177	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	30.000	3.94	0.07177	76%-100% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	40.000	4.28	0.07177	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	40.000	5.45	0.07177	76%-100% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	4.99	0.07177	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	5.98	0.07177	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	6.08	0.07177	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	7.14	0.07177	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	7.39	0.07177	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	8.82	0.07177	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	90.000	3.10	0.07177	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	14.000	2.28	0.07568	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	20.000	2.87	0.07568	76%-100% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	20.000	3.06	0.07568	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	30.000	3.38	0.07568	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	30.000	3.45	0.07568	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	30.000	4.04	0.07568	76%-100% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	40.000	4.99	0.07568	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.000	5.98	0.07568	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.000	6.08	0.07568	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.000	7.14	0.07568	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.000	7.34	0.07568	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	180.000	6.19	0.07568	51%-75% Below	Yes	No
65162024709	CHLORTHALIDONE 25 MG TABLET	5	30.000	9.99	0.13957	101%-200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	5	90.000	29.99	0.13957	101%-200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	6	15.000	7.00	0.12012	200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	6	30.000	9.99	0.12012	101%-200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	7	15.000	7.00	0.11282	200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	8	30.000	9.99	0.12125	101%-200% Above	No	No
65162025009	CHLORTHALIDONE 50 MG TABLET	5	90.000	44.99	0.21284	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.000	1.24	0.07938	101%-200% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	0.54	0.07938	51%-75% Below	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.27	0.08153	26%-50% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	8	30.000	3.10	0.07812	26%-50% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.000	1.52	0.07938	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	0.14	0.07938	76%-100% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	2.13	0.07938	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	2.15	0.07938	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.69	0.07938	51%-75% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.78	0.07938	51%-75% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	28.000	0.28	0.07938	76%-100% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.000	1.76	0.07329	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.000	2.01	0.07329	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	1.95	0.07329	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.69	0.07329	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.72	0.07329	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.78	0.07329	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	6.41	0.07329	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.000	1.37	0.08153	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.000	1.43	0.08153	51%-75% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.000	1.67	0.08153	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	0.64	0.08153	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.86	0.08153	51%-75% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	2.17	0.08153	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.36	0.08153	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.72	0.08153	51%-75% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.78	0.08153	51%-75% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	4.54	0.08153	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.000	1.03	0.07812	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	1.86	0.07812	51%-75% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	2.17	0.07812	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.27	0.07812	26%-50% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.69	0.07812	51%-75% Above	No	No
65162036110	FOLIC ACID 1 MG TABLET	5	30.000	0.44	0.03152	51%-75% Below	No	No
65162036110	FOLIC ACID 1 MG TABLET	6	30.000	0.36	0.02751	51%-75% Below	No	No
65162036110	FOLIC ACID 1 MG TABLET	7	30.000	0.41	0.0291	51%-75% Below	No	No
65162036110	FOLIC ACID 1 MG TABLET	8	30.000	0.41	0.03083	51%-75% Below	No	No
65162037210	OXYBUTYNIN CL ER 10 MG TABLET	8	60.000	14.99	0.13301	76%-100% Above	No	No
65162044210	MECLIZINE 25 MG TABLET	8	15.000	4.27	0.10968	101%-200% Above	No	No
65162044211	MECLIZINE 25 MG TABLET	5	30.000	4.90	0.11431	26%-50% Above	No	No
65162044211	MECLIZINE 25 MG TABLET	7	30.000	4.99	0.10817	51%-75% Above	No	No
65162046550	IBUPROFEN 600 MG TABLET	5	30.000	2.08	0.05757	10%-25% Above	No	No
65162046550	IBUPROFEN 600 MG TABLET	6	20.000	1.86	0.05642	51%-75% Above	No	No
65162046550	IBUPROFEN 600 MG TABLET	7	40.000	2.72	0.0532	26%-50% Above	No	No
65162046550	IBUPROFEN 600 MG TABLET	8	20.000	1.40	0.05588	10%-25% Above	No	No
65162046610	IBUPROFEN 800 MG TABLET	7	42.000	1.53	0.07325	26%-50% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	7	270.000	15.85	0.07325	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	20.000	0.90	0.07407	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	20.000	1.69	0.07407	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	20.000	1.87	0.07407	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162046650	IBUPROFEN 800 MG TABLET	5	30.000	0.00	0.07407	76%-100% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	30.000	2.48	0.07407	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	40.000	2.64	0.07407	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	90.000	5.81	0.07407	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	20.000	1.90	0.0673	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	21.000	1.96	0.0673	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	30.000	0.00	0.0673	76%-100% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	30.000	2.43	0.0673	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	30.000	3.29	0.0673	51%-75% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	30.000	3.85	0.0673	76%-100% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	12.000	1.26	0.07325	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	30.000	0.00	0.07325	76%-100% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	30.000	2.43	0.07325	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	60.000	3.53	0.07325	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	90.000	4.96	0.07325	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	90.000	5.13	0.07325	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	90.000	5.81	0.07325	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	180.000	11.11	0.07325	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	15.000	1.40	0.07215	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	15.000	1.58	0.07215	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	20.000	2.16	0.07215	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	21.000	0.90	0.07215	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	30.000	1.51	0.07215	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	30.000	2.43	0.07215	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	30.000	2.48	0.07215	10%-25% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162046650	IBUPROFEN 800 MG TABLET	8	30.000	2.91	0.07215	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	40.000	2.26	0.07215	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	40.000	3.23	0.07215	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	56.000	3.34	0.07215	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	180.000	14.29	0.07215	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	270.000	15.94	0.07215	10%-25% Below	No	No
65162046935	ELURYNG VAGINAL RING	5	1.000	58.52	98.81639	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	6	1.000	60.80	91.57263	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	6	3.000	182.40	91.57263	26%-50% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	14.99	0.4588	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	19.99	0.4588	200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	5.00	0.43658	10%-25% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.99	0.43658	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	6.99	0.42263	10%-25% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	19.99	0.42263	200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	0.14	0.43273	76%-100% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	14.90	0.43273	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	14.99	0.43273	101%-200% Above	No	No
65162052110	PROMETHAZINE 25 MG TABLET	5	12.000	0.34	0.05428	26%-50% Below	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	5	20.000	2.74	0.05428	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	5	30.000	0.84	0.05428	26%-50% Below	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	5	30.000	3.76	0.05428	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	5	90.000	2.52	0.05428	26%-50% Below	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	6	7.000	1.36	0.05024	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	6	10.000	1.69	0.05024	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162052110	PROMETHAZINE 25 MG TABLET	6	20.000	2.51	0.05024	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	6	20.000	2.74	0.05024	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	6	20.000	3.00	0.05024	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	6	30.000	2.31	0.05024	51%-75% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	6.000	0.62	0.04561	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	10.000	1.87	0.04561	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	15.000	2.12	0.04561	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	20.000	2.50	0.04561	101%-200% Above	No	No
65162052110	PROMETHAZINE 25 MG TABLET	7	20.000	2.59	0.04561	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	20.000	3.07	0.04561	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	30.000	0.84	0.04561	26%-50% Below	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	30.000	1.55	0.04561	10%-25% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	30.000	4.24	0.04561	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	40.000	5.40	0.04561	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	7	60.000	7.73	0.04561	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	8	8.000	1.67	0.05524	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	8	12.000	2.10	0.05524	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	8	20.000	3.07	0.05524	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	8	30.000	3.45	0.05524	101%-200% Above	No	No
65162052110	PROMETHAZINE 25 MG TABLET	8	60.000	6.45	0.05524	76%-100% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	8	60.000	7.73	0.05524	101%-200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	8	60.000	9.80	0.05524	101%-200% Above	Yes	No
65162052111	PROMETHAZINE 25 MG TABLET	6	12.000	3.17	0.05024	200% Above	Yes	No
65162052111	PROMETHAZINE 25 MG TABLET	8	5.000	1.23	0.05524	200% Above	No	No
65162052111	PROMETHAZINE 25 MG TABLET	8	30.000	4.04	0.05524	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162055310	METAXALONE 800 MG TABLET	5	60.000	18.66	0.58036	26%-50% Below	Yes	No
65162055310	METAXALONE 800 MG TABLET	7	60.000	18.66	0.61911	26%-50% Below	Yes	No
65162055310	METAXALONE 800 MG TABLET	8	30.000	9.99	0.6425	26%-50% Below	Yes	No
65162055310	METAXALONE 800 MG TABLET	8	60.000	18.66	0.6425	51%-75% Below	Yes	No
65162055610	TEMAZEPAM 15 MG CAPSULE	5	3.000	1.84	0.08071	200% Above	No	No
65162055610	TEMAZEPAM 15 MG CAPSULE	5	30.000	2.69	0.08071	10%-25% Above	No	No
65162055610	TEMAZEPAM 15 MG CAPSULE	5	30.000	2.75	0.08071	10%-25% Above	No	No
65162055610	TEMAZEPAM 15 MG CAPSULE	5	30.000	4.38	0.08071	76%-100% Above	No	No
65162055610	TEMAZEPAM 15 MG CAPSULE	6	30.000	2.69	0.08037	10%-25% Above	No	No
65162055610	TEMAZEPAM 15 MG CAPSULE	6	30.000	2.75	0.08037	10%-25% Above	No	No
65162055610	TEMAZEPAM 15 MG CAPSULE	7	30.000	2.75	0.07738	10%-25% Above	No	No
65162055610	TEMAZEPAM 15 MG CAPSULE	8	30.000	2.75	0.07595	10%-25% Above	No	No
65162055815	TAYSOFY 1 MG-20 MCG CAPSULE	7	28.000	23.23	1.4578	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	3.000	1.84	0.02454	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	12.000	0.91	0.02454	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	14.000	0.91	0.02454	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	15.000	0.99	0.02454	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	20.000	1.10	0.02454	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	20.000	1.18	0.02454	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	20.000	3.42	0.02454	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	46.000	1.65	0.02454	26%-50% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	60.000	7.49	0.02454	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	12.000	0.19	0.02486	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	15.000	1.08	0.02486	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	28.000	1.21	0.02486	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162062711	TRAMADOL HCL 50 MG TABLET	6	42.000	1.66	0.02486	51%-75% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	60.000	1.71	0.02486	10%-25% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	60.000	1.77	0.02486	10%-25% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	60.000	7.49	0.02486	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	12.000	0.91	0.02478	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	20.000	1.10	0.02478	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	21.000	2.66	0.02478	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	26.000	4.61	0.02478	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	28.000	1.04	0.02478	26%-50% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	30.000	1.31	0.02478	76%-100% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	60.000	0.01	0.02478	76%-100% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	60.000	1.71	0.02478	10%-25% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	60.000	5.75	0.02478	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	10.000	1.16	0.02429	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	12.000	0.83	0.02429	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	14.000	1.05	0.02429	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	14.000	1.13	0.02429	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	15.000	0.88	0.02429	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	15.000	1.02	0.02429	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	20.000	0.98	0.02429	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	20.000	1.19	0.02429	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	21.000	1.00	0.02429	76%-100% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	21.000	1.08	0.02429	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	30.000	0.44	0.02429	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	30.000	1.16	0.02429	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162062711	TRAMADOL HCL 50 MG TABLET	8	30.000	1.40	0.02429	76%-100% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	30.000	1.42	0.02429	76%-100% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	60.000	0.01	0.02429	76%-100% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	60.000	1.71	0.02429	10%-25% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	60.000	2.06	0.02429	26%-50% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	60.000	5.75	0.02429	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	105.000	3.29	0.02429	26%-50% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	5	90.000	2.63	0.02454	10%-25% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	6	90.000	2.63	0.02486	10%-25% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	7	90.000	2.63	0.02478	10%-25% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.000	9.74	0.05024	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.70	0.06651	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	3.27	0.06651	26%-50% Below	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.90	0.06001	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.57	0.06001	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.80	0.06225	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.57	0.06225	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.80	0.06139	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.57	0.06139	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	2.14	0.06139	51%-75% Below	No	No
65162063711	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.40	0.06001	101%-200% Above	No	No
65162064978	OXCARBAZEPINE 300 MG/5 ML SUSP	6	500.000	103.45	0.32558	26%-50% Below	Yes	No
65162064978	OXCARBAZEPINE 300 MG/5 ML SUSP	7	250.000	9.99	0.28913	76%-100% Below	No	No
65162064978	OXCARBAZEPINE 300 MG/5 ML SUSP	7	500.000	103.45	0.28913	26%-50% Below	Yes	No
65162064978	OXCARBAZEPINE 300 MG/5 ML SUSP	8	250.000	51.73	0.28945	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	5.64	0.30258	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	14.99	0.30258	51%-75% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	14.99	0.31397	51%-75% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	24.99	0.31397	101%-200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	34.49	0.31397	200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	7.09	0.2915	10%-25% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	9.99	0.2915	10%-25% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	14.99	0.2915	51%-75% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	29.99	0.2915	200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	14.99	0.29235	51%-75% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.000	4.90	0.05849	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	200.000	5.36	0.05849	51%-75% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	118.000	4.99	0.05533	10%-25% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	9.15	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	9.79	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	150.000	11.89	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	180.000	14.05	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	118.000	3.16	0.05382	26%-50% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	118.000	4.99	0.05382	10%-25% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	118.000	8.57	0.05382	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	3.22	0.05382	26%-50% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	4.99	0.05382	10%-25% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	7.29	0.05382	10%-25% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	140.000	3.75	0.05382	26%-50% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	150.000	11.89	0.05382	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	180.000	14.03	0.05382	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	180.000	14.05	0.05382	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	180.000	14.31	0.05382	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	118.000	3.16	0.05533	51%-75% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	118.000	4.99	0.05533	10%-25% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	118.000	9.50	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	118.000	9.63	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.65	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.79	0.05533	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.90	0.05533	26%-50% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	200.000	5.36	0.05533	51%-75% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	240.000	6.99	0.05533	26%-50% Below	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	4.000	0.00	0.5611	76%-100% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	9.000	9.99	0.5611	76%-100% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	20.000	14.90	0.5611	26%-50% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	30.000	9.99	0.5611	26%-50% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	30.000	14.90	0.5611	10%-25% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	6.000	9.99	0.54739	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	6.000	11.21	0.54739	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	6.000	14.66	0.54739	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	9.000	9.90	0.54739	76%-100% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	9.000	19.01	0.54739	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.000	11.21	0.54285	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	14.000	0.14	0.54285	76%-100% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	15.000	4.90	0.54285	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	9.000	14.90	0.62369	101%-200% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	5	37.500	24.99	0.23986	101%-200% Above	No	No
65162069388	ATOVAQUONE 750 MG/5 ML SUSP	5	300.000	0.03	1.00189	76%-100% Below	No	No
65162069388	ATOVAQUONE 750 MG/5 ML SUSP	8	300.000	24.99	0.8172	76%-100% Below	No	No
65162070386	FLUOCINOLONE 0.01% SCALP OIL	6	118.280	16.07	0.26898	26%-50% Below	No	No
65162070588	ESCITALOPRAM OXALATE 5 MG/5 ML	7	900.000	169.47	0.32138	26%-50% Below	No	No
65162070588	ESCITALOPRAM OXALATE 5 MG/5 ML	8	1800.000	332.64	0.37592	26%-50% Below	No	No
65162070684	AZELASTINE 0.15% NASAL SPRAY	5	30.000	17.62	0.43178	26%-50% Above	No	No
65162074510	PROMETHAZINE 12.5 MG TABLET	5	30.000	3.78	0.04544	101%-200% Above	Yes	No
65162074510	PROMETHAZINE 12.5 MG TABLET	7	10.000	0.93	0.04751	76%-100% Above	Yes	No
65162074510	PROMETHAZINE 12.5 MG TABLET	8	10.000	0.93	0.05128	76%-100% Above	Yes	No
65162074510	PROMETHAZINE 12.5 MG TABLET	8	10.000	1.88	0.05128	200% Above	Yes	No
65162074510	PROMETHAZINE 12.5 MG TABLET	8	28.000	3.37	0.05128	101%-200% Above	Yes	No
65162074510	PROMETHAZINE 12.5 MG TABLET	8	30.000	3.56	0.05128	101%-200% Above	Yes	No
65162074510	PROMETHAZINE 12.5 MG TABLET	8	30.000	4.26	0.05128	101%-200% Above	Yes	No
65162075210	BENAZEPRIL HCL 10 MG TABLET	6	90.000	3.98	0.07573	26%-50% Below	Yes	No
65162075310	BENAZEPRIL HCL 20 MG TABLET	6	30.000	2.36	0.08745	10%-25% Below	No	No
65162075310	BENAZEPRIL HCL 20 MG TABLET	6	90.000	6.85	0.08745	10%-25% Below	Yes	No
65162075310	BENAZEPRIL HCL 20 MG TABLET	6	90.000	10.76	0.08745	26%-50% Above	Yes	No
65162075310	BENAZEPRIL HCL 20 MG TABLET	7	10.000	1.29	0.08133	51%-75% Above	Yes	No
65162075310	BENAZEPRIL HCL 20 MG TABLET	7	90.000	4.13	0.08133	26%-50% Below	Yes	No
65162075310	BENAZEPRIL HCL 20 MG TABLET	7	90.000	8.67	0.08133	10%-25% Above	Yes	No
65162075310	BENAZEPRIL HCL 20 MG TABLET	8	30.000	2.35	0.08937	10%-25% Below	Yes	No
65162075350	BENAZEPRIL HCL 20 MG TABLET	7	180.000	12.50	0.08133	10%-25% Below	No	No
65162075350	BENAZEPRIL HCL 20 MG TABLET	8	90.000	6.76	0.08937	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162075710	DIVALPROEX SOD ER 500 MG TAB	6	90.000	54.96	0.19647	200% Above	No	No
65162076110	WARFARIN SODIUM 1 MG TABLET	6	30.000	6.85	0.09954	101%-200% Above	No	No
65162076110	WARFARIN SODIUM 1 MG TABLET	8	30.000	6.85	0.10168	101%-200% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	5	45.000	6.90	0.09716	51%-75% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	7	45.000	6.90	0.09649	51%-75% Above	No	No
65162076611	WARFARIN SODIUM 5 MG TABLET	7	60.000	13.10	0.09649	101%-200% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	6	30.000	9.59	0.11293	101%-200% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	8	30.000	9.59	0.12376	101%-200% Above	No	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	5	90.000	54.40	0.94385	26%-50% Below	Yes	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	5	270.000	163.19	0.94385	26%-50% Below	Yes	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	6	90.000	54.40	0.78746	10%-25% Below	Yes	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	8	270.000	163.19	0.77987	10%-25% Below	Yes	No
65162083366	DICLOFENAC SODIUM 1% GEL	5	200.000	9.99	0.09328	26%-50% Below	No	No
65162083366	DICLOFENAC SODIUM 1% GEL	6	100.000	6.99	0.09029	10%-25% Below	No	No
65162083366	DICLOFENAC SODIUM 1% GEL	6	200.000	9.99	0.09029	26%-50% Below	No	No
65162083366	DICLOFENAC SODIUM 1% GEL	7	100.000	9.99	0.08932	10%-25% Above	No	No
65162083366	DICLOFENAC SODIUM 1% GEL	7	100.000	14.99	0.08932	51%-75% Above	No	No
65162083366	DICLOFENAC SODIUM 1% GEL	7	200.000	9.99	0.08932	26%-50% Below	No	No
65162083703	VALSARTAN 40 MG TABLET	7	90.000	24.99	0.19006	26%-50% Above	Yes	No
65162083809	VALSARTAN 80 MG TABLET	5	30.000	17.81	0.2238	101%-200% Above	Yes	No
65162083809	VALSARTAN 80 MG TABLET	5	90.000	12.38	0.2238	26%-50% Below	Yes	No
65162083809	VALSARTAN 80 MG TABLET	6	90.000	15.80	0.2279	10%-25% Below	Yes	No
65162083809	VALSARTAN 80 MG TABLET	6	90.000	44.99	0.2279	101%-200% Above	Yes	No
65162083809	VALSARTAN 80 MG TABLET	6	90.000	47.44	0.2279	101%-200% Above	Yes	No
65162083809	VALSARTAN 80 MG TABLET	7	90.000	12.38	0.21529	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162083809	VALSARTAN 80 MG TABLET	8	90.000	12.38	0.21399	26%-50% Below	Yes	No
65162083909	VALSARTAN 160 MG TABLET	5	30.000	9.99	0.23356	26%-50% Above	Yes	No
65162083909	VALSARTAN 160 MG TABLET	5	30.000	10.65	0.23356	51%-75% Above	Yes	No
65162083909	VALSARTAN 160 MG TABLET	5	30.000	18.46	0.23356	101%-200% Above	Yes	No
65162083909	VALSARTAN 160 MG TABLET	5	90.000	54.39	0.23356	101%-200% Above	Yes	No
65162083909	VALSARTAN 160 MG TABLET	6	90.000	29.99	0.22638	26%-50% Above	Yes	No
65162083909	VALSARTAN 160 MG TABLET	6	90.000	30.00	0.22638	26%-50% Above	Yes	No
65162083909	VALSARTAN 160 MG TABLET	7	90.000	17.66	0.22114	10%-25% Below	Yes	No
65162083909	VALSARTAN 160 MG TABLET	7	90.000	24.99	0.22114	10%-25% Above	Yes	No
65162083909	VALSARTAN 160 MG TABLET	8	90.000	14.54	0.22764	26%-50% Below	Yes	No
65162083909	VALSARTAN 160 MG TABLET	8	90.000	17.66	0.22764	10%-25% Below	Yes	No
65162083909	VALSARTAN 160 MG TABLET	8	90.000	29.99	0.22764	26%-50% Above	Yes	No
65162084009	VALSARTAN 320 MG TABLET	5	30.000	6.69	0.3068	26%-50% Below	Yes	No
65162084009	VALSARTAN 320 MG TABLET	6	30.000	6.69	0.28885	10%-25% Below	Yes	No
65162084009	VALSARTAN 320 MG TABLET	6	90.000	20.07	0.28885	10%-25% Below	Yes	No
65162084009	VALSARTAN 320 MG TABLET	7	30.000	6.69	0.29921	10%-25% Below	Yes	No
65162084009	VALSARTAN 320 MG TABLET	8	30.000	6.69	0.29079	10%-25% Below	Yes	No
65162084009	VALSARTAN 320 MG TABLET	8	90.000	44.99	0.29079	51%-75% Above	Yes	No
65162084009	VALSARTAN 320 MG TABLET	8	90.000	45.00	0.29079	51%-75% Above	Yes	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	6	30.500	39.90	1.13912	10%-25% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	8	30.500	20.31	1.2234	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	8	30.500	51.20	1.2234	26%-50% Above	No	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	5	17.000	22.01	2.23897	26%-50% Below	Yes	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	6	17.000	22.01	2.25298	26%-50% Below	Yes	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	6	51.000	289.70	2.25298	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	7	17.000	22.01	2.16074	26%-50% Below	Yes	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	7	17.000	24.00	2.16074	26%-50% Below	No	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	8	17.000	22.01	2.22905	26%-50% Below	Yes	No
65162089603	ARIPIPRAZOLE 2 MG TABLET	6	30.000	25.49	0.13464	200% Above	No	No
65162089603	ARIPIPRAZOLE 2 MG TABLET	7	30.000	25.49	0.12223	200% Above	No	No
65162089809	ARIPIPRAZOLE 10 MG TABLET	7	30.000	14.90	0.13359	200% Above	No	No
65162099708	DOTTI 0.1 MG PATCH	5	8.000	37.36	8.21265	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	7	8.000	37.38	7.52741	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	8	8.000	37.38	7.35441	26%-50% Below	No	No
65862000501	CITALOPRAM HBR 10 MG TABLET	6	30.000	2.33	0.02664	101%-200% Above	Yes	No
65862000501	CITALOPRAM HBR 10 MG TABLET	7	30.000	2.33	0.02549	200% Above	Yes	No
65862000501	CITALOPRAM HBR 10 MG TABLET	8	30.000	2.33	0.02687	101%-200% Above	Yes	No
65862000601	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.37	0.03008	10%-25% Above	Yes	No
65862000601	CITALOPRAM HBR 20 MG TABLET	8	30.000	0.39	0.03177	51%-75% Below	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	6	90.000	6.33	0.03767	76%-100% Above	Yes	No
65862000701	CITALOPRAM HBR 40 MG TABLET	8	90.000	5.03	0.0397	26%-50% Above	Yes	No
65862000705	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.02	0.03919	10%-25% Above	Yes	No
65862000801	METFORMIN HCL 500 MG TABLET	5	360.000	7.15	0.0157	26%-50% Above	No	No
65862000801	METFORMIN HCL 500 MG TABLET	6	180.000	2.97	0.01484	10%-25% Above	Yes	No
65862000801	METFORMIN HCL 500 MG TABLET	7	60.000	0.64	0.01464	26%-50% Below	Yes	No
65862000801	METFORMIN HCL 500 MG TABLET	8	180.000	2.97	0.0148	10%-25% Above	Yes	No
65862000801	METFORMIN HCL 500 MG TABLET	8	360.000	7.15	0.0148	26%-50% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	5	60.000	1.55	0.0157	51%-75% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	5	180.000	3.85	0.0157	26%-50% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	6	60.000	1.55	0.01484	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862000805	METFORMIN HCL 500 MG TABLET	7	60.000	1.50	0.01464	51%-75% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	7	60.000	1.55	0.01464	76%-100% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	8	30.000	0.98	0.0148	101%-200% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	8	180.000	3.36	0.0148	26%-50% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	5	30.000	0.00	0.0157	76%-100% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	5	30.000	1.25	0.0157	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	5	30.000	1.29	0.0157	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	5	120.000	2.54	0.0157	26%-50% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	6	30.000	0.00	0.01484	76%-100% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	6	30.000	1.14	0.01484	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	6	30.000	1.19	0.01484	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	6	180.000	2.11	0.01484	10%-25% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	7	60.000	1.64	0.01464	76%-100% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	7	120.000	2.54	0.01464	26%-50% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	7	360.000	0.04	0.01464	76%-100% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	30.000	0.00	0.0148	76%-100% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	30.000	1.14	0.0148	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	30.000	1.27	0.0148	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	30.000	1.33	0.0148	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	60.000	1.50	0.0148	51%-75% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	60.000	1.54	0.0148	51%-75% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	60.000	1.75	0.0148	76%-100% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	90.000	2.09	0.0148	51%-75% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	120.000	3.09	0.0148	51%-75% Above	No	No
65862001001	METFORMIN HCL 1,000 MG TABLET	5	90.000	3.07	0.02598	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001001	METFORMIN HCL 1,000 MG TABLET	5	180.000	5.40	0.02598	10%-25% Above	Yes	No
65862001001	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.40	0.02642	10%-25% Above	Yes	No
65862001001	METFORMIN HCL 1,000 MG TABLET	7	90.000	2.46	0.02396	10%-25% Above	Yes	No
65862001001	METFORMIN HCL 1,000 MG TABLET	7	180.000	3.49	0.02396	10%-25% Below	Yes	No
65862001001	METFORMIN HCL 1,000 MG TABLET	8	60.000	1.80	0.02446	10%-25% Above	Yes	No
65862001001	METFORMIN HCL 1,000 MG TABLET	8	180.000	3.49	0.02446	10%-25% Below	Yes	No
65862001001	METFORMIN HCL 1,000 MG TABLET	8	180.000	6.01	0.02446	26%-50% Above	Yes	No
65862001005	METFORMIN HCL 1,000 MG TABLET	5	180.000	6.88	0.02598	26%-50% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.57	0.02396	51%-75% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	7	180.000	19.58	0.02396	200% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	8	180.000	8.97	0.02446	101%-200% Above	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.24	0.02396	51%-75% Above	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	8	30.000	0.47	0.02446	26%-50% Below	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	8	180.000	2.81	0.02446	26%-50% Below	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	5	30.000	2.79	0.0407	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	5	45.000	3.81	0.0407	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	6	30.000	0.00	0.04093	76%-100% Below	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	6	45.000	3.81	0.04093	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	7	45.000	3.81	0.04158	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	8	45.000	3.81	0.0394	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.000	4.45	0.04414	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.000	6.65	0.04414	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	45.000	2.79	0.04414	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	90.000	5.99	0.04414	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.000	0.86	0.0427	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.000	1.96	0.0427	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.000	2.32	0.0427	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.000	4.45	0.0427	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.000	6.65	0.0427	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	60.000	3.88	0.0427	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	0.86	0.04132	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	2.26	0.04132	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	2.32	0.04132	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	2.41	0.04132	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	4.45	0.04132	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	6.65	0.04132	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	60.000	3.88	0.04132	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.000	1.23	0.04132	51%-75% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.000	4.68	0.04132	10%-25% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	0.86	0.04358	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	1.96	0.04358	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	2.26	0.04358	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	2.32	0.04358	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	4.45	0.04358	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	6.65	0.04358	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	135.000	11.22	0.04358	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.000	3.31	0.05774	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.000	3.39	0.05774	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.000	3.40	0.05774	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.000	3.40	0.05774	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001305	SERTRALINE HCL 100 MG TABLET	5	60.000	6.18	0.05774	76%-100% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	135.000	10.00	0.05774	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.000	3.06	0.0565	76%-100% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.000	3.40	0.0565	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	90.000	6.04	0.0565	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	90.000	8.96	0.0565	76%-100% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	90.000	10.80	0.0565	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	135.000	12.69	0.0565	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	30.000	3.31	0.05684	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	30.000	3.39	0.05684	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	90.000	6.29	0.05684	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	135.000	10.00	0.05684	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	180.000	14.03	0.05684	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	30.000	3.31	0.05713	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	30.000	3.39	0.05713	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	30.000	3.40	0.05713	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	45.000	4.06	0.05713	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	90.000	7.31	0.05713	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	90.000	7.52	0.05713	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	90.000	8.62	0.05713	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	14.000	0.00	0.13209	76%-100% Below	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	14.000	4.88	0.13209	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	21.000	0.00	0.13209	76%-100% Below	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	21.000	5.98	0.13209	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	25.000	0.00	0.13209	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001401	AMOXICILLIN 500 MG TABLET	5	30.000	0.00	0.13209	76%-100% Below	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	21.000	4.08	0.12173	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	21.000	4.99	0.12173	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	21.000	5.72	0.12173	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	30.000	7.49	0.12173	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	20.000	0.90	0.13433	51%-75% Below	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	20.000	6.43	0.13433	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	21.000	6.91	0.13433	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	28.000	7.49	0.13433	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	30.000	1.35	0.13433	51%-75% Below	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	30.000	7.49	0.13433	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	4.000	1.75	0.13987	200% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	8	21.000	3.89	0.13987	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	21.000	5.41	0.13987	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	21.000	6.07	0.13987	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	28.000	7.49	0.13987	76%-100% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	10.000	2.30	0.14794	51%-75% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.000	1.11	0.14794	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.000	2.99	0.14794	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.000	2.99	0.14794	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.000	3.04	0.14794	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.000	4.07	0.14794	76%-100% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	1.79	0.14794	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	3.54	0.14794	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	3.64	0.14794	10%-25% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	3.86	0.14794	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	3.86	0.14794	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	3.95	0.14794	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	3.95	0.14794	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	3.97	0.14794	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	4.20	0.14794	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	10.000	2.21	0.14463	51%-75% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	10.000	2.30	0.14463	51%-75% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.000	1.66	0.14463	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.000	2.53	0.14463	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.000	2.53	0.14463	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.000	2.54	0.14463	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.000	2.58	0.14463	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.000	2.95	0.14463	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	16.000	2.84	0.14463	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	16.000	3.31	0.14463	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	1.58	0.14463	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	1.72	0.14463	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	2.14	0.14463	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	2.20	0.14463	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	3.31	0.14463	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	3.46	0.14463	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	3.86	0.14463	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	3.86	0.14463	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	3.95	0.14463	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	4.02	0.14463	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.000	4.11	0.14463	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	1.11	0.14915	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	1.57	0.14915	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	1.57	0.14915	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	2.53	0.14915	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	2.53	0.14915	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	2.83	0.14915	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	2.92	0.14915	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	2.92	0.14915	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	3.17	0.14915	51%-75% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	9.44	0.14915	200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	16.000	3.31	0.14915	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.000	1.58	0.14915	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.000	1.72	0.14915	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.000	3.31	0.14915	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.000	3.86	0.14915	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.000	3.86	0.14915	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.000	3.95	0.14915	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	10.000	0.63	0.15002	51%-75% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	10.000	2.30	0.15002	51%-75% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	14.000	1.11	0.15002	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	14.000	2.92	0.15002	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	14.000	2.99	0.15002	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	1.58	0.15002	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	3.31	0.15002	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	3.36	0.15002	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	3.38	0.15002	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	3.86	0.15002	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	3.86	0.15002	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	3.95	0.15002	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	3.95	0.15002	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	4.18	0.15002	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	4.91	0.15002	51%-75% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.000	9.99	0.15002	200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	21.000	4.02	0.15002	26%-50% Above	No	No
65862001605	AMOXICILLIN 250 MG CAPSULE	8	21.000	1.76	0.05369	51%-75% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	4.000	0.00	0.07606	76%-100% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	10.000	0.00	0.07606	76%-100% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	20.000	2.13	0.07606	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	21.000	1.16	0.07606	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	21.000	2.01	0.07606	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	22.000	2.32	0.07606	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	28.000	0.00	0.07606	76%-100% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	30.000	0.00	0.07606	76%-100% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	30.000	2.55	0.07606	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	40.000	3.71	0.07606	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.000	1.96	0.0666	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.01	0.0666	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.000	2.25	0.0666	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	28.000	2.75	0.0666	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	30.000	0.00	0.0666	76%-100% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	30.000	2.51	0.0666	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	60.000	4.61	0.0666	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	15.000	1.82	0.07825	51%-75% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.000	2.01	0.07825	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.000	2.33	0.07825	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	22.000	2.32	0.07825	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	30.000	2.90	0.07825	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	40.000	3.71	0.07825	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	4.000	1.03	0.07382	200% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	14.000	1.78	0.07382	51%-75% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	15.000	1.60	0.07382	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	20.000	1.90	0.07382	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	20.000	2.20	0.07382	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	21.000	1.85	0.07382	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.30	0.07382	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	21.000	2.76	0.07382	76%-100% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	24.000	1.53	0.07382	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	28.000	1.36	0.07382	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	30.000	2.97	0.07382	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	40.000	3.62	0.07382	10%-25% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	5	14.000	2.92	0.12954	51%-75% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	7	20.000	2.00	0.13363	10%-25% Below	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	7	84.000	6.47	0.13363	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862005290	SIMVASTATIN 20 MG TABLET	8	30.000	0.41	0.02612	26%-50% Below	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	5	180.000	7.92	0.01899	101%-200% Above	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	6	45.000	3.20	0.01823	200% Above	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	7	180.000	6.30	0.01823	76%-100% Above	Yes	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	5	30.000	1.49	0.01899	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	5	60.000	2.32	0.01899	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	6	60.000	2.32	0.01823	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	30.000	1.49	0.01823	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	60.000	2.06	0.01823	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	60.000	2.32	0.01823	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	60.000	2.62	0.01823	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	8	60.000	2.32	0.01797	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	8	180.000	4.70	0.01797	26%-50% Above	No	No
65862006301	METOPROLOL TARTRATE 50 MG TAB	7	90.000	2.72	0.02296	26%-50% Above	Yes	No
65862006301	METOPROLOL TARTRATE 50 MG TAB	8	180.000	4.50	0.02183	10%-25% Above	No	No
65862006401	METOPROLOL TARTRATE 100 MG TAB	6	90.000	5.35	0.03325	76%-100% Above	Yes	No
65862006401	METOPROLOL TARTRATE 100 MG TAB	8	90.000	4.31	0.02991	51%-75% Above	Yes	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	6.90	0.02436	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	275.000	14.90	0.02436	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	8.57	0.02324	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	6.90	0.02324	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	14.57	0.02404	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	7.61	0.02439	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	12.32	0.02439	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	8.10	0.02691	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	2.36	0.02553	26%-50% Below	No	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	5	60.000	12.09	0.09463	101%-200% Above	Yes	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	6	10.000	2.33	0.0843	101%-200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	7.000	1.84	0.15555	51%-75% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	8.000	1.71	0.15555	26%-50% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	10.000	1.13	0.15555	26%-50% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	10.000	2.36	0.15555	51%-75% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	3.01	0.15555	26%-50% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	6	2.000	0.02	0.14361	76%-100% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	6	7.000	1.84	0.14361	76%-100% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	6	10.000	2.36	0.14361	51%-75% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	3.34	0.14361	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	3.99	0.14361	26%-50% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	6	56.000	5.68	0.14361	26%-50% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	10.000	2.31	0.14867	51%-75% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	0.14	0.14867	76%-100% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.60	0.14867	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	1.24	0.14867	51%-75% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.39	0.14867	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.99	0.14867	26%-50% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	2.46	0.15502	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	2.55	0.15502	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	3.01	0.15502	26%-50% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	8	20.000	2.30	0.15502	10%-25% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	6.000	1.62	0.15555	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.58	0.15555	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.90	0.15555	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.85	0.14361	26%-50% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	6	28.000	5.19	0.14361	26%-50% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.92	0.14867	26%-50% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.90	0.14867	26%-50% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	8	42.000	4.90	0.15502	10%-25% Below	No	No
65862007850	CIPROFLOXACIN HCL 750 MG TAB	7	28.000	9.90	0.26117	26%-50% Above	No	No
65862007850	CIPROFLOXACIN HCL 750 MG TAB	8	28.000	9.99	0.24145	26%-50% Above	Yes	No
65862007930	TERBINAFFINE HCL 250 MG TABLET	5	30.000	5.40	0.15863	10%-25% Above	No	No
65862007930	TERBINAFFINE HCL 250 MG TABLET	6	30.000	7.19	0.15129	51%-75% Above	No	No
65862007930	TERBINAFFINE HCL 250 MG TABLET	8	21.000	2.47	0.15927	26%-50% Below	No	No
65862007930	TERBINAFFINE HCL 250 MG TABLET	8	30.000	3.36	0.15927	26%-50% Below	No	No
65862008701	BISOPROLOL FUMARATE 10 MG TAB	7	90.000	43.13	0.34085	26%-50% Above	Yes	No
65862009620	CEFPODOXIME 200 MG TABLET	5	6.000	14.99	2.9836	10%-25% Below	Yes	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	5	90.000	6.76	0.08815	10%-25% Below	No	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	6	90.000	6.76	0.08745	10%-25% Below	No	No
65862011801	BENZAEPRIIL HCL 40 MG TABLET	5	30.000	2.97	0.11365	10%-25% Below	No	No
65862011801	BENZAEPRIIL HCL 40 MG TABLET	6	30.000	2.61	0.11581	10%-25% Below	No	No
65862011801	BENZAEPRIIL HCL 40 MG TABLET	6	90.000	7.74	0.11581	10%-25% Below	No	No
65862011801	BENZAEPRIIL HCL 40 MG TABLET	7	30.000	2.52	0.10616	10%-25% Below	No	No
65862011801	BENZAEPRIIL HCL 40 MG TABLET	7	30.000	2.61	0.10616	10%-25% Below	No	No
65862011801	BENZAEPRIIL HCL 40 MG TABLET	8	30.000	2.50	0.1019	10%-25% Below	No	No
65862012701	TORSEMIDE 20 MG TABLET	6	30.000	5.23	0.07843	101%-200% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	7	60.000	6.90	0.07702	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862012701	TORSEMIDE 20 MG TABLET	8	60.000	6.90	0.08228	26%-50% Above	No	No
65862013399	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.09	0.01334	101%-200% Above	No	No
65862013499	HYDROCHLOROTHIAZIDE 50 MG TAB	7	30.000	1.63	0.02641	101%-200% Above	No	No
65862013499	HYDROCHLOROTHIAZIDE 50 MG TAB	8	30.000	1.63	0.0244	101%-200% Above	No	No
65862014201	CARVEDILOL 3.125 MG TABLET	8	180.000	4.43	0.01837	26%-50% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	5	180.000	6.85	0.02223	51%-75% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	6	60.000	2.33	0.02064	76%-100% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	7	60.000	1.87	0.02128	26%-50% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	7	60.000	2.33	0.02128	76%-100% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	8	60.000	2.33	0.02023	76%-100% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	8	180.000	5.62	0.02023	51%-75% Above	No	No
65862014405	CARVEDILOL 12.5 MG TABLET	7	60.000	0.01	0.02454	76%-100% Below	No	No
65862014501	CARVEDILOL 25 MG TABLET	7	180.000	4.81	0.03238	10%-25% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	5	60.000	0.01	0.03227	76%-100% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	5	60.000	3.24	0.03227	51%-75% Above	No	No
65862014505	CARVEDILOL 25 MG TABLET	5	60.000	3.33	0.03227	51%-75% Above	No	No
65862014505	CARVEDILOL 25 MG TABLET	6	60.000	0.01	0.03333	76%-100% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	6	60.000	3.24	0.03333	51%-75% Above	No	No
65862014505	CARVEDILOL 25 MG TABLET	6	60.000	3.33	0.03333	51%-75% Above	No	No
65862014505	CARVEDILOL 25 MG TABLET	6	180.000	0.02	0.03333	76%-100% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	7	60.000	0.01	0.03238	76%-100% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	7	60.000	3.16	0.03238	51%-75% Above	No	No
65862014505	CARVEDILOL 25 MG TABLET	8	60.000	0.01	0.03302	76%-100% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	8	60.000	1.15	0.03302	26%-50% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	8	60.000	3.24	0.03302	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862014505	CARVEDILOL 25 MG TABLET	8	60.000	3.33	0.03302	51%-75% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	5	15.000	20.60	0.53466	101%-200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	6	15.000	20.60	0.6158	101%-200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	7	9.000	12.06	0.52657	101%-200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	8	30.000	19.99	0.59165	10%-25% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	10.000	10.82	0.51745	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	0.09	0.5299	76%-100% Below	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	7.96	0.5299	51%-75% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	0.09	0.52465	76%-100% Below	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	8.38	0.52465	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	8.41	0.52465	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	9.67	0.52465	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	0.09	0.51919	76%-100% Below	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	6.90	0.51919	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	7.96	0.51919	51%-75% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	9.48	0.51919	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	8.93	0.51993	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	9.26	0.51993	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	6.000	4.99	0.52569	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	9.26	0.52569	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	9.99	0.52569	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	7.86	0.51447	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	7	36.000	14.99	0.51447	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	8	4.000	4.65	0.52126	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	7.86	0.52126	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	9.26	0.52126	76%-100% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	6	30.000	5.52	0.07037	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	5	30.000	4.77	0.07229	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	5	90.000	10.00	0.07229	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	5	90.000	15.79	0.07229	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	6	30.000	4.77	0.07037	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	6	90.000	7.77	0.07037	10%-25% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	6	90.000	9.33	0.07037	26%-50% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	6	90.000	10.00	0.07037	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	7	30.000	4.77	0.06963	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	7	90.000	13.28	0.06963	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	7	90.000	15.54	0.06963	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.000	10.00	0.06869	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.000	21.21	0.06869	200% Above	Yes	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.44	0.03107	51%-75% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	0.00	0.02909	76%-100% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.44	0.02909	51%-75% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	1.44	0.02939	51%-75% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	7	90.000	7.83	0.02939	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.64	0.0304	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.69	0.0304	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.73	0.0304	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.79	0.0304	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.82	0.0304	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.84	0.0304	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.53	0.02715	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.57	0.02715	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.69	0.02715	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.79	0.02715	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.82	0.02715	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.83	0.02715	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.000	3.34	0.02715	26%-50% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.000	9.49	0.02715	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	15.000	0.77	0.02843	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.00	0.02843	76%-100% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.53	0.02843	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.79	0.02843	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.82	0.02843	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.83	0.02843	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	15.000	0.77	0.0295	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.53	0.0295	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.57	0.0295	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.79	0.0295	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.82	0.0295	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.83	0.0295	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	2.22	0.0295	101%-200% Above	No	No
65862016290	QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.000	100.51	0.31632	76%-100% Above	Yes	No
65862016801	ATENOLOL 25 MG TABLET	5	30.000	2.75	0.02518	200% Above	No	No
65862016801	ATENOLOL 25 MG TABLET	5	30.000	2.85	0.02518	200% Above	No	No
65862016801	ATENOLOL 25 MG TABLET	6	30.000	2.75	0.02573	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862016801	ATENOLOL 25 MG TABLET	8	90.000	6.95	0.02477	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	30.000	2.75	0.02518	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	180.000	13.55	0.02518	101%-200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	6	30.000	2.31	0.02573	101%-200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	6	30.000	2.75	0.02573	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	6	90.000	6.75	0.02573	101%-200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	7	30.000	2.31	0.02522	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	7	30.000	2.75	0.02522	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	8	30.000	2.31	0.02477	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	8	30.000	2.75	0.02477	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	5	30.000	3.40	0.02866	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	6	30.000	3.40	0.02956	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	7	30.000	3.40	0.02613	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	7	90.000	7.66	0.02613	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	7	90.000	8.89	0.02613	200% Above	No	No
65862017001	ATENOLOL 100 MG TABLET	7	90.000	11.25	0.04654	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	5	30.000	1.38	0.03391	26%-50% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	5	30.000	1.51	0.03391	26%-50% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	5	30.000	5.55	0.03391	200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	6	30.000	1.28	0.03228	26%-50% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	6	30.000	1.34	0.03228	26%-50% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	7	30.000	1.34	0.03426	26%-50% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	5	60.000	0.60	0.04416	76%-100% Below	No	No
65862017260	TOPIRAMATE 50 MG TABLET	6	120.000	9.99	0.04036	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	6	270.000	15.86	0.04036	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862017260	TOPIRAMATE 50 MG TABLET	7	120.000	9.99	0.03957	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	8	30.000	2.38	0.041	76%-100% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	8	120.000	9.99	0.041	101%-200% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	5	180.000	17.86	0.06688	26%-50% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	7	60.000	6.36	0.06631	51%-75% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	8	60.000	8.02	0.06606	101%-200% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	8	180.000	23.99	0.06606	101%-200% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	8	20.000	3.81	0.1091	51%-75% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	8	20.000	4.47	0.1091	101%-200% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	8	20.000	4.83	0.1091	101%-200% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	8	28.000	1.54	0.1091	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	14.000	14.99	0.45912	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	20.000	5.94	0.45912	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	20.000	7.00	0.45912	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	20.000	14.90	0.45912	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	20.000	0.00	0.45302	76%-100% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	20.000	9.99	0.45302	10%-25% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	20.000	14.90	0.45302	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	20.000	14.99	0.45302	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	7	20.000	14.90	0.44518	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	10.000	12.71	0.45182	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	20.000	4.99	0.45182	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	20.000	14.90	0.45182	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	20.000	19.99	0.45182	101%-200% Above	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	5	6.000	0.42	0.11521	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	6	10.000	1.49	0.11027	26%-50% Above	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	8	9.000	1.60	0.11158	51%-75% Above	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	8	21.000	3.33	0.11158	26%-50% Above	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	8	28.000	4.76	0.11158	51%-75% Above	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	8	90.000	7.83	0.11158	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	15.000	4.90	0.27351	10%-25% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	15.000	6.14	0.27351	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	21.000	6.99	0.27351	10%-25% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	11.87	0.27351	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	8.000	0.00	0.25859	76%-100% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	14.000	4.84	0.25859	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	14.000	5.00	0.25859	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.000	4.87	0.25859	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.000	11.87	0.25859	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.000	11.95	0.25859	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	40.000	14.90	0.25859	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.000	4.90	0.26693	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.000	8.44	0.26693	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.000	8.54	0.26693	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	4.87	0.26693	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	14.000	5.00	0.2641	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	15.000	5.28	0.2641	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.000	4.90	0.2641	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.000	8.44	0.2641	51%-75% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	10.000	4.15	0.0692	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	10.000	4.86	0.0692	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	12.000	5.51	0.0692	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.000	7.94	0.0692	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.000	8.26	0.0692	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	20.000	4.90	0.0692	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	12.000	9.99	0.06868	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.000	0.99	0.06868	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.74	0.06868	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.88	0.06868	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.000	7.94	0.06868	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.000	8.17	0.06868	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	30.000	4.90	0.06868	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	10.000	4.93	0.0675	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	15.000	5.72	0.0675	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	18.000	8.03	0.0675	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	18.000	8.17	0.0675	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	10.000	4.01	0.06661	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	18.000	8.17	0.06661	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	18.000	8.26	0.06661	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	18.000	10.39	0.06661	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.000	10.91	0.09982	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	15.000	4.90	0.09565	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.000	10.60	0.09565	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.000	10.91	0.09565	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	12.000	9.99	0.09812	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	15.000	7.67	0.09812	200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	5	14.000	1.03	0.02236	200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.41	0.02236	101%-200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.22	0.02026	76%-100% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	7	20.000	1.14	0.02322	101%-200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	8	180.000	5.20	0.02315	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.57	0.03174	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.60	0.03174	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	90.000	3.40	0.03174	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	90.000	5.82	0.03174	101%-200% Above	Yes	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.60	0.03391	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.66	0.03391	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	6	90.000	3.40	0.03391	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.37	0.03326	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.47	0.03326	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.60	0.03326	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.66	0.03326	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	90.000	3.40	0.03326	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	90.000	3.50	0.03326	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.60	0.0324	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.66	0.0324	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	8	90.000	4.69	0.0324	51%-75% Above	Yes	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	5	90.000	0.01	0.03174	76%-100% Below	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.66	0.03326	51%-75% Above	Yes	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	8	14.000	0.50	0.0324	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	8	60.000	3.06	0.0324	51%-75% Above	Yes	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	8	90.000	0.01	0.0324	76%-100% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.45	0.03088	51%-75% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.46	0.03088	51%-75% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.48	0.03473	26%-50% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.28	0.03064	26%-50% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.73	0.03064	76%-100% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	3.84	0.03064	200% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	0.00	0.03088	76%-100% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.55	0.03088	51%-75% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.57	0.03088	51%-75% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	3.15	0.03088	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	3.17	0.03088	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	0.00	0.03083	76%-100% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.21	0.03083	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.31	0.03083	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.55	0.03083	51%-75% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.57	0.03083	51%-75% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	5.56	0.03083	200% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	0.00	0.03473	76%-100% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.21	0.03473	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.31	0.03473	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.37	0.03473	26%-50% Above	Yes	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.55	0.03473	26%-50% Above	Yes	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.57	0.03473	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	90.000	13.46	0.03473	200% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	0.00	0.03064	76%-100% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	0.74	0.03064	10%-25% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.21	0.03064	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.55	0.03064	51%-75% Above	Yes	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	3.15	0.03064	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	3.17	0.03064	10%-25% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	0.00	0.08415	76%-100% Below	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	7.45	0.08415	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	9.99	0.08415	200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	90.000	10.21	0.08415	26%-50% Above	Yes	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	180.000	39.19	0.08415	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	9.99	0.07987	200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	20.00	0.08045	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.01	0.078	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.10	0.078	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	6.35	0.08415	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	6.99	0.08415	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	7.16	0.08415	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	60.000	14.24	0.08415	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	90.000	3.77	0.08415	26%-50% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	11.000	2.80	0.07987	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.15	0.07987	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.35	0.07987	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.99	0.07987	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	7.16	0.07987	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	8.11	0.07987	10%-25% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	10.06	0.07987	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	12.65	0.07987	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	16.23	0.07987	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	17.99	0.07987	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	19.99	0.07987	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	20.01	0.07987	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	20.01	0.07987	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	180.000	20.41	0.07987	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	6.99	0.08045	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	7.37	0.08045	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	0.01	0.08045	76%-100% Below	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	8.11	0.08045	10%-25% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	12.65	0.08045	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	20.00	0.08045	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	4.61	0.078	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.10	0.078	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.99	0.078	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	7.16	0.078	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	7.37	0.078	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	7.45	0.078	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	60.000	2.51	0.078	26%-50% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	3.77	0.078	26%-50% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	10.00	0.078	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	12.49	0.078	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	16.23	0.078	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	17.63	0.078	101%-200% Above	No	No
65862019430	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	3.90	0.08415	51%-75% Above	No	No
65862019430	FLUOXETINE HCL 40 MG CAPSULE	8	60.000	11.51	0.078	101%-200% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	4.90	0.08415	76%-100% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	4.90	0.08045	101%-200% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	4.90	0.078	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	5	60.000	5.82	0.06107	51%-75% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	6	60.000	5.82	0.05419	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	7	60.000	5.82	0.04995	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	8	60.000	5.82	0.05003	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.89	0.05003	51%-75% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	15.000	1.88	0.06107	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	0.00	0.06107	76%-100% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.08	0.06107	51%-75% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.15	0.06107	51%-75% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.23	0.06107	76%-100% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.66	0.06107	26%-50% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	0.00	0.05419	76%-100% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	3.08	0.05419	76%-100% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	3.69	0.05419	101%-200% Above	Yes	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	2.94	0.05419	26%-50% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	7.75	0.05419	51%-75% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	7.75	0.05419	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	7.98	0.05419	51%-75% Above	Yes	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.68	0.04995	76%-100% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	3.08	0.04995	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	0.01	0.04995	76%-100% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	0.00	0.05003	76%-100% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.68	0.05003	76%-100% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	3.08	0.05003	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.66	0.05003	51%-75% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	180.000	12.49	0.05003	26%-50% Above	No	No
65862020230	LOSARTAN POTASSIUM 50 MG TAB	8	60.000	9.06	0.05825	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	5.30	0.06944	10%-25% Below	Yes	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	1.23	0.06744	26%-50% Below	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.18	0.06744	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.63	0.06744	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.64	0.06744	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.74	0.06744	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	6.92	0.06744	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.70	0.06744	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.74	0.06744	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.04	0.06904	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.13	0.06904	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.13	0.06904	51%-75% Above	Yes	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.63	0.06904	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.64	0.06904	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	4.90	0.06904	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	6.99	0.06904	10%-25% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.88	0.06904	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	180.000	15.31	0.06904	10%-25% Above	Yes	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.04	0.06944	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.63	0.06944	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.64	0.06944	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	6.92	0.06944	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	7.91	0.06944	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	8.00	0.06944	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	9.61	0.06944	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	0.00	0.05825	76%-100% Below	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.04	0.05825	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.64	0.05825	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	6.92	0.05825	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	6.99	0.05825	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	7.91	0.05825	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	9.42	0.05825	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	9.70	0.05825	76%-100% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.21	0.10045	51%-75% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.35	0.10045	76%-100% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.90	0.10045	51%-75% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	9.90	0.09928	10%-25% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	10.36	0.09928	10%-25% Above	Yes	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.90	0.09669	51%-75% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.90	0.08706	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.73	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.00	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.21	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.30	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	5.35	0.10045	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.41	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	14.84	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	15.09	0.10045	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.44	0.09928	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.58	0.09928	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.00	0.09928	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.21	0.09928	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.35	0.09928	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	5.44	0.09928	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.32	0.09928	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.41	0.09928	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	20.00	0.09928	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.44	0.09669	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.09669	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.00	0.09669	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.21	0.09669	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.35	0.09669	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	9.37	0.09669	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.75	0.09669	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	20.00	0.09669	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	15.000	2.61	0.08706	76%-100% Above	Yes	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	0.00	0.08706	76%-100% Below	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.44	0.08706	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.00	0.08706	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.21	0.08706	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.35	0.08706	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.78	0.08706	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	9.37	0.08706	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.97	0.08706	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.41	0.08706	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	14.75	0.08706	76%-100% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	5	30.000	14.99	0.36988	26%-50% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	7	20.000	12.07	0.36975	51%-75% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	7	30.000	14.99	0.36975	26%-50% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	8	30.000	14.99	0.37588	26%-50% Above	No	No
65862021401	ZALEPLON 5 MG CAPSULE	6	30.000	9.15	0.18597	51%-75% Above	Yes	No
65862021401	ZALEPLON 5 MG CAPSULE	8	30.000	9.15	0.20244	26%-50% Above	Yes	No
65862021501	ZALEPLON 10 MG CAPSULE	5	30.000	9.70	0.23142	26%-50% Above	Yes	No
65862021501	ZALEPLON 10 MG CAPSULE	6	30.000	8.91	0.17059	51%-75% Above	Yes	No
65862021501	ZALEPLON 10 MG CAPSULE	7	30.000	10.15	0.17278	76%-100% Above	Yes	No
65862021501	ZALEPLON 10 MG CAPSULE	8	30.000	8.91	0.18029	51%-75% Above	Yes	No
65862021501	ZALEPLON 10 MG CAPSULE	8	30.000	10.15	0.18029	76%-100% Above	Yes	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	6	100.000	7.32	0.11714	26%-50% Below	No	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	5	60.000	6.90	0.14064	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862021860	CEFDINIR 125 MG/5 ML SUSP	8	60.000	31.81	0.14231	200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	5	100.000	19.99	0.16618	10%-25% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	5	100.000	121.21	0.16618	200% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	7	100.000	10.26	0.15368	26%-50% Below	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	8	100.000	10.26	0.14263	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	6.56	0.14899	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	9.90	0.14899	10%-25% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	9.99	0.14899	10%-25% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	9.99	0.14899	10%-25% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	14.99	0.14899	51%-75% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	44.06	0.14899	200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	6	60.000	6.56	0.15344	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	6	60.000	14.99	0.15344	51%-75% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	6	120.000	13.12	0.15344	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	60.000	6.56	0.13343	10%-25% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	60.000	9.99	0.13343	10%-25% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	60.000	14.99	0.13343	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	8	60.000	6.36	0.13649	10%-25% Below	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	8	60.000	6.56	0.13649	10%-25% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	8	60.000	9.99	0.13649	10%-25% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	8	60.000	14.99	0.13649	76%-100% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	8	60.000	18.50	0.13649	101%-200% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	5	14.000	24.99	0.48591	200% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	5	20.000	5.61	0.48591	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	5	20.000	14.99	0.48591	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862022660	CLARITHROMYCIN 500 MG TABLET	6	28.000	9.99	0.4702	10%-25% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	7	14.000	14.99	0.47649	101%-200% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	8	21.000	6.90	0.45213	26%-50% Below	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	5	60.000	4.96	0.03558	101%-200% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	6	90.000	5.87	0.03422	76%-100% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	7	180.000	11.74	0.03317	76%-100% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	7	180.000	13.32	0.03317	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	8	42.000	3.23	0.03162	101%-200% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	8	45.000	3.51	0.03162	101%-200% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	8	60.000	5.41	0.03162	101%-200% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	8	180.000	10.00	0.03162	51%-75% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	5	30.000	2.61	0.06362	26%-50% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	5	60.000	1.91	0.06362	26%-50% Below	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	5	90.000	2.86	0.06362	26%-50% Below	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	6	30.000	2.61	0.06241	26%-50% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	6	90.000	16.64	0.06241	101%-200% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	6	225.000	16.22	0.06241	10%-25% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	7	30.000	2.61	0.05404	51%-75% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	8	30.000	2.61	0.05542	51%-75% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	8	60.000	5.17	0.05542	51%-75% Above	Yes	No
65862022960	LAMOTRIGINE 150 MG TABLET	5	30.000	3.44	0.09211	10%-25% Above	Yes	No
65862022960	LAMOTRIGINE 150 MG TABLET	6	30.000	3.01	0.08563	10%-25% Above	No	No
65862022960	LAMOTRIGINE 150 MG TABLET	6	30.000	3.01	0.08563	10%-25% Above	Yes	No
65862022960	LAMOTRIGINE 150 MG TABLET	6	30.000	3.44	0.08563	26%-50% Above	Yes	No
65862022960	LAMOTRIGINE 150 MG TABLET	7	30.000	2.82	0.06942	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862022960	LAMOTRIGINE 150 MG TABLET	7	30.000	3.44	0.06942	51%-75% Above	Yes	No
65862022960	LAMOTRIGINE 150 MG TABLET	8	30.000	3.01	0.0768	26%-50% Above	Yes	No
65862022960	LAMOTRIGINE 150 MG TABLET	8	30.000	3.44	0.0768	26%-50% Above	Yes	No
65862023060	LAMOTRIGINE 200 MG TABLET	6	90.000	5.67	0.10072	26%-50% Below	Yes	No
65862023060	LAMOTRIGINE 200 MG TABLET	7	30.000	3.32	0.07913	26%-50% Above	Yes	No
65862023060	LAMOTRIGINE 200 MG TABLET	7	30.000	3.71	0.07913	51%-75% Above	No	No
65862023060	LAMOTRIGINE 200 MG TABLET	7	60.000	8.47	0.07913	76%-100% Above	Yes	No
65862023060	LAMOTRIGINE 200 MG TABLET	7	90.000	8.02	0.07913	10%-25% Above	Yes	No
65862023060	LAMOTRIGINE 200 MG TABLET	7	360.000	38.56	0.07913	26%-50% Above	No	No
65862023060	LAMOTRIGINE 200 MG TABLET	8	30.000	3.32	0.07692	26%-50% Above	Yes	No
65862023060	LAMOTRIGINE 200 MG TABLET	8	90.000	8.51	0.07692	10%-25% Above	Yes	No
65862024508	LEVETIRACETAM 250 MG TABLET	7	180.000	30.35	0.06299	101%-200% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	5	133.000	1.33	0.10119	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	5	540.000	35.64	0.10119	26%-50% Below	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	6	60.000	9.99	0.09016	76%-100% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	6	180.000	1.80	0.09016	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	8	180.000	24.28	0.09957	26%-50% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	8	540.000	35.64	0.09957	26%-50% Below	Yes	No
65862024708	LEVETIRACETAM 750 MG TABLET	8	180.000	29.99	0.14776	10%-25% Above	Yes	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	5	300.000	9.99	0.03745	10%-25% Below	Yes	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	7	600.000	14.99	0.03147	10%-25% Below	Yes	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	8	600.000	11.64	0.03319	26%-50% Below	Yes	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	0.00	0.05855	76%-100% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	0.01	0.05627	76%-100% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.00	0.05292	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.00	0.05689	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	0.01	0.05689	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.00	0.05615	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	0.01	0.05615	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.00	0.04944	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.00	0.0506	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	14.99	0.0506	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	0.01	0.0506	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	9.99	0.07794	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	14.99	0.07794	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	0.01	0.07794	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	9.99	0.07212	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	14.99	0.07212	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	7	10.000	0.27	0.07377	51%-75% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	14.99	0.07377	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	9.99	0.07086	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	14.99	0.07086	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	0.01	0.07086	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	45.00	0.07086	200% Above	No	No
65862029630	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	9.99	0.12799	101%-200% Above	No	No
65862029630	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	19.99	0.12799	51%-75% Above	No	No
65862029630	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	9.99	0.12245	101%-200% Above	No	No
65862029630	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	0.01	0.12245	76%-100% Below	No	No
65862029630	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	44.99	0.12245	200% Above	No	No
65862029630	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	14.99	0.11556	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862029630	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	19.99	0.11556	76%-100% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	6.80	0.11556	26%-50% Below	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	12.40	0.11556	10%-25% Above	No	No
65862031560	LEVETIRACETAM 1,000 MG TABLET	7	180.000	19.99	0.21793	26%-50% Below	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	5	12.000	7.49	0.31487	76%-100% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	5	12.000	8.15	0.31487	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	6	12.000	11.80	0.28525	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	7	12.000	9.37	0.28788	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	8	12.000	9.37	0.292	101%-200% Above	Yes	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	30.000	1.27	0.06653	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	30.000	3.52	0.06653	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	30.000	4.06	0.06653	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	30.000	9.99	0.06653	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	90.000	3.50	0.06653	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	90.000	7.49	0.06653	10%-25% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	90.000	10.87	0.06653	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	30.000	1.07	0.063	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	30.000	3.52	0.063	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	30.000	4.06	0.063	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	3.20	0.063	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	7.49	0.063	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	9.02	0.063	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	10.87	0.063	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	10.89	0.063	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	20.00	0.063	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862035705	CLOPIDOGREL 75 MG TABLET	7	30.000	0.00	0.06614	76%-100% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	30.000	1.07	0.06614	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	30.000	3.52	0.06614	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	30.000	4.06	0.06614	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	30.000	1.07	0.06467	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	30.000	4.06	0.06467	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	90.000	7.49	0.06467	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	90.000	10.87	0.06467	76%-100% Above	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	30.000	1.13	0.06653	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	30.000	3.62	0.06653	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	90.000	7.15	0.06653	10%-25% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	90.000	7.25	0.06653	10%-25% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	90.000	9.65	0.06653	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	90.000	15.85	0.06653	101%-200% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	6	30.000	1.13	0.063	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	6	30.000	3.62	0.063	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	6	90.000	3.39	0.063	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	6	90.000	9.65	0.063	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	6	90.000	10.64	0.063	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	21.000	0.79	0.06614	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	30.000	3.47	0.06614	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	30.000	3.62	0.06614	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	90.000	3.39	0.06614	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	90.000	8.33	0.06614	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	90.000	8.65	0.06614	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862035790	CLOPIDOGREL 75 MG TABLET	7	90.000	9.02	0.06614	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	90.000	10.64	0.06614	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	30.000	3.47	0.06467	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	30.000	3.62	0.06467	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	90.000	8.33	0.06467	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	90.000	9.02	0.06467	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	90.000	10.96	0.06467	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	90.000	13.25	0.06467	101%-200% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	8	30.000	3.35	0.04577	101%-200% Above	No	No
65862037301	ESCITALOPRAM 5 MG TABLET	8	30.000	4.27	0.04577	200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	5	30.000	4.41	0.05112	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	6	30.000	0.99	0.04995	26%-50% Below	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	6	30.000	4.41	0.04995	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	7	30.000	4.41	0.05194	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	8	30.000	4.41	0.05286	101%-200% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	5	30.000	4.82	0.08912	76%-100% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	5	30.000	5.31	0.08912	76%-100% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	6	30.000	5.31	0.07922	101%-200% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	7	30.000	5.31	0.08189	101%-200% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	8	30.000	5.31	0.07964	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	5	30.000	4.06	0.08912	51%-75% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	5	30.000	4.45	0.08912	51%-75% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	5	30.000	5.31	0.08912	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	5	45.000	7.64	0.08912	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	5	90.000	15.07	0.08912	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862037505	ESCITALOPRAM 20 MG TABLET	6	30.000	4.36	0.07922	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	6	45.000	7.64	0.07922	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	6	90.000	13.50	0.07922	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	7	30.000	4.36	0.08189	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	7	30.000	5.31	0.08189	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	7	45.000	7.64	0.08189	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	7	90.000	14.63	0.08189	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	8	30.000	3.12	0.07964	26%-50% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	8	30.000	4.36	0.07964	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	8	30.000	5.31	0.07964	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	8	45.000	7.64	0.07964	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	8	90.000	15.07	0.07964	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	2.000	0.22	0.23707	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	5.000	4.23	0.23707	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	9.000	2.93	0.23707	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.000	2.79	0.23707	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.000	3.17	0.23707	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.000	3.25	0.23707	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.000	6.42	0.23707	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.000	1.32	0.23707	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.66	0.23707	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.75	0.23707	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	15.000	4.39	0.23707	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	15.000	4.50	0.23707	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	15.000	4.53	0.23707	26%-50% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.000	1.97	0.23707	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.000	5.12	0.23707	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.000	5.30	0.23707	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	4.000	1.10	0.24816	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.000	1.10	0.24816	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.000	1.32	0.24816	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.000	3.75	0.24816	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	15.000	4.50	0.24816	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.99	0.24816	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.12	0.24816	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	6.000	0.66	0.23596	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	6.000	1.92	0.23596	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	10.000	2.74	0.23596	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	10.000	3.17	0.23596	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	10.000	8.19	0.23596	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.000	1.32	0.23596	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.15	0.23596	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.20	0.23596	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.75	0.23596	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.97	0.23596	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	15.000	4.39	0.23596	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	15.000	4.50	0.23596	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.000	1.97	0.23596	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.000	2.79	0.23596	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.000	5.12	0.23596	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.000	9.99	0.23596	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	2.000	0.22	0.23742	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	6.000	2.25	0.23742	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	9.000	2.93	0.23742	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	10.000	3.99	0.23742	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.000	3.15	0.23742	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.000	3.75	0.23742	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	15.000	4.50	0.23742	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.000	1.97	0.23742	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.000	5.12	0.23742	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.000	5.26	0.23742	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.000	9.99	0.23742	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	45.000	4.93	0.23742	51%-75% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	10.000	4.21	0.24363	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	15.000	5.95	0.24363	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	4.99	0.23397	10%-25% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	5.96	0.23397	26%-50% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	6.01	0.23397	26%-50% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	6.90	0.23397	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	8.64	0.23397	101%-200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	5.000	2.05	0.22583	76%-100% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	12.000	4.91	0.22583	76%-100% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.000	6.01	0.22583	26%-50% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.000	6.99	0.22583	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.000	7.19	0.22583	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	20.000	7.69	0.22583	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	30.000	9.99	0.22583	26%-50% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	12.000	5.04	0.22315	76%-100% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.000	5.87	0.22315	26%-50% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.000	6.01	0.22315	26%-50% Above	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	5	30.000	0.00	0.07216	76%-100% Below	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	6	14.000	2.74	0.05892	200% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	7	8.000	0.23	0.06927	51%-75% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	7	30.000	3.46	0.06927	51%-75% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	7	30.000	4.14	0.06927	76%-100% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	8	8.000	0.23	0.07322	51%-75% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	8	30.000	4.14	0.07322	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.000	1.73	0.07938	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.63	0.07938	51%-75% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	2.08	0.07329	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	0.72	0.08153	51%-75% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.63	0.08153	51%-75% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	2.04	0.07812	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.000	0.76	0.07938	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.000	1.37	0.07938	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	8.000	1.95	0.07938	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.000	0.36	0.07938	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.000	1.76	0.07938	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.000	3.25	0.07938	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	0.50	0.07938	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	0.50	0.07938	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	1.26	0.07938	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	1.91	0.07938	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	2.05	0.07938	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	2.13	0.07938	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	2.13	0.07938	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	2.17	0.07938	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	4.25	0.07938	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	0.71	0.07938	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	1.29	0.07938	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	1.34	0.07938	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.41	0.07938	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.69	0.07938	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.72	0.07938	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.78	0.07938	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	3.76	0.07938	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	24.000	2.84	0.07938	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	28.000	3.52	0.07938	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	30.000	3.71	0.07938	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	42.000	4.94	0.07938	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	6.000	1.24	0.07329	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.000	0.84	0.07329	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.000	1.57	0.07329	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.000	1.73	0.07329	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	0.46	0.07329	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	0.50	0.07329	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	1.77	0.07329	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	1.83	0.07329	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	1.86	0.07329	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	1.86	0.07329	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	2.13	0.07329	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	2.17	0.07329	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	4.25	0.07329	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.26	0.07329	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.36	0.07329	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.36	0.07329	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.41	0.07329	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.63	0.07329	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.69	0.07329	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.72	0.07329	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.72	0.07329	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.78	0.07329	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.78	0.07329	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	6.41	0.07329	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.000	3.51	0.07329	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.000	3.57	0.07329	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	30.000	1.07	0.07329	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	30.000	3.19	0.07329	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	30.000	3.71	0.07329	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.000	1.19	0.08153	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.000	1.24	0.08153	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.000	1.48	0.08153	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.000	1.52	0.08153	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.000	1.52	0.08153	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.000	1.73	0.08153	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.77	0.08153	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.86	0.08153	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.86	0.08153	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.98	0.08153	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	2.04	0.08153	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	2.13	0.08153	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	2.13	0.08153	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	0.71	0.08153	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.26	0.08153	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.36	0.08153	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.69	0.08153	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.78	0.08153	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	28.000	3.60	0.08153	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	30.000	3.19	0.08153	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	30.000	3.24	0.08153	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	30.000	3.71	0.08153	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	42.000	4.90	0.08153	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.000	1.03	0.07812	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.000	1.12	0.07812	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.000	1.19	0.07812	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.000	2.08	0.07812	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	7.000	1.43	0.07812	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.000	1.64	0.07812	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.000	1.73	0.07812	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.000	1.73	0.07812	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.000	1.76	0.07812	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	0.46	0.07812	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	0.50	0.07812	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	1.86	0.07812	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	2.08	0.07812	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	2.13	0.07812	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	2.13	0.07812	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	2.17	0.07812	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	5.32	0.07812	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	5.63	0.07812	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	0.71	0.07812	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	1.28	0.07812	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.36	0.07812	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.41	0.07812	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.72	0.07812	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.78	0.07812	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.93	0.07812	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	21.000	2.44	0.07812	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.000	1.64	0.07812	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.000	3.03	0.07812	26%-50% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.000	3.60	0.07812	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.000	4.99	0.07812	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	14.99	0.31225	51%-75% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	14.99	0.26668	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	14.99	0.28203	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	90.000	9.99	0.28203	51%-75% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	10.000	5.97	0.28822	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	21.000	13.72	0.28822	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	14.99	0.28822	51%-75% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	6.000	4.45	0.31225	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	6.99	0.31225	10%-25% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	14.99	0.31225	51%-75% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	18.71	0.31225	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	6.000	9.99	0.26668	200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	10.000	6.92	0.26668	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	14.99	0.26668	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	18.71	0.26668	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	19.28	0.26668	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	7	10.000	6.92	0.28203	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	9.99	0.28203	10%-25% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	14.99	0.28203	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	18.71	0.28203	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	19.28	0.28203	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	7	90.000	56.35	0.28203	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	14.000	9.52	0.28822	101%-200% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	9.99	0.28822	10%-25% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	14.99	0.28822	51%-75% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	18.71	0.28822	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	42.000	14.99	0.28822	10%-25% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	5	14.000	14.99	0.54181	76%-100% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	6	10.000	13.22	0.55379	101%-200% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	9.99	0.55379	26%-50% Below	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.000	5.73	0.49908	101%-200% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	8	10.000	9.99	0.49832	76%-100% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	14.99	0.49832	26%-50% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	9.99	0.49832	26%-50% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	20.000	14.99	0.54181	26%-50% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.000	6.59	0.54181	26%-50% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	60.000	18.82	0.54181	26%-50% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.000	28.23	0.54181	26%-50% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.000	29.99	0.54181	26%-50% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	6	12.000	9.99	0.55379	26%-50% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	6	20.000	14.99	0.55379	26%-50% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	7	14.000	15.74	0.49908	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.000	19.91	0.49908	51%-75% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	8	14.000	9.99	0.49832	26%-50% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.000	14.99	0.49832	26%-50% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	8	25.000	9.99	0.49832	10%-25% Below	No	No
65862045460	ALPRAZOLAM ER 0.5 MG TABLET	7	15.000	1.64	0.18095	26%-50% Below	Yes	No
65862045560	ALPRAZOLAM ER 1 MG TABLET	6	20.000	8.17	0.19976	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862045560	ALPRAZOLAM ER 1 MG TABLET	7	20.000	8.17	0.18818	101%-200% Above	No	No
65862045560	ALPRAZOLAM ER 1 MG TABLET	7	30.000	11.88	0.18818	101%-200% Above	Yes	No
65862046830	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.000	26.90	0.14976	76%-100% Above	No	No
65862046830	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	30.000	14.65	0.14399	200% Above	No	No
65862046830	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.000	29.90	0.14399	101%-200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.000	4.99	0.13909	10%-25% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	60.000	19.99	0.13909	101%-200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.000	44.99	0.13909	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	4.99	0.14976	10%-25% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	60.000	19.99	0.14976	101%-200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.000	0.01	0.14976	76%-100% Below	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	30.000	4.99	0.14399	10%-25% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.000	24.90	0.14399	76%-100% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.000	42.60	0.14399	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.000	14.49	0.13177	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	60.000	13.50	0.13177	51%-75% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	60.000	19.99	0.13177	101%-200% Above	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	60.000	13.50	0.13909	51%-75% Above	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	3.99	0.14976	10%-25% Below	No	No
65862046930	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	19.90	0.16438	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.000	56.39	0.16438	200% Above	Yes	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	14.49	0.16356	101%-200% Above	Yes	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	44.80	0.16356	200% Above	Yes	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	55.62	0.16356	200% Above	Yes	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	44.80	0.14944	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	9.99	0.13639	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	17.23	0.13639	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	14.90	0.16438	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	9.99	0.16356	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	14.90	0.16356	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	29.99	0.16356	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	49.90	0.16356	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	14.90	0.14944	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	44.99	0.14944	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	9.99	0.13639	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	14.90	0.13639	200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	14.99	0.1916	101%-200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.99	0.15931	200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.99	0.16039	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	9.64	0.17082	26%-50% Below	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	56.39	0.17082	200% Above	Yes	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.000	44.81	0.16039	200% Above	Yes	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	9.99	0.1916	51%-75% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	14.90	0.1916	101%-200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	9.99	0.17082	76%-100% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	14.90	0.17082	101%-200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	14.99	0.17082	101%-200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	9.99	0.15931	101%-200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.90	0.15931	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.99	0.15931	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	57.96	0.15931	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.99	0.16039	200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	6	20.000	2.33	0.05801	76%-100% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	6	90.000	8.08	0.05801	51%-75% Above	No	No
65862047605	RAMIPRIL 5 MG CAPSULE	5	90.000	8.94	0.06716	26%-50% Above	No	No
65862047605	RAMIPRIL 5 MG CAPSULE	8	90.000	8.94	0.07047	26%-50% Above	No	No
65862047701	RAMIPRIL 10 MG CAPSULE	5	60.000	2.42	0.07184	26%-50% Below	No	No
65862047701	RAMIPRIL 10 MG CAPSULE	6	60.000	1.86	0.07146	51%-75% Below	No	No
65862047701	RAMIPRIL 10 MG CAPSULE	7	60.000	2.42	0.07082	26%-50% Below	No	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	5	30.000	9.99	0.03281	200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	5	180.000	19.39	0.03281	200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	7	30.000	2.26	0.03159	101%-200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	7	30.000	3.47	0.03159	200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	7	90.000	10.64	0.03159	200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	8	30.000	2.26	0.03245	101%-200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	8	30.000	4.04	0.03245	200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	8	90.000	8.33	0.03245	101%-200% Above	Yes	No
65862048901	QUETIAPINE FUMARATE 25 MG TAB	8	90.000	9.99	0.03245	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	3.94	0.04465	101%-200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	5	60.000	9.99	0.04465	200% Above	No	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	5	90.000	10.00	0.04465	101%-200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	3.74	0.04331	101%-200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	4.63	0.04331	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	9.99	0.04331	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	6	60.000	9.99	0.04331	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	4.63	0.04032	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	9.99	0.04032	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	7	60.000	9.99	0.04032	200% Above	No	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	7	90.000	2.42	0.04032	26%-50% Below	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	7	90.000	10.06	0.04032	101%-200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	7	90.000	14.59	0.04032	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	4.49	0.0456	200% Above	No	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	4.63	0.0456	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	9.99	0.0456	200% Above	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	8	60.000	9.99	0.0456	200% Above	No	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	5	30.000	0.97	0.05258	26%-50% Below	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	5	45.000	1.45	0.05258	26%-50% Below	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	5	60.000	9.34	0.05258	101%-200% Above	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	5	90.000	2.91	0.05258	26%-50% Below	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	5	90.000	15.54	0.05258	200% Above	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	6	60.000	9.34	0.05253	101%-200% Above	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	7	30.000	4.92	0.04922	200% Above	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	8	30.000	4.99	0.04872	200% Above	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	8	60.000	9.99	0.04872	200% Above	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	8	90.000	2.91	0.04872	26%-50% Below	Yes	No
65862049101	QUETIAPINE FUMARATE 100 MG TAB	8	90.000	12.44	0.04872	101%-200% Above	Yes	No
65862049301	QUETIAPINE FUMARATE 200 MG TAB	6	60.000	9.70	0.10402	51%-75% Above	Yes	No
65862049460	QUETIAPINE FUMARATE 300 MG TAB	5	90.000	20.59	0.14976	51%-75% Above	Yes	No
65862049501	QUETIAPINE FUMARATE 400 MG TAB	5	30.000	6.99	0.16559	26%-50% Above	Yes	No
65862049501	QUETIAPINE FUMARATE 400 MG TAB	6	30.000	6.99	0.16803	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862049501	QUETIAPINE FUMARATE 400 MG TAB	7	30.000	6.99	0.16694	26%-50% Above	Yes	No
65862049501	QUETIAPINE FUMARATE 400 MG TAB	8	30.000	6.99	0.17022	26%-50% Above	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	5	400.000	14.52	0.06983	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	7	200.000	9.08	0.06473	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	100.000	9.99	0.06364	51%-75% Above	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	104.000	4.72	0.06364	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	200.000	9.08	0.06364	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	280.000	14.99	0.06364	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	14.000	3.71	0.31172	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	14.000	11.56	0.31172	101%-200% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	10.000	6.07	0.29615	101%-200% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	14.000	4.90	0.29615	10%-25% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	21.000	4.99	0.29615	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	21.000	5.09	0.29615	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	21.000	9.99	0.29615	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	21.000	14.99	0.29615	101%-200% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	10.000	1.69	0.31204	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	15.000	3.75	0.31204	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	21.000	3.55	0.31204	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	21.000	11.51	0.31204	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	30.000	19.10	0.31204	101%-200% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	10.000	6.86	0.31307	101%-200% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	20.000	4.99	0.31307	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	20.000	13.37	0.31307	101%-200% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	21.000	5.09	0.31307	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	21.000	13.59	0.31307	101%-200% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	30.000	14.99	0.31307	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	30.000	19.10	0.31307	101%-200% Above	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	14.000	4.99	0.27033	26%-50% Above	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.29	0.27033	101%-200% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.81	0.29465	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	8.000	4.90	0.27033	101%-200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	2.23	0.27033	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	4.90	0.27033	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	4.99	0.27033	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	4.99	0.27033	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	6.80	0.27033	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	6.99	0.27033	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	7.22	0.27033	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	7.96	0.27033	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	8.19	0.27033	101%-200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	8.19	0.27033	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	3.19	0.27033	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	4.70	0.27033	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	6.90	0.27033	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	6.99	0.27033	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	8.00	0.27033	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.99	0.27033	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.99	0.27033	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	10.02	0.27033	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	10.96	0.27033	101%-200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.05	0.27033	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	11.44	0.27033	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	21.000	3.35	0.27033	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	8.000	1.28	0.27145	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	10.000	4.99	0.27145	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	10.000	5.90	0.27145	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	10.000	6.15	0.27145	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	12.000	5.95	0.27145	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	2.23	0.27145	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	3.24	0.27145	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	4.65	0.27145	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	4.99	0.27145	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	6.77	0.27145	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	7.96	0.27145	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	8.19	0.27145	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	8.34	0.27145	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	0.99	0.27145	76%-100% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	3.19	0.27145	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	4.47	0.27145	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	6.53	0.27145	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	6.99	0.27145	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.37	0.27145	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.42	0.27145	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.81	0.27145	76%-100% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.99	0.27145	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.05	0.27145	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.30	0.27145	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	11.38	0.27145	101%-200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	28.000	4.50	0.27145	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	10.000	5.03	0.29478	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	10.000	6.06	0.29478	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	2.23	0.29478	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	4.65	0.29478	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	4.99	0.29478	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.68	0.29478	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.77	0.29478	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	7.05	0.29478	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	7.96	0.29478	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	14.99	0.29478	200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	3.19	0.29478	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	4.47	0.29478	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	4.47	0.29478	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	4.99	0.29478	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	6.90	0.29478	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	6.99	0.29478	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	7.00	0.29478	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.37	0.29478	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.42	0.29478	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.99	0.29478	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	10.00	0.29478	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	10.96	0.29478	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	11.38	0.29478	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	10.000	5.03	0.29465	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	10.000	5.20	0.29465	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	4.99	0.29465	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.77	0.29465	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.77	0.29465	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.05	0.29465	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.96	0.29465	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.96	0.29465	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	8.19	0.29465	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	3.19	0.29465	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	4.99	0.29465	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	6.53	0.29465	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	6.90	0.29465	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.37	0.29465	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.37	0.29465	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.42	0.29465	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.71	0.29465	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.99	0.29465	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.99	0.29465	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	11.05	0.29465	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	11.05	0.29465	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	11.38	0.29465	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	28.000	14.99	0.29465	76%-100% Above	Yes	No
65862051205	PIOGLITAZONE HCL 15 MG TABLET	7	30.000	5.00	0.08944	76%-100% Above	No	No
65862051205	PIOGLITAZONE HCL 15 MG TABLET	8	30.000	5.00	0.08794	76%-100% Above	No	No
65862051290	PIOGLITAZONE HCL 15 MG TABLET	5	90.000	11.48	0.09117	26%-50% Above	Yes	No
65862051290	PIOGLITAZONE HCL 15 MG TABLET	7	90.000	10.00	0.08944	10%-25% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	5	90.000	16.47	0.12209	26%-50% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	7	90.000	13.09	0.11621	10%-25% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	8	30.000	8.49	0.12236	101%-200% Above	No	No
65862051601	NAPROXEN SODIUM 550 MG TAB	7	10.000	9.99	0.29575	200% Above	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	7	60.000	9.99	0.29575	26%-50% Below	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	8	20.000	9.99	0.33994	26%-50% Above	Yes	No
65862052205	NAPROXEN 500 MG TABLET	7	30.000	3.29	0.07177	51%-75% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	5	90.000	12.23	0.09345	26%-50% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	5	90.000	12.49	0.09345	26%-50% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	6	90.000	12.23	0.08963	51%-75% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	7	30.000	4.70	0.09108	51%-75% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	7	90.000	12.23	0.09108	26%-50% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	8	90.000	12.23	0.09209	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	5	30.000	3.96	0.09345	26%-50% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	5	60.000	7.98	0.09345	26%-50% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	5	90.000	9.99	0.09345	10%-25% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	5	90.000	12.49	0.09345	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	5	90.000	12.58	0.09345	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	5	90.000	12.77	0.09345	51%-75% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	5	150.000	8.48	0.09345	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862052305	GABAPENTIN 600 MG TABLET	6	30.000	3.96	0.08963	26%-50% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	6	30.000	4.57	0.08963	51%-75% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	6	90.000	10.36	0.08963	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	6	90.000	12.49	0.08963	51%-75% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	7	60.000	7.34	0.09108	26%-50% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	7	90.000	10.36	0.09108	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	7	90.000	12.49	0.09108	51%-75% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	7	90.000	12.58	0.09108	51%-75% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	30.000	3.91	0.09209	26%-50% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	8	60.000	3.39	0.09209	26%-50% Below	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	8	90.000	10.36	0.09209	10%-25% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	90.000	12.49	0.09209	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	90.000	16.74	0.09209	101%-200% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	270.000	35.17	0.09209	26%-50% Above	No	No
65862052401	GABAPENTIN 800 MG TABLET	5	90.000	7.54	0.12707	26%-50% Below	No	No
65862052401	GABAPENTIN 800 MG TABLET	8	90.000	7.54	0.12465	26%-50% Below	No	No
65862052401	GABAPENTIN 800 MG TABLET	8	120.000	4.99	0.12465	51%-75% Below	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.90	0.11294	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	6	10.000	2.14	0.10917	76%-100% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	0.00	0.10115	76%-100% Below	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	0.00	0.10063	76%-100% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.84	0.11294	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.98	0.11294	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	5	90.000	11.35	0.11294	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.93	0.10917	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.98	0.10917	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	45.000	7.03	0.10917	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	90.000	11.28	0.10917	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.93	0.10115	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.98	0.10115	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.000	13.32	0.10115	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	0.00	0.10063	76%-100% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	4.93	0.10063	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	4.98	0.10063	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.000	11.19	0.10063	10%-25% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.93	0.10917	26%-50% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.93	0.10115	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.000	13.32	0.10063	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	4.90	0.12197	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	4.90	0.11956	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	4.90	0.11613	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	4.90	0.11672	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.08	0.12197	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.35	0.12197	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.53	0.12197	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.80	0.12197	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	9.99	0.12197	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	90.000	16.99	0.12197	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.08	0.11956	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.10	0.11956	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.80	0.11956	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.89	0.11956	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	9.99	0.11956	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	13.70	0.11956	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.08	0.11613	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.10	0.11613	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.80	0.11613	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	9.99	0.11613	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	90.000	14.56	0.11613	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	5.10	0.11672	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	9.99	0.11672	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	2.66	0.11672	51%-75% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	28.000	4.95	0.12197	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.08	0.12197	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.80	0.12197	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.96	0.12197	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	28.000	4.65	0.11956	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.08	0.11956	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.80	0.11956	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.96	0.11956	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	28.000	4.65	0.11613	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.11	0.11613	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.80	0.11613	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.96	0.11613	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	90.000	16.58	0.11613	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	28.000	4.65	0.11672	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	0.96	0.11672	51%-75% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	5.08	0.11672	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	5.11	0.11672	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	7.53	0.11672	101%-200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	7	100.000	19.90	0.06713	101%-200% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	8	150.000	9.90	0.07897	10%-25% Below	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	200.000	17.12	0.05182	51%-75% Above	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	200.000	19.90	0.05382	76%-100% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.000	9.99	0.06308	26%-50% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.000	12.99	0.06308	51%-75% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	125.000	2.95	0.06418	51%-75% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	75.000	8.00	0.08204	26%-50% Above	No	No
65862053650	LEVOFLOXACIN 250 MG TABLET	6	14.000	3.51	0.17803	26%-50% Above	No	No
65862053650	LEVOFLOXACIN 250 MG TABLET	8	3.000	1.33	0.13703	200% Above	Yes	No
65862053750	LEVOFLOXACIN 500 MG TABLET	5	10.000	3.23	0.21104	51%-75% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	6	5.000	1.85	0.17453	101%-200% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	7	7.000	2.33	0.21144	51%-75% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	8	7.000	1.97	0.16783	51%-75% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	8	7.000	2.28	0.16783	76%-100% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	8	10.000	2.56	0.16783	51%-75% Above	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	5	7.000	3.42	0.35641	26%-50% Above	No	No
65862054890	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	30.000	6.90	0.2903	10%-25% Below	No	No
65862054890	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	30.000	6.90	0.27216	10%-25% Below	No	No
65862054890	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	30.000	6.90	0.28943	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	30.000	4.06	0.05024	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.000	3.47	0.05312	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.000	3.56	0.05312	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	0.99	0.06651	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.85	0.06651	76%-100% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.94	0.06651	76%-100% Above	Yes	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.13	0.06651	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.54	0.06651	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.55	0.06651	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.57	0.06651	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.66	0.06651	101%-200% Above	Yes	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	9.90	0.06651	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	9.99	0.06651	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.00	0.06651	51%-75% Above	Yes	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.04	0.06651	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.99	0.06001	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	1.18	0.06001	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.85	0.06001	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.54	0.06001	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.57	0.06001	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	9.90	0.06001	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	9.99	0.06001	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.49	0.06001	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	0.99	0.06225	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.89	0.06225	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.54	0.06225	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.55	0.06225	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.57	0.06225	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	9.90	0.06225	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	9.99	0.06225	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.13	0.06225	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	0.00	0.06139	76%-100% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	0.99	0.06139	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.89	0.06139	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.54	0.06139	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.57	0.06139	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.90	0.06139	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	6.35	0.06139	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	9.90	0.06139	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	9.99	0.06139	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.000	20.00	0.06139	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	6.62	0.06139	10%-25% Above	Yes	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.04	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	1.18	0.06651	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.04	0.06651	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.06	0.06651	101%-200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.45	0.06651	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.57	0.06651	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	4.60	0.06651	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	5.44	0.06651	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.40	0.06651	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	12.59	0.06651	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.17	0.06001	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.50	0.06001	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.80	0.06001	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.45	0.06001	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.57	0.06001	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	56.000	7.96	0.06001	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.00	0.06001	76%-100% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	11.00	0.06001	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.40	0.06001	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	12.49	0.06001	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	28.000	3.67	0.06225	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.80	0.06225	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.90	0.06225	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.45	0.06225	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.57	0.06225	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	11.00	0.06225	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	12.40	0.06225	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	28.000	3.67	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	0.77	0.06139	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.17	0.06139	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.80	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.89	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.89	0.06139	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.90	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.33	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.45	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.54	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.57	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	5.73	0.06139	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.19	0.06139	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.69	0.06139	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	12.40	0.06139	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	15.88	0.06139	101%-200% Above	No	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	8	30.000	10.68	0.08642	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	6.03	0.08571	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	10.23	0.08571	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	5	90.000	14.99	0.08571	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.000	6.15	0.09291	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.000	10.23	0.09291	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	6	90.000	17.38	0.09291	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.000	10.23	0.0881	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	10.23	0.08177	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	10.53	0.08177	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	10.000	0.34	0.06987	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	14.000	0.48	0.06987	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	4.99	0.06987	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.94	0.06987	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.99	0.06987	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	7.18	0.06987	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	7.38	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.34	0.06987	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.35	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.45	0.06987	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.45	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	9.99	0.06987	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	3.07	0.06987	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	8.76	0.06987	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	8.87	0.06987	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	10.00	0.06987	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	20.48	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	21.64	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	23.27	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	23.54	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	23.96	0.06987	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	21.000	3.39	0.06511	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	21.000	5.03	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.00	0.06511	76%-100% Below	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	1.02	0.06511	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.89	0.06511	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.89	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.94	0.06511	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.99	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.18	0.06511	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.23	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.34	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	9.99	0.06511	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	3.07	0.06511	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	8.76	0.06511	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	10.00	0.06511	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	14.99	0.06511	101%-200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	14.99	0.06511	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	19.77	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	20.00	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	20.51	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	22.84	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	23.09	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	28.66	0.06511	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	8.000	2.46	0.06565	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.00	0.06565	76%-100% Below	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	4.74	0.06565	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.89	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.94	0.06565	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.99	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.11	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	8.34	0.06565	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	9.99	0.06565	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	3.07	0.06565	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	7.06	0.06565	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	10.00	0.06565	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	14.99	0.06565	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	18.61	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	19.30	0.06565	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	19.30	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	19.77	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	20.48	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	22.84	0.06565	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	7.000	2.51	0.06471	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	4.74	0.06471	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.89	0.06471	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.99	0.06471	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.11	0.06471	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.34	0.06471	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	8.88	0.06471	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	9.99	0.06471	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	0.01	0.06471	76%-100% Below	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	3.07	0.06471	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	7.06	0.06471	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	10.00	0.06471	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	12.49	0.06471	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	13.49	0.06471	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	14.99	0.06471	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	15.07	0.06471	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.30	0.06471	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.77	0.06471	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	20.00	0.06471	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	20.48	0.06471	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	23.54	0.06471	200% Above	Yes	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	7	30.000	0.30	0.10861	76%-100% Below	No	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	8	90.000	0.90	0.11137	76%-100% Below	No	No
65862058401	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.000	12.09	0.12947	200% Above	No	No
65862058401	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.000	12.09	0.1271	200% Above	No	No
65862058401	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.000	9.99	0.13289	101%-200% Above	No	No
65862058401	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.000	12.09	0.13289	200% Above	No	No
65862058401	AMLODIPINE-BENAZEPRIL 5-20 MG	8	30.000	9.99	0.13266	101%-200% Above	No	No
65862058401	AMLODIPINE-BENAZEPRIL 5-20 MG	8	30.000	14.99	0.13266	200% Above	No	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	7	90.000	44.99	0.14307	200% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	5	30.000	14.99	0.1639	200% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.000	44.99	0.1639	200% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	6	30.000	14.99	0.16398	200% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	7	30.000	0.30	0.16191	76%-100% Below	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	7	90.000	0.01	0.16191	76%-100% Below	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	8	90.000	44.99	0.16827	101%-200% Above	No	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	6	90.000	9.49	0.18163	26%-50% Below	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	5	120.000	15.53	0.20934	26%-50% Below	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	5	180.000	23.29	0.20934	26%-50% Below	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	5	180.000	98.14	0.20934	101%-200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	6	120.000	15.53	0.19647	26%-50% Below	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	7	120.000	15.53	0.1993	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862059501	DIVALPROEX SOD ER 500 MG TAB	8	120.000	15.53	0.20506	26%-50% Below	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	8	180.000	88.92	0.20506	101%-200% Above	Yes	No
65862059505	DIVALPROEX SOD ER 500 MG TAB	5	30.000	9.99	0.20934	51%-75% Above	No	No
65862059505	DIVALPROEX SOD ER 500 MG TAB	6	30.000	9.99	0.19647	51%-75% Above	No	No
65862059505	DIVALPROEX SOD ER 500 MG TAB	7	30.000	9.99	0.1993	51%-75% Above	No	No
65862059505	DIVALPROEX SOD ER 500 MG TAB	8	30.000	9.99	0.20506	51%-75% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	15.38	0.0628	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	12.42	0.0547	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	12.42	0.05506	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	8	10.000	4.54	0.05877	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	12.42	0.05877	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	7.000	0.25	0.0628	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	6.90	0.0628	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	6.99	0.0628	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	7.49	0.0628	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	9.90	0.0628	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	9.99	0.0628	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	14.99	0.0628	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.000	24.99	0.0628	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	14.90	0.0628	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	1.16	0.0547	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	6.90	0.0547	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	7.49	0.0547	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	9.99	0.0547	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	12.51	0.0547	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	14.90	0.0547	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.000	24.99	0.0547	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	7.50	0.0547	51%-75% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	20.43	0.0547	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	44.19	0.0547	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	7.49	0.05506	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	9.99	0.05506	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	12.51	0.05506	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	14.90	0.05506	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.000	24.99	0.05506	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	7.49	0.05506	51%-75% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	44.19	0.05506	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	15.000	6.60	0.05877	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	6.90	0.05877	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	7.49	0.05877	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	9.99	0.05877	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	12.51	0.05877	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	14.90	0.05877	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	7.49	0.05877	26%-50% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	5	10.000	14.32	0.56838	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	6	4.000	6.76	0.55144	200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	6	10.000	0.99	0.55144	76%-100% Below	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	8.000	13.08	0.54606	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	9.000	14.63	0.54606	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	2.000	3.75	0.49457	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862060012	RIZATRIPTAN 10 MG TABLET	8	18.000	11.14	0.49457	10%-25% Above	Yes	No
65862060130	MODAFINIL 100 MG TABLET	6	180.000	74.99	0.3469	10%-25% Above	Yes	No
65862060130	MODAFINIL 100 MG TABLET	8	30.000	9.99	0.38341	10%-25% Below	No	No
65862060201	MODAFINIL 200 MG TABLET	5	30.000	19.90	0.56416	10%-25% Above	No	No
65862060201	MODAFINIL 200 MG TABLET	6	30.000	19.90	0.60248	10%-25% Above	No	No
65862060201	MODAFINIL 200 MG TABLET	8	30.000	19.90	0.5622	10%-25% Above	No	No
65862060230	MODAFINIL 200 MG TABLET	5	60.000	21.33	0.56416	26%-50% Below	Yes	No
65862060230	MODAFINIL 200 MG TABLET	6	60.000	21.33	0.60248	26%-50% Below	Yes	No
65862060230	MODAFINIL 200 MG TABLET	7	60.000	21.33	0.50232	26%-50% Below	Yes	No
65862060230	MODAFINIL 200 MG TABLET	8	60.000	21.33	0.5622	26%-50% Below	Yes	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	5	10.000	24.99	2.05084	10%-25% Above	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	6	180.000	12.49	0.10773	26%-50% Below	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	6	180.000	17.15	0.10773	10%-25% Below	Yes	No
65862062405	GEMFIBROZIL 600 MG TABLET	8	30.000	3.82	0.10991	10%-25% Above	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	8	90.000	6.90	0.10991	26%-50% Below	Yes	No
65862062405	GEMFIBROZIL 600 MG TABLET	8	120.000	9.99	0.10991	10%-25% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	5	9.000	4.12	0.7747	26%-50% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	5	10.000	4.58	0.7747	26%-50% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	6	9.000	4.12	0.76318	26%-50% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	6	10.000	4.58	0.76318	26%-50% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	7	9.000	4.37	0.65366	10%-25% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	7	10.000	4.86	0.65366	10%-25% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	7	12.000	9.99	0.65366	26%-50% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	8	9.000	4.37	0.70133	26%-50% Below	No	No
65862062690	RIZATRIPTAN 10 MG ODT	8	10.000	4.86	0.70133	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862064130	AZITHROMYCIN 250 MG TABLET	5	6.000	2.68	0.3986	10%-25% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.000	1.59	0.3986	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.000	1.99	0.3986	10%-25% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.000	4.19	0.3986	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.000	4.08	0.36893	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.000	4.19	0.36893	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	14.000	8.66	0.36893	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.000	3.49	0.37534	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.000	3.54	0.37534	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.000	4.08	0.37534	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.000	4.19	0.37534	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	3.49	0.36153	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.36153	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	4.08	0.36153	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.000	3.63	0.3986	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.000	4.30	0.3986	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.000	3.49	0.36893	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.000	3.57	0.36893	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.000	3.66	0.36893	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.000	6.06	0.36893	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	7.000	4.65	0.36893	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.000	3.49	0.37534	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.000	3.57	0.37534	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.000	4.19	0.37534	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	0.59	0.36153	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	0.75	0.36153	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	3.49	0.36153	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.36153	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	4.08	0.36153	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	4.19	0.36153	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	5.24	0.36153	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	7	3.000	4.26	0.64056	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	8	5.000	6.60	0.7666	51%-75% Above	No	No
65862064264	AZITHROMYCIN 500 MG TABLET	6	10.000	8.77	0.66028	26%-50% Above	No	No
65862064290	AZITHROMYCIN 500 MG TABLET	8	5.000	6.51	0.7666	51%-75% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	5	60.000	2.05	0.02187	51%-75% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	20.000	1.12	0.02187	101%-200% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	30.000	1.35	0.02187	101%-200% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	30.000	1.37	0.02187	101%-200% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	60.000	2.09	0.02187	51%-75% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	6	60.000	2.09	0.02165	51%-75% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	7	45.000	1.73	0.02134	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	7	60.000	2.09	0.02134	51%-75% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	8	45.000	2.05	0.0217	101%-200% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	8	60.000	2.09	0.0217	51%-75% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	5	10.000	0.89	0.02187	200% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	6	30.000	1.29	0.02165	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	7	15.000	1.01	0.02134	200% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	7	30.000	1.12	0.02134	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862067699	ALPRAZOLAM 0.25 MG TABLET	8	30.000	1.12	0.0217	51%-75% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	8	45.000	1.73	0.0217	76%-100% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	5	60.000	2.13	0.02114	51%-75% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.64	0.02114	101%-200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.20	0.02137	76%-100% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.62	0.02137	101%-200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.20	0.02034	76%-100% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.62	0.02034	101%-200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.20	0.02225	76%-100% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.91	0.02225	101%-200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	6	45.000	1.76	0.02137	76%-100% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	10.000	0.90	0.02034	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.81	0.02034	26%-50% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.81	0.02225	26%-50% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	8	20.000	1.16	0.02534	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	8	60.000	1.06	0.02534	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	5	30.000	1.42	0.02444	76%-100% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	5	90.000	3.05	0.02444	26%-50% Above	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	20.000	1.24	0.02481	101%-200% Above	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	30.000	1.32	0.02481	76%-100% Above	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	30.000	1.42	0.02481	76%-100% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	7	30.000	1.32	0.02482	76%-100% Above	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	8	30.000	1.42	0.02534	76%-100% Above	No	No
65862067905	ALPRAZOLAM 2 MG TABLET	5	45.000	2.81	0.05289	10%-25% Above	Yes	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	7.67	0.16631	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	60.000	14.99	0.16631	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	90.000	22.38	0.16631	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	6.60	0.16152	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	7.67	0.16152	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	60.000	12.51	0.16152	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	60.000	14.99	0.16152	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	7.67	0.16759	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	60.000	12.51	0.16759	10%-25% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	27.000	6.97	0.15858	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	2.22	0.15858	51%-75% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.60	0.15858	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	60.000	12.51	0.15858	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	9.76	0.15858	26%-50% Below	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	7.67	0.16631	51%-75% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	7.67	0.16152	51%-75% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	6	180.000	13.32	0.16152	51%-75% Below	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	7.67	0.16759	51%-75% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	7.67	0.15858	51%-75% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	8	60.000	12.51	0.15858	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	7.76	0.16631	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	9.99	0.16631	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	60.000	7.27	0.16631	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	6.51	0.16152	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	7.76	0.16152	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	60.000	6.89	0.16152	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	180.000	0.02	0.16152	76%-100% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	6.51	0.16759	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	6.90	0.16759	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	7.76	0.16759	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	90.000	9.76	0.16759	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.51	0.15858	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	7.76	0.15858	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	18.33	0.15858	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	22.38	0.15858	51%-75% Above	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	6	200.000	6.90	0.0199	51%-75% Above	No	No
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	5	150.000	5.81	0.01806	101%-200% Above	No	No
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	8	150.000	4.96	0.01766	76%-100% Above	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	5	30.000	7.08	0.34946	26%-50% Below	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	6	30.000	5.68	0.34342	26%-50% Below	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	7	30.000	5.08	0.29891	26%-50% Below	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	8	30.000	5.09	0.3038	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	7	30.000	9.99	0.2359	26%-50% Above	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	8	30.000	9.99	0.22957	26%-50% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	5	90.000	19.15	0.123	51%-75% Above	Yes	No
65862073205	AMIODARONE HCL 200 MG TABLET	6	90.000	19.15	0.1261	51%-75% Above	Yes	No
65862073205	AMIODARONE HCL 200 MG TABLET	8	90.000	15.44	0.12944	26%-50% Above	Yes	No
65862073260	AMIODARONE HCL 200 MG TABLET	7	90.000	0.01	0.1248	76%-100% Below	No	No
65862074330	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	13.50	0.14482	200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	6	90.000	44.99	0.16264	200% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	5	28.000	0.00	0.17058	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862077685	MILI 0.25-0.035 MG TABLET	5	84.000	0.01	0.17058	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	6	28.000	0.00	0.17299	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	6	84.000	0.01	0.17299	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	7	28.000	0.00	0.14859	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	8	28.000	0.00	0.15075	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	8	28.000	2.50	0.15075	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	8	84.000	0.01	0.15075	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	5	28.000	2.77	0.16476	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	6	28.000	2.77	0.16267	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	7	28.000	2.73	0.16056	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	8	28.000	2.70	0.1664	26%-50% Below	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	9.90	0.21926	26%-50% Above	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	6.99	0.21926	51%-75% Below	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	9.90	0.24073	26%-50% Above	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	9.90	0.21059	51%-75% Above	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	6.99	0.21059	51%-75% Below	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	44.99	0.22966	101%-200% Above	No	No
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	13.20	0.24073	26%-50% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.000	6.90	0.2754	10%-25% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.000	9.90	0.2754	10%-25% Above	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.000	6.90	0.29393	10%-25% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.000	5.72	0.2754	26%-50% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.000	6.90	0.2754	10%-25% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.000	4.90	0.30063	26%-50% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.000	6.90	0.30063	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.000	60.00	0.28887	101%-200% Above	No	No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	30.000	19.99	0.2928	101%-200% Above	No	No
65862078430	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	14.99	0.20374	101%-200% Above	No	No
65862078430	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	9.99	0.1935	51%-75% Above	No	No
65862078430	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	44.99	0.1935	101%-200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	12.40	0.17269	10%-25% Below	No	No
65862080530	ARMODAFINIL 50 MG TABLET	5	30.000	9.99	0.22386	26%-50% Above	Yes	No
65862080530	ARMODAFINIL 50 MG TABLET	6	30.000	9.99	0.22756	26%-50% Above	Yes	No
65862080530	ARMODAFINIL 50 MG TABLET	7	30.000	9.99	0.29542	10%-25% Above	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	5	30.000	16.20	1.02418	26%-50% Below	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	6	30.000	16.20	0.89803	26%-50% Below	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	7	30.000	16.20	0.90594	26%-50% Below	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	8	30.000	16.20	0.97341	26%-50% Below	Yes	No
65862083030	PRASUGREL 10 MG TABLET	7	90.000	20.00	0.33203	26%-50% Below	No	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	14.99	3.59727	26%-50% Above	No	No
65862084501	CLOZAPINE 50 MG TABLET	7	14.000	9.99	0.58681	10%-25% Above	Yes	No
65862084601	CLOZAPINE 100 MG TABLET	8	14.000	9.99	0.52948	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	30.000	1.83	0.03426	76%-100% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	30.000	1.93	0.03426	76%-100% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	60.000	2.72	0.03426	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	60.000	3.09	0.03426	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	60.000	3.17	0.03426	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	100.000	4.87	0.03426	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	180.000	4.18	0.03426	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	30.000	0.70	0.03197	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862085901	FAMOTIDINE 20 MG TABLET	6	30.000	1.92	0.03197	76%-100% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	60.000	2.67	0.03197	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	60.000	2.72	0.03197	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	60.000	3.09	0.03197	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	90.000	2.11	0.03197	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	90.000	4.27	0.03197	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	180.000	6.63	0.03197	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	14.000	1.31	0.03197	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	20.000	1.55	0.03197	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	20.000	3.13	0.03197	200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	30.000	0.70	0.03197	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	30.000	1.92	0.03197	76%-100% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	60.000	1.39	0.03197	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	60.000	2.72	0.03197	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	60.000	3.09	0.03197	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	90.000	3.27	0.03197	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	180.000	4.21	0.03197	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	30.000	1.68	0.03311	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	30.000	1.92	0.03311	76%-100% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	60.000	1.39	0.03311	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	60.000	2.72	0.03311	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	60.000	2.80	0.03311	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	60.000	3.09	0.03311	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	60.000	3.17	0.03311	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	90.000	5.47	0.03311	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862085999	FAMOTIDINE 20 MG TABLET	5	20.000	1.55	0.03426	101%-200% Above	No	No
65862085999	FAMOTIDINE 20 MG TABLET	5	30.000	1.96	0.03426	76%-100% Above	No	No
65862085999	FAMOTIDINE 20 MG TABLET	6	30.000	1.96	0.03197	101%-200% Above	No	No
65862085999	FAMOTIDINE 20 MG TABLET	7	30.000	1.96	0.03197	101%-200% Above	No	No
65862085999	FAMOTIDINE 20 MG TABLET	7	60.000	2.72	0.03197	26%-50% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.000	1.27	0.06791	26%-50% Below	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.000	4.69	0.06791	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.000	5.40	0.06791	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	40.000	1.77	0.06791	26%-50% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	60.000	10.10	0.06791	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.000	10.17	0.06791	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.000	11.72	0.06791	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.000	13.30	0.06791	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.000	14.16	0.06791	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	180.000	20.34	0.06791	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	14.000	2.45	0.0686	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	28.000	4.99	0.0686	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	1.27	0.0686	26%-50% Below	No	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	4.46	0.0686	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	4.46	0.0686	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	4.60	0.0686	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	5.21	0.0686	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	5.21	0.0686	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	7.05	0.0686	200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	6	60.000	9.99	0.0686	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.000	6.99	0.0686	10%-25% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.000	10.17	0.0686	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.000	12.49	0.0686	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.000	12.64	0.0686	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.000	14.58	0.0686	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	180.000	20.34	0.0686	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	20.000	3.82	0.0617	200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	28.000	4.99	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	28.000	5.05	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	1.27	0.0617	26%-50% Below	No	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	4.46	0.0617	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	4.46	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	4.60	0.0617	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	5.21	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	5.35	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	7.05	0.0617	200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	7	60.000	4.99	0.0617	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	3.98	0.0617	26%-50% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	8.19	0.0617	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	12.40	0.0617	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	14.16	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	14.58	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	180.000	25.27	0.0617	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	20.000	3.82	0.06339	200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	4.46	0.06339	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	4.46	0.06339	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	4.99	0.06339	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	5.21	0.06339	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	5.22	0.06339	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	5.35	0.06339	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	5.35	0.06339	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	7.05	0.06339	200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.000	10.00	0.06339	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.000	12.49	0.06339	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.000	14.16	0.06339	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	180.000	16.38	0.06339	26%-50% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	6	30.000	4.46	0.0686	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	6	90.000	12.49	0.0686	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	7	28.000	4.99	0.0617	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	7	30.000	5.35	0.0617	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	8	30.000	4.51	0.06339	101%-200% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	6	91.000	5.85	0.37892	76%-100% Below	No	No
65862090801	CELECOXIB 100 MG CAPSULE	8	60.000	9.99	0.10591	51%-75% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	6	30.000	75.19	0.12063	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	7	30.000	9.99	0.12857	101%-200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	8	30.000	9.99	0.12633	101%-200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	8	30.000	14.99	0.12633	200% Above	No	No
65862090905	CELECOXIB 200 MG CAPSULE	5	90.000	53.31	0.12804	200% Above	Yes	No
65862090905	CELECOXIB 200 MG CAPSULE	7	90.000	42.35	0.12857	200% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	5	84.000	8.75	0.15975	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862092585	INCASSIA 0.35 MG TABLET	5	84.000	9.24	0.15975	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	6	84.000	8.75	0.14915	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	6	84.000	9.24	0.14915	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	7	28.000	3.08	0.1578	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	7	84.000	7.05	0.1578	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	8	28.000	3.08	0.13998	10%-25% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	8	84.000	9.24	0.13998	10%-25% Below	Yes	No
65862092836	SUMATRIPTAN-NAPROXEN 85-500 MG	5	9.000	151.84	32.54127	26%-50% Below	Yes	No
65862092836	SUMATRIPTAN-NAPROXEN 85-500 MG	7	9.000	151.84	21.83611	10%-25% Below	Yes	No
65862092836	SUMATRIPTAN-NAPROXEN 85-500 MG	8	9.000	151.84	27.31648	26%-50% Below	Yes	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	8	28.000	0.00	0.5598	76%-100% Below	No	No
65862094760	DORZOLAMIDE-TIMOLOL 2%-0.5%	7	180.000	203.41	1.83015	26%-50% Below	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	5	30.000	9.99	0.2108	51%-75% Above	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	8	20.000	4.21	0.18972	10%-25% Above	Yes	No
65862096730	ESZOPICLONE 1 MG TABLET	5	30.000	9.90	0.2108	51%-75% Above	No	No
65862096730	ESZOPICLONE 1 MG TABLET	6	30.000	14.90	0.20699	101%-200% Above	No	No
65862096730	ESZOPICLONE 1 MG TABLET	8	30.000	14.90	0.18972	101%-200% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	5	15.000	2.50	0.13273	10%-25% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	5	30.000	19.99	0.13273	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	6	15.000	2.39	0.13113	10%-25% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	6	30.000	6.90	0.13113	51%-75% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	6	30.000	19.99	0.13113	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	7	15.000	2.39	0.17927	10%-25% Below	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	7	30.000	6.90	0.17927	26%-50% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	7	30.000	19.99	0.17927	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862096801	ESZOPICLONE 2 MG TABLET	8	15.000	2.39	0.10517	51%-75% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	8	30.000	6.90	0.10517	101%-200% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	8	30.000	9.99	0.10517	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	8	30.000	19.99	0.10517	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	5	30.000	4.99	0.13834	10%-25% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	5	30.000	9.99	0.13834	101%-200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	5	30.000	29.56	0.13834	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	6	30.000	4.99	0.14144	10%-25% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	6	30.000	9.99	0.14144	101%-200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	6	30.000	28.68	0.14144	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	7	30.000	9.99	0.12004	101%-200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	7	30.000	28.68	0.12004	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	7	90.000	44.99	0.12004	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	8	30.000	4.99	0.1242	26%-50% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	8	30.000	9.99	0.1242	101%-200% Above	Yes	No
65862097603	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	5	90.000	213.54	1.16543	101%-200% Above	Yes	No
65862097603	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	8	90.000	193.52	0.87271	101%-200% Above	Yes	No
65862097703	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	5	90.000	66.35	1.16787	26%-50% Below	Yes	No
65862097703	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	8	90.000	66.35	0.8263	10%-25% Below	Yes	No
65862097803	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	5	90.000	79.07	1.07788	10%-25% Below	Yes	No
65862097803	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	6	90.000	79.07	1.0405	10%-25% Below	Yes	No
65862097803	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	7	30.000	26.36	1.20585	26%-50% Below	Yes	No
65862097803	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	8	30.000	26.36	1.016	10%-25% Below	Yes	No
65862097803	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	8	90.000	79.07	1.016	10%-25% Below	Yes	No
65862097803	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAE	8	90.000	193.52	1.016	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	8	30.000	12.13	0.15297	101%-200% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	2.47	0.14808	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	9.24	0.14808	101%-200% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	9.38	0.14808	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	9.90	0.14808	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	12.56	0.14808	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	60.000	4.99	0.14808	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	90.000	27.73	0.14808	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	180.000	55.46	0.14808	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	2.47	0.13358	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	7.13	0.13358	76%-100% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	6	60.000	4.99	0.13358	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	6	90.000	29.18	0.13358	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	2.47	0.13835	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	7.13	0.13835	51%-75% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	90.000	22.03	0.13835	76%-100% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	90.000	26.65	0.13835	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	2.47	0.12858	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	8	90.000	22.03	0.12858	76%-100% Above	Yes	No
66685100101	AMOX-CLAV 875-125 MG TABLET	5	20.000	13.76	0.27033	101%-200% Above	No	No
66685101200	AMOX-CLAV 400-57 MG/5 ML SUSP	5	100.000	21.82	0.09081	101%-200% Above	No	No
66685101201	AMOX-CLAV 400-57 MG/5 ML SUSP	7	225.000	49.10	0.07121	200% Above	No	No
66689000802	NYSTATIN 100,000 UNIT/ML SUSP	5	60.000	7.98	0.10874	10%-25% Above	No	No
66689000816	NYSTATIN 100,000 UNIT/ML SUSP	5	240.000	9.99	0.05183	10%-25% Below	Yes	No
66689000816	NYSTATIN 100,000 UNIT/ML SUSP	5	600.000	22.95	0.05183	26%-50% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
66689000816	NYSTATIN 100,000 UNIT/ML SUSP	8	140.000	8.01	0.04898	10%-25% Above	No	No
66689000816	NYSTATIN 100,000 UNIT/ML SUSP	8	200.000	14.99	0.04898	51%-75% Above	No	No
66689005804	CLOBAZAM 2.5 MG/ML SUSPENSION	5	120.000	37.60	0.41432	10%-25% Below	No	No
66689005804	CLOBAZAM 2.5 MG/ML SUSPENSION	6	120.000	37.60	0.40435	10%-25% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.500	44.99	0.76259	26%-50% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.500	59.99	0.76259	76%-100% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.500	96.58	0.76259	101%-200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.500	21.07	0.75091	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.500	157.03	0.75091	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	6	127.500	471.09	0.75091	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.500	9.99	0.70817	51%-75% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.500	19.45	0.70817	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.500	60.00	0.70817	76%-100% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.500	126.49	0.70817	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.500	19.99	0.81891	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.500	21.07	0.81891	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.500	49.90	0.81891	26%-50% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.500	59.99	0.81891	51%-75% Above	No	No
66993006002	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	6	25.000	36.87	2.44556	26%-50% Below	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	8	10.600	196.61	11.62458	51%-75% Above	Yes	No
66993037025	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	0.00	30.77229	76%-100% Below	No	No
66993037025	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	0.00	30.77229	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	15.89	30.26292	26%-50% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	15.99	30.26292	26%-50% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	17.32	30.26292	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	15.89	30.98551	26%-50% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	0.00	31.1472	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	10.99	31.1472	51%-75% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	15.89	31.1472	26%-50% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	11.93	28.75096	51%-75% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	15.89	28.75096	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	0.00	43.78771	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	26.44	43.78771	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	26.48	43.78771	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	31.53	43.78771	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	0.00	42.89202	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	25.18	42.89202	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	26.48	42.89202	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	27.28	42.89202	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	30.87	42.89202	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	0.00	44.82204	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	27.28	44.82204	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	0.00	45.18095	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	27.28	45.18095	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	28.57	45.18095	26%-50% Below	Yes	No
66993058597	FLUTICASONE-SALMETEROL 250-50	7	60.000	67.09	1.78179	26%-50% Below	No	No
66993058597	FLUTICASONE-SALMETEROL 250-50	8	60.000	67.09	1.73019	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	1.000	0.00	98.81639	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	1.000	54.02	98.81639	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	3.000	0.00	98.81639	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	3.000	175.56	98.81639	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	6	1.000	58.52	91.57263	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	6	1.000	60.80	91.57263	26%-50% Below	No	No
66993073002	DEXAMETHASONE 4 MG TABLET	8	4.000	4.53	0.40528	101%-200% Above	No	No
66993086948	ADAPALENE-BNZYL PEROX 0.1-2.5%	6	45.000	24.16	0.75526	26%-50% Below	Yes	No
66993086948	ADAPALENE-BNZYL PEROX 0.1-2.5%	8	45.000	24.16	0.66639	10%-25% Below	Yes	No
66993089715	BETAMETHASONE DP AUG 0.05% OIN	8	30.000	88.69	1.10778	101%-200% Above	Yes	No
66993096045	METRONIDAZOLE 0.75% CREAM	6	45.000	22.39	0.79171	26%-50% Below	Yes	No
66993096045	METRONIDAZOLE 0.75% CREAM	7	45.000	22.39	0.75728	26%-50% Below	Yes	No
66993096045	METRONIDAZOLE 0.75% CREAM	8	45.000	22.39	0.7227	26%-50% Below	Yes	No
66993096045	METRONIDAZOLE 0.75% CREAM	8	90.000	44.78	0.7227	26%-50% Below	Yes	No
67405055005	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	9.90	0.14128	200% Above	No	No
67457088799	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	11.93	28.75096	51%-75% Below	No	No
67877012405	SILVER SULFADIAZINE 1% CREAM	5	400.000	34.08	0.13077	26%-50% Below	No	No
67877012405	SILVER SULFADIAZINE 1% CREAM	7	50.000	11.57	0.12846	76%-100% Above	No	No
67877012425	SILVER SULFADIAZINE 1% CREAM	7	25.000	5.32	0.18062	10%-25% Above	No	No
67877012440	SILVER SULFADIAZINE 1% CREAM	6	400.000	53.10	0.07425	76%-100% Above	Yes	No
67877012440	SILVER SULFADIAZINE 1% CREAM	8	400.000	19.20	0.07403	26%-50% Below	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	5	50.000	11.94	0.13077	76%-100% Above	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	6	50.000	8.40	0.13362	10%-25% Above	Yes	No
67877012485	SILVER SULFADIAZINE 1% CREAM	6	85.000	19.73	0.13263	51%-75% Above	Yes	No
67877014605	TEMAZEPAM 15 MG CAPSULE	5	30.000	2.75	0.08071	10%-25% Above	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	6	30.000	2.69	0.08037	10%-25% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	6	30.000	3.16	0.09454	10%-25% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	6	90.000	6.53	0.09454	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877014705	TEMAZEPAM 30 MG CAPSULE	7	30.000	3.16	0.09523	10%-25% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	8	30.000	3.16	0.09381	10%-25% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.83	0.03713	51%-75% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.83	0.04331	26%-50% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.000	1.47	0.0136	200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	2.92	0.0136	101%-200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	1.47	0.01127	200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	6	60.000	2.27	0.01127	200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	2.90	0.01127	101%-200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	2.92	0.01127	101%-200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.000	1.47	0.01288	200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.40	0.01406	200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.47	0.01406	200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	8	60.000	2.27	0.01406	101%-200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	2.54	0.01406	76%-100% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.000	0.00	0.0136	76%-100% Below	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	1.35	0.01127	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	1.38	0.01127	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	1.50	0.01127	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	3.00	0.01127	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.000	1.15	0.01288	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.000	1.50	0.01288	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.15	0.01406	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.40	0.01406	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.54	0.01406	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.50	0.01406	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.42	0.01062	26%-50% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.25	0.01062	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.26	0.01062	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.29	0.01062	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.36	0.01062	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.38	0.01062	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.63	0.01062	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.23	0.01062	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.36	0.01062	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.56	0.01062	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.59	0.01062	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.65	0.01062	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.42	0.0106	26%-50% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.14	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.21	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.22	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.25	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.26	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.27	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.29	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.38	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.39	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	60.000	2.01	0.0106	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	0.58	0.0106	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.16	0.0106	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.56	0.0106	51%-75% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.18	0.0106	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.25	0.0106	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.56	0.0106	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.59	0.0106	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.65	0.0106	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.17	0.01005	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.21	0.01005	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.26	0.01005	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.29	0.01005	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.38	0.01005	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.39	0.01005	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	60.000	2.01	0.01005	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	0.58	0.01005	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	0.62	0.01005	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.50	0.01005	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.59	0.01005	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.65	0.01005	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.66	0.01005	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.21	0.01099	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.17	0.01099	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.21	0.01099	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.29	0.01099	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.36	0.01099	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.56	0.01099	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.18	0.01099	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.25	0.01099	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.56	0.01099	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.65	0.01099	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.00	0.01062	76%-100% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	0.00	0.01062	76%-100% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.65	0.01062	101%-200% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.18	0.0106	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.19	0.0106	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.00	0.0106	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.21	0.0106	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.39	0.0106	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.91	0.0106	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	0.53	0.0106	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	0.58	0.0106	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.31	0.0106	26%-50% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.25	0.0106	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.40	0.0106	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.56	0.0106	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	3.07	0.0106	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	0.19	0.01005	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.05	0.01005	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.21	0.01005	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.39	0.01005	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.91	0.01005	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	0.58	0.01005	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.18	0.01005	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.40	0.01005	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.56	0.01005	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	7.50	0.01005	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	7.000	0.81	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	15.000	0.97	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.19	0.01099	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.99	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.14	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.21	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.36	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.39	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.91	0.01099	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.25	0.01099	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.84	0.01099	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	7.50	0.01099	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.49	0.01501	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.50	0.01501	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.53	0.01501	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	0.93	0.01501	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	1.80	0.01501	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	1.88	0.01501	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.28	0.01501	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.33	0.01501	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.26	0.01519	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.29	0.01519	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.31	0.01519	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.63	0.01519	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.29	0.01514	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.31	0.01514	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.50	0.01514	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.53	0.01514	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.63	0.01514	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	0.81	0.01514	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.45	0.01514	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	0.29	0.0143	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.50	0.0143	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.63	0.0143	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	0.88	0.0143	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	1.88	0.0143	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.74	0.0143	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.20	0.0143	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.33	0.0143	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.46	0.01501	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.50	0.01501	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.90	0.01501	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.50	0.01519	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.53	0.01519	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	0.78	0.01519	26%-50% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	0.88	0.01519	26%-50% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.20	0.01519	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	7	10.000	0.94	0.01514	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.26	0.01514	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.50	0.01514	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.53	0.01514	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	8	17.000	0.93	0.0143	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	8	28.000	1.21	0.0143	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.26	0.0143	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.53	0.0143	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.79	0.0143	200% Above	No	No
67877021520	CEFUROXIME AXETIL 250 MG TAB	6	14.000	9.90	0.36437	76%-100% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	6	14.000	14.99	0.36437	101%-200% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	7	20.000	4.99	0.34298	26%-50% Below	Yes	No
67877021620	CEFUROXIME AXETIL 500 MG TAB	5	20.000	14.90	0.5222	26%-50% Above	No	No
67877021620	CEFUROXIME AXETIL 500 MG TAB	6	20.000	14.99	0.52015	26%-50% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	5	20.000	6.18	0.5222	26%-50% Below	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	6	14.000	9.99	0.52015	26%-50% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	6	14.000	9.99	0.52015	26%-50% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	6	14.000	14.90	0.52015	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	6	28.000	9.99	0.52015	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	7	10.000	19.99	0.53165	200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	7	28.000	12.34	0.53165	10%-25% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	8	10.000	14.99	0.54147	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877021901	CEPHALEXIN 500 MG CAPSULE	5	28.000	2.97	0.12954	10%-25% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	7	21.000	2.07	0.13363	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	7.000	1.25	0.13311	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	14.000	1.58	0.13311	10%-25% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	40.000	4.18	0.13311	10%-25% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	40.000	4.22	0.13311	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	8.000	1.58	0.12954	51%-75% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	14.000	2.21	0.12954	10%-25% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	20.000	4.55	0.12954	51%-75% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	21.000	0.00	0.12954	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	21.000	2.39	0.12954	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	28.000	3.05	0.12954	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	30.000	2.84	0.12954	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	30.000	3.03	0.12954	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	30.000	3.31	0.12954	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	40.000	0.40	0.12954	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	14.000	1.23	0.11531	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	14.000	1.90	0.11531	10%-25% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	20.000	0.20	0.11531	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	20.000	2.03	0.11531	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	20.000	2.65	0.11531	10%-25% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	28.000	2.65	0.11531	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	30.000	2.86	0.11531	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	30.000	2.97	0.11531	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	40.000	0.40	0.11531	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	40.000	3.49	0.11531	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	6.000	1.25	0.13363	51%-75% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	8.000	0.87	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	14.000	0.00	0.13363	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	15.000	1.70	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	15.000	4.37	0.13363	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	20.000	2.08	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	20.000	2.40	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	21.000	2.48	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	28.000	3.06	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	30.000	2.20	0.13363	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	30.000	3.32	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	40.000	0.00	0.13363	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	40.000	3.49	0.13363	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	40.000	3.68	0.13363	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	40.000	4.06	0.13363	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	4.000	1.04	0.13311	76%-100% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	9.000	1.32	0.13311	10%-25% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	28.000	3.14	0.13311	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	30.000	0.00	0.13311	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	40.000	4.06	0.13311	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	63.000	3.97	0.13311	51%-75% Below	No	No
67877022005	CEPHALEXIN 250 MG CAPSULE	8	21.000	2.36	0.0915	10%-25% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	5	60.000	2.74	0.02957	51%-75% Above	Yes	No
67877022205	GABAPENTIN 100 MG CAPSULE	6	90.000	3.65	0.02846	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877022205	GABAPENTIN 100 MG CAPSULE	6	180.000	6.73	0.02846	26%-50% Above	Yes	No
67877022205	GABAPENTIN 100 MG CAPSULE	7	180.000	6.64	0.02791	26%-50% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	30.000	1.65	0.02875	76%-100% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	60.000	0.97	0.02875	26%-50% Below	Yes	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	60.000	2.74	0.02875	51%-75% Above	Yes	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	90.000	1.45	0.02875	26%-50% Below	Yes	No
67877022210	GABAPENTIN 100 MG CAPSULE	5	90.000	3.19	0.02957	10%-25% Above	No	No
67877022210	GABAPENTIN 100 MG CAPSULE	7	180.000	6.74	0.02791	26%-50% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	5	60.000	3.96	0.04701	26%-50% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	5	90.000	4.90	0.04701	10%-25% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	60.000	3.96	0.04559	26%-50% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	90.000	4.90	0.04559	10%-25% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	120.000	4.90	0.04559	10%-25% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	7	60.000	3.96	0.04566	26%-50% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	7	120.000	4.90	0.04566	10%-25% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	60.000	4.90	0.04771	51%-75% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	120.000	4.90	0.04771	10%-25% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	30.000	2.54	0.04701	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	90.000	4.95	0.04701	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	30.000	2.34	0.04559	51%-75% Above	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	90.000	4.65	0.04559	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	30.000	1.95	0.04566	26%-50% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	42.000	1.52	0.04566	10%-25% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	90.000	4.65	0.04566	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	8	60.000	3.94	0.04771	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877022310	GABAPENTIN 300 MG CAPSULE	5	30.000	2.25	0.04701	51%-75% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	90.000	4.90	0.04701	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	150.000	4.90	0.04701	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	30.000	2.25	0.04559	51%-75% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	150.000	4.90	0.04559	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	30.000	2.25	0.04566	51%-75% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	90.000	5.71	0.04566	26%-50% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	270.000	15.62	0.04566	26%-50% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	30.000	2.25	0.04771	51%-75% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	30.000	2.40	0.04771	51%-75% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	150.000	4.90	0.04771	26%-50% Below	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	5	60.000	5.69	0.0579	51%-75% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	6	60.000	4.67	0.0604	26%-50% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	7	60.000	4.67	0.0566	26%-50% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	8	60.000	4.67	0.06022	26%-50% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	7	30.000	3.95	0.03159	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	8	30.000	3.35	0.03245	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	8	30.000	3.38	0.03245	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	8	30.000	3.47	0.03245	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	5	30.000	3.95	0.03281	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	6	30.000	3.95	0.03158	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	6	90.000	8.93	0.03158	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	7	90.000	8.93	0.03159	200% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	5	30.000	5.83	0.0983	76%-100% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	6	30.000	5.38	0.10402	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	6	120.000	22.82	0.10402	76%-100% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	7	30.000	0.00	0.0909	76%-100% Below	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	7	30.000	5.38	0.0909	76%-100% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	7	30.000	8.36	0.0909	200% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	7	90.000	9.90	0.0909	10%-25% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	8	30.000	5.38	0.10094	76%-100% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	8	180.000	0.02	0.10094	76%-100% Below	No	No
67877024710	QUETIAPINE FUMARATE 300 MG TAB	7	30.000	9.99	0.13795	101%-200% Above	No	No
67877024710	QUETIAPINE FUMARATE 300 MG TAB	8	30.000	9.99	0.13406	101%-200% Above	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	6	90.000	9.90	0.14081	10%-25% Below	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	4.99	0.04465	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	5.46	0.04465	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	5.50	0.04465	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	5	100.000	12.22	0.04465	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	5.50	0.04331	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	6	100.000	11.57	0.04331	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	5.50	0.04032	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	7	100.000	11.57	0.04032	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	7	150.000	9.99	0.04032	51%-75% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	4.54	0.0456	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	5.50	0.0456	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	8	100.000	11.57	0.0456	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	8	150.000	9.99	0.0456	26%-50% Above	No	No
67877024910	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	5.41	0.04032	200% Above	No	No
67877024910	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	5.41	0.0456	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	5	60.000	11.10	0.05258	200% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	5	90.000	15.51	0.05258	200% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	6	60.000	10.59	0.05253	200% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	7	30.000	4.92	0.04922	200% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	7	30.000	4.99	0.04922	200% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	7	60.000	10.59	0.04922	200% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	8	60.000	10.59	0.04872	200% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	8	90.000	15.51	0.04872	200% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	5	15.000	3.62	0.14496	51%-75% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	6	15.000	3.62	0.12897	76%-100% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	7	15.000	3.62	0.15244	51%-75% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	8	15.000	3.62	0.14923	51%-75% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.000	2.01	0.1479	51%-75% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.000	4.90	0.1479	10%-25% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.000	5.61	0.1479	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.000	8.33	0.1479	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	60.000	6.99	0.1479	10%-25% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	60.000	10.58	0.1479	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	210.000	35.19	0.1479	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.000	4.99	0.12995	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.000	5.66	0.12995	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.000	6.05	0.12995	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.000	4.01	0.12995	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.000	12.20	0.12995	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.000	14.41	0.12995	76%-100% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	360.000	24.08	0.12995	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.000	4.99	0.12332	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.000	5.66	0.12332	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.000	5.69	0.12332	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.000	6.71	0.12332	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.000	7.58	0.12332	101%-200% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	60.000	4.01	0.12332	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	60.000	14.41	0.12332	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	180.000	41.76	0.12332	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	30.000	4.99	0.1337	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	30.000	6.25	0.1337	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	30.000	6.34	0.1337	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	30.000	7.58	0.1337	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	60.000	4.01	0.1337	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	60.000	11.36	0.1337	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	60.000	12.20	0.1337	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	120.000	9.99	0.1337	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	360.000	24.08	0.1337	26%-50% Below	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	5	454.000	9.99	0.03298	26%-50% Below	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	6	454.000	9.99	0.02989	26%-50% Below	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	6	454.000	26.09	0.02989	76%-100% Above	No	No
67877025145	TRIAMCINOLONE 0.1% CREAM	7	454.000	9.99	0.03166	26%-50% Below	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	8	454.000	14.99	0.02964	10%-25% Above	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	8	454.000	17.62	0.02964	26%-50% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	6	80.000	8.07	0.04904	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877025180	TRIAMCINOLONE 0.1% CREAM	8	80.000	8.07	0.05413	76%-100% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	8	80.000	8.12	0.05413	76%-100% Above	No	No
67877026118	RIZATRIPTAN 5 MG TABLET	5	10.000	9.99	0.608	51%-75% Above	No	No
67877026118	RIZATRIPTAN 5 MG TABLET	5	12.000	4.64	0.608	26%-50% Below	Yes	No
67877026118	RIZATRIPTAN 5 MG TABLET	6	12.000	9.99	0.56935	26%-50% Above	No	No
67877026118	RIZATRIPTAN 5 MG TABLET	8	10.000	2.91	0.52799	26%-50% Below	No	No
67877026118	RIZATRIPTAN 5 MG TABLET	8	12.000	4.99	0.52799	10%-25% Below	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	9.000	14.63	0.56838	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	10.000	6.94	0.56838	10%-25% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	10.000	9.99	0.56838	51%-75% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	12.000	9.99	0.56838	26%-50% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	6	9.000	14.54	0.55144	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	6	10.000	9.99	0.55144	76%-100% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	6	10.000	13.37	0.55144	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	6	12.000	14.90	0.55144	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	7	9.000	14.54	0.54606	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	7	9.000	14.63	0.54606	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	7	10.000	9.99	0.54606	76%-100% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	7	10.000	13.37	0.54606	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	4.000	5.76	0.49457	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	9.000	14.90	0.49457	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	10.000	13.37	0.49457	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	10.000	13.37	0.49457	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	12.000	4.99	0.49457	10%-25% Below	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	12.000	14.90	0.49457	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877027430	LANSOPRAZOLE DR 15 MG CAPSULE	8	30.000	14.14	0.24739	76%-100% Above	Yes	No
67877027590	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	4.90	0.10812	51%-75% Above	No	No
67877027590	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	4.90	0.11577	26%-50% Above	No	No
67877028890	FINASTERIDE 5 MG TABLET	7	90.000	12.53	0.06963	76%-100% Above	Yes	No
67877029860	CHOLESTYRAMINE PACKET	5	30.000	20.06	1.13779	26%-50% Below	No	No
67877029860	CHOLESTYRAMINE PACKET	6	90.000	60.17	1.10801	26%-50% Below	No	No
67877031715	TRIAMCINOLONE 0.025% CREAM	8	15.000	3.58	0.139	51%-75% Above	No	No
67877031780	TRIAMCINOLONE 0.025% CREAM	5	80.000	7.56	0.05783	51%-75% Above	No	No
67877031780	TRIAMCINOLONE 0.025% CREAM	6	80.000	9.71	0.05793	101%-200% Above	No	No
67877031780	TRIAMCINOLONE 0.025% CREAM	7	80.000	7.40	0.05742	51%-75% Above	No	No
67877032001	IBUPROFEN 600 MG TABLET	6	20.000	0.66	0.05642	26%-50% Below	No	No
67877032001	IBUPROFEN 600 MG TABLET	7	15.000	1.20	0.0532	26%-50% Above	No	No
67877032001	IBUPROFEN 600 MG TABLET	7	40.000	1.33	0.0532	26%-50% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	20.000	1.60	0.05757	26%-50% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	30.000	2.16	0.05757	10%-25% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	6	21.000	1.74	0.05642	26%-50% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	6	30.000	1.90	0.05642	10%-25% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	7	10.000	1.07	0.0532	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	7	12.000	1.31	0.0532	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	7	30.000	1.00	0.0532	26%-50% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	8	28.000	2.63	0.05588	51%-75% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	5	30.000	2.52	0.07407	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	7	20.000	1.65	0.07325	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	7	90.000	3.56	0.07325	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	20.000	1.81	0.07407	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877032105	IBUPROFEN 800 MG TABLET	5	30.000	1.35	0.07407	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.000	3.87	0.07407	26%-50% Below	Yes	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.000	5.72	0.07407	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.000	5.88	0.07407	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	120.000	7.62	0.07407	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	20.000	1.78	0.0673	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	30.000	1.35	0.0673	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	30.000	2.34	0.0673	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	30.000	2.79	0.0673	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	50.000	6.42	0.0673	76%-100% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.000	4.04	0.0673	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.000	4.87	0.0673	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.000	5.00	0.0673	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	10.000	1.21	0.07325	51%-75% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	20.000	1.78	0.07325	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	21.000	1.83	0.07325	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	90.000	4.97	0.07325	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	90.000	5.88	0.07325	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	270.000	16.34	0.07325	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	20.000	1.78	0.07215	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	21.000	1.87	0.07215	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	30.000	2.79	0.07215	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	45.000	1.93	0.07215	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	45.000	4.04	0.07215	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	60.000	3.52	0.07215	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877032105	IBUPROFEN 800 MG TABLET	8	90.000	5.00	0.07215	10%-25% Below	No	No
67877039030	NEBIVOLOL 20 MG TABLET	6	90.000	57.77	0.42835	26%-50% Above	No	No
67877039130	NEBIVOLOL 10 MG TABLET	5	30.000	7.88	0.33835	10%-25% Below	No	No
67877039130	NEBIVOLOL 10 MG TABLET	5	30.000	14.99	0.33835	26%-50% Above	No	No
67877039130	NEBIVOLOL 10 MG TABLET	5	90.000	57.77	0.33835	76%-100% Above	No	No
67877039130	NEBIVOLOL 10 MG TABLET	6	30.000	14.99	0.33369	26%-50% Above	No	No
67877039130	NEBIVOLOL 10 MG TABLET	7	30.000	6.90	0.32182	26%-50% Below	No	No
67877039130	NEBIVOLOL 10 MG TABLET	7	30.000	14.99	0.32182	51%-75% Above	No	No
67877039130	NEBIVOLOL 10 MG TABLET	8	30.000	14.99	0.32388	51%-75% Above	No	No
67877039230	NEBIVOLOL 5 MG TABLET	5	30.000	6.99	0.32273	26%-50% Below	No	No
67877039230	NEBIVOLOL 5 MG TABLET	6	30.000	6.99	0.32022	26%-50% Below	No	No
67877039230	NEBIVOLOL 5 MG TABLET	7	90.000	57.77	0.32177	76%-100% Above	No	No
67877039230	NEBIVOLOL 5 MG TABLET	8	30.000	6.99	0.28861	10%-25% Below	No	No
67877039330	NEBIVOLOL 2.5 MG TABLET	5	45.000	42.81	0.35069	101%-200% Above	Yes	No
67877039330	NEBIVOLOL 2.5 MG TABLET	8	45.000	34.49	0.27917	101%-200% Above	Yes	No
67877041301	METFORMIN HCL ER 500 MG TABLET	5	90.000	0.90	0.037	51%-75% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	5	120.000	3.99	0.037	10%-25% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	30.000	0.30	0.03713	51%-75% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	90.000	3.99	0.03713	10%-25% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	120.000	3.99	0.03713	10%-25% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	180.000	5.99	0.03713	10%-25% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	360.000	9.99	0.03713	10%-25% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	7	20.000	1.52	0.04331	51%-75% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.70	0.04331	26%-50% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.92	0.04331	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877041301	METFORMIN HCL ER 500 MG TABLET	7	360.000	9.99	0.04331	26%-50% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	8	30.000	0.30	0.0378	51%-75% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.70	0.0378	26%-50% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	8	360.000	9.99	0.0378	26%-50% Below	No	No
67877041305	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.83	0.037	51%-75% Above	No	No
67877041305	METFORMIN HCL ER 500 MG TABLET	5	180.000	7.85	0.037	10%-25% Above	No	No
67877041305	METFORMIN HCL ER 500 MG TABLET	8	60.000	2.52	0.0378	10%-25% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	30.000	4.08	0.07922	51%-75% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	60.000	0.01	0.07922	76%-100% Below	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	60.000	7.42	0.07922	51%-75% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	90.000	11.09	0.07922	51%-75% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	180.000	7.92	0.07922	26%-50% Below	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	180.000	20.79	0.07922	26%-50% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	14.000	2.30	0.07786	101%-200% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	60.000	2.64	0.07786	26%-50% Below	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	60.000	3.99	0.07786	10%-25% Below	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	90.000	5.99	0.07786	10%-25% Below	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	90.000	6.12	0.07786	10%-25% Below	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	90.000	8.44	0.07786	10%-25% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	90.000	9.29	0.07786	26%-50% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	90.000	10.77	0.07786	51%-75% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	14.000	2.30	0.06911	101%-200% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	60.000	2.64	0.06911	26%-50% Below	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	60.000	4.99	0.06911	10%-25% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	90.000	9.29	0.06911	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	180.000	20.79	0.06911	51%-75% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	8	30.000	4.08	0.07259	76%-100% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	8	60.000	0.01	0.07259	76%-100% Below	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	8	60.000	2.64	0.07259	26%-50% Below	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	8	90.000	11.09	0.07259	51%-75% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	8	180.000	20.79	0.07259	51%-75% Above	Yes	No
67877041790	VALSARTAN 160 MG TABLET	7	90.000	17.66	0.22114	10%-25% Below	Yes	No
67877041920	LINEZOLID 600 MG TABLET	7	20.000	24.99	1.94346	26%-50% Below	No	No
67877041920	LINEZOLID 600 MG TABLET	7	28.000	35.28	1.94346	26%-50% Below	No	No
67877041920	LINEZOLID 600 MG TABLET	8	20.000	25.20	2.04617	26%-50% Below	No	No
67877042805	GABAPENTIN 600 MG TABLET	8	90.000	6.90	0.09209	10%-25% Below	No	No
67877043005	ARIPIPRAZOLE 2 MG TABLET	5	30.000	2.39	0.13287	26%-50% Below	No	No
67877043005	ARIPIPRAZOLE 2 MG TABLET	6	30.000	1.26	0.13464	51%-75% Below	No	No
67877043005	ARIPIPRAZOLE 2 MG TABLET	7	30.000	1.26	0.12223	51%-75% Below	No	No
67877043005	ARIPIPRAZOLE 2 MG TABLET	8	30.000	1.26	0.14055	51%-75% Below	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	5	15.000	106.86	0.14943	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	5	30.000	9.90	0.14943	101%-200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	5	30.000	14.99	0.14943	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	5	30.000	19.99	0.14943	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	6	15.000	85.63	0.12392	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	6	30.000	19.99	0.12392	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	7	15.000	85.63	0.12385	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	7	30.000	14.90	0.12385	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	7	30.000	14.99	0.12385	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	7	90.000	60.00	0.12385	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877043103	ARIPIRAZOLE 5 MG TABLET	8	15.000	85.63	0.13076	200% Above	No	No
67877043103	ARIPIRAZOLE 5 MG TABLET	8	30.000	14.90	0.13076	200% Above	No	No
67877043105	ARIPIRAZOLE 5 MG TABLET	5	28.000	14.90	0.14943	200% Above	No	No
67877043105	ARIPIRAZOLE 5 MG TABLET	6	28.000	14.90	0.12392	200% Above	No	No
67877043203	ARIPIRAZOLE 10 MG TABLET	5	30.000	14.90	0.14024	200% Above	No	No
67877043203	ARIPIRAZOLE 10 MG TABLET	6	90.000	20.00	0.13448	51%-75% Above	No	No
67877043203	ARIPIRAZOLE 10 MG TABLET	7	90.000	44.99	0.13359	200% Above	No	No
67877043203	ARIPIRAZOLE 10 MG TABLET	8	30.000	9.90	0.14604	101%-200% Above	No	No
67877043403	ARIPIRAZOLE 20 MG TABLET	5	30.000	9.90	0.24443	26%-50% Above	No	No
67877043403	ARIPIRAZOLE 20 MG TABLET	6	30.000	14.99	0.22352	101%-200% Above	No	No
67877043403	ARIPIRAZOLE 20 MG TABLET	8	90.000	44.99	0.22342	101%-200% Above	No	No
67877044090	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	3.74	0.05615	10%-25% Below	No	No
67877044330	RABEPRAZOLE SOD DR 20 MG TAB	5	90.000	14.99	0.23539	26%-50% Below	No	No
67877044730	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	116.89	0.12986	200% Above	Yes	No
67877044730	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.000	116.89	0.14482	200% Above	Yes	No
67877046390	PREGABALIN 50 MG CAPSULE	5	60.000	24.90	0.08831	200% Above	No	No
67877046405	PREGABALIN 75 MG CAPSULE	5	60.000	14.99	0.0835	101%-200% Above	No	No
67877046405	PREGABALIN 75 MG CAPSULE	6	60.000	14.99	0.08009	200% Above	No	No
67877046405	PREGABALIN 75 MG CAPSULE	7	60.000	14.99	0.07721	200% Above	No	No
67877046405	PREGABALIN 75 MG CAPSULE	8	60.000	14.99	0.07598	200% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	5	60.000	24.90	0.0835	200% Above	No	No
67877046690	PREGABALIN 150 MG CAPSULE	5	60.000	3.46	0.10216	26%-50% Below	No	No
67877046690	PREGABALIN 150 MG CAPSULE	5	60.000	6.90	0.10216	10%-25% Above	No	No
67877046690	PREGABALIN 150 MG CAPSULE	6	60.000	2.60	0.0979	51%-75% Below	No	No
67877046690	PREGABALIN 150 MG CAPSULE	6	60.000	7.00	0.0979	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877046690	PREGABALIN 150 MG CAPSULE	7	60.000	1.49	0.08075	51%-75% Below	No	No
67877046690	PREGABALIN 150 MG CAPSULE	8	60.000	1.97	0.08156	51%-75% Below	No	No
67877048330	TELMISARTAN 40 MG TABLET	5	30.000	6.46	0.31833	26%-50% Below	No	No
67877048330	TELMISARTAN 40 MG TABLET	6	30.000	6.46	0.32178	26%-50% Below	No	No
67877048330	TELMISARTAN 40 MG TABLET	7	30.000	6.46	0.3018	26%-50% Below	No	No
67877048330	TELMISARTAN 40 MG TABLET	7	30.000	14.90	0.3018	51%-75% Above	No	No
67877048330	TELMISARTAN 40 MG TABLET	8	30.000	5.43	0.30092	26%-50% Below	No	No
67877048330	TELMISARTAN 40 MG TABLET	8	30.000	14.90	0.30092	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	30.000	6.90	0.30058	10%-25% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	90.000	0.01	0.30058	76%-100% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	90.000	17.83	0.30058	26%-50% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	6	30.000	14.90	0.3053	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	7	90.000	19.90	0.25897	10%-25% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	7	90.000	44.99	0.25897	76%-100% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	7	90.000	59.90	0.25897	101%-200% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	8	18.000	14.77	0.28701	101%-200% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	8	28.000	14.90	0.28701	76%-100% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.000	6.90	0.10469	101%-200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	90.000	49.90	0.10469	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.000	6.90	0.09804	101%-200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	7	30.000	14.90	0.09842	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	8	30.000	1.50	0.10319	51%-75% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	8	30.000	14.90	0.10319	200% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	5	30.000	4.90	0.10469	51%-75% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	6	30.000	0.00	0.09804	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877049030	EZETIMIBE 10 MG TABLET	6	30.000	4.90	0.09804	51%-75% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	6	90.000	9.90	0.09804	10%-25% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	7	30.000	4.90	0.09842	51%-75% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	8	30.000	4.90	0.10319	51%-75% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	8	30.000	19.99	0.10319	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	5	30.000	9.99	0.10469	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	6	30.000	5.00	0.09804	51%-75% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	6	30.000	9.99	0.09804	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	6	90.000	44.99	0.09804	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	7	30.000	5.00	0.09842	51%-75% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.000	20.00	0.09842	101%-200% Above	No	No
67877049301	AZATHIOPRINE 50 MG TABLET	6	360.000	60.00	0.22684	26%-50% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	6	90.000	14.99	0.40983	51%-75% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	6	90.000	23.18	0.40983	26%-50% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	6	180.000	46.10	0.40983	26%-50% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	7	90.000	23.18	0.37352	26%-50% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	8	90.000	23.18	0.4671	26%-50% Below	No	No
67877050990	EZETIMIBE-SIMVASTATIN 10-40 MG	6	90.000	12.49	0.96055	76%-100% Below	No	No
67877051110	ATORVASTATIN 10 MG TABLET	5	90.000	1.98	0.03195	26%-50% Below	No	No
67877051110	ATORVASTATIN 10 MG TABLET	6	30.000	0.53	0.03764	51%-75% Below	No	No
67877051290	ATORVASTATIN 20 MG TABLET	8	30.000	5.88	0.04748	200% Above	No	No
67877051310	ATORVASTATIN 40 MG TABLET	5	90.000	15.90	0.06231	101%-200% Above	No	No
67877051310	ATORVASTATIN 40 MG TABLET	7	90.000	13.43	0.05572	101%-200% Above	No	No
67877051310	ATORVASTATIN 40 MG TABLET	8	30.000	5.09	0.05662	101%-200% Above	No	No
67877051405	ATORVASTATIN 80 MG TABLET	8	90.000	15.50	0.10232	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877052730	SOLIFENACIN 5 MG TABLET	5	30.000	9.90	0.23019	26%-50% Above	No	No
67877052830	SOLIFENACIN 10 MG TABLET	6	90.000	74.99	0.24621	200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.000	3.77	0.45912	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.000	4.99	0.45912	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.000	9.99	0.45912	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.000	14.99	0.45912	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	4.99	0.45912	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	5.39	0.45912	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	6.90	0.45912	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	14.99	0.45912	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	24.99	0.45912	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	24.99	0.45912	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	6.000	1.62	0.45302	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	8.000	11.58	0.45302	200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	10.000	2.70	0.45302	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	14.000	0.00	0.45302	76%-100% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.000	5.39	0.45302	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.000	6.90	0.45302	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.000	7.00	0.45302	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.000	14.99	0.45302	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	30.000	9.99	0.45302	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	8.000	10.29	0.44518	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	10.000	12.58	0.44518	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	14.000	9.99	0.44518	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.000	5.39	0.44518	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.000	14.99	0.44518	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.000	14.99	0.44518	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	42.000	11.32	0.44518	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	14.000	4.99	0.45182	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	14.000	9.99	0.45182	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	14.000	14.99	0.45182	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	14.000	16.67	0.45182	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.000	5.39	0.45182	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.000	9.99	0.45182	10%-25% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.000	14.99	0.45182	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.000	14.99	0.45182	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.000	23.51	0.45182	101%-200% Above	Yes	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	5	200.000	9.99	0.07024	26%-50% Below	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	8	200.000	19.99	0.07169	26%-50% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	5	300.000	16.86	0.09875	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	5	300.000	19.90	0.09875	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	8	100.000	14.99	0.09054	51%-75% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	8	300.000	16.86	0.09054	26%-50% Below	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	8	100.000	14.90	0.10923	26%-50% Above	No	No
67877054798	CEFDINIR 125 MG/5 ML SUSP	5	60.000	9.99	0.14064	10%-25% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	7	100.000	4.99	0.15368	51%-75% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	7	60.000	14.99	0.13343	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	7	60.000	58.32	0.13343	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	8	60.000	14.90	0.13649	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	8	60.000	19.90	0.13649	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877054898	CEFDINIR 250 MG/5 ML SUSP	8	180.000	14.99	0.13649	26%-50% Below	No	No
67877056105	METFORMIN HCL 500 MG TABLET	5	90.000	2.34	0.0157	51%-75% Above	No	No
67877056105	METFORMIN HCL 500 MG TABLET	6	90.000	2.34	0.01484	51%-75% Above	No	No
67877056105	METFORMIN HCL 500 MG TABLET	7	90.000	2.34	0.01464	76%-100% Above	No	No
67877056105	METFORMIN HCL 500 MG TABLET	8	60.000	1.81	0.0148	101%-200% Above	No	No
67877056105	METFORMIN HCL 500 MG TABLET	8	90.000	2.34	0.0148	51%-75% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	5	60.000	0.52	0.0157	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	60.000	1.75	0.0157	76%-100% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	5	60.000	1.81	0.0157	76%-100% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	60.000	1.86	0.0157	76%-100% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	180.000	1.55	0.0157	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	180.000	2.21	0.0157	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	180.000	2.41	0.0157	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	180.000	4.06	0.0157	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	180.000	20.00	0.0157	200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	360.000	3.10	0.0157	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	360.000	6.73	0.0157	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	30.000	1.19	0.01484	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	60.000	0.52	0.01484	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	60.000	1.59	0.01484	76%-100% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	60.000	1.81	0.01484	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	90.000	0.77	0.01484	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	90.000	1.20	0.01484	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	90.000	1.49	0.01484	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	90.000	2.04	0.01484	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877056110	METFORMIN HCL 500 MG TABLET	6	90.000	2.34	0.01484	51%-75% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	90.000	2.39	0.01484	76%-100% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	180.000	1.55	0.01484	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	180.000	2.97	0.01484	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	180.000	3.94	0.01484	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	270.000	4.46	0.01484	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	360.000	3.10	0.01484	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	360.000	5.94	0.01484	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	30.000	1.07	0.01464	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	30.000	1.27	0.01464	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	60.000	0.52	0.01464	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	60.000	1.59	0.01464	76%-100% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	60.000	1.81	0.01464	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	90.000	0.77	0.01464	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	90.000	0.96	0.01464	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	90.000	1.49	0.01464	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	90.000	2.04	0.01464	51%-75% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	90.000	2.34	0.01464	76%-100% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	120.000	2.49	0.01464	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	1.55	0.01464	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	1.93	0.01464	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	2.97	0.01464	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	3.94	0.01464	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	4.03	0.01464	51%-75% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	60.000	0.52	0.0148	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877056110	METFORMIN HCL 500 MG TABLET	8	60.000	1.84	0.0148	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	90.000	1.49	0.0148	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	90.000	2.02	0.0148	51%-75% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	90.000	2.34	0.0148	51%-75% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	120.000	2.49	0.0148	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.000	1.93	0.0148	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.000	2.11	0.0148	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.000	2.97	0.0148	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.000	3.39	0.0148	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.000	3.94	0.0148	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	360.000	3.10	0.0148	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	360.000	5.94	0.0148	10%-25% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	5	60.000	2.70	0.02655	51%-75% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	5	180.000	6.01	0.02655	10%-25% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	6	60.000	2.70	0.02608	51%-75% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	7	60.000	2.70	0.02512	76%-100% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	7	90.000	2.65	0.02512	10%-25% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	7	180.000	6.63	0.02512	26%-50% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	8	60.000	2.64	0.02732	51%-75% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	8	60.000	2.70	0.02732	51%-75% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	8	90.000	3.68	0.02732	26%-50% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	8	180.000	2.93	0.02732	26%-50% Below	Yes	No
67877056305	METFORMIN HCL 1,000 MG TABLET	5	60.000	0.99	0.02598	26%-50% Below	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	5	180.000	7.00	0.02598	26%-50% Above	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	6	60.000	0.99	0.02642	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877056305	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.75	0.02642	26%-50% Above	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	7	60.000	0.99	0.02396	26%-50% Below	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	8	58.000	2.27	0.02446	51%-75% Above	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	8	60.000	0.99	0.02446	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	60.000	0.96	0.02598	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.38	0.02598	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	90.000	3.66	0.02598	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	90.000	3.76	0.02598	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	180.000	2.88	0.02598	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	180.000	5.40	0.02598	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	180.000	6.14	0.02598	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	180.000	19.58	0.02598	200% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	60.000	0.96	0.02642	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.33	0.02642	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.38	0.02642	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.44	0.02642	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	90.000	2.70	0.02642	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	90.000	3.66	0.02642	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	180.000	2.88	0.02642	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	180.000	3.56	0.02642	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.40	0.02642	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.57	0.02642	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.33	0.02396	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.38	0.02396	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.68	0.02396	76%-100% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.74	0.02396	76%-100% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	90.000	2.70	0.02396	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	2.88	0.02396	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	3.56	0.02396	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	4.91	0.02396	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.40	0.02396	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.60	0.02396	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.72	0.02396	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.75	0.02396	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.82	0.02396	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	180.000	8.10	0.02396	76%-100% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	225.000	9.94	0.02396	76%-100% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	28.000	1.40	0.02446	101%-200% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	30.000	0.47	0.02446	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	30.000	0.48	0.02446	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	60.000	0.96	0.02446	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.24	0.02446	51%-75% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.38	0.02446	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.68	0.02446	76%-100% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	90.000	3.15	0.02446	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	90.000	3.66	0.02446	51%-75% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	2.88	0.02446	26%-50% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	3.49	0.02446	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	3.56	0.02446	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.09	0.02446	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.22	0.02446	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.40	0.02446	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.60	0.02446	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.000	6.57	0.02446	26%-50% Above	Yes	No
67877057130	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.000	6.90	0.2086	10%-25% Above	No	No
67877057130	ESOMEPRAZOLE MAG DR 20 MG CAP	8	30.000	7.00	0.20101	10%-25% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	8	30.000	4.99	0.08956	76%-100% Above	Yes	No
67877057305	BENZONATATE 100 MG CAPSULE	5	42.000	10.14	0.0898	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	7	30.000	4.99	0.0897	76%-100% Above	Yes	No
67877058901	COLCHICINE 0.6 MG TABLET	5	3.000	10.96	0.50086	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	5	30.000	10.04	0.50086	26%-50% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	5	30.000	10.88	0.50086	26%-50% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	5	90.000	30.11	0.50086	26%-50% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	6	180.000	54.11	0.48855	26%-50% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	7	3.000	9.99	0.40299	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	7	3.000	10.96	0.40299	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	7	30.000	9.99	0.40299	10%-25% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	7	30.000	14.99	0.40299	10%-25% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	7	30.000	19.99	0.40299	51%-75% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	8	6.000	14.90	0.46423	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	8	12.000	14.90	0.46423	101%-200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	8	12.000	14.99	0.46423	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	5	180.000	12.50	0.08397	10%-25% Below	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	7	60.000	5.00	0.07196	10%-25% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	8	180.000	12.50	0.08429	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877059005	METOPROLOL SUCC ER 25 MG TAB	7	30.000	9.90	0.07196	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	5	30.000	6.90	0.09577	101%-200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.00	0.09235	101%-200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.00	0.08701	101%-200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.00	0.09012	101%-200% Above	No	No
67877061215	TIZANIDINE HCL 6 MG CAPSULE	5	60.000	0.01	0.19295	76%-100% Below	No	No
67877061215	TIZANIDINE HCL 6 MG CAPSULE	6	60.000	0.01	0.22337	76%-100% Below	No	No
67877061701	METHYLPHENIDATE 10 MG TABLET	6	90.000	4.99	0.14048	51%-75% Below	No	No
67877062690	IBUPROFEN-FAMOTIDIN 800-26.6 MG	5	90.000	225.32	3.81724	26%-50% Below	No	No
67877062690	IBUPROFEN-FAMOTIDIN 800-26.6 MG	8	90.000	206.05	3.2313	26%-50% Below	No	No
67877067001	MORPHINE SULFATE IR 15 MG TAB	5	30.000	10.71	0.27684	26%-50% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	30.000	9.99	0.13957	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	30.000	14.99	0.13957	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	30.000	19.99	0.13957	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	90.000	14.99	0.13957	10%-25% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	30.000	9.90	0.12012	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	30.000	14.99	0.12012	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	30.000	19.99	0.12012	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	90.000	49.99	0.12012	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	30.000	6.90	0.11282	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	30.000	9.90	0.11282	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	30.000	14.99	0.11282	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	30.000	19.99	0.11282	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	90.000	44.99	0.11282	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	30.000	6.90	0.12125	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	30.000	9.90	0.12125	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	30.000	19.99	0.12125	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	90.000	44.99	0.12125	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	5	90.000	67.78	0.13957	200% Above	Yes	No
67877069610	CHLORTHALIDONE 25 MG TABLET	7	90.000	40.93	0.11282	200% Above	Yes	No
67877069610	CHLORTHALIDONE 25 MG TABLET	8	90.000	66.37	0.12125	200% Above	Yes	No
67877069701	CHLORTHALIDONE 50 MG TABLET	5	30.000	4.90	0.21284	10%-25% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	5	30.000	9.90	0.21284	51%-75% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	6	30.000	4.90	0.27126	26%-50% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	6	30.000	9.99	0.27126	10%-25% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	7	30.000	4.90	0.18446	10%-25% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	7	30.000	9.99	0.18446	76%-100% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	7	90.000	0.01	0.18446	76%-100% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	8	30.000	4.90	0.24751	26%-50% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	8	30.000	9.99	0.24751	26%-50% Above	No	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	5	360.000	786.82	1.70199	26%-50% Above	Yes	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	8	360.000	625.14	1.37992	10%-25% Above	Yes	No
67877072930	VENLAFAXINE HCL ER 225 MG TAB	8	30.000	20.74	2.16208	51%-75% Below	No	No
67877074957	FOSFOMYCIN 3 GM SACHET	8	3.000	113.47	52.54167	26%-50% Below	No	No
67877075360	DRONABINOL 2.5 MG CAPSULE	6	30.000	20.61	1.35741	26%-50% Below	Yes	No
67877075460	DRONABINOL 5 MG CAPSULE	5	60.000	91.97	2.84662	26%-50% Below	Yes	No
67877075460	DRONABINOL 5 MG CAPSULE	6	60.000	91.97	2.91446	26%-50% Below	Yes	No
67877075460	DRONABINOL 5 MG CAPSULE	8	60.000	91.97	2.47176	26%-50% Below	Yes	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	2.38	0.1628	26%-50% Below	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.90	0.1628	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.90	0.1628	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.90	0.17001	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	11.26	0.17001	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.17001	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	5.00	0.16027	26%-50% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.90	0.16027	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.90	0.16027	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.90	0.16291	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.10	0.16291	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.91	0.16291	200% Above	No	No
68001010600	DIVALPROEX SOD ER 500 MG TAB	5	30.000	4.65	0.20934	10%-25% Below	No	No
68001010603	DIVALPROEX SOD ER 500 MG TAB	6	30.000	4.65	0.19647	10%-25% Below	No	No
68001010603	DIVALPROEX SOD ER 500 MG TAB	7	30.000	3.83	0.1993	26%-50% Below	No	No
68001010603	DIVALPROEX SOD ER 500 MG TAB	8	60.000	7.77	0.20506	26%-50% Below	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	5	30.000	18.05	0.144	200% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	7	30.000	14.56	0.14307	200% Above	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	8	90.000	29.90	0.16827	76%-100% Above	No	No
68001013300	AMLODIPINE-BENAZEPRIL 5-10 MG	5	30.000	2.83	0.12146	10%-25% Below	No	No
68001013300	AMLODIPINE-BENAZEPRIL 5-10 MG	7	30.000	2.83	0.10861	10%-25% Below	No	No
68001013300	AMLODIPINE-BENAZEPRIL 5-10 MG	8	30.000	2.83	0.11137	10%-25% Below	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	6	180.000	2.83	0.0239	26%-50% Below	No	No
68001015200	CARVEDILOL 25 MG TABLET	5	60.000	3.16	0.03227	51%-75% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	5	60.000	3.35	0.03227	51%-75% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	6	60.000	2.82	0.03333	26%-50% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	7	60.000	2.72	0.03238	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001015200	CARVEDILOL 25 MG TABLET	7	60.000	3.16	0.03238	51%-75% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	8	60.000	2.72	0.03302	26%-50% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	8	60.000	3.16	0.03302	51%-75% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	8	180.000	6.95	0.03302	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	5	60.000	3.24	0.03227	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	5	120.000	5.88	0.03227	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	60.000	0.88	0.03333	51%-75% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	120.000	5.88	0.03333	26%-50% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	180.000	7.49	0.03333	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	7	30.000	1.75	0.03238	76%-100% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	7	60.000	1.06	0.03238	26%-50% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	7	60.000	1.15	0.03238	26%-50% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	7	120.000	5.09	0.03238	26%-50% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	8	30.000	1.75	0.03302	76%-100% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	8	60.000	1.06	0.03302	26%-50% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	8	60.000	1.15	0.03302	26%-50% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	8	120.000	5.09	0.03302	26%-50% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	5	60.000	0.73	0.02085	26%-50% Below	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	5	60.000	2.52	0.02085	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	6	60.000	0.75	0.01914	26%-50% Below	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	6	60.000	2.52	0.01914	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	7	60.000	0.75	0.01875	26%-50% Below	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	8	60.000	0.75	0.01837	26%-50% Below	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	6	60.000	2.60	0.02064	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	7	60.000	2.24	0.02128	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001015403	CARVEDILOL 6.25 MG TABLET	7	60.000	2.60	0.02128	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	7	60.000	2.66	0.02128	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	7	120.000	3.89	0.02128	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	8	60.000	2.60	0.02023	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	8	60.000	2.66	0.02023	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	8	60.000	3.25	0.02023	101%-200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	5	30.000	2.19	0.11247	26%-50% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	6	6.000	0.44	0.11436	26%-50% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	6	30.000	2.19	0.11436	26%-50% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	7	6.000	0.45	0.10406	26%-50% Below	No	No
68001016000	VENLAFAXINE HCL 75 MG TABLET	7	30.000	0.66	0.09393	76%-100% Below	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	8	30.000	4.27	0.05128	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	5	2.000	0.88	0.05428	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	5	5.000	1.22	0.05428	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	5	12.000	2.01	0.05428	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	5	60.000	7.64	0.05428	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	5	120.000	3.26	0.05428	26%-50% Below	No	No
68001016208	PROMETHAZINE 25 MG TABLET	6	15.000	2.40	0.05024	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	6	60.000	7.64	0.05024	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	15.000	2.40	0.04561	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	20.000	2.98	0.04561	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	30.000	4.04	0.04561	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	60.000	6.57	0.04561	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	60.000	7.64	0.04561	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	180.000	14.90	0.04561	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001016208	PROMETHAZINE 25 MG TABLET	8	15.000	2.92	0.05524	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	8	30.000	3.61	0.05524	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	8	40.000	4.40	0.05524	76%-100% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	8	45.000	5.09	0.05524	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	8	60.000	7.64	0.05524	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	8	120.000	3.40	0.05524	26%-50% Below	No	No
68001017703	GLIMEPIRIDE 1 MG TABLET	5	30.000	3.16	0.03376	200% Above	No	No
68001017800	GLIMEPIRIDE 2 MG TABLET	5	60.000	9.74	0.03802	200% Above	No	No
68001017800	GLIMEPIRIDE 2 MG TABLET	8	90.000	13.87	0.0407	200% Above	No	No
68001017803	GLIMEPIRIDE 2 MG TABLET	5	28.000	4.76	0.03802	200% Above	No	No
68001017803	GLIMEPIRIDE 2 MG TABLET	6	28.000	4.76	0.04041	200% Above	No	No
68001017803	GLIMEPIRIDE 2 MG TABLET	7	28.000	4.18	0.034	200% Above	No	No
68001017803	GLIMEPIRIDE 2 MG TABLET	8	28.000	4.18	0.0407	200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	5	30.000	7.78	0.04527	200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	5	90.000	22.95	0.04527	200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	6	60.000	9.90	0.04952	200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	7	30.000	7.78	0.04106	200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	8	30.000	6.88	0.04489	200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	8	60.000	9.90	0.04489	200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	8	180.000	19.90	0.04489	101%-200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	8	180.000	43.40	0.04489	200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	5.27	0.04331	200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	4.90	0.04032	200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	4.63	0.0456	200% Above	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	6	30.000	6.00	0.10402	76%-100% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	8	30.000	5.29	0.10094	51%-75% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	7	270.000	14.90	0.04922	10%-25% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	6	60.000	7.25	0.03158	200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	8	30.000	3.38	0.03245	200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	8	30.000	3.95	0.03245	200% Above	No	No
68001018705	QUINAPRIL 20 MG TABLET	5	30.000	5.55	0.0931	76%-100% Above	No	No
68001018705	QUINAPRIL 20 MG TABLET	6	30.000	5.55	0.09401	76%-100% Above	No	No
68001018705	QUINAPRIL 20 MG TABLET	7	30.000	5.55	0.08839	101%-200% Above	No	No
68001018705	QUINAPRIL 20 MG TABLET	8	30.000	4.88	0.09624	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	30.000	1.49	0.02844	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.49	0.0275	76%-100% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	15.000	0.18	0.02791	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.49	0.02791	76%-100% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	60.000	1.97	0.02791	10%-25% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	30.000	2.12	0.03752	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	30.000	2.12	0.03794	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	60.000	3.60	0.03794	51%-75% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	7	30.000	2.12	0.03785	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	8	29.000	1.78	0.03695	51%-75% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	8	30.000	0.59	0.03695	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	8	30.000	2.12	0.03695	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	8	56.000	2.96	0.03695	26%-50% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	5	30.000	3.54	0.03922	200% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	5	60.000	4.33	0.03922	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	7	30.000	2.53	0.03972	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001023900	CLONIDINE HCL 0.3 MG TABLET	8	30.000	2.53	0.04156	101%-200% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	8	30.000	3.54	0.04156	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	5	3.000	0.37	0.23707	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	5	18.000	4.90	0.23707	10%-25% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	3.000	0.38	0.24816	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	4.000	1.62	0.24816	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	10.000	3.16	0.24816	26%-50% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	10.000	3.34	0.24816	26%-50% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	8	10.000	2.65	0.23742	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	12.000	1.50	0.23707	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.66	0.23707	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.03	0.24816	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.17	0.24816	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	18.000	9.90	0.24816	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	10.000	3.16	0.23596	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	18.000	4.90	0.23596	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	18.000	5.03	0.23596	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	10.000	3.08	0.23742	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	12.000	3.57	0.23742	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	18.000	4.90	0.23742	10%-25% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	6	6.000	2.80	0.23397	76%-100% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	6	12.000	4.95	0.23397	76%-100% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	18.000	6.90	0.24363	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	15.000	6.02	0.22583	76%-100% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	8	15.000	7.61	0.22315	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001025001	ZOLMITRIPTAN 5 MG TABLET	7	9.000	10.00	1.46503	10%-25% Below	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	8	9.000	8.57	1.52244	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	3.000	4.90	0.74577	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	1.000	3.06	0.74599	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	1.000	3.13	0.74599	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	2.000	0.99	0.74599	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	3.000	4.90	0.74599	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	3.000	8.10	0.74599	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	2.000	5.61	0.65148	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	3.000	6.96	0.65148	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	3.000	8.10	0.65148	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	6.000	2.97	0.65148	10%-25% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	10.000	9.90	0.65148	51%-75% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	1.000	3.06	0.57535	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	3.000	6.68	0.57535	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	3.000	7.87	0.57535	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	3.000	10.30	0.57535	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	4.000	9.06	0.57535	200% Above	No	No
68001025320	FLUCONAZOLE 150 MG TABLET	5	4.000	5.00	0.74577	51%-75% Above	No	No
68001025344	FLUCONAZOLE 150 MG TABLET	8	4.000	5.00	0.57535	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	5	7.000	6.90	0.48222	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	5	20.000	14.90	0.48222	51%-75% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	6	2.000	5.52	0.49565	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	7	3.000	7.96	0.3862	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	7	4.000	9.90	0.3862	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001025404	FLUCONAZOLE 200 MG TABLET	8	2.000	5.52	0.50582	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	8	3.000	7.96	0.50582	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	8	4.000	9.90	0.50582	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	8	5.000	9.90	0.50582	200% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	5	30.000	5.00	0.10067	51%-75% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	6	30.000	5.00	0.09629	51%-75% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	8	12.000	2.87	0.10054	101%-200% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	8	60.000	9.96	0.10054	51%-75% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	8	60.000	12.12	0.10054	76%-100% Above	No	No
68001028106	DICLOFENAC SOD DR 75 MG TAB	8	30.000	4.90	0.10054	51%-75% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	5	60.000	4.90	0.10067	10%-25% Below	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	8	60.000	4.90	0.10054	10%-25% Below	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	8	60.000	6.90	0.10054	10%-25% Above	No	No
68001030800	BUPROPION HCL 75 MG TABLET	8	30.000	4.90	0.11826	26%-50% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	5	30.000	1.07	0.04775	10%-25% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	5	30.000	2.60	0.04775	76%-100% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	6	30.000	1.07	0.04874	26%-50% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	6	30.000	2.60	0.04874	76%-100% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	7	30.000	2.60	0.04463	76%-100% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	8	30.000	0.64	0.04399	51%-75% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	8	30.000	2.60	0.04399	76%-100% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	5	30.000	0.88	0.04805	26%-50% Below	No	No
68001031508	LOVASTATIN 20 MG TABLET	5	45.000	1.31	0.04805	26%-50% Below	No	No
68001031508	LOVASTATIN 20 MG TABLET	6	30.000	0.49	0.05522	51%-75% Below	No	No
68001031508	LOVASTATIN 20 MG TABLET	7	45.000	0.93	0.04433	51%-75% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001031600	LOVASTATIN 40 MG TABLET	5	30.000	1.20	0.06089	26%-50% Below	No	No
68001032103	BUPROPION HCL XL 300 MG TABLET	5	28.000	14.90	0.17759	101%-200% Above	No	No
68001032103	BUPROPION HCL XL 300 MG TABLET	5	30.000	6.90	0.17759	26%-50% Above	No	No
68001032103	BUPROPION HCL XL 300 MG TABLET	5	30.000	12.14	0.17759	101%-200% Above	No	No
68001032103	BUPROPION HCL XL 300 MG TABLET	5	30.000	14.90	0.17759	101%-200% Above	No	No
68001032103	BUPROPION HCL XL 300 MG TABLET	5	90.000	44.90	0.17759	101%-200% Above	No	No
68001032103	BUPROPION HCL XL 300 MG TABLET	6	30.000	11.50	0.15223	101%-200% Above	No	No
68001032105	BUPROPION HCL XL 300 MG TABLET	6	28.000	14.90	0.15223	200% Above	No	No
68001032105	BUPROPION HCL XL 300 MG TABLET	6	30.000	14.90	0.15223	200% Above	No	No
68001032105	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.90	0.16488	200% Above	No	No
68001032105	BUPROPION HCL XL 300 MG TABLET	8	30.000	14.90	0.14838	200% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	4.51	0.09788	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	5.11	0.09788	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	5.11	0.0913	76%-100% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	4.24	0.08923	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	4.24	0.08948	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	45.000	7.34	0.08948	76%-100% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	4.51	0.09788	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	4.97	0.09788	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	4.24	0.0913	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	4.24	0.08923	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.000	5.22	0.08923	26%-50% Below	No	No
68001032800	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	7	90.000	14.89	0.12278	26%-50% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	5	30.000	1.16	0.01521	101%-200% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	6	30.000	1.16	0.01587	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001033203	LISINOPRIL 2.5 MG TABLET	7	30.000	1.16	0.01476	101%-200% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	8	30.000	1.31	0.01572	101%-200% Above	No	No
68001033300	LISINOPRIL 5 MG TABLET	5	60.000	0.61	0.01575	26%-50% Below	No	No
68001033300	LISINOPRIL 5 MG TABLET	6	60.000	0.34	0.01559	51%-75% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	5	90.000	2.36	0.01575	51%-75% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	6	90.000	2.24	0.01559	51%-75% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	7	30.000	0.96	0.01562	101%-200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	8	30.000	0.96	0.01581	101%-200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	8	90.000	2.36	0.01581	51%-75% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.000	1.18	0.01934	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.000	1.29	0.01934	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.000	1.31	0.01934	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	60.000	1.96	0.01934	51%-75% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.000	1.13	0.01934	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.000	1.29	0.01934	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.000	1.31	0.01934	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	60.000	1.96	0.01934	51%-75% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	90.000	2.56	0.01934	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.000	1.13	0.01839	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.000	1.31	0.01839	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	60.000	1.96	0.01839	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	90.000	2.20	0.01839	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.000	1.13	0.01974	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.000	1.31	0.01974	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.000	1.50	0.01974	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001033408	LISINOPRIL 10 MG TABLET	8	60.000	2.35	0.01974	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	90.000	2.21	0.01974	10%-25% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	90.000	2.62	0.01974	26%-50% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	5	30.000	1.60	0.02521	101%-200% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	6	30.000	1.60	0.02613	101%-200% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	7	30.000	1.60	0.0259	101%-200% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	8	30.000	1.60	0.02563	101%-200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.000	0.51	0.02521	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.000	1.01	0.02521	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.000	1.60	0.02521	101%-200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	60.000	1.01	0.02521	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	90.000	3.40	0.02521	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.000	0.97	0.02613	10%-25% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.000	1.57	0.02613	76%-100% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.000	1.60	0.02613	101%-200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	60.000	0.64	0.02613	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	90.000	3.49	0.02613	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.000	1.57	0.0259	101%-200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.000	1.60	0.0259	101%-200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	60.000	0.61	0.0259	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	90.000	2.02	0.0259	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	90.000	3.40	0.0259	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	90.000	3.49	0.0259	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.000	0.31	0.02563	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.000	1.42	0.02563	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001033508	LISINOPRIL 20 MG TABLET	8	60.000	0.61	0.02563	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	90.000	3.40	0.02563	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	90.000	3.49	0.02563	51%-75% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	5	90.000	15.00	0.08397	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	5	30.000	8.25	0.08397	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	5	120.000	14.90	0.08397	26%-50% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	6	30.000	7.82	0.08046	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	30.000	7.82	0.07196	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	30.000	7.82	0.08429	200% Above	No	No
68001035700	METOPROLOL SUCC ER 50 MG TAB	5	30.000	9.22	0.09577	200% Above	No	No
68001036000	METOPROLOL SUCC ER 200 MG TAB	6	90.000	19.90	0.27011	10%-25% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.62	0.06987	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	30.000	8.79	0.06987	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	90.000	23.87	0.06987	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.90	0.06511	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.79	0.06511	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.96	0.06565	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.90	0.06565	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.90	0.06471	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.89	0.06511	51%-75% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	5	20.000	5.94	0.45912	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	6	10.000	6.23	0.45302	26%-50% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	7	10.000	14.63	0.44518	200% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	7	20.000	5.84	0.44518	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	7	20.000	14.90	0.44518	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001036500	METRONIDAZOLE 500 MG TABLET	5	30.000	9.90	0.15499	101%-200% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	6	28.000	13.67	0.15602	200% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	7	14.000	4.90	0.14732	101%-200% Above	No	No
68001036703	POTASSIUM CL ER 10 MEQ TABLET	6	60.000	14.90	0.18189	26%-50% Above	No	No
68001038100	LABETALOL HCL 100 MG TABLET	5	60.000	9.90	0.12092	26%-50% Above	No	No
68001038100	LABETALOL HCL 100 MG TABLET	5	60.000	14.90	0.12092	101%-200% Above	No	No
68001038100	LABETALOL HCL 100 MG TABLET	7	16.000	4.46	0.11911	101%-200% Above	No	No
68001038100	LABETALOL HCL 100 MG TABLET	8	60.000	9.90	0.12732	26%-50% Above	No	No
68001038100	LABETALOL HCL 100 MG TABLET	8	180.000	44.90	0.12732	76%-100% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	6	60.000	6.50	0.18085	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	7	60.000	6.58	0.17818	26%-50% Below	No	No
68001039603	POTASSIUM CL ER 10 MEQ CAPSULE	7	30.000	12.56	0.14498	101%-200% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	5	180.000	3.60	0.03426	26%-50% Below	No	No
68001039700	FAMOTIDINE 20 MG TABLET	8	60.000	3.08	0.03311	51%-75% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	8	180.000	3.71	0.03311	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.000	3.08	0.03197	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.000	3.25	0.03197	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	30.000	1.68	0.03311	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	60.000	3.08	0.03311	51%-75% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	5	30.000	5.26	0.06791	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	6	90.000	14.16	0.0686	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	7	30.000	4.46	0.0617	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	7	42.000	7.11	0.0617	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	8	30.000	4.46	0.06339	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	8	90.000	11.99	0.06339	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001039803	FAMOTIDINE 40 MG TABLET	5	30.000	5.26	0.06791	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.000	5.12	0.0686	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.000	5.26	0.0686	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	30.000	5.12	0.0617	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	30.000	5.26	0.0617	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	90.000	14.07	0.0617	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	90.000	14.49	0.0617	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	20.000	3.73	0.06339	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.000	4.37	0.06339	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.000	4.56	0.06339	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.000	5.26	0.06339	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.000	6.63	0.06339	200% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.60	0.03174	51%-75% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	5	60.000	2.55	0.03174	26%-50% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	6	60.000	2.55	0.03391	10%-25% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.60	0.03326	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.43	0.03174	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.57	0.03174	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	0.65	0.0324	26%-50% Below	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.32	0.0324	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	8	90.000	3.40	0.0324	10%-25% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.33	0.03088	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.48	0.03088	51%-75% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	0.60	0.03083	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.28	0.03083	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.48	0.03083	51%-75% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	0.60	0.03473	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.28	0.03473	10%-25% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.48	0.03473	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	7	180.000	4.69	0.03473	10%-25% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	0.62	0.03064	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.28	0.03064	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.48	0.03064	51%-75% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	60.000	2.82	0.03064	51%-75% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	3.08	0.03064	10%-25% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	3.90	0.03064	26%-50% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	4.90	0.08415	76%-100% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	1.64	0.07987	26%-50% Below	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	1.64	0.08045	26%-50% Below	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	4.90	0.08045	101%-200% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	20.53	0.08045	101%-200% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	1.33	0.078	26%-50% Below	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	19.92	0.08045	101%-200% Above	No	No
68001040207	LEVETIRACETAM 250 MG TABLET	8	60.000	4.90	0.06692	10%-25% Above	No	No
68001040506	LEVETIRACETAM 1,000 MG TABLET	5	120.000	16.79	0.22774	26%-50% Below	No	No
68001040506	LEVETIRACETAM 1,000 MG TABLET	6	120.000	12.10	0.23307	51%-75% Below	No	No
68001040506	LEVETIRACETAM 1,000 MG TABLET	7	120.000	11.09	0.21793	51%-75% Below	No	No
68001040506	LEVETIRACETAM 1,000 MG TABLET	8	120.000	11.09	0.22028	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	30.000	4.60	0.09345	51%-75% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	90.000	6.90	0.09345	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001041103	GABAPENTIN 600 MG TABLET	5	90.000	9.90	0.09345	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	135.000	14.90	0.09345	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	90.000	6.90	0.08963	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	90.000	9.90	0.08963	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	135.000	14.90	0.08963	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	30.000	4.60	0.09108	51%-75% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	90.000	9.90	0.09108	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	270.000	36.16	0.09108	26%-50% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	8	30.000	5.76	0.09209	101%-200% Above	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	120.000	8.87	0.12707	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	180.000	14.69	0.12707	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	270.000	19.95	0.12707	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	6	120.000	6.90	0.11894	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	8	120.000	6.90	0.12465	51%-75% Below	No	No
68001041306	DULOXETINE HCL DR 20 MG CAP	5	30.000	9.90	0.11247	101%-200% Above	No	No
68001041405	DULOXETINE HCL DR 30 MG CAP	8	30.000	14.90	0.09834	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	5	30.000	14.90	0.10545	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	6	30.000	14.90	0.1056	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	8	30.000	0.71	0.09834	51%-75% Below	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	8	30.000	14.90	0.09834	200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	5	30.000	4.90	0.11807	26%-50% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	5	30.000	14.90	0.11807	200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	6	30.000	4.90	0.11559	26%-50% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	6	30.000	9.90	0.11559	101%-200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	6	30.000	14.90	0.11559	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001041508	DULOXETINE HCL DR 60 MG CAP	7	30.000	4.90	0.11671	26%-50% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	7	30.000	14.90	0.11671	200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	8	30.000	4.90	0.11186	26%-50% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	8	30.000	14.90	0.11186	200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	9.90	0.43658	51%-75% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.90	0.43658	101%-200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	6	30.000	14.90	0.43658	10%-25% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	7	20.000	14.90	0.42263	76%-100% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	9.90	0.43273	51%-75% Above	No	No
68001043003	RAMIPRIL 5 MG CAPSULE	6	90.000	7.37	0.068	10%-25% Above	No	No
68001043100	RAMIPRIL 10 MG CAPSULE	8	60.000	2.42	0.07162	26%-50% Below	No	No
68001043390	NICOTINE 14 MG/24HR PATCH	5	28.000	25.06	1.63625	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	8	60.000	3.64	0.07132	10%-25% Below	No	No
68001043897	LORATADINE 10 MG TABLET	5	14.000	1.11	0.06233	26%-50% Above	No	No
68001043897	LORATADINE 10 MG TABLET	5	30.000	1.32	0.06233	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	6	30.000	1.32	0.05939	10%-25% Below	No	No
68001043897	LORATADINE 10 MG TABLET	7	30.000	1.32	0.06184	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	8	30.000	1.32	0.05865	10%-25% Below	No	No
68001043900	FEXOFENADINE HCL 60 MG TABLET	5	60.000	5.57	0.18403	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	5	30.000	5.52	0.28426	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	5	30.000	5.90	0.28426	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	5	60.000	10.38	0.28426	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	6	30.000	5.90	0.27994	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	6	60.000	10.38	0.27994	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	30.000	5.52	0.30296	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	30.000	5.90	0.30296	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	8	30.000	5.52	0.27783	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	8	60.000	10.38	0.27783	26%-50% Below	No	No
68001044500	POTASSIUM CL ER 20 MEQ TABLET	6	90.000	20.00	0.18558	10%-25% Above	No	No
68001044500	POTASSIUM CL ER 20 MEQ TABLET	8	90.000	19.90	0.18816	10%-25% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	5	56.000	14.90	0.18925	26%-50% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	6	4.000	1.90	0.18558	101%-200% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	6	56.000	14.90	0.18558	26%-50% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	7	56.000	14.90	0.18977	26%-50% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	7	60.000	14.90	0.18977	26%-50% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	7	180.000	56.97	0.18977	51%-75% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	8	56.000	14.90	0.18816	26%-50% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	8	60.000	14.90	0.18816	26%-50% Above	No	No
68001045400	ESCITALOPRAM 5 MG TABLET	5	90.000	11.86	0.04568	101%-200% Above	No	No
68001045400	ESCITALOPRAM 5 MG TABLET	8	90.000	15.18	0.04577	200% Above	No	No
68001045500	ESCITALOPRAM 10 MG TABLET	6	30.000	4.53	0.04995	200% Above	No	No
68001045500	ESCITALOPRAM 10 MG TABLET	6	90.000	10.10	0.04995	101%-200% Above	No	No
68001045500	ESCITALOPRAM 10 MG TABLET	7	30.000	0.85	0.05194	26%-50% Below	No	No
68001045500	ESCITALOPRAM 10 MG TABLET	7	30.000	4.53	0.05194	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	5	30.000	2.75	0.05112	76%-100% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	5	30.000	4.53	0.05112	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	5	60.000	8.41	0.05112	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	6	30.000	2.62	0.04995	51%-75% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	6	30.000	4.41	0.04995	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	6	30.000	4.53	0.04995	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001045508	ESCITALOPRAM 10 MG TABLET	6	60.000	8.41	0.04995	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	7	30.000	3.77	0.05194	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	7	30.000	4.41	0.05194	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	7	30.000	4.53	0.05194	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	7	60.000	8.41	0.05194	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	8	30.000	0.85	0.05286	26%-50% Below	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	8	30.000	3.77	0.05286	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	8	30.000	4.41	0.05286	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	8	90.000	2.55	0.05286	26%-50% Below	No	No
68001045600	ESCITALOPRAM 20 MG TABLET	5	30.000	4.82	0.08912	76%-100% Above	No	No
68001045600	ESCITALOPRAM 20 MG TABLET	5	30.000	5.71	0.08912	101%-200% Above	No	No
68001045600	ESCITALOPRAM 20 MG TABLET	7	30.000	5.46	0.08189	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	5	30.000	5.46	0.08912	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	5	30.000	9.90	0.08912	200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	6	30.000	4.52	0.07922	76%-100% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	6	30.000	5.46	0.07922	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	6	30.000	5.56	0.07922	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	7	30.000	5.31	0.08189	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	7	30.000	5.46	0.08189	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	8	30.000	5.46	0.07964	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	8	30.000	6.88	0.07964	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	8	30.000	7.47	0.07964	200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	8	30.000	9.90	0.07964	200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	8	90.000	14.63	0.07964	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	8	90.000	15.07	0.07964	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001045842	ENOXAPARIN 40 MG/0.4 ML SYR	5	12.000	76.53	12.50599	26%-50% Below	No	No
68001045842	ENOXAPARIN 40 MG/0.4 ML SYR	6	12.000	76.99	12.78904	26%-50% Below	No	No
68001045842	ENOXAPARIN 40 MG/0.4 ML SYR	7	12.000	76.99	12.28579	26%-50% Below	No	No
68001045842	ENOXAPARIN 40 MG/0.4 ML SYR	8	12.000	76.99	12.40509	26%-50% Below	No	No
68001047300	DIVALPROEX SOD DR 250 MG TAB	7	180.000	35.89	0.07162	101%-200% Above	No	No
68001047303	DIVALPROEX SOD DR 250 MG TAB	6	60.000	12.40	0.07364	101%-200% Above	No	No
68001047303	DIVALPROEX SOD DR 250 MG TAB	7	60.000	12.40	0.07162	101%-200% Above	No	No
68001047403	DIVALPROEX SOD DR 500 MG TAB	8	60.000	14.90	0.13883	76%-100% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	30.000	2.49	0.04819	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	6	30.000	2.49	0.04854	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	30.000	2.49	0.04724	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	30.000	2.49	0.05025	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	90.000	6.16	0.05025	26%-50% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	6	60.000	14.59	0.09235	101%-200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.60	0.09012	101%-200% Above	No	No
68001051800	POTASSIUM CL ER 10 MEQ TABLET	8	10.000	3.86	0.12858	200% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	4.25	0.12858	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	4.30	0.12858	10%-25% Above	No	No
68001051903	BUPROPION HCL XL 150 MG TABLET	8	30.000	6.90	0.11342	101%-200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.90	0.16488	200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	8	30.000	2.42	0.14838	26%-50% Below	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	8	90.000	7.27	0.14838	26%-50% Below	No	No
68047018516	NOHIST-LQ LIQUID	6	150.000	7.81	0.04063	26%-50% Above	No	No
68180011302	LEVETIRACETAM 500 MG TABLET	7	120.000	4.99	0.09785	51%-75% Below	No	No
68180011309	LEVETIRACETAM 500 MG TABLET	6	180.000	25.81	0.09016	51%-75% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180012101	CEPHALEXIN 250 MG CAPSULE	7	20.000	2.63	0.08875	26%-50% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	8	21.000	3.39	0.0915	76%-100% Above	Yes	No
68180012201	CEPHALEXIN 500 MG CAPSULE	5	42.000	3.60	0.12954	26%-50% Below	Yes	No
68180012201	CEPHALEXIN 500 MG CAPSULE	6	42.000	3.60	0.11531	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	10.000	0.78	0.12954	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	10.000	1.60	0.12954	10%-25% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.000	1.55	0.12954	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.000	2.19	0.12954	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.000	4.22	0.12954	51%-75% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	21.000	2.26	0.12954	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	28.000	3.06	0.12954	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	30.000	2.33	0.12954	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	30.000	3.23	0.12954	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	30.000	6.17	0.12954	51%-75% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	40.000	3.74	0.12954	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	40.000	4.19	0.12954	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	40.000	7.24	0.12954	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	21.000	1.63	0.11531	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	120.000	9.44	0.11531	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	10.000	1.57	0.13363	10%-25% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.000	1.09	0.13363	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.000	1.54	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.000	1.63	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.000	1.67	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	20.000	2.00	0.13363	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	20.000	2.09	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	21.000	2.12	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	21.000	2.21	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	21.000	2.48	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	28.000	2.18	0.13363	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	28.000	3.06	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	28.000	3.14	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	30.000	3.23	0.13363	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	40.000	3.20	0.13363	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	9.000	1.49	0.13311	10%-25% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	10.000	1.57	0.13311	10%-25% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	14.000	1.67	0.13311	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	15.000	1.70	0.13311	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	20.000	1.55	0.13311	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	20.000	2.09	0.13311	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	20.000	2.96	0.13311	10%-25% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	20.000	3.52	0.13311	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	21.000	1.63	0.13311	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	21.000	4.16	0.13311	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	28.000	3.14	0.13311	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	30.000	2.33	0.13311	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	30.000	2.79	0.13311	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	30.000	3.23	0.13311	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	40.000	3.49	0.13311	26%-50% Below	Yes	No
68180013501	ESCITALOPRAM 10 MG TABLET	5	30.000	3.71	0.05112	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180013501	ESCITALOPRAM 10 MG TABLET	5	30.000	4.65	0.05112	200% Above	No	No
68180013501	ESCITALOPRAM 10 MG TABLET	6	30.000	3.86	0.04995	101%-200% Above	No	No
68180013501	ESCITALOPRAM 10 MG TABLET	6	90.000	4.99	0.04995	10%-25% Above	No	No
68180013501	ESCITALOPRAM 10 MG TABLET	7	30.000	3.86	0.05194	101%-200% Above	No	No
68180013501	ESCITALOPRAM 10 MG TABLET	8	30.000	4.50	0.05286	101%-200% Above	No	No
68180013601	ESCITALOPRAM 20 MG TABLET	5	90.000	9.46	0.08912	10%-25% Above	No	No
68180013601	ESCITALOPRAM 20 MG TABLET	5	90.000	14.72	0.08912	76%-100% Above	No	No
68180013601	ESCITALOPRAM 20 MG TABLET	6	30.000	5.40	0.07922	101%-200% Above	No	No
68180013601	ESCITALOPRAM 20 MG TABLET	6	90.000	12.49	0.07922	51%-75% Above	No	No
68180013601	ESCITALOPRAM 20 MG TABLET	6	90.000	15.16	0.07922	101%-200% Above	No	No
68180013601	ESCITALOPRAM 20 MG TABLET	7	30.000	4.61	0.08189	76%-100% Above	No	No
68180013601	ESCITALOPRAM 20 MG TABLET	7	90.000	14.72	0.08189	76%-100% Above	No	No
68180013701	ESCITALOPRAM 5 MG TABLET	5	30.000	4.48	0.04568	200% Above	No	No
68180013701	ESCITALOPRAM 5 MG TABLET	6	30.000	4.48	0.04743	200% Above	No	No
68180013701	ESCITALOPRAM 5 MG TABLET	6	90.000	20.00	0.04743	200% Above	No	No
68180013701	ESCITALOPRAM 5 MG TABLET	7	30.000	4.48	0.04494	200% Above	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	5	50.000	23.51	0.79561	26%-50% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	6	50.000	14.99	0.84353	51%-75% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	6	50.000	23.51	0.84353	26%-50% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	23.51	0.661	26%-50% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	8	50.000	21.49	0.64325	26%-50% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	8	100.000	14.99	0.64325	76%-100% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	8	150.000	64.46	0.64325	26%-50% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	8	150.000	65.10	0.64325	26%-50% Below	Yes	No
68180015301	DESLORATADINE 5 MG TABLET	7	30.000	14.28	0.29747	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180016006	AZITHROMYCIN 250 MG TABLET	5	6.000	3.63	0.3986	51%-75% Above	Yes	No
68180016006	AZITHROMYCIN 250 MG TABLET	5	6.000	4.12	0.3986	51%-75% Above	Yes	No
68180016006	AZITHROMYCIN 250 MG TABLET	5	6.000	4.28	0.3986	76%-100% Above	Yes	No
68180016006	AZITHROMYCIN 250 MG TABLET	5	6.000	4.53	0.3986	76%-100% Above	Yes	No
68180016006	AZITHROMYCIN 250 MG TABLET	5	14.000	9.00	0.3986	51%-75% Above	Yes	No
68180016006	AZITHROMYCIN 250 MG TABLET	6	6.000	4.42	0.36893	76%-100% Above	Yes	No
68180016006	AZITHROMYCIN 250 MG TABLET	6	20.000	12.18	0.36893	51%-75% Above	Yes	No
68180016006	AZITHROMYCIN 250 MG TABLET	7	5.000	3.60	0.37534	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	1.56	0.3986	26%-50% Below	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	2.69	0.3986	10%-25% Above	No	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	3.29	0.3986	26%-50% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	3.63	0.3986	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	3.74	0.3986	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	3.85	0.3986	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	4.10	0.3986	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	4.17	0.3986	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	4.20	0.3986	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	4.28	0.3986	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	4.30	0.3986	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	4.99	0.3986	101%-200% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	6.06	0.3986	101%-200% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	5	6.000	7.77	0.3986	200% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	1.56	0.36893	26%-50% Below	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	1.70	0.36893	10%-25% Below	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	2.55	0.36893	10%-25% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	3.56	0.36893	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	3.58	0.36893	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	3.63	0.36893	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	4.17	0.36893	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	4.20	0.36893	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	6	6.000	4.28	0.36893	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	1.56	0.37534	26%-50% Below	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	1.98	0.37534	10%-25% Below	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	3.58	0.37534	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	3.66	0.37534	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	3.74	0.37534	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	3.81	0.37534	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	4.17	0.37534	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	4.28	0.37534	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	4.42	0.37534	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	7	6.000	4.99	0.37534	101%-200% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	1.56	0.36153	26%-50% Below	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	3.58	0.36153	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	3.66	0.36153	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	3.81	0.36153	51%-75% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	4.17	0.36153	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	4.28	0.36153	76%-100% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	5.08	0.36153	101%-200% Above	Yes	No
68180016011	AZITHROMYCIN 250 MG TABLET	8	6.000	5.33	0.36153	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	5	2.000	4.99	0.68109	200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180016106	AZITHROMYCIN 500 MG TABLET	5	3.000	4.15	0.68109	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	5	5.000	6.42	0.68109	76%-100% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	6	2.000	2.52	0.66028	76%-100% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	6	2.000	3.09	0.66028	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	6	3.000	4.15	0.66028	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	6	4.000	4.52	0.66028	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	6	5.000	4.99	0.66028	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	1.000	1.88	0.64056	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	2.000	3.09	0.64056	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	5.000	2.82	0.64056	10%-25% Below	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	5.000	5.48	0.64056	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	5.000	6.42	0.64056	76%-100% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	5.000	6.60	0.64056	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	6.000	6.70	0.64056	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	7	7.000	3.94	0.64056	10%-25% Below	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	8	1.000	1.88	0.7666	101%-200% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	8	2.000	2.60	0.7666	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	8	2.000	2.64	0.7666	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	8	4.000	4.99	0.7666	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	8	5.000	5.48	0.7666	26%-50% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	8	5.000	6.60	0.7666	51%-75% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	8	7.000	11.38	0.7666	101%-200% Above	Yes	No
68180016111	AZITHROMYCIN 500 MG TABLET	5	2.000	3.01	0.68109	101%-200% Above	Yes	No
68180016111	AZITHROMYCIN 500 MG TABLET	6	2.000	2.60	0.66028	76%-100% Above	Yes	No
68180016111	AZITHROMYCIN 500 MG TABLET	6	3.000	3.56	0.66028	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180016111	AZITHROMYCIN 500 MG TABLET	6	3.000	4.26	0.66028	101%-200% Above	Yes	No
68180016111	AZITHROMYCIN 500 MG TABLET	6	5.000	5.68	0.66028	51%-75% Above	Yes	No
68180016111	AZITHROMYCIN 500 MG TABLET	7	3.000	3.74	0.64056	76%-100% Above	Yes	No
68180016111	AZITHROMYCIN 500 MG TABLET	7	5.000	6.42	0.64056	76%-100% Above	Yes	No
68180016613	VANCOMYCIN HCL 125 MG CAPSULE	5	28.000	4.99	2.02001	76%-100% Below	No	No
68180016613	VANCOMYCIN HCL 125 MG CAPSULE	7	8.000	14.99	1.66186	10%-25% Above	No	No
68180016613	VANCOMYCIN HCL 125 MG CAPSULE	7	20.000	14.99	1.66186	51%-75% Below	No	No
68180019306	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	6	30.000	20.07	1.23939	26%-50% Below	No	No
68180019306	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	7	30.000	20.07	1.06891	26%-50% Below	No	No
68180019306	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	7	90.000	65.24	1.06891	26%-50% Below	No	No
68180019306	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	8	30.000	19.24	0.87271	26%-50% Below	No	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	6	30.000	21.23	0.98648	26%-50% Below	No	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	6	30.000	23.00	0.98648	10%-25% Below	No	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	7	30.000	17.76	0.87079	26%-50% Below	No	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	7	30.000	19.24	0.87079	26%-50% Below	No	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	8	30.000	15.68	0.8263	26%-50% Below	No	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	8	30.000	16.98	0.8263	26%-50% Below	No	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	9.90	0.16438	76%-100% Above	No	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.000	56.39	0.16438	200% Above	Yes	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	9.90	0.16356	101%-200% Above	No	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	9.90	0.14944	101%-200% Above	No	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	44.90	0.14944	200% Above	No	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	9.90	0.13639	101%-200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	44.90	0.17082	101%-200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.99	0.16039	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180023109	FENOFIBRATE 54 MG TABLET	7	90.000	24.10	0.11613	101%-200% Above	Yes	No
68180023109	FENOFIBRATE 54 MG TABLET	8	30.000	7.00	0.11607	101%-200% Above	No	No
68180023109	FENOFIBRATE 54 MG TABLET	8	90.000	24.10	0.11607	101%-200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	5	30.000	9.99	0.15773	101%-200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	5	30.000	14.99	0.15773	200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	5	90.000	45.51	0.15773	200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	5	90.000	51.20	0.15773	200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	5	90.000	51.92	0.15773	200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	6	30.000	9.99	0.18907	76%-100% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	6	30.000	14.99	0.18907	101%-200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	6	90.000	41.25	0.18907	101%-200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	6	90.000	51.20	0.18907	200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	7	30.000	9.99	0.17065	76%-100% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	7	30.000	14.99	0.17065	101%-200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	7	90.000	41.25	0.17065	101%-200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	7	90.000	44.99	0.17065	101%-200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	7	90.000	79.57	0.17065	200% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	8	30.000	9.99	0.17375	76%-100% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	8	90.000	19.99	0.17375	26%-50% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	8	90.000	29.99	0.17375	76%-100% Above	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	8	90.000	41.25	0.17375	101%-200% Above	Yes	No
68180026101	DIVALPROEX SOD ER 500 MG TAB	7	30.000	4.99	0.1993	10%-25% Below	No	No
68180029407	DULOXETINE HCL DR 20 MG CAP	6	30.000	9.90	0.11367	101%-200% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	5	30.000	6.90	0.10545	101%-200% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	6	30.000	6.90	0.1056	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180029503	DULOXETINE HCL DR 30 MG CAP	8	30.000	6.90	0.09834	101%-200% Above	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	5	30.000	0.99	0.10545	51%-75% Below	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	6	30.000	0.99	0.1056	51%-75% Below	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	6	60.000	0.99	0.1056	76%-100% Below	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	7	60.000	0.99	0.10271	76%-100% Below	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	7	90.000	19.90	0.10271	101%-200% Above	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	8	90.000	19.90	0.09834	101%-200% Above	No	No
68180029509	DULOXETINE HCL DR 30 MG CAP	6	270.000	63.67	0.1056	101%-200% Above	Yes	No
68180029606	DULOXETINE HCL DR 60 MG CAP	5	30.000	0.99	0.11807	51%-75% Below	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.99	0.11807	101%-200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	6	30.000	0.99	0.11559	51%-75% Below	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	6	30.000	19.99	0.11559	200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	7	30.000	0.99	0.11671	51%-75% Below	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.99	0.11671	101%-200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	7	30.000	19.99	0.11671	200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	8	30.000	9.99	0.11186	101%-200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	8	30.000	19.90	0.11186	200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	8	30.000	19.99	0.11186	200% Above	No	No
68180029609	DULOXETINE HCL DR 60 MG CAP	6	90.000	16.96	0.11559	51%-75% Above	Yes	No
68180029706	DULOXETINE HCL DR 40 MG CAP	5	30.000	36.41	1.88531	26%-50% Below	Yes	No
68180029706	DULOXETINE HCL DR 40 MG CAP	6	30.000	36.41	1.7439	26%-50% Below	Yes	No
68180029706	DULOXETINE HCL DR 40 MG CAP	7	30.000	36.41	1.91302	26%-50% Below	Yes	No
68180030220	CEFUROXIME AXETIL 250 MG TAB	7	20.000	14.90	0.34298	101%-200% Above	No	No
68180030320	CEFUROXIME AXETIL 500 MG TAB	6	20.000	19.90	0.52015	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	28.000	9.99	0.13845	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.000	4.99	0.13845	10%-25% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.000	9.99	0.13845	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.76	0.13845	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.90	0.13845	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.99	0.13845	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	3.000	2.93	0.11819	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.000	9.99	0.11819	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.90	0.11819	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.99	0.11819	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.000	19.99	0.11819	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	90.000	20.00	0.11819	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	90.000	24.99	0.11819	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	90.000	42.62	0.11819	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.99	0.11543	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	7	30.000	14.99	0.11543	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	7	30.000	19.99	0.11543	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	7	90.000	0.01	0.11543	76%-100% Below	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	7	90.000	44.99	0.11543	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	30.000	14.90	0.11342	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	30.000	14.99	0.11342	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	30.000	19.99	0.11342	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	90.000	42.62	0.11342	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	90.000	59.99	0.11342	200% Above	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	5	30.000	0.00	0.13845	76%-100% Below	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	5	30.000	4.99	0.13845	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180031906	BUPROPION HCL XL 150 MG TABLET	6	30.000	0.00	0.11819	76%-100% Below	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	7	30.000	0.00	0.11543	76%-100% Below	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	7	60.000	4.90	0.11543	26%-50% Below	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	8	30.000	0.00	0.11342	76%-100% Below	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	8	60.000	4.90	0.11342	26%-50% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	30.000	9.99	0.13845	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.99	0.13845	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	60.000	14.99	0.13845	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	30.000	9.99	0.11819	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.99	0.11819	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	60.000	14.99	0.11819	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	90.000	44.99	0.11819	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.99	0.11543	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	30.000	19.99	0.11543	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	60.000	14.99	0.11543	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.99	0.11342	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	30.000	19.99	0.11342	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	60.000	14.99	0.11342	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	90.000	14.99	0.11342	26%-50% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	270.000	14.99	0.11342	51%-75% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	20.000	19.37	0.17759	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	30.000	9.99	0.17759	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	30.000	14.99	0.17759	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	90.000	0.01	0.17759	76%-100% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	90.000	24.99	0.17759	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	30.000	0.00	0.15223	76%-100% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	30.000	9.99	0.15223	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	30.000	14.99	0.15223	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	90.000	20.00	0.15223	26%-50% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	90.000	29.99	0.15223	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	90.000	44.99	0.15223	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	30.000	0.00	0.16488	76%-100% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.99	0.16488	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	30.000	24.34	0.16488	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	90.000	5.46	0.16488	51%-75% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	90.000	33.59	0.16488	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	90.000	44.99	0.16488	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	30.000	0.00	0.14838	76%-100% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	30.000	9.99	0.14838	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	30.000	11.59	0.14838	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	30.000	14.99	0.14838	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	30.000	19.99	0.14838	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	90.000	7.27	0.14838	26%-50% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	90.000	24.99	0.14838	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	90.000	44.99	0.14838	200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	5	30.000	9.99	0.17759	76%-100% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	6	30.000	9.99	0.15223	101%-200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	8	30.000	9.99	0.14838	101%-200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	5	30.000	9.90	0.17759	76%-100% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	5	30.000	14.99	0.17759	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180032009	BUPROPION HCL XL 300 MG TABLET	5	90.000	29.99	0.17759	76%-100% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	6	30.000	9.90	0.15223	101%-200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	8	30.000	9.90	0.14838	101%-200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	8	30.000	27.19	0.14838	200% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	6	90.000	6.05	0.04093	51%-75% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	7	30.000	0.00	0.04158	76%-100% Below	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	7	30.000	2.79	0.04158	101%-200% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	8	30.000	2.79	0.0394	101%-200% Above	No	No
68180035109	SERTRALINE HCL 25 MG TABLET	5	30.000	2.79	0.0407	101%-200% Above	Yes	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	0.00	0.04414	76%-100% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	0.81	0.04414	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	0.86	0.04414	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	2.06	0.04414	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	2.15	0.04414	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	2.32	0.04414	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	2.35	0.04414	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	60.000	4.05	0.04414	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	90.000	2.43	0.04414	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	90.000	16.71	0.04414	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	0.00	0.0427	76%-100% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	0.41	0.0427	51%-75% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	0.46	0.0427	51%-75% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	1.96	0.0427	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	2.26	0.0427	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	2.32	0.0427	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	2.35	0.0427	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	2.41	0.0427	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	60.000	4.05	0.0427	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	90.000	5.58	0.0427	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	30.000	0.51	0.04132	51%-75% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	30.000	1.96	0.04132	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	30.000	2.32	0.04132	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	30.000	2.35	0.04132	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	60.000	4.05	0.04132	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	15.000	1.55	0.04358	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	0.00	0.04358	76%-100% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	0.51	0.04358	51%-75% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	1.96	0.04358	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	2.26	0.04358	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	2.32	0.04358	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	2.35	0.04358	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	2.81	0.04358	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	60.000	4.05	0.04358	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	90.000	1.54	0.04358	51%-75% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	90.000	5.49	0.04358	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	90.000	5.58	0.04358	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	90.000	16.71	0.04358	200% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	6	30.000	2.32	0.0427	76%-100% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	6	90.000	4.33	0.0427	10%-25% Above	Yes	No
68180035209	SERTRALINE HCL 50 MG TABLET	7	30.000	1.96	0.04132	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180035209	SERTRALINE HCL 50 MG TABLET	8	30.000	2.32	0.04358	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	30.000	1.00	0.05774	26%-50% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	30.000	3.31	0.05774	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	30.000	3.39	0.05774	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	30.000	3.40	0.05774	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	30.000	3.45	0.05774	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	30.000	3.54	0.05774	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	45.000	4.76	0.05774	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	90.000	8.62	0.05774	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	90.000	9.04	0.05774	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	180.000	20.00	0.05774	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	16.000	2.16	0.0565	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	30.000	0.57	0.0565	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	30.000	3.31	0.0565	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	30.000	3.39	0.0565	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	30.000	3.40	0.0565	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	30.000	3.45	0.0565	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	60.000	5.96	0.0565	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	90.000	8.71	0.0565	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	135.000	11.44	0.0565	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	180.000	15.42	0.0565	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	180.000	20.00	0.0565	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	30.000	2.84	0.05684	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	30.000	3.31	0.05684	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	30.000	3.39	0.05684	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180035302	SERTRALINE HCL 100 MG TABLET	7	30.000	3.40	0.05684	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	30.000	3.45	0.05684	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	45.000	4.06	0.05684	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	45.000	4.76	0.05684	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	90.000	7.31	0.05684	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	2.84	0.05713	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	3.31	0.05713	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	3.39	0.05713	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	3.40	0.05713	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	3.45	0.05713	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	4.20	0.05713	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	4.49	0.05713	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	45.000	4.13	0.05713	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	45.000	5.98	0.05713	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	47.000	4.22	0.05713	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	56.000	4.94	0.05713	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	60.000	4.90	0.05713	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	90.000	8.62	0.05713	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	90.000	9.04	0.05713	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	180.000	20.00	0.05713	76%-100% Above	No	No
68180035305	SERTRALINE HCL 100 MG TABLET	6	90.000	0.01	0.0565	76%-100% Below	No	No
68180035305	SERTRALINE HCL 100 MG TABLET	7	60.000	0.01	0.05684	76%-100% Below	No	No
68180035306	SERTRALINE HCL 100 MG TABLET	6	60.000	5.17	0.0565	51%-75% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	5	180.000	15.00	0.05774	26%-50% Above	Yes	No
68180035309	SERTRALINE HCL 100 MG TABLET	6	30.000	2.84	0.0565	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180035309	SERTRALINE HCL 100 MG TABLET	8	30.000	3.31	0.05713	76%-100% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	8	180.000	15.00	0.05713	26%-50% Above	Yes	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.89	0.05003	51%-75% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	9.60	0.06107	51%-75% Above	No	No
68180037709	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.42	0.06904	51%-75% Above	No	No
68180038809	FENOFIBRATE 48 MG TABLET	6	90.000	20.91	0.11833	76%-100% Above	Yes	No
68180038809	FENOFIBRATE 48 MG TABLET	7	90.000	16.85	0.11057	51%-75% Above	Yes	No
68180038809	FENOFIBRATE 48 MG TABLET	7	90.000	88.85	0.11057	200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	30.000	14.99	0.15582	200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	90.000	29.99	0.15582	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	90.000	30.60	0.15582	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	90.000	34.43	0.15582	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	90.000	34.91	0.15582	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	90.000	44.99	0.15582	200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	7.000	4.99	0.16264	200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	90.000	34.43	0.16264	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	90.000	44.99	0.16264	200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	7	90.000	27.74	0.14883	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	7	90.000	30.00	0.14883	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	7	90.000	44.99	0.14883	200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	8	90.000	30.00	0.16496	101%-200% Above	Yes	No
68180040401	CEFPROZIL 500 MG TABLET	5	20.000	9.99	0.95072	26%-50% Below	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.000	8.32	3.5905	10%-25% Below	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	8.32	3.59727	10%-25% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	5	100.000	14.99	0.09875	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	5	300.000	19.47	0.09875	26%-50% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	6	200.000	14.99	0.09312	10%-25% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	7	100.000	14.90	0.08047	76%-100% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	5	200.000	9.78	0.07024	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	7	200.000	9.78	0.06803	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	7	200.000	14.99	0.06803	10%-25% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	8	200.000	12.58	0.07169	10%-25% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	8	400.000	19.56	0.07169	26%-50% Below	Yes	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	5	60.000	6.30	0.03281	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	6	60.000	7.34	0.03158	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	60.000	6.30	0.03159	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	90.000	9.07	0.03159	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	8	60.000	7.34	0.03245	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	8	90.000	9.07	0.03245	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	5.60	0.04465	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	5	90.000	0.01	0.04465	76%-100% Below	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	5.36	0.04331	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	5.60	0.04331	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	60.000	9.97	0.04331	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	4.58	0.04032	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	90.000	15.03	0.04032	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	4.58	0.0456	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	7.25	0.0456	200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	5	30.000	5.66	0.05258	200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	6	30.000	5.66	0.05253	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	6	90.000	14.99	0.05253	200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	8	30.000	5.66	0.04872	200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	8	135.000	14.99	0.04872	101%-200% Above	No	No
68180044901	QUETIAPINE FUMARATE 300 MG TAB	6	30.000	8.99	0.14081	101%-200% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.000	6.99	0.12947	76%-100% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.000	9.99	0.12947	101%-200% Above	Yes	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.000	6.99	0.1271	76%-100% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.000	6.99	0.13289	51%-75% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	7	90.000	23.53	0.13289	76%-100% Above	Yes	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	7	90.000	29.90	0.13289	101%-200% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	8	30.000	6.99	0.13266	51%-75% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	8	90.000	41.19	0.13266	200% Above	No	No
68180046301	AMLODIPINE-BENAZEPRIL 5-40 MG	6	90.000	34.10	0.16689	101%-200% Above	Yes	No
68180046301	AMLODIPINE-BENAZEPRIL 5-40 MG	7	90.000	27.48	0.15951	76%-100% Above	Yes	No
68180046403	SIMVASTATIN 40 MG TABLET	5	30.000	0.00	0.04232	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	30.000	0.78	0.04232	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	90.000	0.01	0.04232	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	30.000	0.00	0.04335	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	30.000	0.76	0.04335	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	90.000	0.01	0.04335	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	7	30.000	0.00	0.04101	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	7	30.000	0.76	0.04101	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	30.000	0.00	0.04212	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	30.000	0.76	0.04212	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	90.000	0.01	0.04212	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180046701	LOVASTATIN 10 MG TABLET	8	30.000	0.84	0.04399	26%-50% Below	No	No
68180046803	LOVASTATIN 20 MG TABLET	5	30.000	0.88	0.04805	26%-50% Below	No	No
68180046803	LOVASTATIN 20 MG TABLET	6	30.000	0.49	0.05522	51%-75% Below	No	No
68180046803	LOVASTATIN 20 MG TABLET	6	90.000	1.37	0.05522	51%-75% Below	No	No
68180046803	LOVASTATIN 20 MG TABLET	7	30.000	0.46	0.04433	51%-75% Below	No	No
68180046803	LOVASTATIN 20 MG TABLET	7	30.000	0.57	0.04433	51%-75% Below	No	No
68180046803	LOVASTATIN 20 MG TABLET	8	90.000	1.72	0.05262	51%-75% Below	No	No
68180046807	LOVASTATIN 20 MG TABLET	5	90.000	11.17	0.04805	101%-200% Above	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	6	30.000	0.82	0.05522	26%-50% Below	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	6	90.000	8.87	0.05522	76%-100% Above	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	6	90.000	11.02	0.05522	101%-200% Above	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	7	90.000	8.87	0.04433	101%-200% Above	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	8	90.000	8.87	0.05262	76%-100% Above	Yes	No
68180046901	LOVASTATIN 40 MG TABLET	6	90.000	3.30	0.06155	26%-50% Below	No	No
68180046903	LOVASTATIN 40 MG TABLET	8	30.000	1.02	0.05733	26%-50% Below	No	No
68180046907	LOVASTATIN 40 MG TABLET	5	30.000	1.13	0.06089	26%-50% Below	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	5	90.000	7.56	0.06089	26%-50% Above	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	5	90.000	8.51	0.06089	51%-75% Above	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	6	30.000	1.13	0.06155	26%-50% Below	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	6	90.000	3.38	0.06155	26%-50% Below	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	7	30.000	1.13	0.05775	26%-50% Below	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	7	90.000	3.30	0.05775	26%-50% Below	No	No
68180046907	LOVASTATIN 40 MG TABLET	8	30.000	1.13	0.05733	26%-50% Below	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	8	90.000	6.86	0.05733	26%-50% Above	Yes	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	5	90.000	41.87	0.144	200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	7	90.000	28.93	0.14307	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.000	29.90	0.1639	101%-200% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.000	29.99	0.1639	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.000	37.41	0.1639	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.000	29.99	0.16398	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.000	37.41	0.16398	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.000	44.99	0.16398	200% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	8	90.000	29.99	0.16827	76%-100% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	8	90.000	30.13	0.16827	76%-100% Above	Yes	No
68180047802	SIMVASTATIN 10 MG TABLET	7	90.000	0.98	0.02646	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	6	90.000	0.98	0.02953	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	7	30.000	0.33	0.02646	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	8	30.000	0.33	0.02702	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	30.000	0.00	0.02614	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	30.000	0.50	0.02614	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	90.000	1.51	0.02614	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	30.000	0.00	0.02678	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	30.000	0.41	0.02678	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	90.000	0.01	0.02678	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.000	0.00	0.02498	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.000	0.41	0.02498	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	90.000	0.01	0.02498	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	30.000	0.00	0.02612	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	30.000	0.41	0.02612	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	90.000	0.01	0.02612	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180047903	SIMVASTATIN 20 MG TABLET	8	90.000	1.22	0.02612	26%-50% Below	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	5	90.000	1.56	0.01521	10%-25% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	5	90.000	2.27	0.01521	51%-75% Above	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	5	90.000	2.50	0.01521	76%-100% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	6	30.000	0.31	0.01587	26%-50% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	6	30.000	1.15	0.01587	101%-200% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	6	90.000	2.22	0.01587	51%-75% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	7	30.000	1.15	0.01476	101%-200% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	8	30.000	1.15	0.01572	101%-200% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	8	90.000	1.93	0.01572	26%-50% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	8	90.000	1.94	0.01572	26%-50% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	8	90.000	2.27	0.01572	51%-75% Above	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	8	90.000	2.27	0.01572	51%-75% Above	Yes	No
68180051202	LISINOPRIL 2.5 MG TABLET	5	30.000	1.13	0.01521	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	5	30.000	1.25	0.01521	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	6	30.000	1.25	0.01587	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	7	30.000	1.13	0.01476	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	7	30.000	1.25	0.01476	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	7	30.000	1.64	0.01476	200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	8	30.000	1.13	0.01572	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	8	30.000	1.25	0.01572	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	8	30.000	1.64	0.01572	200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	8	90.000	1.84	0.01572	26%-50% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	5	90.000	1.59	0.01575	10%-25% Above	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	6	30.000	1.11	0.01559	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051301	LISINOPRIL 5 MG TABLET	6	90.000	1.14	0.01559	10%-25% Below	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	7	90.000	2.04	0.01562	26%-50% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	8	90.000	0.93	0.01581	26%-50% Below	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	8	90.000	1.59	0.01581	10%-25% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.000	0.31	0.01575	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.000	1.13	0.01575	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.000	1.17	0.01575	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.000	1.18	0.01575	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.000	1.26	0.01575	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.000	1.27	0.01575	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	90.000	0.92	0.01575	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	90.000	2.32	0.01575	51%-75% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.000	0.31	0.01559	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.000	1.13	0.01559	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.000	1.26	0.01559	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.000	1.27	0.01559	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	90.000	0.92	0.01559	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	90.000	0.93	0.01559	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	90.000	1.16	0.01559	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.000	0.00	0.01562	76%-100% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.000	1.04	0.01562	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.000	1.13	0.01562	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.000	1.26	0.01562	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.000	1.27	0.01562	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.000	1.27	0.01562	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051303	LISINOPRIL 5 MG TABLET	7	90.000	0.01	0.01562	76%-100% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.000	0.93	0.01562	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.000	2.00	0.01562	26%-50% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.000	2.29	0.01562	51%-75% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.000	2.33	0.01562	51%-75% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.000	1.04	0.01581	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.000	1.13	0.01581	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.000	1.13	0.01581	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.000	1.26	0.01581	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.000	1.27	0.01581	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.000	1.27	0.01581	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.000	0.92	0.01581	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.000	2.00	0.01581	26%-50% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.000	2.00	0.01581	26%-50% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.000	2.33	0.01581	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	1.33	0.03454	26%-50% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	6.40	0.03454	200% Above	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	7.51	0.03454	200% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.000	1.66	0.03454	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.000	1.96	0.03454	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.000	0.53	0.03464	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.000	1.33	0.03464	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.000	19.32	0.03464	200% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	180.000	4.00	0.03464	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	0.53	0.033	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	1.28	0.033	26%-50% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	4.09	0.033	200% Above	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	0.01	0.033	76%-100% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	1.07	0.033	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	1.66	0.033	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	1.96	0.033	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	2.47	0.033	10%-25% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	0.53	0.03398	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	1.28	0.03398	10%-25% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	4.09	0.03398	200% Above	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.000	1.66	0.03398	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.000	1.96	0.03398	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.000	2.47	0.03398	10%-25% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	180.000	4.00	0.03398	26%-50% Below	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	1.38	0.03454	26%-50% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	1.45	0.03454	26%-50% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	1.82	0.03454	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	7.51	0.03454	200% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.000	1.94	0.03454	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.000	1.45	0.03464	26%-50% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.000	1.63	0.03464	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.000	7.51	0.03464	200% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.000	2.64	0.03464	10%-25% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	1.28	0.033	26%-50% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	1.38	0.033	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	1.45	0.033	26%-50% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	7.51	0.033	200% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	2.52	0.033	10%-25% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	1.38	0.03398	26%-50% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	7.51	0.03398	200% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.000	0.01	0.03398	76%-100% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.000	2.47	0.03398	10%-25% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	1.75	0.05019	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	2.95	0.05019	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	4.05	0.05019	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.000	5.90	0.05019	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.000	6.71	0.05019	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	1.75	0.04948	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	1.84	0.04948	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	1.85	0.04948	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	1.94	0.04948	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	2.42	0.04948	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	2.95	0.04948	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	3.93	0.04948	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	180.000	6.05	0.04948	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	1.75	0.04872	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	1.85	0.04872	26%-50% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	2.95	0.04872	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	3.37	0.04872	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	1.75	0.04933	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	1.85	0.04933	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	2.95	0.04933	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.000	5.90	0.04933	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.000	6.05	0.04933	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.000	6.71	0.04933	10%-25% Below	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	1.80	0.05019	10%-25% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	4.25	0.05019	101%-200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	3.46	0.05019	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.000	7.45	0.05019	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.000	7.49	0.05019	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	0.88	0.04948	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	1.80	0.04948	10%-25% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	4.25	0.04948	101%-200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	0.01	0.04948	76%-100% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	2.64	0.04948	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	3.94	0.04948	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	180.000	7.11	0.04948	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	1.69	0.04872	10%-25% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	1.80	0.04872	10%-25% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	4.25	0.04872	101%-200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	3.28	0.04872	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	3.37	0.04872	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	3.93	0.04872	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	1.80	0.04933	10%-25% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	4.25	0.04933	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	50.000	2.06	0.04933	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	0.01	0.04933	76%-100% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.64	0.04829	10%-25% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.72	0.04829	10%-25% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.75	0.04829	10%-25% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.81	0.04829	10%-25% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.84	0.04829	26%-50% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.000	2.28	0.04829	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.000	2.39	0.04829	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.000	2.79	0.04829	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.000	2.96	0.04829	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.000	3.14	0.04829	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.64	0.04681	10%-25% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.81	0.04681	26%-50% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.84	0.04681	26%-50% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.85	0.04681	26%-50% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	2.42	0.04681	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	2.69	0.04681	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	2.86	0.04681	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	2.96	0.04681	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.000	1.84	0.04838	26%-50% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.000	1.85	0.04838	26%-50% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.000	1.95	0.04838	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.000	2.79	0.04838	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.000	2.96	0.04838	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.000	3.07	0.04838	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.000	3.29	0.04838	10%-25% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	180.000	6.31	0.04838	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.59	0.04779	10%-25% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.64	0.04779	10%-25% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.84	0.04779	26%-50% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.85	0.04779	26%-50% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.92	0.04779	26%-50% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	1.95	0.04779	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	2.28	0.04779	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	2.69	0.04779	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	2.96	0.04779	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	3.07	0.04779	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	3.38	0.04779	10%-25% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.72	0.04829	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.75	0.04829	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.81	0.04829	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	2.09	0.04829	26%-50% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.72	0.04681	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.75	0.04681	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.81	0.04681	26%-50% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	0.01	0.04681	76%-100% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.000	1.72	0.04838	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.000	1.75	0.04838	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.000	1.81	0.04838	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	16.000	1.24	0.04779	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.72	0.04779	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.75	0.04779	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.000	1.81	0.04779	26%-50% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	3.29	0.04779	10%-25% Below	No	No
68180055409	QUINAPRIL 40 MG TABLET	5	30.000	5.33	0.111	51%-75% Above	No	No
68180055409	QUINAPRIL 40 MG TABLET	6	30.000	5.00	0.11006	51%-75% Above	No	No
68180055409	QUINAPRIL 40 MG TABLET	7	30.000	5.00	0.10597	51%-75% Above	No	No
68180055409	QUINAPRIL 40 MG TABLET	8	30.000	5.00	0.11138	26%-50% Above	No	No
68180059001	RAMIPRIL 5 MG CAPSULE	5	30.000	3.51	0.06716	51%-75% Above	Yes	No
68180059001	RAMIPRIL 5 MG CAPSULE	6	30.000	2.95	0.068	26%-50% Above	Yes	No
68180059001	RAMIPRIL 5 MG CAPSULE	7	30.000	2.95	0.06817	26%-50% Above	Yes	No
68180059001	RAMIPRIL 5 MG CAPSULE	8	30.000	2.95	0.07047	26%-50% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	5	180.000	18.34	0.07184	26%-50% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	7	90.000	8.19	0.07082	26%-50% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	7	90.000	8.69	0.07082	26%-50% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	6	90.000	35.55	0.59182	26%-50% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	6	90.000	154.07	0.59182	101%-200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	19.99	0.54933	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	8	90.000	59.99	0.54933	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	8	90.000	154.07	0.54933	200% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.000	13.52	0.56145	10%-25% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.000	40.55	0.56145	10%-25% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	13.52	0.57995	10%-25% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	14.99	0.57995	10%-25% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	14.99	0.57995	10%-25% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.000	13.52	0.54719	10%-25% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	8	30.000	13.52	0.54338	10%-25% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	8	90.000	40.55	0.54338	10%-25% Below	Yes	No
68180061307	QUETIAPINE ER 150 MG TABLET	6	90.000	14.45	0.21512	10%-25% Below	Yes	No
68180063502	ATORVASTATIN 10 MG TABLET	5	30.000	0.00	0.03195	76%-100% Below	No	No
68180063502	ATORVASTATIN 10 MG TABLET	5	90.000	0.01	0.03195	76%-100% Below	No	No
68180063502	ATORVASTATIN 10 MG TABLET	7	90.000	0.01	0.0327	76%-100% Below	No	No
68180063502	ATORVASTATIN 10 MG TABLET	8	90.000	0.01	0.03497	76%-100% Below	No	No
68180063509	ATORVASTATIN 10 MG TABLET	6	30.000	4.20	0.03764	200% Above	No	No
68180063509	ATORVASTATIN 10 MG TABLET	6	90.000	0.01	0.03764	76%-100% Below	No	No
68180063509	ATORVASTATIN 10 MG TABLET	6	90.000	20.00	0.03764	200% Above	No	No
68180063509	ATORVASTATIN 10 MG TABLET	7	30.000	0.00	0.0327	76%-100% Below	No	No
68180063509	ATORVASTATIN 10 MG TABLET	8	30.000	0.00	0.03497	76%-100% Below	No	No
68180063509	ATORVASTATIN 10 MG TABLET	8	30.000	5.28	0.03497	200% Above	No	No
68180063509	ATORVASTATIN 10 MG TABLET	8	90.000	0.01	0.03497	76%-100% Below	No	No
68180063602	ATORVASTATIN 20 MG TABLET	5	30.000	0.00	0.04423	76%-100% Below	No	No
68180063602	ATORVASTATIN 20 MG TABLET	5	30.000	9.99	0.04423	200% Above	No	No
68180063602	ATORVASTATIN 20 MG TABLET	5	90.000	0.01	0.04423	76%-100% Below	No	No
68180063602	ATORVASTATIN 20 MG TABLET	6	30.000	0.00	0.04596	76%-100% Below	No	No
68180063602	ATORVASTATIN 20 MG TABLET	6	30.000	9.99	0.04596	200% Above	No	No
68180063602	ATORVASTATIN 20 MG TABLET	6	90.000	0.01	0.04596	76%-100% Below	No	No
68180063602	ATORVASTATIN 20 MG TABLET	7	30.000	0.00	0.04441	76%-100% Below	No	No
68180063602	ATORVASTATIN 20 MG TABLET	7	30.000	9.99	0.04441	200% Above	No	No
68180063602	ATORVASTATIN 20 MG TABLET	7	90.000	0.01	0.04441	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180063602	ATORVASTATIN 20 MG TABLET	8	30.000	0.00	0.04748	76%-100% Below	No	No
68180063602	ATORVASTATIN 20 MG TABLET	8	90.000	0.01	0.04748	76%-100% Below	No	No
68180063609	ATORVASTATIN 20 MG TABLET	5	30.000	0.00	0.04423	76%-100% Below	No	No
68180063609	ATORVASTATIN 20 MG TABLET	5	90.000	0.01	0.04423	76%-100% Below	No	No
68180063609	ATORVASTATIN 20 MG TABLET	6	90.000	0.01	0.04596	76%-100% Below	No	No
68180063609	ATORVASTATIN 20 MG TABLET	7	30.000	0.00	0.04441	76%-100% Below	No	No
68180063609	ATORVASTATIN 20 MG TABLET	7	90.000	0.01	0.04441	76%-100% Below	No	No
68180063609	ATORVASTATIN 20 MG TABLET	8	30.000	0.00	0.04748	76%-100% Below	No	No
68180063702	ATORVASTATIN 40 MG TABLET	5	90.000	13.57	0.06231	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	5	90.000	14.99	0.06231	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	5	90.000	15.99	0.06231	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	5	90.000	16.74	0.06231	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	5	90.000	20.00	0.06231	200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	6	30.000	4.97	0.06219	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	6	30.000	4.99	0.06219	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	6	90.000	0.01	0.06219	76%-100% Below	No	No
68180063702	ATORVASTATIN 40 MG TABLET	6	90.000	14.99	0.06219	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	6	90.000	15.99	0.06219	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	7	30.000	0.00	0.05572	76%-100% Below	No	No
68180063702	ATORVASTATIN 40 MG TABLET	7	30.000	4.97	0.05572	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	7	30.000	5.82	0.05572	200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	7	90.000	15.99	0.05572	200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	7	90.000	16.46	0.05572	200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	8	30.000	4.97	0.05662	101%-200% Above	No	No
68180063702	ATORVASTATIN 40 MG TABLET	8	90.000	13.52	0.05662	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180063702	ATORVASTATIN 40 MG TABLET	8	90.000	14.99	0.05662	101%-200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	5	30.000	6.04	0.06231	200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	5	90.000	14.99	0.06231	101%-200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	5	90.000	20.00	0.06231	200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	6	30.000	19.99	0.06219	200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	7	30.000	5.14	0.05572	200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	7	30.000	19.99	0.05572	200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	7	90.000	10.97	0.05572	101%-200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	8	90.000	14.38	0.05662	101%-200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	8	90.000	15.33	0.05662	200% Above	No	No
68180063709	ATORVASTATIN 40 MG TABLET	8	90.000	20.00	0.05662	200% Above	No	No
68180063802	ATORVASTATIN 80 MG TABLET	5	30.000	0.00	0.09762	76%-100% Below	No	No
68180063802	ATORVASTATIN 80 MG TABLET	5	90.000	0.01	0.09762	76%-100% Below	No	No
68180063802	ATORVASTATIN 80 MG TABLET	5	90.000	9.99	0.09762	10%-25% Above	No	No
68180063802	ATORVASTATIN 80 MG TABLET	6	30.000	0.00	0.09675	76%-100% Below	No	No
68180063802	ATORVASTATIN 80 MG TABLET	6	90.000	18.34	0.09675	101%-200% Above	No	No
68180063802	ATORVASTATIN 80 MG TABLET	7	30.000	0.00	0.09381	76%-100% Below	No	No
68180063802	ATORVASTATIN 80 MG TABLET	7	30.000	5.63	0.09381	76%-100% Above	No	No
68180063802	ATORVASTATIN 80 MG TABLET	7	90.000	0.01	0.09381	76%-100% Below	No	No
68180063802	ATORVASTATIN 80 MG TABLET	8	30.000	0.00	0.10232	76%-100% Below	No	No
68180063802	ATORVASTATIN 80 MG TABLET	8	30.000	5.63	0.10232	76%-100% Above	No	No
68180063802	ATORVASTATIN 80 MG TABLET	8	90.000	0.01	0.10232	76%-100% Below	No	No
68180063802	ATORVASTATIN 80 MG TABLET	8	90.000	15.50	0.10232	51%-75% Above	No	No
68180063809	ATORVASTATIN 80 MG TABLET	5	30.000	6.86	0.09762	101%-200% Above	No	No
68180063809	ATORVASTATIN 80 MG TABLET	6	30.000	5.63	0.09675	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180063809	ATORVASTATIN 80 MG TABLET	7	13.000	3.28	0.09381	101%-200% Above	No	No
68180063809	ATORVASTATIN 80 MG TABLET	7	30.000	0.00	0.09381	76%-100% Below	No	No
68180063809	ATORVASTATIN 80 MG TABLET	8	30.000	4.99	0.10232	51%-75% Above	No	No
68180063809	ATORVASTATIN 80 MG TABLET	8	90.000	15.50	0.10232	51%-75% Above	No	No
68180064506	PAROXETINE ER 37.5 MG TABLET	8	90.000	52.30	1.10209	26%-50% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	14.000	6.71	0.26013	76%-100% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	20.000	8.10	0.26013	51%-75% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	20.000	8.41	0.26013	51%-75% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	20.000	9.27	0.26013	76%-100% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	30.000	13.44	0.26013	51%-75% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	14.000	2.39	0.2442	26%-50% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	14.000	6.71	0.2442	76%-100% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	60.000	10.25	0.2442	26%-50% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	14.000	5.93	0.24	76%-100% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	14.000	6.71	0.24	76%-100% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	20.000	7.78	0.24	51%-75% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	20.000	7.87	0.24	51%-75% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	6.000	3.38	0.24923	101%-200% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	14.000	5.72	0.24923	51%-75% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	14.000	6.71	0.24923	76%-100% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	14.000	9.41	0.24923	101%-200% Above	Yes	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	6	300.000	53.07	0.23156	10%-25% Below	No	No
68180065906	RIFAMPIN 300 MG CAPSULE	6	60.000	25.89	0.70749	26%-50% Below	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	19.90	1.50533	26%-50% Above	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	5	30.000	6.99	1.5573	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180069806	TRAMADOL HCL ER 200 MG TABLET	6	30.000	6.99	1.43647	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	7	30.000	6.99	1.3651	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	8	30.000	6.99	1.43061	76%-100% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	6.000	8.76	0.45912	200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	14.000	4.93	0.45912	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	14.000	19.99	0.45912	200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	6	14.000	14.99	0.45302	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	6	20.000	6.99	0.45302	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	7	14.000	9.99	0.44518	51%-75% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	7	20.000	24.99	0.44518	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	7	20.000	28.70	0.44518	200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	7	42.000	14.99	0.44518	10%-25% Below	Yes	No
68180071160	CEFDINIR 300 MG CAPSULE	8	20.000	9.99	0.45182	10%-25% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	8	20.000	14.99	0.45182	51%-75% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	8	20.000	23.51	0.45182	101%-200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.000	0.68	0.0136	51%-75% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.000	1.35	0.0136	200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.000	1.47	0.0136	200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	2.99	0.0136	101%-200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	4.47	0.0136	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	5.03	0.0136	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	5.10	0.0136	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	11.56	0.0136	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	1.30	0.01127	200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	1.35	0.01127	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	0.01	0.01127	76%-100% Below	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	1.85	0.01127	76%-100% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	2.92	0.01127	101%-200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	2.92	0.01127	101%-200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	2.99	0.01127	101%-200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.000	5.03	0.01127	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.000	1.30	0.01288	200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.000	1.35	0.01288	200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.000	1.81	0.01288	51%-75% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.000	2.53	0.01288	101%-200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.000	2.92	0.01288	101%-200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.000	3.17	0.01288	101%-200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	0.21	0.01406	26%-50% Below	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.47	0.01406	200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.54	0.01406	200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	2.53	0.01406	76%-100% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	2.92	0.01406	101%-200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	2.99	0.01406	101%-200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	4.06	0.01406	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.00	0.01062	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.22	0.01062	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.16	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.19	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.24	0.01062	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.26	0.01062	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.26	0.01062	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.27	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.29	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.34	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.36	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.36	0.01062	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.38	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.38	0.01062	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.52	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.52	0.01062	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.63	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	4.30	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	60.000	2.01	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	0.01	0.01062	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	0.65	0.01062	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.22	0.01062	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.38	0.01062	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.40	0.01062	26%-50% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.40	0.01062	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.61	0.01062	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.71	0.01062	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.79	0.01062	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.84	0.01062	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.94	0.01062	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.99	0.01062	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.56	0.01062	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.59	0.01062	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.59	0.01062	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.63	0.01062	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.65	0.01062	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.66	0.01062	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.68	0.01062	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	15.96	0.01062	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	180.000	4.56	0.01062	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	7.000	0.86	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	10.000	0.95	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.00	0.0106	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.22	0.0106	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.83	0.0106	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.14	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.14	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.21	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.26	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.26	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.29	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.36	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.38	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.38	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.52	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.52	0.0106	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.61	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	4.30	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	60.000	1.73	0.0106	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	60.000	2.01	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	0.01	0.0106	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	0.65	0.0106	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.13	0.0106	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.38	0.0106	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.61	0.0106	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.66	0.0106	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.71	0.0106	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.94	0.0106	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.25	0.0106	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.56	0.0106	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.59	0.0106	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.59	0.0106	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.65	0.0106	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	3.07	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	3.07	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	12.47	0.0106	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	15.96	0.0106	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	20.000	1.17	0.01005	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	0.00	0.01005	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	0.22	0.01005	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.14	0.01005	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.14	0.01005	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.21	0.01005	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.21	0.01005	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.26	0.01005	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.26	0.01005	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.27	0.01005	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.29	0.01005	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.34	0.01005	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.36	0.01005	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.38	0.01005	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.38	0.01005	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	4.30	0.01005	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	0.01	0.01005	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	0.65	0.01005	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.11	0.01005	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.31	0.01005	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.56	0.01005	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.66	0.01005	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.71	0.01005	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.79	0.01005	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.94	0.01005	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.25	0.01005	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.25	0.01005	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.59	0.01005	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.59	0.01005	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.65	0.01005	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.65	0.01005	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.84	0.01005	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	180.000	4.56	0.01005	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.00	0.01099	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.21	0.01099	26%-50% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.22	0.01099	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.28	0.01099	10%-25% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.83	0.01099	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.12	0.01099	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.14	0.01099	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.21	0.01099	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.21	0.01099	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.26	0.01099	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.26	0.01099	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.27	0.01099	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.29	0.01099	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.34	0.01099	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.36	0.01099	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.38	0.01099	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.38	0.01099	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	0.01	0.01099	76%-100% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	0.65	0.01099	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.11	0.01099	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.13	0.01099	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.31	0.01099	26%-50% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.56	0.01099	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.61	0.01099	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.66	0.01099	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.71	0.01099	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.79	0.01099	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.94	0.01099	76%-100% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.18	0.01099	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.25	0.01099	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.25	0.01099	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.30	0.01099	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.56	0.01099	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.59	0.01099	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.59	0.01099	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.65	0.01099	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	3.07	0.01099	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	3.34	0.01099	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.00	0.01501	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.29	0.01501	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.35	0.01501	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.37	0.01501	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.45	0.01501	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.45	0.01501	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.53	0.01501	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.58	0.01501	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.58	0.01501	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.59	0.01501	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.59	0.01501	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.62	0.01501	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.81	0.01501	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	0.01	0.01501	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	0.86	0.01501	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	1.93	0.01501	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.00	0.01501	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.00	0.01501	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.36	0.01501	51%-75% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.68	0.01501	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.02	0.01501	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.23	0.01501	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.28	0.01501	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.29	0.01501	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.96	0.01501	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.00	0.01519	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.26	0.01519	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.29	0.01519	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.35	0.01519	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.99	0.01519	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.40	0.01519	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.45	0.01519	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.45	0.01519	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.53	0.01519	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.59	0.01519	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.59	0.01519	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.62	0.01519	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.81	0.01519	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	0.01	0.01519	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	0.86	0.01519	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	1.90	0.01519	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.36	0.01519	51%-75% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.57	0.01519	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.83	0.01519	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.96	0.01519	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.28	0.01519	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.29	0.01519	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.29	0.01519	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.37	0.01519	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.54	0.01519	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	10.46	0.01519	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.00	0.01514	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.29	0.01514	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.29	0.01514	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.35	0.01514	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.40	0.01514	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.40	0.01514	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.45	0.01514	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.45	0.01514	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.53	0.01514	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.59	0.01514	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.59	0.01514	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.81	0.01514	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	2.35	0.01514	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	0.01	0.01514	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	0.86	0.01514	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	1.53	0.01514	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	1.56	0.01514	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.14	0.01514	51%-75% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.36	0.01514	51%-75% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.83	0.01514	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.96	0.01514	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.29	0.01514	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.29	0.01514	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.37	0.01514	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.42	0.01514	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	5.56	0.01514	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	0.00	0.0143	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	0.29	0.0143	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	0.29	0.0143	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	0.35	0.0143	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.02	0.0143	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.40	0.0143	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.40	0.0143	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.45	0.0143	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.53	0.0143	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.59	0.0143	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.59	0.0143	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.62	0.0143	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.68	0.0143	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.68	0.0143	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.79	0.0143	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	2.35	0.0143	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	0.01	0.0143	76%-100% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	0.86	0.0143	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	1.53	0.0143	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.22	0.0143	51%-75% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.36	0.0143	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.57	0.0143	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.83	0.0143	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.96	0.0143	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.02	0.0143	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.28	0.0143	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.37	0.0143	101%-200% Above	Yes	No
68180072205	CEFDINIR 125 MG/5 ML SUSP	5	100.000	9.90	0.11037	10%-25% Below	No	No
68180072205	CEFDINIR 125 MG/5 ML SUSP	6	100.000	14.99	0.11714	26%-50% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	5	60.000	16.28	0.14899	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	6	60.000	6.90	0.15344	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072304	CEFDINIR 250 MG/5 ML SUSP	6	60.000	16.28	0.15344	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	7	120.000	32.57	0.13343	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	8	60.000	16.28	0.13649	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	8	60.000	19.90	0.13649	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	8	60.000	19.99	0.13649	101%-200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	7	100.000	9.83	0.15368	26%-50% Below	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	8	100.000	9.90	0.14263	26%-50% Below	No	No
68180074109	SILODOSIN 8 MG CAPSULE	5	90.000	146.82	0.66811	101%-200% Above	Yes	No
68180074109	SILODOSIN 8 MG CAPSULE	7	30.000	50.45	0.60815	101%-200% Above	Yes	No
68180074109	SILODOSIN 8 MG CAPSULE	8	90.000	116.65	0.69188	76%-100% Above	Yes	No
68180075501	AMLODIPINE-BENAZEPRIL 2.5-10	8	30.000	19.99	0.13839	200% Above	Yes	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	5	90.000	37.64	0.12146	200% Above	Yes	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	7	90.000	34.02	0.10861	200% Above	Yes	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	5	30.000	14.99	0.18734	101%-200% Above	Yes	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	6	30.000	14.99	0.15172	200% Above	Yes	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	7	30.000	14.99	0.14364	200% Above	Yes	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	8	30.000	14.99	0.1461	200% Above	Yes	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	5	11.000	14.99	0.18307	200% Above	Yes	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	5	30.000	14.90	0.18307	101%-200% Above	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	6	30.000	4.72	0.19141	10%-25% Below	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	6	30.000	14.99	0.19141	101%-200% Above	Yes	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	6	90.000	44.90	0.19141	101%-200% Above	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	7	30.000	14.90	0.15211	200% Above	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	7	30.000	14.99	0.15211	200% Above	Yes	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	2.97	0.14561	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	14.90	0.14561	200% Above	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	14.99	0.14561	200% Above	Yes	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	8	90.000	44.99	0.14561	200% Above	Yes	No
68180079801	POTASSIUM CL ER 8 MEQ CAPSULE	5	90.000	37.39	0.18491	101%-200% Above	Yes	No
68180079801	POTASSIUM CL ER 8 MEQ CAPSULE	8	30.000	2.69	0.18072	26%-50% Below	Yes	No
68180079902	POTASSIUM CL ER 10 MEQ CAPSULE	6	180.000	79.52	0.1466	200% Above	Yes	No
68180079902	POTASSIUM CL ER 10 MEQ CAPSULE	7	90.000	20.00	0.14498	51%-75% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	5	28.000	3.30	0.16476	26%-50% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	5	84.000	57.08	0.16476	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	6	28.000	3.30	0.16267	26%-50% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	6	84.000	9.90	0.16267	26%-50% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	7	84.000	9.90	0.16056	26%-50% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	7	84.000	45.98	0.16056	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	8	28.000	0.00	0.1664	76%-100% Below	No	No
68180083773	TRI-LO-MARZIA TABLET	8	84.000	9.90	0.1664	26%-50% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	8	84.000	45.98	0.1664	200% Above	Yes	No
68180083873	NORG-EE 0.18-0.215-0.25/0.035	7	28.000	2.60	0.14792	26%-50% Below	No	No
68180083873	NORG-EE 0.18-0.215-0.25/0.035	7	28.000	3.07	0.14792	10%-25% Below	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	5	84.000	8.61	0.17058	26%-50% Below	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	8	84.000	7.51	0.15075	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	6	56.000	19.99	0.1663	101%-200% Above	No	No
68180085473	LEVONOR-ETH ESTRAD 0.1-0.02 MG	8	28.000	3.60	0.20108	26%-50% Below	No	No
68180085473	LEVONOR-ETH ESTRAD 0.1-0.02 MG	8	28.000	3.64	0.20108	26%-50% Below	No	No
68180086473	BLISOVI 24 FE TABLET	5	28.000	0.00	0.5579	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	5	84.000	137.83	0.5579	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180086473	BLISOVI 24 FE TABLET	5	84.000	139.74	0.5579	101%-200% Above	Yes	No
68180086473	BLISOVI 24 FE TABLET	6	28.000	0.00	0.52933	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	7	28.000	0.00	0.48781	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	8	28.000	0.00	0.5598	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	8	84.000	0.01	0.5598	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	8	84.000	111.03	0.5598	101%-200% Above	Yes	No
68180086573	BLISOVI FE 1-20 TABLET	5	28.000	0.00	0.18951	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	5	84.000	0.01	0.18951	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	6	28.000	0.00	0.18957	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	6	84.000	0.01	0.18957	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	7	28.000	0.00	0.17272	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	7	28.000	9.99	0.17272	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	7	84.000	0.01	0.17272	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	8	28.000	0.00	0.1758	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	8	84.000	0.01	0.1758	76%-100% Below	No	No
68180086673	BLISOVI FE 1.5-30 TABLET	5	28.000	0.00	0.2275	76%-100% Below	No	No
68180086673	BLISOVI FE 1.5-30 TABLET	5	84.000	0.01	0.2275	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	5	28.000	0.28	0.15975	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	6	28.000	0.28	0.14915	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	7	28.000	0.28	0.1578	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	8	28.000	0.28	0.13998	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	5	28.000	0.28	0.15975	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	6	28.000	0.28	0.14915	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	7	28.000	0.00	0.1578	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	7	28.000	0.28	0.1578	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180087773	JENCYCLA 0.35 MG TABLET	8	28.000	0.00	0.13998	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	8	28.000	0.28	0.13998	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	28.000	6.03	0.32537	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	28.000	6.53	0.32537	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	84.000	108.89	0.32537	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.000	3.14	0.35282	51%-75% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.000	6.03	0.35282	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	84.000	0.01	0.35282	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	28.000	3.53	0.32237	51%-75% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	28.000	6.03	0.32237	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.000	0.01	0.32237	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.000	18.09	0.32237	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.000	86.51	0.32237	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.000	138.09	0.32237	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	28.000	0.00	0.33464	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	28.000	3.61	0.33464	51%-75% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	28.000	6.03	0.33464	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	84.000	18.09	0.33464	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	84.000	86.51	0.33464	200% Above	Yes	No
68180089173	ENSKYCE 28 TABLET	5	28.000	0.28	0.19427	76%-100% Below	No	No
68180089173	ENSKYCE 28 TABLET	8	84.000	30.06	0.18976	76%-100% Above	Yes	No
68180089373	PIRMELLA 1-35 28 TABLET	5	28.000	5.26	0.36733	26%-50% Below	No	No
68180089373	PIRMELLA 1-35 28 TABLET	6	28.000	4.28	0.37172	51%-75% Below	No	No
68180089373	PIRMELLA 1-35 28 TABLET	6	84.000	0.01	0.37172	76%-100% Below	No	No
68180089373	PIRMELLA 1-35 28 TABLET	7	28.000	4.28	0.31094	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180089373	PIRMELLA 1-35 28 TABLET	8	28.000	4.28	0.31872	51%-75% Below	No	No
68180089473	DROSP-EE-LEVOMEF 3-0.02-0.451	7	28.000	0.00	3.45974	76%-100% Below	No	No
68180089473	DROSP-EE-LEVOMEF 3-0.02-0.451	8	28.000	0.00	2.80638	76%-100% Below	No	No
68180089473	DROSP-EE-LEVOMEF 3-0.02-0.451	8	28.000	47.70	2.80638	26%-50% Below	No	No
68180090273	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.000	0.28	0.21481	76%-100% Below	No	No
68180090273	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.000	4.47	0.21481	10%-25% Below	No	No
68180090273	DROSPIRENONE-EE 3-0.03 MG TAB	5	84.000	0.84	0.21481	76%-100% Below	No	No
68180090273	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.000	0.28	0.23703	76%-100% Below	No	No
68180090273	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.000	0.28	0.21763	76%-100% Below	No	No
68180090273	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.000	0.28	0.2029	76%-100% Below	No	No
68180092006	TADALAFIL 5 MG TABLET	5	90.000	207.95	0.13295	200% Above	Yes	No
68180092006	TADALAFIL 5 MG TABLET	7	90.000	165.22	0.1091	200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	5	75.000	37.67	0.6003	10%-25% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	5	225.000	113.00	0.6003	10%-25% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	7	75.000	37.67	0.63491	10%-25% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	8	75.000	37.67	0.60153	10%-25% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	8	150.000	75.33	0.60153	10%-25% Below	Yes	No
68180094902	DESOXIMETASONE 0.05% CREAM	7	60.000	14.99	2.66697	76%-100% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	14.39	3.06189	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	14.98	3.06189	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	14.99	3.06189	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	16.23	3.06189	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	19.90	3.06189	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	13.83	3.00568	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	14.98	3.00568	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	14.99	3.00568	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	19.99	3.00568	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	20.00	3.00568	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	28.75	3.00568	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	29.90	3.00568	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	35.67	3.00568	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	17.000	28.79	3.00568	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	13.83	3.04778	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	14.39	3.04778	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	14.98	3.04778	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	14.99	3.04778	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	19.90	3.04778	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	28.66	3.04778	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	29.90	3.04778	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	29.99	3.04778	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	30.41	3.04778	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	13.83	3.02755	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	14.98	3.02755	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	14.99	3.02755	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	19.90	3.02755	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	19.99	3.02755	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	28.66	3.02755	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	29.99	3.02755	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	30.41	3.02755	10%-25% Above	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	5	30.000	7.79	0.12092	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180096501	LEVOTHYROXINE 25 MCG TABLET	6	90.000	17.84	0.13396	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.000	7.34	0.12092	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.000	7.34	0.13396	76%-100% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	7	30.000	7.34	0.10706	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	30.000	6.61	0.10675	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	30.000	7.34	0.10675	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	90.000	20.70	0.10675	101%-200% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	5	30.000	6.90	0.15418	26%-50% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	6	30.000	7.00	0.13879	51%-75% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	7	30.000	7.00	0.1219	76%-100% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	8	30.000	7.00	0.11359	101%-200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	5	30.000	8.24	0.15418	76%-100% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	6	30.000	4.90	0.13879	10%-25% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.24	0.13879	76%-100% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.24	0.1219	101%-200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	7	90.000	25.88	0.1219	101%-200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	8	30.000	8.24	0.11359	101%-200% Above	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	6	90.000	11.42	0.15361	10%-25% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	5	90.000	11.42	0.14995	10%-25% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	8	90.000	6.90	0.11066	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	5	90.000	12.50	0.16213	10%-25% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	5	90.000	27.54	0.16213	76%-100% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	8	30.000	9.11	0.11666	101%-200% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	8	90.000	26.10	0.11666	101%-200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	5	30.000	3.99	0.16405	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180096903	LEVOTHYROXINE 100 MCG TABLET	6	30.000	3.99	0.16588	10%-25% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	6	90.000	26.44	0.16588	76%-100% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	7	30.000	4.90	0.13857	10%-25% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	8	30.000	1.95	0.11812	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	8	30.000	4.90	0.11812	26%-50% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	5	30.000	12.28	0.14855	101%-200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	6	30.000	12.28	0.17448	101%-200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	7	30.000	12.28	0.1483	101%-200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	8	30.000	12.28	0.13525	200% Above	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	5	30.000	4.90	0.18461	10%-25% Below	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	5	30.000	9.90	0.19838	51%-75% Above	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	6	30.000	9.90	0.21626	51%-75% Above	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	8	90.000	31.77	0.14785	101%-200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	5	30.000	4.90	0.19838	10%-25% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	5	90.000	40.57	0.19838	101%-200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	6	30.000	4.90	0.21626	10%-25% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	7	30.000	9.90	0.18218	76%-100% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	8	90.000	32.58	0.14785	101%-200% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	5	30.000	1.31	0.01934	101%-200% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	5	30.000	1.37	0.01934	101%-200% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	6	30.000	1.13	0.01934	76%-100% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	7	30.000	1.13	0.01839	101%-200% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	7	90.000	2.72	0.01839	51%-75% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	8	30.000	1.13	0.01974	76%-100% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	8	30.000	1.29	0.01974	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	0.49	0.01934	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.27	0.01934	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.36	0.01934	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.38	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.38	0.01934	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.40	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.54	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.65	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	60.000	1.99	0.01934	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	1.31	0.01934	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	1.45	0.01934	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	1.47	0.01934	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	2.01	0.01934	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	2.16	0.01934	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	2.65	0.01934	51%-75% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	2.75	0.01934	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	4.41	0.01934	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	4.43	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	0.44	0.01934	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	0.95	0.01934	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.15	0.01934	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.15	0.01934	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.22	0.01934	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.27	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.27	0.01934	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.38	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.38	0.01934	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.40	0.01934	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.41	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.54	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.65	0.01934	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	3.02	0.01934	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	0.01	0.01934	76%-100% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	1.16	0.01934	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	1.45	0.01934	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	2.34	0.01934	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	2.56	0.01934	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	2.71	0.01934	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	3.15	0.01934	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	180.000	3.94	0.01934	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	180.000	4.59	0.01934	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	180.000	4.68	0.01934	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.15	0.01839	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.22	0.01839	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.27	0.01839	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.38	0.01839	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.38	0.01839	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.41	0.01839	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.63	0.01839	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	60.000	1.76	0.01839	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098003	LISINOPRIL 10 MG TABLET	7	60.000	2.01	0.01839	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	0.01	0.01839	76%-100% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	1.16	0.01839	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	1.31	0.01839	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	2.29	0.01839	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	2.29	0.01839	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	2.65	0.01839	51%-75% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	2.71	0.01839	51%-75% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.22	0.01974	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.27	0.01974	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.38	0.01974	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.38	0.01974	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.41	0.01974	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.44	0.01974	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.63	0.01974	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	0.01	0.01974	76%-100% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	1.13	0.01974	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	1.16	0.01974	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	2.29	0.01974	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	2.34	0.01974	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	2.65	0.01974	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	2.71	0.01974	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	3.83	0.01974	101%-200% Above	Yes	No
68180098101	LISINOPRIL 20 MG TABLET	5	30.000	3.73	0.02521	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	5	90.000	3.40	0.02521	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098101	LISINOPRIL 20 MG TABLET	5	90.000	3.49	0.02521	51%-75% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	6	30.000	0.29	0.02613	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	7	30.000	0.28	0.0259	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	30.000	0.28	0.02563	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	30.000	2.80	0.02563	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	90.000	3.40	0.02563	26%-50% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	90.000	3.49	0.02563	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.42	0.02521	76%-100% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.51	0.02521	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.60	0.02521	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.65	0.02521	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.66	0.02521	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.66	0.02521	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.69	0.02521	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	60.000	2.28	0.02521	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	1.85	0.02521	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	2.55	0.02521	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	3.49	0.02521	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	3.49	0.02521	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	3.58	0.02521	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	3.63	0.02521	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	9.85	0.02521	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	9.85	0.02521	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	0.52	0.02613	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.42	0.02613	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.46	0.02613	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.48	0.02613	76%-100% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.51	0.02613	76%-100% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.51	0.02613	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.66	0.02613	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.66	0.02613	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.69	0.02613	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.70	0.02613	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.76	0.02613	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	3.17	0.02613	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	60.000	2.28	0.02613	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	60.000	2.57	0.02613	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	1.55	0.02613	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	2.02	0.02613	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	2.08	0.02613	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	2.75	0.02613	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.00	0.02613	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.00	0.02613	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.14	0.02613	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.34	0.02613	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.49	0.02613	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.49	0.02613	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.58	0.02613	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	4.21	0.02613	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	0.00	0.0259	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.42	0.0259	76%-100% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.51	0.0259	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.66	0.0259	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.66	0.0259	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.69	0.0259	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.70	0.0259	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.76	0.0259	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	2.80	0.0259	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	60.000	2.28	0.0259	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	0.01	0.0259	76%-100% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	0.92	0.0259	51%-75% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	1.55	0.0259	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	1.67	0.0259	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	3.49	0.0259	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	3.58	0.0259	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	3.58	0.0259	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	3.63	0.0259	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	3.74	0.0259	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	8.03	0.0259	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	9.85	0.0259	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	0.00	0.02563	76%-100% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.06	0.02563	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.51	0.02563	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.60	0.02563	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.66	0.02563	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.69	0.02563	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.70	0.02563	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.76	0.02563	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	2.89	0.02563	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	0.01	0.02563	76%-100% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	1.55	0.02563	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	1.67	0.02563	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	2.02	0.02563	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	2.55	0.02563	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.00	0.02563	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.00	0.02563	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.05	0.02563	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.14	0.02563	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.37	0.02563	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.49	0.02563	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.49	0.02563	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.58	0.02563	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	9.85	0.02563	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	9.85	0.02563	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	180.000	6.32	0.02563	26%-50% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	5	30.000	3.06	0.05466	76%-100% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	6	30.000	1.03	0.04966	26%-50% Below	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	6	30.000	2.59	0.04966	51%-75% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	7	30.000	2.59	0.05313	51%-75% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	7	30.000	2.99	0.05313	76%-100% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098201	LISINOPRIL 30 MG TABLET	7	90.000	0.01	0.05313	76%-100% Below	No	No
68180098201	LISINOPRIL 30 MG TABLET	7	90.000	3.09	0.05313	26%-50% Below	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	8	30.000	2.59	0.05301	51%-75% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	8	90.000	6.26	0.05301	26%-50% Above	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	5	90.000	7.41	0.05466	26%-50% Above	No	No
68180098202	LISINOPRIL 30 MG TABLET	8	90.000	5.69	0.05301	10%-25% Above	Yes	No
68308015260	NYSTATIN 100,000 UNIT/GM POWD	6	60.000	24.99	0.22542	76%-100% Above	Yes	No
68308015260	NYSTATIN 100,000 UNIT/GM POWD	8	60.000	14.99	0.21948	10%-25% Above	Yes	No
68308066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	5	45.000	224.80	10.38267	51%-75% Below	No	No
68308066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	5	45.000	407.29	10.38267	10%-25% Below	No	No
68308066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	6	45.000	105.34	7.26713	51%-75% Below	No	No
68308066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	7	45.000	261.74	8.49412	26%-50% Below	No	No
68308066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	8	45.000	105.34	5.65062	51%-75% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	5	90.000	0.01	0.13671	76%-100% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	6	30.000	2.99	0.13	10%-25% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	8	90.000	0.01	0.1413	76%-100% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	5	30.000	0.00	0.13671	76%-100% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	5	90.000	13.83	0.13671	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	7	30.000	0.00	0.14595	76%-100% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	8	30.000	0.00	0.1413	76%-100% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	5	45.000	14.99	0.21972	51%-75% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	5	90.000	14.90	0.21972	10%-25% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	6	45.000	14.99	0.22684	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	6	90.000	14.90	0.22684	26%-50% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	7	45.000	14.99	0.20404	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382000301	AZATHIOPRINE 50 MG TABLET	7	90.000	14.90	0.20404	10%-25% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	8	45.000	14.99	0.20589	51%-75% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	5	60.000	4.30	0.03558	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	6	42.000	3.09	0.03422	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	6	60.000	4.30	0.03422	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	7	60.000	4.16	0.03317	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	7	60.000	4.30	0.03317	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	8	42.000	3.09	0.03162	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	8	45.000	3.91	0.03162	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	8	60.000	4.30	0.03162	101%-200% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	5	30.000	2.95	0.06362	51%-75% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	6	30.000	2.95	0.06241	51%-75% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	7	30.000	2.95	0.05404	76%-100% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	8	30.000	2.57	0.05542	51%-75% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	8	180.000	11.80	0.05542	10%-25% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	5	90.000	0.01	0.06362	76%-100% Below	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	8	30.000	2.95	0.05542	76%-100% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	5	30.000	3.44	0.09211	10%-25% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	5	60.000	6.15	0.09211	10%-25% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	6	60.000	6.15	0.08563	10%-25% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	6	90.000	8.85	0.08563	10%-25% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	8	30.000	2.96	0.0768	26%-50% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	8	60.000	6.15	0.0768	26%-50% Above	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	5	60.000	0.01	0.10255	76%-100% Below	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	5	90.000	18.36	0.10255	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382001005	LAMOTRIGINE 200 MG TABLET	8	135.000	13.07	0.07692	10%-25% Above	No	No
68382001014	LAMOTRIGINE 200 MG TABLET	5	30.000	3.96	0.10255	26%-50% Above	No	No
68382001014	LAMOTRIGINE 200 MG TABLET	6	30.000	3.80	0.10072	10%-25% Above	No	No
68382001014	LAMOTRIGINE 200 MG TABLET	6	30.000	3.96	0.10072	26%-50% Above	No	No
68382001014	LAMOTRIGINE 200 MG TABLET	8	30.000	5.06	0.07692	101%-200% Above	No	No
68382001901	VENLAFAXINE HCL 37.5 MG TABLET	6	90.000	17.74	0.10576	76%-100% Above	No	No
68382002101	VENLAFAXINE HCL 75 MG TABLET	7	60.000	9.99	0.09393	76%-100% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	5	30.000	2.83	0.02518	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	45.000	3.90	0.02518	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	60.000	4.81	0.02518	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	90.000	5.65	0.02518	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	180.000	6.88	0.02518	51%-75% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	60.000	4.81	0.02573	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	90.000	1.31	0.02573	26%-50% Below	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	90.000	5.14	0.02573	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	90.000	6.84	0.02573	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	90.000	7.04	0.02573	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	30.000	2.40	0.02522	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	30.000	2.77	0.02522	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	90.000	2.76	0.02522	10%-25% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	90.000	6.84	0.02522	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	8	45.000	3.26	0.02477	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	8	90.000	5.65	0.02477	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	8	180.000	5.53	0.02477	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	30.000	3.40	0.02866	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382002310	ATENOLOL 50 MG TABLET	5	30.000	3.50	0.02866	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	90.000	7.41	0.02866	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	90.000	8.98	0.02866	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	30.000	2.93	0.02956	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	30.000	2.98	0.02956	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	30.000	3.40	0.02956	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	6	90.000	1.42	0.02956	26%-50% Below	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	90.000	3.41	0.02956	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	90.000	7.41	0.02956	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	90.000	7.42	0.02956	101%-200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	6	90.000	8.02	0.02956	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	6	90.000	8.42	0.02956	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	17.000	1.96	0.02613	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	30.000	2.98	0.02613	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	90.000	1.42	0.02613	26%-50% Below	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	90.000	2.75	0.02613	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	90.000	7.42	0.02613	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	30.000	2.93	0.02776	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	30.000	2.98	0.02776	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	90.000	7.75	0.02776	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	90.000	8.02	0.02776	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	90.000	8.89	0.02776	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	8	90.000	8.98	0.02776	200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	6	90.000	9.82	0.04504	101%-200% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.27	0.11294	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.93	0.11294	26%-50% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	5.32	0.11294	51%-75% Above	No	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	5	47.000	2.82	0.11294	26%-50% Below	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	5	90.000	13.93	0.11294	26%-50% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	5	90.000	19.94	0.11294	76%-100% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	5	180.000	27.17	0.11294	26%-50% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.27	0.10917	26%-50% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.93	0.10917	26%-50% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	5.18	0.10917	51%-75% Above	No	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.27	0.10115	26%-50% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	5.18	0.10115	51%-75% Above	No	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.000	10.99	0.10115	10%-25% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	4.27	0.10063	26%-50% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	6.90	0.10063	101%-200% Above	No	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.000	11.28	0.10063	10%-25% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.000	16.63	0.10063	76%-100% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.89	0.12197	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	6.05	0.12197	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	6.11	0.12197	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	90.000	5.60	0.12197	26%-50% Below	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	90.000	13.28	0.12197	10%-25% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	90.000	16.67	0.12197	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.03	0.11956	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	6	60.000	11.36	0.11956	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	9.54	0.11956	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	13.00	0.11956	10%-25% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	14.99	0.11956	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	16.25	0.11956	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	6	270.000	39.76	0.11956	10%-25% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.03	0.11613	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	7	90.000	13.70	0.11613	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	7	90.000	14.30	0.11613	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	5.03	0.11672	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	5.08	0.11672	26%-50% Above	No	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	60.000	9.36	0.11672	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	5.60	0.11672	26%-50% Below	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	13.82	0.11672	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	16.67	0.11672	51%-75% Above	Yes	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	6.90	0.16631	26%-50% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	5	90.000	8.25	0.16631	26%-50% Below	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	6.60	0.16152	26%-50% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	6.90	0.16152	26%-50% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	6	60.000	12.51	0.16152	26%-50% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	6	90.000	20.00	0.16152	26%-50% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	7	60.000	12.51	0.16759	10%-25% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.60	0.15858	26%-50% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.87	0.15858	26%-50% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	8	60.000	4.10	0.15858	51%-75% Below	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	6.99	0.16631	26%-50% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	5	90.000	21.80	0.16631	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	6	60.000	12.51	0.16152	26%-50% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	6	90.000	18.85	0.16152	26%-50% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	6.99	0.16759	26%-50% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	7	60.000	12.51	0.16759	10%-25% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	7	90.000	18.42	0.16759	10%-25% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	7	90.000	18.85	0.16759	10%-25% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	7	90.000	19.50	0.16759	26%-50% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	7	90.000	21.80	0.16759	26%-50% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.60	0.15858	26%-50% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.99	0.15858	26%-50% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	0.01	0.15858	76%-100% Below	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	9.76	0.15858	26%-50% Below	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	18.85	0.15858	26%-50% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	21.80	0.15858	51%-75% Above	Yes	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	20.000	3.08	0.04544	200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	30.000	3.78	0.04544	101%-200% Above	Yes	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	30.000	4.18	0.04544	200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	6	10.000	1.88	0.05156	200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	6	20.000	3.01	0.05156	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	6	30.000	4.18	0.05156	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	6.000	1.31	0.04751	200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	10.000	1.88	0.04751	200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	20.000	3.01	0.04751	200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	60.000	7.78	0.04751	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	8	10.000	1.91	0.05128	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382004001	PROMETHAZINE 12.5 MG TABLET	8	12.000	2.15	0.05128	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	20.000	3.07	0.05428	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	60.000	2.20	0.05428	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	60.000	7.73	0.05428	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	15.000	2.12	0.05024	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	30.000	3.54	0.05024	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	30.000	3.59	0.05024	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	60.000	2.10	0.05024	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	90.000	10.91	0.05024	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	8.000	1.67	0.04561	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	12.000	2.10	0.04561	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	20.000	2.60	0.04561	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	60.000	2.10	0.04561	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	12.000	3.31	0.05524	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	20.000	3.62	0.05524	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	60.000	2.10	0.05524	26%-50% Below	No	No
68382004110	PROMETHAZINE 25 MG TABLET	5	6.000	1.35	0.05428	200% Above	No	No
68382004110	PROMETHAZINE 25 MG TABLET	5	30.000	0.00	0.05428	76%-100% Below	No	No
68382004110	PROMETHAZINE 25 MG TABLET	6	2.000	0.88	0.05024	200% Above	No	No
68382004110	PROMETHAZINE 25 MG TABLET	6	2.000	0.97	0.05024	200% Above	Yes	No
68382004110	PROMETHAZINE 25 MG TABLET	6	15.000	2.49	0.05024	200% Above	Yes	No
68382004110	PROMETHAZINE 25 MG TABLET	6	30.000	0.00	0.05024	76%-100% Below	No	No
68382004110	PROMETHAZINE 25 MG TABLET	7	10.000	1.87	0.04561	200% Above	No	No
68382004110	PROMETHAZINE 25 MG TABLET	7	12.000	2.10	0.04561	200% Above	No	No
68382004110	PROMETHAZINE 25 MG TABLET	7	12.000	2.14	0.04561	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382005001	MELOXICAM 7.5 MG TABLET	8	30.000	1.43	0.02276	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	14.000	1.08	0.02289	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.000	0.30	0.02289	51%-75% Below	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.000	1.65	0.02289	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.000	1.90	0.02289	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	60.000	2.46	0.02289	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	90.000	2.99	0.02289	26%-50% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	90.000	3.46	0.02289	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	15.000	1.34	0.02344	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.000	1.43	0.02344	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.000	1.65	0.02344	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.000	1.90	0.02344	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.000	5.23	0.02344	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	60.000	2.46	0.02344	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	90.000	3.38	0.02344	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	7.000	0.95	0.02303	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	14.000	1.03	0.02303	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.000	1.43	0.02303	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.000	1.62	0.02303	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.000	1.65	0.02303	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	60.000	2.46	0.02303	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	60.000	2.68	0.02303	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	15.000	1.52	0.02276	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	0.36	0.02276	26%-50% Below	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	1.56	0.02276	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	1.62	0.02276	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	1.65	0.02276	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	1.87	0.02276	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	90.000	2.81	0.02276	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	5	60.000	2.22	0.02491	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	30.000	1.38	0.02338	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	90.000	2.94	0.02338	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	7	90.000	3.01	0.02396	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	7.000	0.89	0.02491	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	14.000	0.96	0.02491	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	0.00	0.02491	76%-100% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	0.30	0.02491	51%-75% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	0.83	0.02491	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.38	0.02491	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.39	0.02491	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.41	0.02491	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.44	0.02491	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.50	0.02491	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.53	0.02491	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.70	0.02491	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.78	0.02491	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	4.61	0.02491	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	4.62	0.02491	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	60.000	2.22	0.02491	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.000	1.01	0.02491	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382005105	MELOXICAM 15 MG TABLET	5	90.000	1.23	0.02491	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.000	2.94	0.02491	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.000	3.01	0.02491	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.000	3.03	0.02491	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.000	3.10	0.02491	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.000	3.62	0.02491	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	7.000	0.84	0.02338	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	14.000	0.54	0.02338	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	15.000	0.55	0.02338	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	20.000	1.17	0.02338	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	0.00	0.02338	76%-100% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	0.30	0.02338	51%-75% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	0.82	0.02338	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.24	0.02338	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.27	0.02338	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.33	0.02338	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.38	0.02338	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.41	0.02338	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.44	0.02338	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.49	0.02338	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.50	0.02338	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.53	0.02338	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.78	0.02338	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	4.62	0.02338	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	60.000	2.26	0.02338	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382005105	MELOXICAM 15 MG TABLET	6	90.000	1.69	0.02338	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.000	2.67	0.02338	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.000	3.01	0.02338	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.000	3.03	0.02338	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.000	3.10	0.02338	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	15.000	1.03	0.02396	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	0.30	0.02396	51%-75% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	0.82	0.02396	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.24	0.02396	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.27	0.02396	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.33	0.02396	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.38	0.02396	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.41	0.02396	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.44	0.02396	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.50	0.02396	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.53	0.02396	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.70	0.02396	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.75	0.02396	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	4.62	0.02396	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	60.000	1.95	0.02396	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	90.000	2.62	0.02396	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	90.000	3.03	0.02396	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	90.000	5.07	0.02396	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	0.00	0.0237	76%-100% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	0.30	0.0237	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	0.82	0.0237	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.18	0.0237	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.24	0.0237	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.27	0.0237	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.33	0.0237	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.38	0.0237	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.41	0.0237	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.44	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.50	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.53	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.58	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.67	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.70	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.75	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.76	0.0237	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.000	0.01	0.0237	76%-100% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.000	0.95	0.0237	51%-75% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.000	2.62	0.0237	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.000	2.94	0.0237	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.000	3.03	0.0237	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.000	3.10	0.0237	26%-50% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	5	15.000	6.31	0.123	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	5	30.000	6.95	0.123	76%-100% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	5	30.000	12.41	0.123	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	6	90.000	19.99	0.12354	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009101	BENZONATATE 200 MG CAPSULE	7	21.000	7.57	0.12652	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	7	30.000	4.99	0.12652	26%-50% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	7	30.000	12.13	0.12652	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	8	30.000	10.07	0.1223	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	5	180.000	6.25	0.02085	51%-75% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	7	60.000	2.58	0.01875	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	30.000	1.70	0.02085	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.000	2.52	0.02085	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.000	2.55	0.02085	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.000	2.56	0.02085	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.000	2.58	0.02085	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	30.000	1.70	0.01914	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	60.000	2.17	0.01914	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	60.000	2.52	0.01914	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	180.000	6.59	0.01914	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	30.000	1.48	0.01875	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	60.000	2.17	0.01875	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	60.000	2.26	0.01875	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	180.000	6.34	0.01875	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	8	30.000	1.70	0.01837	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	8	60.000	2.17	0.01837	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	8	60.000	2.26	0.01837	101%-200% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	5	60.000	2.66	0.02223	76%-100% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	6	60.000	2.66	0.02064	101%-200% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	7	60.000	2.66	0.02128	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009301	CARVEDILOL 6.25 MG TABLET	7	180.000	6.68	0.02128	51%-75% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	8	60.000	3.25	0.02023	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.000	0.60	0.02223	51%-75% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.000	2.38	0.02223	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.000	2.65	0.02223	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.000	2.66	0.02223	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	180.000	6.85	0.02223	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	6	60.000	1.87	0.02064	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	6	180.000	5.62	0.02064	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.000	1.87	0.02128	26%-50% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.000	2.38	0.02128	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.000	2.66	0.02128	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.000	2.75	0.02128	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	180.000	6.77	0.02128	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	180.000	6.84	0.02128	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	60.000	0.64	0.02023	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	60.000	1.87	0.02023	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	60.000	2.66	0.02023	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	180.000	5.62	0.02023	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.000	0.01	0.02376	76%-100% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.000	2.77	0.02376	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.000	2.85	0.02376	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.000	2.86	0.02376	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.000	3.87	0.02376	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	180.000	0.02	0.02376	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009405	CARVEDILOL 12.5 MG TABLET	5	180.000	7.00	0.02376	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	180.000	20.00	0.02376	200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	0.01	0.0239	76%-100% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	2.33	0.0239	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	2.77	0.0239	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	2.86	0.0239	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	2.87	0.0239	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	4.63	0.0239	200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	180.000	4.99	0.0239	10%-25% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.000	2.77	0.02454	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.000	2.86	0.02454	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.000	2.87	0.02454	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.000	4.63	0.02454	200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	180.000	5.60	0.02454	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	180.000	6.42	0.02454	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	180.000	7.10	0.02454	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	60.000	0.69	0.02355	51%-75% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	60.000	2.33	0.02355	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	60.000	2.77	0.02355	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	60.000	2.87	0.02355	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.000	5.87	0.02355	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.000	7.00	0.02355	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.000	12.40	0.02355	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.000	20.00	0.02355	200% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	6	60.000	3.34	0.03333	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009501	CARVEDILOL 25 MG TABLET	6	180.000	8.43	0.03333	26%-50% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	7	60.000	3.34	0.03238	51%-75% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	7	180.000	8.29	0.03238	26%-50% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	8	60.000	3.34	0.03302	51%-75% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	8	180.000	9.90	0.03302	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	60.000	3.24	0.03227	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	180.000	8.43	0.03227	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	7	60.000	3.24	0.03238	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	60.000	3.24	0.03302	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	180.000	8.43	0.03302	26%-50% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	5	30.000	0.00	0.2324	76%-100% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	6	30.000	13.31	0.22334	76%-100% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	0.01	0.22334	76%-100% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	14.99	0.22334	10%-25% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	25.43	0.22334	76%-100% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	7	30.000	0.00	0.21754	76%-100% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	0.01	0.21754	76%-100% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	7	180.000	24.52	0.21754	26%-50% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	0.01	0.21694	76%-100% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	14.99	0.21694	10%-25% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	8	90.000	44.99	0.21694	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	30.000	14.90	0.2324	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	30.000	19.90	0.2324	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	40.000	5.93	0.2324	26%-50% Below	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	8.90	0.2324	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	29.90	0.2324	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	14.000	1.91	0.22334	26%-50% Below	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	34.000	14.90	0.22334	76%-100% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	7.49	0.22334	26%-50% Below	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	8.86	0.22334	26%-50% Below	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	14.90	0.22334	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	19.90	0.22334	26%-50% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	29.90	0.22334	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	10.000	14.90	0.21754	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	8.86	0.21754	26%-50% Below	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	14.90	0.21754	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	8.86	0.21694	26%-50% Below	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	14.90	0.21694	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	19.90	0.21694	51%-75% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	29.90	0.21694	101%-200% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	5	30.000	3.46	0.07347	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	5	90.000	9.21	0.07347	26%-50% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	7	30.000	3.46	0.07338	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	7	30.000	3.61	0.07338	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	8	30.000	3.38	0.07315	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	8	30.000	3.46	0.07315	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	8	30.000	3.61	0.07315	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	8	90.000	7.49	0.07315	10%-25% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	5	30.000	3.47	0.07347	51%-75% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	5	90.000	8.92	0.07347	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009710	PAROXETINE HCL 10 MG TABLET	6	30.000	3.47	0.06911	51%-75% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	7	30.000	3.47	0.07338	51%-75% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	7	90.000	8.92	0.07338	26%-50% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	8	90.000	8.92	0.07315	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	5	30.000	3.16	0.07347	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	6	14.000	1.92	0.06911	76%-100% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	6	90.000	9.09	0.06911	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	6	90.000	9.35	0.06911	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	6	90.000	11.07	0.06911	76%-100% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	7	30.000	3.38	0.07338	51%-75% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	8	30.000	2.99	0.07315	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	8	30.000	3.38	0.07315	51%-75% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	8	60.000	6.37	0.07315	26%-50% Above	No	No
68382009805	PAROXETINE HCL 20 MG TABLET	6	30.000	3.46	0.08414	26%-50% Above	No	No
68382009806	PAROXETINE HCL 20 MG TABLET	8	30.000	3.55	0.08175	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.000	3.55	0.09397	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	135.000	1.35	0.09397	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.000	3.46	0.08414	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.000	3.55	0.08414	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	90.000	0.01	0.08414	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.000	3.46	0.08714	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.000	3.55	0.08714	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.000	1.06	0.08175	51%-75% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.000	3.55	0.08175	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	135.000	1.35	0.08175	76%-100% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009910	PAROXETINE HCL 30 MG TABLET	5	60.000	4.90	0.13675	26%-50% Below	No	No
68382009910	PAROXETINE HCL 30 MG TABLET	6	60.000	4.90	0.1281	26%-50% Below	No	No
68382009910	PAROXETINE HCL 30 MG TABLET	7	60.000	4.90	0.13741	26%-50% Below	No	No
68382009910	PAROXETINE HCL 30 MG TABLET	8	60.000	4.90	0.12613	26%-50% Below	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	5	30.000	6.34	0.13675	51%-75% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	6	30.000	4.54	0.1281	10%-25% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	6	30.000	5.38	0.1281	26%-50% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	7	30.000	4.54	0.13741	10%-25% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	7	30.000	5.38	0.13741	26%-50% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	8	30.000	4.54	0.12613	10%-25% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	8	30.000	5.38	0.12613	26%-50% Above	No	No
68382011314	RISPERIDONE 0.5 MG TABLET	5	30.000	3.13	0.04286	101%-200% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	6	30.000	3.72	0.0466	101%-200% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	7	30.000	3.20	0.04357	101%-200% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	8	30.000	3.20	0.04569	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	10.000	2.12	0.0628	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	0.00	0.0628	76%-100% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	0.99	0.0628	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	9.99	0.0628	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	12.57	0.0628	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	24.99	0.0628	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	42.86	0.0628	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	44.19	0.0628	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.000	29.99	0.0628	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	0.00	0.0547	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	0.99	0.0547	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	9.99	0.0547	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	12.57	0.0547	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	14.78	0.0547	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	10.000	5.57	0.05506	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	0.99	0.05506	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	9.99	0.05506	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	14.78	0.05506	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	15.22	0.05506	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	29.99	0.05506	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	3.000	2.19	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	14.000	6.45	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	0.99	0.05877	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	9.99	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	14.78	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	20.43	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	24.99	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	42.86	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	44.19	0.05877	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	180.000	29.99	0.05877	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	6.90	0.0628	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	14.90	0.0628	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	6.90	0.0547	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	14.90	0.0547	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.000	9.99	0.0547	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.000	13.75	0.0547	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	12.40	0.0547	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	36.16	0.0547	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	10.000	5.48	0.05506	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	14.000	7.20	0.05506	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	15.000	7.89	0.05506	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	1.08	0.05506	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	6.90	0.05506	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	14.90	0.05506	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.000	0.01	0.05506	76%-100% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.000	13.75	0.05506	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.000	29.90	0.05506	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	10.000	5.42	0.05877	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	0.98	0.05877	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	6.90	0.05877	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	9.90	0.05877	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	14.90	0.05877	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	15.22	0.05877	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.000	13.75	0.05877	200% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	2.71	0.06107	26%-50% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.69	0.06107	101%-200% Above	Yes	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.14	0.06107	26%-50% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.75	0.06107	26%-50% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.89	0.06107	26%-50% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	3.05	0.05419	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.68	0.04995	76%-100% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.71	0.04995	76%-100% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	3.69	0.04995	101%-200% Above	Yes	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	0.01	0.04995	76%-100% Below	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	7.66	0.04995	51%-75% Above	No	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	3.08	0.06107	51%-75% Above	No	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.61	0.06107	26%-50% Above	No	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	7.99	0.06107	26%-50% Above	No	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	7.01	0.04995	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	0.00	0.06744	76%-100% Below	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.63	0.06744	76%-100% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.74	0.06744	76%-100% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	5	60.000	6.78	0.06744	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	9.42	0.06744	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.13	0.06904	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.18	0.06904	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	6	60.000	5.56	0.06904	26%-50% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	0.01	0.06904	76%-100% Below	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.42	0.06904	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	9.70	0.06904	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.12	0.06944	26%-50% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.13	0.06944	26%-50% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.18	0.06944	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.63	0.06944	51%-75% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	7	60.000	0.01	0.06944	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	0.01	0.06944	76%-100% Below	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.13	0.05825	76%-100% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.94	0.05825	101%-200% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	0.01	0.05825	76%-100% Below	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	14.41	0.09928	51%-75% Above	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	20.00	0.09928	101%-200% Above	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	0.00	0.09669	76%-100% Below	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	5.30	0.09669	76%-100% Above	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.41	0.09669	51%-75% Above	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	14.84	0.09669	51%-75% Above	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	5.30	0.08706	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	30.000	1.29	0.03391	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	30.000	1.44	0.03391	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	60.000	0.01	0.03391	76%-100% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	60.000	1.02	0.03391	26%-50% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	30.000	1.25	0.03228	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	30.000	1.34	0.03228	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	60.000	0.01	0.03228	76%-100% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	270.000	7.65	0.03228	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	30.000	1.25	0.03426	10%-25% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	60.000	0.83	0.03426	51%-75% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	60.000	2.28	0.03426	10%-25% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	180.000	3.87	0.03426	26%-50% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	180.000	5.35	0.03426	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	8	60.000	0.01	0.03339	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013805	TOPIRAMATE 25 MG TABLET	8	60.000	1.02	0.03339	26%-50% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	8	180.000	5.26	0.03339	10%-25% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	5	180.000	0.02	0.03391	76%-100% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	7	60.000	0.90	0.03426	51%-75% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	7	180.000	0.02	0.03426	76%-100% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	8	30.000	1.25	0.03339	10%-25% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	30.000	2.41	0.04416	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	30.000	2.74	0.04416	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	60.000	4.87	0.04416	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	90.000	7.49	0.04416	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.000	2.29	0.04036	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.000	2.74	0.04036	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	60.000	4.74	0.04036	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	60.000	4.87	0.04036	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	30.000	2.74	0.03957	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	60.000	4.78	0.03957	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	60.000	4.87	0.03957	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	90.000	4.99	0.03957	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	90.000	5.66	0.03957	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	30.000	2.71	0.041	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	30.000	2.74	0.041	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	90.000	4.99	0.041	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	5	60.000	4.24	0.04416	51%-75% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	5	60.000	4.90	0.04416	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	7	30.000	2.29	0.03957	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013914	TOPIRAMATE 50 MG TABLET	7	60.000	4.06	0.03957	51%-75% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	7	60.000	4.24	0.03957	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	8	30.000	2.29	0.041	76%-100% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	30.000	3.46	0.06688	51%-75% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.000	0.01	0.06688	76%-100% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.000	2.50	0.06688	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.000	4.90	0.06688	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	180.000	17.08	0.06688	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.000	0.01	0.06294	76%-100% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.000	2.32	0.06294	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.000	5.00	0.06294	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	180.000	7.50	0.06294	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	180.000	14.99	0.06294	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	240.000	23.14	0.06294	51%-75% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	30.000	3.46	0.06631	51%-75% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	60.000	2.39	0.06631	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	60.000	6.19	0.06631	51%-75% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	180.000	17.95	0.06631	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	270.000	25.26	0.06631	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	30.000	1.29	0.06606	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	60.000	0.01	0.06606	76%-100% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	60.000	2.59	0.06606	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	180.000	14.99	0.06606	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	180.000	17.08	0.06606	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	240.000	29.79	0.06606	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382014014	TOPIRAMATE 100 MG TABLET	6	360.000	19.90	0.06294	10%-25% Below	No	No
68382014014	TOPIRAMATE 100 MG TABLET	7	60.000	6.27	0.06631	51%-75% Above	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	5	30.000	3.13	0.05593	76%-100% Above	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	6	90.000	7.30	0.05801	26%-50% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	5	90.000	9.99	0.07184	51%-75% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	7	90.000	9.99	0.07082	51%-75% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	8	90.000	8.98	0.07162	26%-50% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	6	180.000	13.72	0.03997	76%-100% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	6	270.000	26.84	0.03997	101%-200% Above	Yes	No
68382018105	BUSPIRONE HCL 10 MG TABLET	7	180.000	14.40	0.03924	101%-200% Above	Yes	No
68382018205	BUSPIRONE HCL 15 MG TABLET	5	270.000	20.06	0.05104	26%-50% Above	Yes	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	5	60.000	7.18	0.2908	51%-75% Below	No	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	6	60.000	7.58	0.33751	51%-75% Below	No	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	7	60.000	7.99	0.31296	51%-75% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	5	8.000	2.19	0.11247	101%-200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	5	30.000	2.71	0.11247	10%-25% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	5	30.000	9.99	0.11247	101%-200% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	5	90.000	8.13	0.11247	10%-25% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	6	8.000	2.19	0.11436	101%-200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	6	30.000	2.71	0.11436	10%-25% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	7	8.000	2.19	0.10406	101%-200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	7	30.000	2.71	0.10406	10%-25% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	8	8.000	2.19	0.11144	101%-200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	8	30.000	2.71	0.11144	10%-25% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	8	90.000	0.90	0.11144	76%-100% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	5	30.000	0.00	0.1371	76%-100% Below	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	5	30.000	14.99	0.1371	200% Above	Yes	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	5	30.000	24.90	0.1371	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	6	30.000	24.90	0.13885	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	6	90.000	44.99	0.13885	200% Above	Yes	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	7	30.000	0.00	0.10592	76%-100% Below	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	7	30.000	9.99	0.10592	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	7	30.000	24.90	0.10592	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	8	30.000	0.00	0.12	76%-100% Below	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	8	30.000	24.90	0.12	200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	5	30.000	6.99	0.14592	51%-75% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	5	30.000	13.50	0.14592	200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	5	30.000	14.99	0.14592	200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	30.000	6.99	0.14717	51%-75% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	30.000	13.50	0.14717	200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	30.000	14.99	0.14717	200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	30.000	24.99	0.14717	200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	90.000	29.99	0.14717	101%-200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	7	30.000	6.99	0.12435	76%-100% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	7	30.000	13.50	0.12435	200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	7	30.000	14.99	0.12435	200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	7	90.000	74.99	0.12435	200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	8	30.000	6.99	0.13301	51%-75% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	8	30.000	14.99	0.13301	200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	8	90.000	74.99	0.13301	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382025701	OXYBUTYNIN CL ER 15 MG TABLET	5	90.000	11.24	0.19577	26%-50% Below	Yes	No
68382025701	OXYBUTYNIN CL ER 15 MG TABLET	5	90.000	64.97	0.19577	200% Above	Yes	No
68382025701	OXYBUTYNIN CL ER 15 MG TABLET	8	90.000	51.62	0.18341	200% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	5	30.000	6.99	0.19195	10%-25% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	6	30.000	6.99	0.18614	10%-25% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	7	30.000	6.99	0.18926	10%-25% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	8	30.000	6.99	0.18491	26%-50% Above	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	6	30.000	7.93	0.37616	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	6	30.000	9.99	0.37616	10%-25% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	6	60.000	15.86	0.37616	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	7	60.000	15.86	0.36975	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	8	60.000	19.90	0.37588	10%-25% Below	No	No
68382032001	POTASSIUM CL ER 10 MEQ TABLET	5	60.000	9.99	0.14808	10%-25% Above	No	No
68382032001	POTASSIUM CL ER 10 MEQ TABLET	6	60.000	9.99	0.13358	10%-25% Above	No	No
68382032001	POTASSIUM CL ER 10 MEQ TABLET	6	90.000	14.99	0.13358	10%-25% Above	No	No
68382032001	POTASSIUM CL ER 10 MEQ TABLET	8	60.000	9.99	0.12858	26%-50% Above	No	No
68382032010	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	12.29	0.14808	101%-200% Above	No	No
68382037002	NYSTATIN 100,000 UNIT/GM POWD	5	30.000	4.62	0.28078	26%-50% Below	No	No
68382037002	NYSTATIN 100,000 UNIT/GM POWD	6	90.000	72.59	0.26832	200% Above	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	5	60.000	10.69	0.22628	10%-25% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	6	60.000	14.99	0.22542	10%-25% Above	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	8	60.000	10.69	0.21948	10%-25% Below	Yes	No
68382038306	EXEMESTANE 25 MG TABLET	6	90.000	78.33	1.19058	26%-50% Below	No	No
68382038306	EXEMESTANE 25 MG TABLET	6	90.000	427.55	1.19058	200% Above	Yes	No
68382039801	POTASSIUM CL ER 20 MEQ TABLET	6	90.000	14.99	0.28479	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382039801	POTASSIUM CL ER 20 MEQ TABLET	6	180.000	44.99	0.28479	10%-25% Below	No	No
68382039801	POTASSIUM CL ER 20 MEQ TABLET	6	270.000	14.99	0.28479	76%-100% Below	No	No
68382041101	OMEPRAZOLE DR 10 MG CAPSULE	5	30.000	10.88	0.08562	200% Above	No	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	6	50.000	14.99	0.84353	51%-75% Below	No	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	6	50.000	23.51	0.84353	26%-50% Below	No	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	14.99	0.661	51%-75% Below	No	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	21.70	0.661	26%-50% Below	No	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	8	50.000	19.83	0.64325	26%-50% Below	No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.83	0.06114	101%-200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	6.01	0.05893	10%-25% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	6.01	0.05727	10%-25% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	13.48	0.05727	101%-200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.83	0.05727	101%-200% Above	Yes	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	0.86	0.06114	51%-75% Below	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.23	0.06114	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.41	0.06114	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.72	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.08	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.21	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.31	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	9.99	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	60.000	11.41	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.75	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	17.26	0.06114	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	17.55	0.06114	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	0.80	0.05893	51%-75% Below	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.18	0.05893	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.23	0.05893	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.37	0.05893	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.41	0.05893	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.08	0.05893	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.31	0.05893	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.99	0.05893	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	16.75	0.05893	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	17.26	0.05893	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	20.00	0.05893	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.18	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.23	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.27	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.37	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.08	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.25	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.31	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	9.01	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	10.51	0.05727	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	12.49	0.05727	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.71	0.05727	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	16.75	0.05727	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	0.79	0.06241	51%-75% Below	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.18	0.06241	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.27	0.06241	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.37	0.06241	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.08	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.25	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.64	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	7.76	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	8.44	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	9.01	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	60.000	19.99	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.17	0.06241	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.99	0.06241	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	16.75	0.06241	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	17.26	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	22.15	0.06241	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	29.99	0.06241	200% Above	No	No
68382052842	CHOLESTYRAMINE POWDER	7	378.000	24.83	0.13447	51%-75% Below	No	No
68382052942	CHOLESTYRAMINE LIGHT POWDER	8	718.200	49.99	0.23181	51%-75% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	5	30.000	6.90	0.30997	10%-25% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	5	120.000	14.99	0.30997	51%-75% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	5	180.000	9.99	0.30997	76%-100% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	6	30.000	6.90	0.29574	10%-25% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	6	120.000	14.99	0.29574	51%-75% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	6	180.000	9.99	0.29574	76%-100% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	7	30.000	6.90	0.29136	10%-25% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	7	120.000	1.20	0.29136	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	7	120.000	14.99	0.29136	51%-75% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	8	60.000	19.99	0.29494	10%-25% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	8	120.000	1.20	0.29494	76%-100% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	8	180.000	9.99	0.29494	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	90.000	14.90	0.08429	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.64	0.08397	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	30.000	9.93	0.08397	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	45.000	14.14	0.08397	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	30.000	9.64	0.08046	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	90.000	27.63	0.08046	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	120.000	12.40	0.08046	26%-50% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	120.000	14.90	0.08046	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	30.000	9.93	0.07196	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	90.000	14.99	0.07196	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	30.000	7.48	0.08429	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.55	0.08429	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	45.000	12.57	0.08429	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	90.000	0.90	0.08429	76%-100% Below	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	90.000	23.42	0.08429	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	90.000	23.99	0.08429	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	90.000	24.90	0.09235	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.69	0.08701	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.93	0.08701	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	60.000	0.60	0.08701	76%-100% Below	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	60.000	6.99	0.08701	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	20.000	0.20	0.09012	76%-100% Below	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	30.000	4.99	0.09012	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.69	0.09012	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	30.000	8.99	0.09012	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	45.000	11.18	0.09012	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	90.000	0.90	0.09012	76%-100% Below	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	90.000	23.99	0.09012	101%-200% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	7	30.000	14.25	0.11132	200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	7	30.000	4.90	0.11132	26%-50% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	8	30.000	4.90	0.14022	10%-25% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	8	30.000	14.99	0.14022	200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	8	60.000	14.99	0.14022	76%-100% Above	No	No
68382056701	METOPROLOL SUCC ER 200 MG TAB	6	90.000	15.00	0.27011	26%-50% Below	No	No
68382056701	METOPROLOL SUCC ER 200 MG TAB	8	90.000	14.90	0.22268	10%-25% Below	No	No
68382056928	ACAMPROSATE CALC DR 333 MG TAB	5	180.000	14.99	0.61235	76%-100% Below	No	No
68382056928	ACAMPROSATE CALC DR 333 MG TAB	6	180.000	14.99	0.53201	76%-100% Below	No	No
68382056928	ACAMPROSATE CALC DR 333 MG TAB	7	180.000	14.99	0.51103	76%-100% Below	No	No
68382056928	ACAMPROSATE CALC DR 333 MG TAB	8	180.000	14.99	0.63911	76%-100% Below	No	No
68382059516	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.000	9.15	0.17802	51%-75% Above	No	No
68382059705	DILTIAZEM 24H ER(CD) 240 MG CP	6	90.000	29.90	0.29952	10%-25% Above	No	No
68382065001	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	7.95	0.09087	101%-200% Above	Yes	No
68382065001	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	7.95	0.09035	101%-200% Above	Yes	No
68382065001	ISOSORBIDE MONONIT ER 30 MG TB	7	30.000	7.95	0.08562	200% Above	Yes	No
68382065005	ISOSORBIDE MONONIT ER 30 MG TB	7	90.000	19.65	0.08562	101%-200% Above	Yes	No
68382065005	ISOSORBIDE MONONIT ER 30 MG TB	8	30.000	6.76	0.08945	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382066001	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.89	0.04979	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.25	0.04865	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.34	0.04865	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.25	0.05082	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	7	90.000	8.65	0.05082	76%-100% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.25	0.04981	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	8	180.000	20.23	0.04981	101%-200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	6	30.000	4.00	0.04865	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.90	0.05082	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.90	0.04981	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	5	30.000	7.00	0.11	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	6	90.000	16.51	0.11328	51%-75% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	6	90.000	20.46	0.11328	76%-100% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	7	30.000	5.96	0.10391	76%-100% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	7	30.000	7.00	0.10391	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	8	30.000	7.11	0.10985	101%-200% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	5	90.000	20.42	0.11	101%-200% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	6	90.000	20.03	0.11328	76%-100% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	5	60.000	18.53	0.18943	51%-75% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	6	60.000	17.54	0.19739	26%-50% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	6	60.000	24.04	0.19739	101%-200% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	7	60.000	17.54	0.17687	51%-75% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	8	60.000	24.04	0.19317	101%-200% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	5	14.000	6.91	0.26013	76%-100% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	6	14.000	3.79	0.2442	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382070718	DOXYCYCLINE MONO 100 MG CAP	6	14.000	6.96	0.2442	101%-200% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	6	30.000	13.44	0.2442	76%-100% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	7	14.000	6.96	0.24	101%-200% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	8	20.000	7.87	0.24923	51%-75% Above	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	5	60.000	113.20	2.64947	26%-50% Below	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	6	60.000	113.20	2.66757	26%-50% Below	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	6	60.000	289.13	2.66757	76%-100% Above	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	6	180.000	867.38	2.66757	76%-100% Above	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	7	60.000	232.91	2.58998	26%-50% Above	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	7	180.000	698.72	2.58998	26%-50% Above	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	8	60.000	113.20	2.60477	26%-50% Below	Yes	No
68382071586	ZOLMITRIPTAN 2.5 MG ODT	7	6.000	14.99	5.17889	51%-75% Below	No	No
68382071586	ZOLMITRIPTAN 2.5 MG ODT	8	6.000	14.99	4.122	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	5	90.000	42.97	0.94385	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	7	90.000	14.99	0.83788	76%-100% Below	No	No
68382072216	NATEGLINIDE 120 MG TABLET	6	270.000	159.30	0.35742	51%-75% Above	Yes	No
68382073901	MIDODRINE HCL 10 MG TABLET	5	60.000	53.55	0.47949	76%-100% Above	No	No
68382073901	MIDODRINE HCL 10 MG TABLET	6	90.000	79.95	0.44427	76%-100% Above	No	No
68382074716	TIADYL ER 240 MG CAPSULE	6	90.000	61.13	0.57521	10%-25% Above	Yes	No
68382075810	METFORMIN HCL 500 MG TABLET	5	60.000	0.52	0.0157	26%-50% Below	Yes	No
68382075905	METFORMIN HCL 850 MG TABLET	5	180.000	2.93	0.02655	26%-50% Below	Yes	No
68382077177	LANSOPRAZOLE ODT 15 MG TABLET	6	30.000	97.75	4.72022	26%-50% Below	No	No
68382077177	LANSOPRAZOLE ODT 15 MG TABLET	8	30.000	97.75	5.2814	26%-50% Below	No	No
68382078201	DOXYCYCLINE MONO 50 MG CAP	5	60.000	3.11	0.18453	51%-75% Below	No	No
68382078201	DOXYCYCLINE MONO 50 MG CAP	7	28.000	6.55	0.20303	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382078401	DOXAZOSIN MESYLATE 2 MG TAB	5	15.000	9.90	0.078	200% Above	No	No
68382078401	DOXAZOSIN MESYLATE 2 MG TAB	6	15.000	9.90	0.07481	200% Above	No	No
68382078401	DOXAZOSIN MESYLATE 2 MG TAB	7	15.000	9.90	0.06537	200% Above	No	No
68382079101	ACYCLOVIR 400 MG TABLET	6	60.000	7.21	0.10507	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	6	180.000	13.41	0.10507	26%-50% Below	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	7	28.000	4.44	0.09971	51%-75% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	7	90.000	10.39	0.09971	10%-25% Above	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	5	60.000	14.99	0.19697	26%-50% Above	No	No
68382079201	ACYCLOVIR 800 MG TABLET	6	60.000	14.99	0.15671	51%-75% Above	No	No
68382079201	ACYCLOVIR 800 MG TABLET	6	90.000	12.49	0.15671	10%-25% Below	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	7	60.000	14.99	0.18019	26%-50% Above	No	No
68382079201	ACYCLOVIR 800 MG TABLET	8	60.000	14.99	0.19493	26%-50% Above	No	No
68382079805	LABETALOL HCL 100 MG TABLET	5	180.000	47.88	0.12092	101%-200% Above	Yes	No
68382079805	LABETALOL HCL 100 MG TABLET	8	180.000	38.57	0.12732	51%-75% Above	Yes	No
68382079905	LABETALOL HCL 200 MG TABLET	6	180.000	55.48	0.18085	51%-75% Above	Yes	No
68382080005	LABETALOL HCL 300 MG TABLET	5	180.000	94.23	0.20595	101%-200% Above	Yes	No
68382080005	LABETALOL HCL 300 MG TABLET	8	180.000	67.99	0.21968	51%-75% Above	Yes	No
68382080505	TRAZODONE 50 MG TABLET	7	90.000	7.31	0.03565	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	30.000	2.15	0.03771	76%-100% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	30.000	2.55	0.03771	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	30.000	2.80	0.03771	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	30.000	2.89	0.03771	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	6	30.000	2.80	0.03694	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	6	60.000	1.46	0.03694	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	7	30.000	2.80	0.03565	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382080510	TRAZODONE 50 MG TABLET	7	45.000	2.58	0.03565	51%-75% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	8	30.000	2.80	0.03529	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	30.000	3.99	0.06786	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	60.000	0.01	0.06786	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	6	30.000	0.30	0.06932	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	6	30.000	1.22	0.06932	26%-50% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	6	30.000	3.99	0.06932	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	6	60.000	0.01	0.06932	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	6	60.000	7.26	0.06932	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	6	90.000	9.99	0.06932	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	7	30.000	0.30	0.06585	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	7	30.000	1.28	0.06585	26%-50% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	7	30.000	3.99	0.06585	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	7	60.000	0.01	0.06585	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	7	60.000	7.26	0.06585	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	8	30.000	0.30	0.06537	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	8	30.000	1.28	0.06537	26%-50% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	8	30.000	3.99	0.06537	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	8	60.000	0.01	0.06537	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	8	60.000	7.37	0.06537	76%-100% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	5	30.000	3.90	0.06786	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	5	60.000	7.37	0.06786	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	6	30.000	3.55	0.06932	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	6	90.000	8.83	0.06932	26%-50% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	7	30.000	3.34	0.06585	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382080610	TRAZODONE 100 MG TABLET	7	30.000	4.01	0.06585	101%-200% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	8	30.000	4.01	0.06537	101%-200% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	8	90.000	8.83	0.06537	26%-50% Above	No	No
68382085601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	4.24	0.08923	51%-75% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.000	5.14	0.09788	51%-75% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.000	4.85	0.09788	26%-50% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	15.000	0.81	0.0913	26%-50% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.000	4.85	0.0913	26%-50% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	15.000	0.80	0.08923	26%-50% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	4.46	0.08923	51%-75% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	4.46	0.08948	51%-75% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.000	4.70	0.08948	26%-50% Below	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	6	90.000	7.50	0.1334	26%-50% Below	No	No
68382089906	TADALAFIL 20 MG TABLET	5	6.000	9.90	0.37289	200% Above	No	No
68382089906	TADALAFIL 20 MG TABLET	8	6.000	108.13	0.25261	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	5	10.000	6.90	0.19516	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	6	10.000	6.90	0.18822	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	6	21.000	14.90	0.18822	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	0.99	0.1628	51%-75% Below	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.99	0.1628	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.99	0.1628	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	2.38	0.17001	26%-50% Below	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.99	0.17001	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	17.96	0.17001	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	21.27	0.17001	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.99	0.16027	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.99	0.16027	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.99	0.16291	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.90	0.16291	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	17.96	0.16291	200% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	4.99	0.13957	10%-25% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	6.99	0.13957	51%-75% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	14.90	0.13957	200% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	14.99	0.13957	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	17.57	0.13957	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	19.99	0.13957	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	90.000	50.81	0.13957	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	90.000	51.53	0.13957	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	30.000	6.99	0.12012	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	30.000	14.99	0.12012	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	30.000	16.63	0.12012	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	30.000	19.52	0.12012	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	90.000	50.81	0.12012	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	30.000	6.99	0.11282	101%-200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	30.000	14.90	0.11282	200% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	30.000	14.99	0.11282	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	30.000	16.63	0.11282	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	30.000	19.52	0.11282	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	45.000	24.98	0.11282	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	90.000	7.08	0.11282	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	90.000	29.99	0.11282	101%-200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	90.000	44.99	0.11282	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	90.000	54.31	0.11282	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	30.000	6.99	0.12125	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	30.000	14.99	0.12125	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	30.000	19.52	0.12125	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	90.000	40.93	0.12125	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	90.000	45.00	0.12125	200% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	7	90.000	12.49	0.18446	10%-25% Below	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	8	90.000	50.39	0.24751	101%-200% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	8	135.000	44.99	0.24751	26%-50% Above	Yes	No
68462010230	FLUCONAZOLE 100 MG TABLET	8	3.000	4.61	0.3173	200% Above	No	No
68462010340	FLUCONAZOLE 150 MG TABLET	8	2.000	9.90	0.57535	200% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	7	4.000	9.90	0.3862	200% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	8	2.000	4.58	0.50582	200% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	8	2.000	7.05	0.50582	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	1.000	1.02	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	6.000	3.17	0.0692	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	10.000	4.92	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	12.000	5.09	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	12.000	5.50	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	12.000	5.60	0.0692	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	12.000	5.75	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	12.000	9.99	0.0692	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	15.000	6.81	0.0692	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	16.000	7.42	0.0692	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.000	0.77	0.0692	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.000	4.99	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.000	8.26	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.000	9.95	0.0692	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	30.000	2.67	0.0692	26%-50% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	8.000	0.34	0.06868	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	10.000	0.43	0.06868	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	10.000	4.15	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	12.000	0.51	0.06868	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	12.000	5.75	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	12.000	9.99	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	15.000	7.01	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	1.37	0.06868	10%-25% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.83	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.88	0.06868	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.88	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	8.26	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	9.95	0.06868	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	10.000	4.10	0.0675	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	10.000	4.92	0.0675	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	12.000	5.75	0.0675	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	12.000	5.75	0.0675	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	12.000	9.99	0.0675	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	15.000	0.64	0.0675	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	15.000	5.86	0.0675	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	18.000	1.37	0.0675	10%-25% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	18.000	6.88	0.0675	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	18.000	8.03	0.0675	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	60.000	14.99	0.0675	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	3.000	0.13	0.06661	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	9.000	0.88	0.06661	26%-50% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	10.000	0.43	0.06661	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	10.000	4.10	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	10.000	4.15	0.06661	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	10.000	4.79	0.06661	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	10.000	4.95	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	12.000	4.83	0.06661	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	15.000	0.64	0.06661	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	0.77	0.06661	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	4.99	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	6.83	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	6.88	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	7.12	0.06661	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	8.03	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	8.26	0.06661	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	8.26	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	10.48	0.06661	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	20.000	5.18	0.06661	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	5	12.000	7.58	0.09982	200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462010630	ONDANSETRON HCL 8 MG TABLET	5	18.000	1.01	0.09982	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	5	18.000	4.99	0.09982	101%-200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	6	6.000	4.93	0.09565	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	6	18.000	9.49	0.09565	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	6	18.000	10.69	0.09565	200% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	6	30.000	4.14	0.09565	26%-50% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	1.000	1.22	0.09453	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	10.000	0.56	0.09453	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	10.000	9.99	0.09453	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	12.000	7.58	0.09453	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	18.000	1.01	0.09453	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	18.000	9.49	0.09453	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	15.000	8.01	0.09812	200% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	18.000	1.01	0.09812	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	18.000	2.04	0.09812	10%-25% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	18.000	9.12	0.09812	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	18.000	9.49	0.09812	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	18.000	11.00	0.09812	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	18.000	11.74	0.09812	200% Above	Yes	No
68462010805	TOPIRAMATE 25 MG TABLET	8	270.000	7.65	0.03339	10%-25% Below	No	No
68462010860	TOPIRAMATE 25 MG TABLET	5	180.000	12.74	0.03391	101%-200% Above	Yes	No
68462010960	TOPIRAMATE 100 MG TABLET	6	270.000	25.60	0.06294	26%-50% Above	Yes	No
68462010960	TOPIRAMATE 100 MG TABLET	8	270.000	21.95	0.06606	10%-25% Above	Yes	No
68462011940	FLUCONAZOLE 150 MG TABLET	6	1.000	3.13	0.74599	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	1.000	2.95	0.74577	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462011944	FLUCONAZOLE 150 MG TABLET	5	1.000	3.23	0.74577	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	2.000	0.00	0.74577	76%-100% Below	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	2.000	2.37	0.74577	51%-75% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	2.000	5.55	0.74577	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	2.000	5.65	0.74577	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	2.000	5.70	0.74577	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	2.000	5.75	0.74577	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	3.000	6.80	0.74577	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	8.000	9.99	0.74577	51%-75% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	1.000	1.36	0.74599	76%-100% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	1.000	6.04	0.74599	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	2.000	0.00	0.74599	76%-100% Below	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	2.000	1.81	0.74599	10%-25% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	2.000	4.65	0.74599	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	3.000	6.20	0.74599	101%-200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	3.000	8.34	0.74599	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	7	2.000	4.90	0.65148	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	7	2.000	5.55	0.65148	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	7	2.000	5.70	0.65148	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	1.000	2.63	0.57535	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	1.000	2.72	0.57535	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	2.000	4.65	0.57535	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	2.000	4.90	0.57535	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	2.000	5.70	0.57535	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	3.000	4.90	0.57535	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462011944	FLUCONAZOLE 150 MG TABLET	8	4.000	8.70	0.57535	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	6.000	14.90	0.57535	200% Above	No	No
68462012601	GABAPENTIN 600 MG TABLET	8	90.000	12.49	0.09209	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	5	30.000	4.57	0.09345	51%-75% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	5	60.000	0.01	0.09345	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	5	90.000	0.99	0.09345	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	60.000	0.01	0.08963	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	90.000	0.99	0.08963	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	90.000	10.41	0.08963	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	60.000	0.01	0.09108	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	90.000	0.99	0.09108	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	90.000	10.36	0.09108	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	90.000	10.41	0.09108	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	180.000	23.69	0.09108	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	8	90.000	0.99	0.09209	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	8	90.000	13.42	0.09209	51%-75% Above	No	No
68462012701	GABAPENTIN 800 MG TABLET	5	240.000	15.00	0.12707	26%-50% Below	Yes	No
68462012701	GABAPENTIN 800 MG TABLET	7	240.000	15.00	0.12223	26%-50% Below	Yes	No
68462012705	GABAPENTIN 800 MG TABLET	5	168.000	13.84	0.12707	26%-50% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	7	90.000	6.42	0.12223	26%-50% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	7	168.000	13.84	0.12223	26%-50% Below	No	No
68462013279	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.000	2.61	0.28451	51%-75% Below	No	No
68462013279	NORETHIND-ETH ESTRAD 1-0.02 MG	6	21.000	2.44	0.28643	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.000	0.00	0.28451	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.000	9.99	0.28451	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	63.000	7.82	0.28451	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	21.000	9.99	0.28643	51%-75% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	63.000	7.31	0.28643	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	84.000	0.01	0.28643	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	21.000	0.00	0.28333	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	21.000	2.23	0.28333	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	21.000	9.99	0.28333	51%-75% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	63.000	7.25	0.28333	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	84.000	9.66	0.28333	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.000	0.00	0.27842	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.000	2.20	0.27842	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.000	9.99	0.27842	51%-75% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	63.000	0.01	0.27842	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	63.000	7.16	0.27842	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	63.000	20.00	0.27842	10%-25% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	84.000	8.91	0.27842	51%-75% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	6	60.000	10.35	0.14903	10%-25% Above	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	6	180.000	30.00	0.22056	10%-25% Below	Yes	No
68462013801	OXCARBAZEPINE 300 MG TABLET	7	180.000	23.15	0.2198	26%-50% Below	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	8	180.000	30.00	0.20734	10%-25% Below	Yes	No
68462015305	TOPIRAMATE 50 MG TABLET	5	30.000	0.99	0.04416	10%-25% Below	No	No
68462015305	TOPIRAMATE 50 MG TABLET	5	180.000	12.49	0.04416	51%-75% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	6	30.000	0.99	0.04036	10%-25% Below	No	No
68462015305	TOPIRAMATE 50 MG TABLET	6	60.000	9.99	0.04036	200% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	8	60.000	4.87	0.041	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	10.000	3.30	0.23707	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.75	0.23707	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	15.000	3.19	0.23707	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.000	0.00	0.23707	76%-100% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.000	5.17	0.23707	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	7.000	2.79	0.24816	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	10.000	2.77	0.24816	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	12.000	3.66	0.24816	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	12.000	3.75	0.24816	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.000	0.00	0.24816	76%-100% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.99	0.24816	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.000	5.12	0.24816	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	21.000	6.12	0.24816	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	10.000	0.68	0.23596	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	10.000	2.65	0.23596	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	10.000	3.17	0.23596	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	12.000	2.02	0.23596	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.15	0.23596	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	12.000	3.75	0.23596	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	12.000	9.53	0.23596	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	15.000	4.30	0.23596	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	16.000	4.63	0.23596	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	18.000	4.99	0.23596	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	18.000	5.17	0.23596	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	3.000	1.21	0.23742	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	6.000	2.16	0.23742	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	8.000	1.43	0.23742	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	8.000	2.75	0.23742	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	10.000	3.08	0.23742	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	10.000	3.30	0.23742	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	10.000	4.42	0.23742	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	12.000	0.00	0.23742	76%-100% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	12.000	1.51	0.23742	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	12.000	3.75	0.23742	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	12.000	4.24	0.23742	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	15.000	5.62	0.23742	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.000	2.26	0.23742	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.000	3.57	0.23742	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.000	4.90	0.23742	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.000	6.59	0.23742	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	5	18.000	6.99	0.24363	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	10.000	3.78	0.23397	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	18.000	6.99	0.23397	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	8	12.000	0.00	0.22315	76%-100% Below	No	No
68462016201	CARVEDILOL 3.125 MG TABLET	5	60.000	2.74	0.02085	101%-200% Above	Yes	No
68462016201	CARVEDILOL 3.125 MG TABLET	5	336.000	15.32	0.02085	101%-200% Above	Yes	No
68462016201	CARVEDILOL 3.125 MG TABLET	6	180.000	8.08	0.01914	101%-200% Above	Yes	No
68462016201	CARVEDILOL 3.125 MG TABLET	8	180.000	6.52	0.01837	76%-100% Above	Yes	No
68462016201	CARVEDILOL 3.125 MG TABLET	8	336.000	12.16	0.01837	76%-100% Above	Yes	No
68462016205	CARVEDILOL 3.125 MG TABLET	5	60.000	2.65	0.02085	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462016205	CARVEDILOL 3.125 MG TABLET	6	60.000	2.26	0.01914	76%-100% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	7	60.000	0.01	0.01875	76%-100% Below	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	8	180.000	0.02	0.01837	76%-100% Below	No	No
68462016301	CARVEDILOL 6.25 MG TABLET	6	180.000	6.91	0.02064	76%-100% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	6	180.000	7.00	0.02064	76%-100% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	5	60.000	2.38	0.02223	76%-100% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	5	180.000	4.68	0.02223	10%-25% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	6	60.000	2.38	0.02064	76%-100% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	6	180.000	6.42	0.02064	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	60.000	2.38	0.02128	76%-100% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	60.000	2.66	0.02128	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	180.000	6.50	0.02128	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	180.000	6.59	0.02128	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	180.000	6.77	0.02128	76%-100% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	60.000	2.33	0.02023	76%-100% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	60.000	2.66	0.02023	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	60.000	2.89	0.02023	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	60.000	9.99	0.02023	200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	180.000	4.43	0.02023	10%-25% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	8	60.000	2.79	0.02355	76%-100% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	5	60.000	2.86	0.03227	26%-50% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	6	60.000	2.84	0.03333	26%-50% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	6	60.000	2.86	0.03333	26%-50% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	7	60.000	2.84	0.03238	26%-50% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	7	60.000	2.86	0.03238	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462016505	CARVEDILOL 25 MG TABLET	8	60.000	2.84	0.03302	26%-50% Above	No	No
68462017901	NAPROXEN SODIUM 550 MG TAB	5	20.000	4.90	0.34739	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.000	9.90	0.17815	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	44.000	9.90	0.17815	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.000	4.90	0.17091	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.000	6.82	0.17091	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.000	6.90	0.17091	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.000	8.22	0.17091	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	4.90	0.17062	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	6.78	0.17062	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	6.90	0.17062	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	7.06	0.17062	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	7.99	0.17062	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	9.33	0.17062	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	4.90	0.17431	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	6.78	0.17431	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	6.90	0.17431	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	7.99	0.17431	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	8.22	0.17431	101%-200% Above	No	No
68462018117	CLOTRIMAZOLE 1% TOPICAL CREAM	5	30.000	9.99	0.24626	26%-50% Above	No	No
68462018117	CLOTRIMAZOLE 1% TOPICAL CREAM	8	15.000	4.99	0.24603	26%-50% Above	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	7	30.000	14.90	0.1652	200% Above	No	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	7	30.000	14.99	0.1652	200% Above	No	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	7	30.000	14.99	0.1652	200% Above	Yes	No
68462018449	METRONIDAZOLE VAGINAL 0.75% GL	7	70.000	25.83	0.57326	26%-50% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462018556	FLUOCINOLONE OIL 0.01% EAR DRP	5	20.000	18.81	2.09315	51%-75% Below	Yes	No
68462018556	FLUOCINOLONE OIL 0.01% EAR DRP	6	20.000	18.81	2.09092	51%-75% Below	Yes	No
68462018556	FLUOCINOLONE OIL 0.01% EAR DRP	8	20.000	131.79	1.93783	200% Above	No	No
68462018801	NAPROXEN 250 MG TABLET	5	20.000	1.67	0.05367	51%-75% Above	No	No
68462018801	NAPROXEN 250 MG TABLET	7	20.000	1.68	0.04987	51%-75% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	5	20.000	2.78	0.07442	76%-100% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	6	180.000	7.69	0.07765	26%-50% Below	Yes	No
68462019001	NAPROXEN 500 MG TABLET	6	180.000	19.93	0.07765	26%-50% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	8	180.000	6.19	0.07568	51%-75% Below	Yes	No
68462019005	NAPROXEN 500 MG TABLET	5	10.000	1.81	0.07442	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	20.000	2.85	0.07442	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	20.000	2.94	0.07442	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	20.000	4.36	0.07442	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	30.000	3.94	0.07442	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	60.000	6.13	0.07442	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	60.000	7.05	0.07442	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	60.000	7.14	0.07442	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	60.000	7.25	0.07442	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	20.000	2.87	0.07765	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	20.000	3.17	0.07765	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	30.000	3.94	0.07765	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	30.000	3.95	0.07765	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	30.000	4.04	0.07765	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	30.000	4.11	0.07765	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	60.000	0.01	0.07765	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462019005	NAPROXEN 500 MG TABLET	6	60.000	7.14	0.07765	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	60.000	7.34	0.07765	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	15.000	2.25	0.07177	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	20.000	2.85	0.07177	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	20.000	2.87	0.07177	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	28.000	3.72	0.07177	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	30.000	1.79	0.07177	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	7	30.000	3.94	0.07177	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	30.000	4.04	0.07177	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.000	0.01	0.07177	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.000	4.90	0.07177	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.000	6.08	0.07177	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.000	7.14	0.07177	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.000	7.25	0.07177	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	10.000	1.64	0.07568	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	10.000	1.72	0.07568	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	20.000	2.40	0.07568	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	20.000	3.17	0.07568	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	30.000	1.80	0.07568	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	8	60.000	0.01	0.07568	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	8	60.000	6.08	0.07568	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	60.000	7.14	0.07568	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	60.000	7.25	0.07568	51%-75% Above	No	No
68462019590	PRAVASTATIN SODIUM 10 MG TAB	5	90.000	11.23	0.06677	76%-100% Above	Yes	No
68462019590	PRAVASTATIN SODIUM 10 MG TAB	6	90.000	0.01	0.06819	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462019605	PRAVASTATIN SODIUM 20 MG TAB	5	30.000	0.00	0.05536	76%-100% Below	No	No
68462019605	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	0.00	0.05437	76%-100% Below	No	No
68462019605	PRAVASTATIN SODIUM 20 MG TAB	7	30.000	0.00	0.0563	76%-100% Below	No	No
68462019605	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	0.00	0.05788	76%-100% Below	No	No
68462019890	PRAVASTATIN SODIUM 80 MG TAB	5	90.000	0.01	0.1479	76%-100% Below	No	No
68462019890	PRAVASTATIN SODIUM 80 MG TAB	7	90.000	0.01	0.1429	76%-100% Below	No	No
68462019890	PRAVASTATIN SODIUM 80 MG TAB	8	90.000	0.01	0.1682	76%-100% Below	No	No
68462019930	TELMISARTAN 20 MG TABLET	5	30.000	14.90	0.21405	101%-200% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	8	90.000	17.66	0.30092	26%-50% Below	No	No
68462020030	TELMISARTAN 40 MG TABLET	8	90.000	29.99	0.30092	10%-25% Above	No	No
68462020130	TELMISARTAN 80 MG TABLET	5	30.000	14.99	0.30058	51%-75% Above	No	No
68462020130	TELMISARTAN 80 MG TABLET	6	30.000	14.99	0.3053	51%-75% Above	No	No
68462020130	TELMISARTAN 80 MG TABLET	7	30.000	14.99	0.25897	76%-100% Above	No	No
68462020130	TELMISARTAN 80 MG TABLET	8	30.000	14.99	0.28701	51%-75% Above	No	No
68462020130	TELMISARTAN 80 MG TABLET	8	90.000	0.01	0.28701	76%-100% Below	No	No
68462022001	LITHIUM CARBONATE 150 MG CAP	7	120.000	6.86	0.0754	10%-25% Below	No	No
68462022517	MOMETASONE FUROATE 0.1% OINT	8	45.000	9.90	0.28089	10%-25% Below	No	No
68462022555	MOMETASONE FUROATE 0.1% OINT	6	45.000	24.99	0.16949	200% Above	No	No
68462022605	EZETIMIBE 10 MG TABLET	8	90.000	24.99	0.10319	101%-200% Above	No	No
68462022605	EZETIMIBE 10 MG TABLET	8	90.000	59.99	0.10319	200% Above	No	No
68462022690	EZETIMIBE 10 MG TABLET	7	30.000	9.99	0.09842	200% Above	No	No
68462022690	EZETIMIBE 10 MG TABLET	8	30.000	9.99	0.10319	200% Above	No	No
68462022690	EZETIMIBE 10 MG TABLET	8	90.000	19.99	0.10319	101%-200% Above	No	No
68462023501	FELODIPINE ER 10 MG TABLET	5	30.000	14.99	0.27364	76%-100% Above	No	No
68462023501	FELODIPINE ER 10 MG TABLET	6	30.000	14.99	0.29738	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462023501	FELODIPINE ER 10 MG TABLET	7	30.000	0.30	0.24745	76%-100% Below	No	No
68462023501	FELODIPINE ER 10 MG TABLET	8	30.000	0.30	0.23912	76%-100% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	5	30.000	4.68	0.05087	200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	6	30.000	1.03	0.04618	10%-25% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	7	30.000	0.90	0.0483	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	8	30.000	0.90	0.0455	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	5	180.000	20.00	0.04922	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	8	60.000	9.99	0.04799	200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	5	30.000	9.99	0.06551	200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	5	90.000	12.76	0.06551	101%-200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	6	180.000	24.03	0.0655	101%-200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	7	90.000	20.00	0.06249	200% Above	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	5	180.000	25.17	0.07942	76%-100% Above	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	8	180.000	25.17	0.09048	51%-75% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.00	0.05292	76%-100% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.00	0.05689	76%-100% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.25	0.05689	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	3.74	0.05689	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.00	0.05615	76%-100% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.25	0.05615	10%-25% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	0.01	0.05615	76%-100% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.10	0.04944	10%-25% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.50	0.0506	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.96	0.0506	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	4.90	0.07794	101%-200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	4.90	0.07212	101%-200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	0.01	0.07212	76%-100% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	9.90	0.07212	51%-75% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	4.90	0.07377	101%-200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	29.99	0.07377	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	4.90	0.07086	101%-200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	9.99	0.07086	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	14.99	0.07086	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	20.00	0.12799	51%-75% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	44.99	0.12799	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	44.99	0.11711	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	44.99	0.11556	200% Above	No	No
68462027601	DESMOPRESSIN ACETATE 0.2 MG TB	8	30.000	30.91	0.4069	101%-200% Above	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	5	28.000	0.00	0.28719	76%-100% Below	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	5	30.000	6.82	0.28719	10%-25% Below	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	7	7.000	2.09	0.20817	26%-50% Above	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	5	30.000	4.95	0.19081	10%-25% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	6	90.000	10.92	0.18426	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	7	90.000	20.00	0.18595	10%-25% Above	No	No
68462029817	CLOTRIMAZOLE-BETAMETHASONE CRM	5	30.000	19.99	0.21877	200% Above	No	No
68462029817	CLOTRIMAZOLE-BETAMETHASONE CRM	6	15.000	18.77	0.20909	200% Above	No	No
68462029817	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.000	14.90	0.19994	200% Above	No	No
68462029817	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.000	19.99	0.19994	101%-200% Above	No	No
68462029817	CLOTRIMAZOLE-BETAMETHASONE CRM	8	15.000	14.99	0.20092	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462029817	CLOTRIMAZOLE-BETAMETHASONE CRM	8	60.000	79.28	0.20092	200% Above	No	No
68462029855	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.000	64.34	0.16636	200% Above	No	No
68462029855	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.000	6.90	0.17146	10%-25% Below	No	No
68462030147	ADAPALENE-BNZYL PEROX 0.1-2.5%	6	45.000	29.99	0.75526	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	5	20.000	3.82	0.15346	10%-25% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	6	30.000	4.99	0.10348	51%-75% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	7	20.000	3.28	0.10935	26%-50% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	7	20.000	3.82	0.10935	51%-75% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	7	90.000	6.37	0.10935	26%-50% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	8	30.000	4.99	0.09293	76%-100% Above	No	No
68462030205	INDOMETHACIN 50 MG CAPSULE	5	30.000	1.21	0.15346	51%-75% Below	No	No
68462030205	INDOMETHACIN 50 MG CAPSULE	7	30.000	6.59	0.10935	76%-100% Above	No	No
68462030205	INDOMETHACIN 50 MG CAPSULE	8	90.000	12.35	0.09293	26%-50% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	5	28.000	0.00	0.15975	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	5	84.000	0.01	0.15975	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	6	28.000	0.00	0.14915	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	6	28.000	12.27	0.14915	101%-200% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	7	28.000	0.00	0.1578	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	8	28.000	0.00	0.13998	76%-100% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	5	90.000	118.57	0.475	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	6	15.000	5.26	0.49362	26%-50% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	6	20.000	14.99	0.49362	51%-75% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	6	60.000	21.04	0.49362	26%-50% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	6	90.000	31.54	0.49362	26%-50% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	7	30.000	10.51	0.39073	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462030450	NORETHINDRONE 5 MG TABLET	8	60.000	14.99	0.41046	26%-50% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	8	60.000	21.02	0.41046	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	28.000	3.08	0.15975	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	84.000	7.78	0.15975	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	28.000	3.08	0.14915	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	28.000	9.99	0.14915	101%-200% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	84.000	8.87	0.14915	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	84.000	9.24	0.14915	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	7	28.000	3.08	0.1578	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	7	28.000	9.99	0.1578	101%-200% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	7	84.000	7.05	0.1578	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	8	28.000	3.08	0.13998	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	8	28.000	9.99	0.13998	101%-200% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	8	84.000	9.24	0.13998	10%-25% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	28.000	2.91	0.17058	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	84.000	8.74	0.17058	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	84.000	23.57	0.17058	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	84.000	23.90	0.17058	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	28.000	2.91	0.17299	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.000	8.74	0.17299	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.000	23.57	0.17299	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.000	23.90	0.17299	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	28.000	2.91	0.14859	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.000	8.74	0.14859	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.000	18.98	0.14859	51%-75% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.000	20.00	0.14859	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	8	28.000	2.91	0.15075	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	8	84.000	8.74	0.15075	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	8	84.000	18.98	0.15075	26%-50% Above	Yes	No
68462031435	NYSTATIN-TRIAMCINOLONE CREAM	7	30.000	6.90	0.42941	26%-50% Below	No	No
68462031435	NYSTATIN-TRIAMCINOLONE CREAM	8	30.000	14.99	0.35805	26%-50% Above	No	No
68462031465	NYSTATIN-TRIAMCINOLONE CREAM	8	60.000	14.90	0.29381	10%-25% Below	No	No
68462031829	VIORELE 28 DAY TABLET	7	28.000	0.00	0.23476	76%-100% Below	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	6	30.000	14.45	0.62101	10%-25% Below	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	7	30.000	14.45	0.53675	10%-25% Below	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	8	30.000	10.47	0.43311	10%-25% Below	No	No
68462032330	EZETIMIBE-SIMVASTATIN 10-40 MG	6	90.000	44.99	0.96055	26%-50% Below	Yes	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	5	30.000	3.83	0.05021	101%-200% Above	No	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	6	30.000	3.83	0.05344	101%-200% Above	No	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	6	120.000	9.99	0.05344	51%-75% Above	Yes	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	6	270.000	20.00	0.05344	26%-50% Above	No	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	7	30.000	3.83	0.05024	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	0.99	0.07526	51%-75% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	4.90	0.07526	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.90	0.07526	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.99	0.07526	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	10.09	0.07526	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	10.39	0.07526	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	0.99	0.07553	51%-75% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	4.90	0.07553	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.90	0.07553	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.99	0.07553	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.55	0.07553	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.64	0.07553	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	10.09	0.07553	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	10.39	0.07553	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	0.99	0.07034	51%-75% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	4.90	0.07034	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.99	0.07034	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	8.55	0.07034	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	8.64	0.07034	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	10.09	0.07034	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	10.39	0.07034	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	10.000	3.90	0.06668	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	0.99	0.06668	26%-50% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.99	0.06668	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.55	0.06668	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.64	0.06668	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	9.90	0.06668	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	10.39	0.06668	200% Above	No	No
68462038201	ESZOPICLONE 1 MG TABLET	8	7.000	4.99	0.18972	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	6	30.000	28.44	0.13113	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	8	7.000	4.99	0.10517	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	8	30.000	4.99	0.10517	51%-75% Above	No	No
68462038401	ESZOPICLONE 3 MG TABLET	8	30.000	9.99	0.1242	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462038630	SOLIFENACIN 5 MG TABLET	5	90.000	60.00	0.23019	101%-200% Above	Yes	No
68462039030	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.000	4.99	0.20242	10%-25% Below	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	159.08	0.1935	200% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	19.99	0.17269	26%-50% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	9.99	0.18114	76%-100% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	14.99	0.18114	101%-200% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	10.72	0.18114	26%-50% Below	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	29.99	0.18114	76%-100% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	128.15	0.18114	200% Above	Yes	No
68462039190	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	48.50	0.17269	200% Above	No	No
68462039429	ALYACEN 1-35 28 TABLET	6	84.000	43.37	0.37172	26%-50% Above	Yes	No
68462039429	ALYACEN 1-35 28 TABLET	7	84.000	14.20	0.31094	26%-50% Below	Yes	No
68462039429	ALYACEN 1-35 28 TABLET	7	84.000	34.46	0.31094	26%-50% Above	Yes	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.86	0.03676	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.86	0.03385	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.86	0.03446	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.93	0.03446	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.86	0.03676	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.95	0.03676	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.49	0.03676	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.46	0.03385	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.95	0.03385	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.46	0.03355	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.95	0.03355	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.27	0.03355	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.36	0.03355	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.61	0.03355	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.95	0.03446	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	7.27	0.03446	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	7.49	0.03446	101%-200% Above	No	No
68462039701	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	0.86	0.05893	51%-75% Below	No	No
68462039701	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	0.86	0.05727	26%-50% Below	No	No
68462039701	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.16	0.06241	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	0.93	0.06114	26%-50% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	4.90	0.06114	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.99	0.06114	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.16	0.06114	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	6.41	0.06114	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.90	0.06114	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.99	0.06114	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	16.66	0.06114	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	0.86	0.05893	51%-75% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.99	0.05893	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.09	0.05893	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.16	0.05893	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.24	0.05893	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	12.40	0.05893	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	16.66	0.05893	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	0.86	0.05727	26%-50% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	3.50	0.05727	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	4.90	0.05727	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.99	0.05727	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.16	0.05727	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	6.24	0.05727	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	12.40	0.05727	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.90	0.05727	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	16.66	0.05727	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	17.26	0.05727	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	26.000	4.64	0.06241	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	28.000	4.96	0.06241	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	0.86	0.06241	51%-75% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	4.90	0.06241	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.09	0.06241	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.28	0.06241	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.99	0.06241	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.16	0.06241	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	6.24	0.06241	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	7.79	0.06241	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	22.06	0.06241	200% Above	No	No
68462039730	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	6.25	0.05893	200% Above	No	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.18	0.05893	101%-200% Above	No	No
68462040355	ADAPALENE 0.1% GEL	5	135.000	228.84	2.50035	26%-50% Below	No	No
68462040467	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	6	25.000	36.87	2.44556	26%-50% Below	Yes	No
68462040467	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	7	19.000	0.00	2.33291	76%-100% Below	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	7	60.000	7.72	0.08986	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462040601	INDOMETHACIN 25 MG CAPSULE	8	30.000	0.00	0.10058	76%-100% Below	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	8	60.000	7.72	0.10058	26%-50% Above	No	No
68462040960	PROPAFENONE HCL ER 325 MG CAP	5	60.000	9.99	1.098	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	8	28.000	2.06	0.1758	51%-75% Below	No	No
68462042121	ATOVAQUONE 750 MG/5 ML SUSP	5	300.000	217.38	1.00189	26%-50% Below	No	No
68462042121	ATOVAQUONE 750 MG/5 ML SUSP	7	300.000	217.38	0.99613	26%-50% Below	No	No
68462042121	ATOVAQUONE 750 MG/5 ML SUSP	8	300.000	217.38	0.8172	10%-25% Below	No	No
68462043318	COLESEVELAM 625 MG TABLET	7	180.000	46.35	0.37352	26%-50% Below	No	No
68462043318	COLESEVELAM 625 MG TABLET	7	180.000	49.90	0.37352	10%-25% Below	No	No
68462043318	COLESEVELAM 625 MG TABLET	8	180.000	46.35	0.4671	26%-50% Below	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.000	9.90	0.09284	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.000	44.90	0.09284	200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.000	9.90	0.10183	200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.000	9.90	0.1018	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	6.90	0.15094	51%-75% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	9.90	0.15094	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	9.99	0.15094	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	9.90	0.15171	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	9.99	0.15171	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	9.90	0.12986	101%-200% Above	No	No
68462045535	CICLOPIROX 0.77% GEL	6	60.000	25.13	0.65798	26%-50% Below	No	No
68462045547	CICLOPIROX 0.77% GEL	6	45.000	18.78	0.74281	26%-50% Below	Yes	No
68462045594	CICLOPIROX 0.77% GEL	7	100.000	51.58	0.6784	10%-25% Below	Yes	No
68462046806	RIZATRIPTAN 10 MG ODT	6	18.000	9.90	0.76318	26%-50% Below	No	No
68462047301	URSODIOL 250 MG TABLET	8	180.000	71.14	0.59087	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462047401	URSODIOL 500 MG TABLET	6	60.000	0.01	0.92268	76%-100% Below	No	No
68462047401	URSODIOL 500 MG TABLET	7	60.000	0.01	0.90609	76%-100% Below	No	No
68462047401	URSODIOL 500 MG TABLET	7	270.000	44.99	0.90609	76%-100% Below	No	No
68462047401	URSODIOL 500 MG TABLET	8	60.000	0.01	0.90831	76%-100% Below	No	No
68462048619	CLINDAMYCIN-BENZOYL PEROX 1-5%	7	25.000	19.99	0.90261	10%-25% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	5	28.000	0.00	0.2275	76%-100% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	5	56.000	10.56	0.2275	10%-25% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	6	28.000	0.00	0.23667	76%-100% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	5	63.000	0.01	0.56776	76%-100% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	6	84.000	0.01	0.59144	76%-100% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	7	21.000	5.40	0.5696	51%-75% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	7	21.000	5.43	0.5696	51%-75% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	7	63.000	0.01	0.5696	76%-100% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	8	21.000	0.00	0.54567	76%-100% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	8	21.000	5.38	0.54567	51%-75% Below	No	No
68462053047	CLOBETASOL 0.05% OINTMENT	8	45.000	150.22	0.28554	200% Above	Yes	No
68462053253	CLOBETASOL 0.05% SOLUTION	5	50.000	13.24	0.32481	10%-25% Below	Yes	No
68462053253	CLOBETASOL 0.05% SOLUTION	5	50.000	19.99	0.32481	10%-25% Above	Yes	No
68462053253	CLOBETASOL 0.05% SOLUTION	6	50.000	13.24	0.31514	10%-25% Below	Yes	No
68462053253	CLOBETASOL 0.05% SOLUTION	6	50.000	91.20	0.31514	200% Above	No	No
68462053253	CLOBETASOL 0.05% SOLUTION	6	100.000	26.48	0.31514	10%-25% Below	Yes	No
68462053253	CLOBETASOL 0.05% SOLUTION	7	50.000	25.24	0.27846	76%-100% Above	No	No
68462053253	CLOBETASOL 0.05% SOLUTION	8	50.000	13.24	0.30753	10%-25% Below	Yes	No
68462053253	CLOBETASOL 0.05% SOLUTION	8	100.000	26.48	0.30753	10%-25% Below	Yes	No
68462053435	TACROLIMUS 0.1% OINTMENT	5	60.000	164.23	2.10017	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462053435	TACROLIMUS 0.1% OINTMENT	6	30.000	32.18	1.98945	26%-50% Below	No	No
68462053494	TACROLIMUS 0.1% OINTMENT	5	100.000	273.71	2.02069	26%-50% Above	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	5	12.000	6.69	1.02542	26%-50% Below	Yes	No
68462053670	IMIQUIMOD 5% CREAM PACKET	8	24.000	13.38	0.99886	26%-50% Below	Yes	No
68462056630	AMLODIPINE-OLMESARTAN 5-20 MG	5	30.000	19.90	0.41117	51%-75% Above	No	No
68462056630	AMLODIPINE-OLMESARTAN 5-20 MG	6	30.000	19.90	0.4305	51%-75% Above	No	No
68462056630	AMLODIPINE-OLMESARTAN 5-20 MG	7	30.000	19.90	0.34323	76%-100% Above	No	No
68462056630	AMLODIPINE-OLMESARTAN 5-20 MG	8	30.000	19.90	0.36565	76%-100% Above	No	No
68462056830	AMLODIPINE-OLMESARTAN 5-40 MG	5	30.000	14.99	0.38994	26%-50% Above	No	No
68462056830	AMLODIPINE-OLMESARTAN 5-40 MG	6	30.000	14.99	0.44011	10%-25% Above	No	No
68462056830	AMLODIPINE-OLMESARTAN 5-40 MG	7	30.000	14.99	0.37125	26%-50% Above	No	No
68462056830	AMLODIPINE-OLMESARTAN 5-40 MG	8	30.000	14.99	0.38187	26%-50% Above	No	No
68462056930	AMLODIPINE-OLMESARTAN 10-40 MG	7	30.000	14.99	0.34363	26%-50% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	5	30.000	14.99	0.12089	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	7	15.000	8.98	0.13962	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	8	15.000	8.98	0.11276	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	8	30.000	14.90	0.11276	200% Above	No	No
68462058340	APREPITANT 40 MG CAPSULE	6	1.000	68.63	53.25822	26%-50% Above	No	No
68462059089	FLUOCINOLONE 0.01% SCALP OIL	6	118.280	9.99	0.26898	51%-75% Below	No	No
68462059089	FLUOCINOLONE 0.01% SCALP OIL	8	118.280	9.99	0.26989	51%-75% Below	No	No
68462059189	FLUOCINOLONE 0.01% BODY OIL	8	118.280	14.99	0.21164	26%-50% Below	No	No
68462060935	PIMECROLIMUS 1% CREAM	5	60.000	14.99	4.63468	76%-100% Below	No	No
68462062652	AZELAIC ACID 15% GEL	6	50.000	35.10	1.00548	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	6	25.000	10.39	0.25189	51%-75% Above	Yes	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	6	25.000	12.89	0.25189	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	7	25.000	9.99	0.23778	51%-75% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	7	25.000	14.93	0.23778	101%-200% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	6.90	0.23477	10%-25% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	10.39	0.23477	76%-100% Above	Yes	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	13.74	0.23477	101%-200% Above	No	No
68462067960	LACOSAMIDE 100 MG TABLET	6	60.000	109.49	0.45553	200% Above	Yes	No
68462067960	LACOSAMIDE 100 MG TABLET	7	180.000	328.48	0.35635	200% Above	Yes	No
68462068060	LACOSAMIDE 150 MG TABLET	7	360.000	695.52	0.3743	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	6	30.000	57.98	0.54481	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	7	30.000	57.98	0.4527	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	8	30.000	57.98	0.49445	200% Above	Yes	No
68462068701	TACROLIMUS 5 MG CAPSULE (IMMEDIATE RELEASE)	5	180.000	244.99	2.10911	26%-50% Below	Yes	No
68462068701	TACROLIMUS 5 MG CAPSULE (IMMEDIATE RELEASE)	8	60.000	59.53	2.46418	51%-75% Below	Yes	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	5	28.000	0.00	0.32537	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	6	28.000	0.00	0.35282	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	7	28.000	0.00	0.32237	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	8	28.000	0.00	0.33464	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	8	84.000	0.01	0.33464	76%-100% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	28.000	0.00	0.5579	76%-100% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	84.000	0.01	0.5579	76%-100% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	84.000	31.84	0.5579	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	84.000	139.74	0.5579	101%-200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	28.000	10.61	0.52933	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	84.000	31.84	0.52933	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	84.000	137.83	0.52933	200% Above	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	7	28.000	0.00	0.48781	76%-100% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	7	84.000	31.84	0.48781	10%-25% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	28.000	10.61	0.5598	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	84.000	28.83	0.5598	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	84.000	111.03	0.5598	101%-200% Above	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.000	4.47	0.21481	10%-25% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.000	4.47	0.23703	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.000	4.47	0.21763	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.000	3.96	0.2029	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.000	4.47	0.2029	10%-25% Below	No	No
68462074617	ACYCLOVIR 5% OINTMENT	6	30.000	20.64	1.05932	26%-50% Below	Yes	No
68462074617	ACYCLOVIR 5% OINTMENT	7	30.000	20.64	0.80894	10%-25% Below	Yes	No
68462074635	ACYCLOVIR 5% OINTMENT	8	30.000	19.58	0.73215	10%-25% Below	Yes	No
68462079817	TRIAMCINOLONE 0.5% OINTMENT	5	60.000	14.99	0.35302	26%-50% Below	No	No
68462079817	TRIAMCINOLONE 0.5% OINTMENT	8	15.000	8.18	0.33456	51%-75% Above	Yes	No
68462079917	NYSTATIN-TRIAMCINOLONE OINTM	5	15.000	14.99	0.38743	101%-200% Above	No	No
68462086665	CLINDAMYCIN PH 1% GEL	6	60.000	6.99	0.47076	51%-75% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	7	60.000	0.60	0.46627	76%-100% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	7	60.000	4.99	0.46627	76%-100% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	7	60.000	19.99	0.46627	26%-50% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	8	60.000	4.99	0.39701	76%-100% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	8	60.000	14.99	0.39701	26%-50% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	8	60.000	19.99	0.39701	10%-25% Below	No	No
68462088005	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	180.000	31.45	0.33169	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	3.17	0.03088	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.55	0.03083	51%-75% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.57	0.03083	51%-75% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.42	0.03473	26%-50% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.55	0.03473	26%-50% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	90.000	2.73	0.03473	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.55	0.03064	51%-75% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.57	0.03064	51%-75% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	60.000	2.05	0.03064	10%-25% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	0.30	0.03174	51%-75% Below	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	0.30	0.03391	51%-75% Below	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	8	60.000	0.60	0.0324	51%-75% Below	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	6	90.000	2.92	0.02166	26%-50% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	5	60.000	2.79	0.0317	26%-50% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	5	180.000	6.57	0.0317	10%-25% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	7	180.000	6.57	0.03109	10%-25% Above	No	No
68645030059	METFORMIN HCL 1,000 MG TABLET	5	180.000	0.02	0.02598	76%-100% Below	No	No
68645030059	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.68	0.02396	76%-100% Above	No	No
68645035059	CARVEDILOL 6.25 MG TABLET	5	180.000	0.02	0.02223	76%-100% Below	No	No
68645035059	CARVEDILOL 6.25 MG TABLET	7	180.000	6.59	0.02128	51%-75% Above	No	No
68645045690	ENALAPRIL MALEATE 10 MG TAB	7	90.000	0.90	0.10569	76%-100% Below	No	No
68645047854	METOPROLOL SUCC ER 50 MG TAB	5	30.000	7.74	0.09577	101%-200% Above	No	No
68645047854	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.74	0.08701	101%-200% Above	No	No
68645049154	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	20.96	0.06001	200% Above	No	No
68645049154	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	20.96	0.06225	200% Above	No	No
68645049154	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	0.01	0.06225	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645049154	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	20.96	0.06139	200% Above	No	No
68645049659	CARVEDILOL 25 MG TABLET	8	60.000	3.25	0.03302	51%-75% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	0.30	0.01329	10%-25% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.30	0.01329	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.42	0.01329	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	0.90	0.01329	10%-25% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.49	0.01329	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.73	0.01329	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.79	0.01329	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	3.26	0.01329	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.18	0.01342	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.25	0.01342	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.30	0.01342	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.39	0.01342	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.42	0.01342	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.36	0.01342	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.30	0.01322	10%-25% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.25	0.01322	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.30	0.01322	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.40	0.01322	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.73	0.01322	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.25	0.01334	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.40	0.01334	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.42	0.01334	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.48	0.01334	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	0.90	0.01334	10%-25% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.67	0.01334	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.36	0.01334	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.79	0.01334	101%-200% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	5	30.000	6.99	0.14107	51%-75% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	6	30.000	4.99	0.14623	10%-25% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	6	30.000	6.99	0.14623	51%-75% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	7	30.000	4.99	0.14909	10%-25% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	7	30.000	6.99	0.14909	51%-75% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	8	30.000	6.99	0.14873	51%-75% Above	No	No
68645051354	NIFEDIPINE ER 60 MG TABLET	5	30.000	6.99	0.19678	10%-25% Above	No	No
68645051354	NIFEDIPINE ER 60 MG TABLET	6	30.000	6.99	0.17973	26%-50% Above	No	No
68645051354	NIFEDIPINE ER 60 MG TABLET	7	90.000	44.99	0.20051	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	30.000	4.62	0.05112	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	90.000	12.02	0.05112	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	6	30.000	0.30	0.04995	76%-100% Below	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	6	30.000	3.86	0.04995	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	7	30.000	0.30	0.05194	76%-100% Below	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	7	60.000	8.50	0.05194	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	7	90.000	10.19	0.05194	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	7	90.000	12.02	0.05194	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	30.000	0.30	0.05286	76%-100% Below	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	30.000	3.86	0.05286	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	90.000	12.02	0.05286	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	30.000	5.40	0.08912	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645052054	ESCITALOPRAM 20 MG TABLET	5	30.000	5.55	0.08912	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	90.000	15.16	0.08912	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	6	30.000	5.40	0.07922	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	6	30.000	5.55	0.07922	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	6	90.000	15.46	0.07922	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	7	30.000	0.30	0.08189	76%-100% Below	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	7	30.000	5.40	0.08189	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	7	60.000	10.35	0.08189	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	8	30.000	0.30	0.07964	76%-100% Below	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	8	30.000	5.40	0.07964	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	8	30.000	6.97	0.07964	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	8	90.000	15.16	0.07964	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	5	30.000	2.79	0.0407	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	5	90.000	7.09	0.0407	76%-100% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	7	30.000	1.49	0.04158	10%-25% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	8	30.000	1.49	0.0394	26%-50% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	8	30.000	2.53	0.0394	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	8	90.000	7.09	0.0394	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	30.000	2.35	0.04414	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	30.000	2.39	0.04414	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	30.000	2.41	0.04414	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	90.000	5.58	0.04414	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	90.000	5.74	0.04414	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	30.000	2.05	0.0427	51%-75% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	30.000	2.35	0.0427	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645052254	SERTRALINE HCL 50 MG TABLET	6	30.000	2.41	0.0427	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	90.000	5.58	0.0427	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	22.000	1.92	0.04132	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	30.000	2.05	0.04132	51%-75% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	30.000	2.35	0.04132	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	30.000	2.41	0.04132	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	90.000	5.58	0.04132	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	8	30.000	0.30	0.04358	76%-100% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	8	30.000	2.05	0.04358	51%-75% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	8	30.000	2.35	0.04358	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	8	30.000	2.41	0.04358	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	8	90.000	5.74	0.04358	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	30.000	3.40	0.05774	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	30.000	3.48	0.05774	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	45.000	4.85	0.05774	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	90.000	0.90	0.05774	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	30.000	3.48	0.0565	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	45.000	4.85	0.0565	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	30.000	3.48	0.05684	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	45.000	1.15	0.05684	51%-75% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	45.000	5.77	0.05684	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	60.000	6.22	0.05684	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	90.000	0.90	0.05684	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	30.000	2.93	0.05713	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	30.000	4.29	0.05713	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645052354	SERTRALINE HCL 100 MG TABLET	8	45.000	1.02	0.05713	51%-75% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	45.000	4.85	0.05713	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	60.000	4.07	0.05713	10%-25% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	60.000	6.22	0.05713	76%-100% Above	No	No
68645053254	LISINOPRIL 20 MG TABLET	5	90.000	3.49	0.02521	51%-75% Above	No	No
68645053254	LISINOPRIL 20 MG TABLET	8	90.000	3.49	0.02563	51%-75% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	8	30.000	4.72	0.06869	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	5	30.000	1.18	0.01575	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	5	30.000	1.23	0.01575	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	5	30.000	1.27	0.01575	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	5	180.000	3.95	0.01575	26%-50% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	6	30.000	1.13	0.01559	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	6	30.000	1.27	0.01559	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	7	30.000	1.13	0.01562	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	7	30.000	1.27	0.01562	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	7	90.000	0.90	0.01562	26%-50% Below	No	No
68645055154	LISINOPRIL 5 MG TABLET	7	90.000	2.29	0.01562	51%-75% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	7	180.000	1.80	0.01562	26%-50% Below	No	No
68645055154	LISINOPRIL 5 MG TABLET	8	30.000	1.13	0.01581	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	8	30.000	1.18	0.01581	101%-200% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	8	30.000	1.27	0.01581	101%-200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	5	30.000	0.30	0.01934	26%-50% Below	No	No
68645055254	LISINOPRIL 10 MG TABLET	5	30.000	1.26	0.01934	101%-200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	5	30.000	1.38	0.01934	101%-200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	5	60.000	0.60	0.01934	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645055254	LISINOPRIL 10 MG TABLET	5	90.000	0.90	0.01934	26%-50% Below	No	No
68645055254	LISINOPRIL 10 MG TABLET	6	30.000	0.30	0.01934	26%-50% Below	No	No
68645055254	LISINOPRIL 10 MG TABLET	6	30.000	1.40	0.01934	101%-200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	6	30.000	1.63	0.01934	101%-200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	6	90.000	2.65	0.01934	51%-75% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	6	90.000	2.71	0.01934	51%-75% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	7	30.000	0.30	0.01839	26%-50% Below	No	No
68645055254	LISINOPRIL 10 MG TABLET	7	30.000	1.22	0.01839	101%-200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	7	90.000	2.71	0.01839	51%-75% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	8	30.000	0.30	0.01974	26%-50% Below	No	No
68645055254	LISINOPRIL 10 MG TABLET	8	30.000	1.22	0.01974	101%-200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	8	30.000	1.38	0.01974	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	30.000	0.67	0.02521	10%-25% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	30.000	1.52	0.02521	76%-100% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	30.000	1.90	0.02521	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	30.000	1.94	0.02521	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	90.000	0.90	0.02521	51%-75% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	90.000	3.58	0.02521	51%-75% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	90.000	3.83	0.02521	51%-75% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	180.000	1.80	0.02521	51%-75% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	30.000	0.67	0.02613	10%-25% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	30.000	1.46	0.02613	76%-100% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	30.000	1.94	0.02613	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	90.000	3.49	0.02613	26%-50% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	90.000	3.77	0.02613	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645055354	LISINOPRIL 20 MG TABLET	7	30.000	1.69	0.0259	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	7	30.000	1.91	0.0259	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	7	90.000	0.90	0.0259	51%-75% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	7	90.000	3.58	0.0259	51%-75% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	8	30.000	1.46	0.02563	76%-100% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	8	30.000	1.91	0.02563	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	8	30.000	1.96	0.02563	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	8	90.000	0.90	0.02563	51%-75% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	8	90.000	3.00	0.02563	26%-50% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	8	90.000	3.58	0.02563	51%-75% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	8	90.000	3.74	0.02563	51%-75% Above	No	No
68645055454	LISINOPRIL 30 MG TABLET	7	30.000	1.80	0.05313	10%-25% Above	No	No
68645055454	LISINOPRIL 30 MG TABLET	8	90.000	7.50	0.05301	51%-75% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	180.000	1.80	0.03454	51%-75% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.000	1.47	0.03464	26%-50% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.000	1.70	0.03464	51%-75% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	15.000	0.91	0.033	76%-100% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	1.70	0.033	51%-75% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	0.90	0.033	51%-75% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	2.47	0.033	10%-25% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	2.64	0.033	10%-25% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	15.000	0.91	0.03398	76%-100% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	1.99	0.03398	76%-100% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	180.000	1.80	0.03398	51%-75% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	1.80	0.05019	10%-25% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	1.84	0.05019	10%-25% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	2.09	0.05019	26%-50% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	60.000	0.63	0.05019	76%-100% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	4.05	0.05019	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.000	1.80	0.05019	76%-100% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	1.80	0.04948	10%-25% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	2.05	0.04948	26%-50% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	2.09	0.04948	26%-50% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	60.000	0.60	0.04948	76%-100% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	3.40	0.04948	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	1.80	0.04872	10%-25% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	1.84	0.04872	10%-25% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	2.05	0.04872	26%-50% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	60.000	0.60	0.04872	76%-100% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	180.000	7.11	0.04872	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	1.80	0.04933	10%-25% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	2.16	0.04933	26%-50% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	60.000	0.60	0.04933	76%-100% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	0.90	0.04933	76%-100% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.000	1.80	0.04933	76%-100% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.81	0.04829	10%-25% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	1.81	0.04681	26%-50% Above	No	No
68645055954	CITALOPRAM HBR 40 MG TABLET	6	30.000	0.00	0.03767	76%-100% Below	No	No
68645055954	CITALOPRAM HBR 40 MG TABLET	7	30.000	0.00	0.03951	76%-100% Below	No	No
68645055954	CITALOPRAM HBR 40 MG TABLET	8	30.000	0.00	0.0397	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645056054	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.89	0.06511	200% Above	No	No
68645056054	MONTELUKAST SOD 10 MG TABLET	6	30.000	8.45	0.06511	200% Above	No	No
68645056054	MONTELUKAST SOD 10 MG TABLET	6	90.000	18.61	0.06511	200% Above	No	No
68645056054	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.00	0.06565	76%-100% Below	No	No
68645056054	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.00	0.06471	76%-100% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	5	15.000	0.15	0.05757	76%-100% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	5	30.000	2.22	0.05757	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	6	30.000	2.22	0.05642	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	7	15.000	1.46	0.0532	76%-100% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	7	20.000	1.70	0.0532	51%-75% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	7	28.000	2.08	0.0532	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	7	28.000	2.12	0.0532	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	7	40.000	2.70	0.0532	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	8	30.000	1.12	0.05588	26%-50% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	8	30.000	2.17	0.05588	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	8	30.000	2.22	0.05588	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	20.000	1.90	0.07407	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	28.000	0.28	0.07407	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	30.000	2.48	0.07407	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.000	5.97	0.07407	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	15.000	0.15	0.0673	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	15.000	1.40	0.0673	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	18.000	1.54	0.0673	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	20.000	1.64	0.0673	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	20.000	1.90	0.0673	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645056354	IBUPROFEN 800 MG TABLET	6	21.000	1.92	0.0673	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	21.000	1.96	0.0673	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	30.000	0.30	0.0673	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	90.000	4.96	0.0673	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	15.000	1.61	0.07325	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	16.000	1.45	0.07325	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	16.000	1.64	0.07325	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	20.000	1.64	0.07325	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	30.000	2.43	0.07325	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	30.000	4.50	0.07325	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	42.000	2.71	0.07325	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	45.000	2.82	0.07325	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	60.000	0.60	0.07325	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	10.000	1.16	0.07215	51%-75% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	15.000	0.15	0.07215	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	16.000	1.45	0.07215	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	20.000	0.20	0.07215	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	21.000	1.69	0.07215	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	24.000	2.09	0.07215	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	30.000	2.43	0.07215	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	50.000	6.51	0.07215	76%-100% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.000	4.96	0.07215	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.000	4.99	0.07215	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.000	7.52	0.07215	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	180.000	11.20	0.07215	10%-25% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645056354	IBUPROFEN 800 MG TABLET	8	180.000	14.29	0.07215	10%-25% Above	No	No
68645056690	LOVASTATIN 20 MG TABLET	5	30.000	0.30	0.04805	76%-100% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	5	90.000	0.90	0.04805	76%-100% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	6	30.000	0.30	0.05522	76%-100% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	7	30.000	0.30	0.04433	76%-100% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	8	30.000	0.30	0.05262	76%-100% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	8	90.000	0.90	0.05262	76%-100% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	6	180.000	1.80	0.04956	76%-100% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	6	180.000	6.46	0.04956	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	1.000	0.72	0.01501	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.30	0.01501	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.06	0.01501	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.46	0.01501	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.58	0.01501	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.59	0.01501	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.62	0.01501	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.63	0.01501	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.87	0.01501	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.29	0.01501	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.37	0.01501	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.42	0.01501	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.30	0.01519	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.02	0.01519	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.40	0.01519	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.59	0.01519	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.62	0.01519	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.87	0.01519	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	0.90	0.01519	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.83	0.01519	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.37	0.01519	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	29.000	1.38	0.01514	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.30	0.01514	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.40	0.01514	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.45	0.01514	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.59	0.01514	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.62	0.01514	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.84	0.01514	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.96	0.01514	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.29	0.01514	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.37	0.01514	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.42	0.01514	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.02	0.0143	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.40	0.0143	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.59	0.0143	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.62	0.0143	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.84	0.0143	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	60.000	2.11	0.0143	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.83	0.0143	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.37	0.0143	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	30.000	1.27	0.0157	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645058259	METFORMIN HCL 500 MG TABLET	5	30.000	1.29	0.0157	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	60.000	1.84	0.0157	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	90.000	0.90	0.0157	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	90.000	2.31	0.0157	51%-75% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	180.000	1.80	0.0157	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	30.000	1.27	0.01484	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	30.000	1.29	0.01484	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	30.000	1.33	0.01484	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	60.000	1.81	0.01484	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	60.000	1.84	0.01484	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	90.000	2.39	0.01484	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	120.000	3.13	0.01484	51%-75% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	270.000	5.68	0.01484	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	30.000	1.07	0.01464	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	30.000	1.29	0.01464	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	60.000	0.60	0.01464	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	60.000	1.59	0.01464	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	60.000	1.81	0.01464	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	60.000	1.84	0.01464	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	90.000	2.17	0.01464	51%-75% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	30.000	1.29	0.0148	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	30.000	1.51	0.0148	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	60.000	0.60	0.0148	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	60.000	1.59	0.0148	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	60.000	1.84	0.0148	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645058259	METFORMIN HCL 500 MG TABLET	8	60.000	2.17	0.0148	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	90.000	2.39	0.0148	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	180.000	1.80	0.0148	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	180.000	4.03	0.0148	51%-75% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	180.000	5.51	0.0148	101%-200% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	7	180.000	6.63	0.02512	26%-50% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	8	180.000	6.63	0.02732	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.38	0.02598	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.45	0.02598	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.74	0.02598	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.79	0.02598	76%-100% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.99	0.02598	76%-100% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.000	3.99	0.02598	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	180.000	1.80	0.02598	51%-75% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	180.000	6.57	0.02598	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	180.000	6.83	0.02598	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.33	0.02642	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.74	0.02642	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.99	0.02642	76%-100% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	60.000	3.99	0.02642	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.57	0.02642	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.75	0.02642	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.99	0.02642	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.33	0.02396	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.38	0.02396	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.74	0.02396	76%-100% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	60.000	3.99	0.02396	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	180.000	1.80	0.02396	51%-75% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.11	0.02396	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.75	0.02396	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	30.000	1.51	0.02446	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.33	0.02446	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.93	0.02446	76%-100% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	60.000	3.99	0.02446	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.60	0.02446	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.81	0.02446	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	180.000	6.57	0.02446	26%-50% Above	No	No
68645058754	LISINOPRIL 10 MG TABLET	7	90.000	2.65	0.01839	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	30.000	2.68	0.06653	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	30.000	4.15	0.06653	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	45.000	5.85	0.06653	76%-100% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	90.000	0.90	0.06653	76%-100% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	90.000	10.96	0.06653	76%-100% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	6	30.000	2.68	0.063	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	30.000	0.30	0.06614	76%-100% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	30.000	3.47	0.06614	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	30.000	3.54	0.06614	76%-100% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	30.000	4.04	0.06614	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	30.000	4.15	0.06614	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	90.000	0.90	0.06614	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645059090	CLOPIDOGREL 75 MG TABLET	7	90.000	10.96	0.06614	76%-100% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	30.000	0.30	0.06467	76%-100% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	30.000	3.47	0.06467	76%-100% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	30.000	3.54	0.06467	76%-100% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	30.000	4.04	0.06467	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	45.000	7.36	0.06467	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	90.000	0.90	0.06467	76%-100% Below	No	No
68645059354	LISINAPRIL 40 MG TABLET	5	30.000	2.52	0.04819	51%-75% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	5	30.000	2.58	0.04819	76%-100% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	5	90.000	0.90	0.04819	76%-100% Below	No	No
68645059354	LISINAPRIL 40 MG TABLET	5	90.000	4.99	0.04819	10%-25% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	5	90.000	6.25	0.04819	26%-50% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	6	30.000	2.52	0.04854	51%-75% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	6	30.000	2.58	0.04854	76%-100% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	6	90.000	6.25	0.04854	26%-50% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	7	30.000	0.59	0.04724	51%-75% Below	No	No
68645059354	LISINAPRIL 40 MG TABLET	7	30.000	2.52	0.04724	76%-100% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	7	30.000	2.58	0.04724	76%-100% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	7	30.000	2.99	0.04724	101%-200% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	8	30.000	0.53	0.05025	51%-75% Below	No	No
68645059354	LISINAPRIL 40 MG TABLET	8	30.000	2.52	0.05025	51%-75% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	8	30.000	2.58	0.05025	51%-75% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	8	76.000	4.99	0.05025	26%-50% Above	No	No
68645059354	LISINAPRIL 40 MG TABLET	8	90.000	0.90	0.05025	76%-100% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	5	60.000	3.09	0.03426	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645059459	FAMOTIDINE 20 MG TABLET	6	14.000	1.29	0.03197	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	6	60.000	3.09	0.03197	51%-75% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	6	120.000	4.86	0.03197	26%-50% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	60.000	3.17	0.03197	51%-75% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	180.000	8.03	0.03197	26%-50% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	8	60.000	0.60	0.03311	51%-75% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	8	90.000	3.66	0.03311	10%-25% Above	No	No
68682000710	DILTIAZEM 60 MG TABLET	8	120.000	0.01	0.16544	76%-100% Below	No	No
68682010301	DICLOFENAC SOD ER 100 MG TAB	5	60.000	48.12	1.12617	26%-50% Below	Yes	No
68682010301	DICLOFENAC SOD ER 100 MG TAB	6	30.000	21.88	1.0824	26%-50% Below	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	5	90.000	38.45	0.14589	101%-200% Above	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	7	90.000	38.45	0.14061	200% Above	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	7	90.000	38.70	0.14061	200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	6	30.000	6.99	0.20726	10%-25% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	7	30.000	6.99	0.19084	10%-25% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	8	30.000	6.99	0.18399	26%-50% Above	No	No
68682010910	NIFEDIPINE ER 60 MG TABLET	6	90.000	44.49	0.17973	101%-200% Above	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	6	5.000	101.17	34.18896	26%-50% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	7	5.000	9.99	31.25845	76%-100% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	8	5.000	6.99	30.57842	76%-100% Below	No	No
68682045570	METRONIDAZOLE VAGINAL 0.75% GL	5	70.000	61.58	0.61486	26%-50% Above	Yes	No
68682045570	METRONIDAZOLE VAGINAL 0.75% GL	7	70.000	27.54	0.57326	26%-50% Below	Yes	No
68682045570	METRONIDAZOLE VAGINAL 0.75% GL	8	70.000	27.54	0.59882	26%-50% Below	Yes	No
68682045570	METRONIDAZOLE VAGINAL 0.75% GL	8	70.000	61.58	0.59882	26%-50% Above	Yes	No
68682065220	DIAZEPAM 10 MG RECTAL GEL SYST	6	1.000	126.61	253.45345	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68682065220	DIAZEPAM 10 MG RECTAL GEL SYST	7	1.000	9.99	253.64882	76%-100% Below	No	No
68682065220	DIAZEPAM 10 MG RECTAL GEL SYST	7	1.000	126.61	253.64882	26%-50% Below	Yes	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	5	60.000	14.90	0.1325	76%-100% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	6	28.000	14.90	0.13461	200% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	6	60.000	14.90	0.13461	76%-100% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	7	60.000	14.90	0.12012	101%-200% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	8	60.000	14.90	0.12674	76%-100% Above	No	No
68682071310	ENALAPRIL MALEATE 20 MG TAB	7	180.000	44.90	0.12012	101%-200% Above	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.000	103.46	8.21265	26%-50% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	6	24.000	14.99	7.71756	76%-100% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	7	24.000	103.50	7.52741	26%-50% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	8	24.000	102.06	7.55743	26%-50% Below	No	No
69097012203	TOPIRAMATE 25 MG TABLET	5	90.000	6.37	0.03391	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	6	60.000	1.19	0.03228	26%-50% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	7	30.000	0.30	0.03426	51%-75% Below	No	No
69097012203	TOPIRAMATE 25 MG TABLET	7	30.000	1.42	0.03426	26%-50% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	7	30.000	1.76	0.03426	51%-75% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	7	90.000	5.07	0.03426	51%-75% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	7	180.000	5.49	0.03426	10%-25% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	8	30.000	1.34	0.03339	26%-50% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	8	30.000	1.42	0.03339	26%-50% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	8	60.000	2.32	0.03339	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	8	90.000	5.07	0.03339	51%-75% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	8	540.000	30.40	0.03339	51%-75% Above	Yes	No
69097012212	TOPIRAMATE 25 MG TABLET	6	30.000	1.25	0.03228	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097012215	TOPIRAMATE 25 MG TABLET	7	30.000	4.23	0.03426	200% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	5	60.000	1.72	0.04416	26%-50% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	5	60.000	4.65	0.04416	51%-75% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	5	60.000	4.90	0.04416	76%-100% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	5	180.000	9.76	0.04416	10%-25% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	5	180.000	12.75	0.04416	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	5	270.000	7.72	0.04416	26%-50% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	6	60.000	4.06	0.04036	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	6	60.000	4.65	0.04036	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	6	90.000	6.63	0.04036	76%-100% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	6	180.000	13.45	0.04036	76%-100% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	7	30.000	2.38	0.03957	76%-100% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	7	60.000	4.06	0.03957	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	7	60.000	4.65	0.03957	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	7	90.000	5.37	0.03957	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	7	90.000	5.56	0.03957	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	8	30.000	2.38	0.041	76%-100% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	8	60.000	4.06	0.041	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	8	60.000	4.65	0.041	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	8	90.000	5.75	0.041	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	8	180.000	9.22	0.041	10%-25% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	8	180.000	12.75	0.041	51%-75% Above	Yes	No
69097012312	TOPIRAMATE 50 MG TABLET	8	30.000	2.29	0.041	76%-100% Above	No	No
69097012315	TOPIRAMATE 50 MG TABLET	5	30.000	2.71	0.04416	101%-200% Above	No	No
69097012315	TOPIRAMATE 50 MG TABLET	6	30.000	2.71	0.04036	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097012315	TOPIRAMATE 50 MG TABLET	7	30.000	2.71	0.03957	101%-200% Above	No	No
69097012403	TOPIRAMATE 100 MG TABLET	5	120.000	9.99	0.06688	10%-25% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	6	180.000	13.55	0.06294	10%-25% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	6	180.000	17.06	0.06294	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	7	90.000	9.17	0.06631	51%-75% Above	Yes	No
69097012415	TOPIRAMATE 100 MG TABLET	5	60.000	6.34	0.06688	51%-75% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	6	30.000	3.46	0.06294	76%-100% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	8	60.000	2.59	0.06606	26%-50% Below	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	5	60.000	2.15	0.0136	101%-200% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	2.90	0.0136	101%-200% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	2.90	0.01406	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.29	0.01062	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.40	0.01062	26%-50% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.71	0.01062	76%-100% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.29	0.0106	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.38	0.0106	26%-50% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	1.71	0.0106	76%-100% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.11	0.01005	10%-25% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.31	0.01005	26%-50% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.71	0.01005	76%-100% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.29	0.01099	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	3.90	0.01099	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.11	0.01099	10%-25% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.71	0.01099	51%-75% Above	Yes	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.17	0.01062	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.27	0.01062	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.17	0.0106	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.27	0.0106	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.12	0.01005	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.12	0.01099	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	1.90	0.01501	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	1.93	0.01501	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.63	0.01501	76%-100% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.28	0.01501	101%-200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	1.90	0.01519	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.14	0.01519	51%-75% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.36	0.01519	51%-75% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.57	0.01519	76%-100% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	3.37	0.01519	101%-200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.53	0.01514	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	1.53	0.01514	10%-25% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.28	0.01514	51%-75% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.36	0.01514	51%-75% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.53	0.0143	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	1.53	0.0143	10%-25% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.14	0.0143	51%-75% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.57	0.0143	76%-100% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.63	0.0143	101%-200% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	4.06	0.0143	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.31	0.01501	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.50	0.01501	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.53	0.01501	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.58	0.01501	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.53	0.01519	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	0.27	0.01514	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.50	0.01514	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.53	0.01514	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	3.28	0.01514	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	0.27	0.0143	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.53	0.0143	200% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	9.25	3.78802	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	9.99	3.78802	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	14.99	3.78802	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	19.16	3.78802	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	19.99	3.78802	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	35.12	3.78802	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	35.67	3.78802	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	35.77	3.78802	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	13.400	0.00	3.78802	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	13.400	29.99	3.78802	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	13.400	38.31	3.78802	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	26.800	76.62	3.78802	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	0.00	3.77614	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	9.25	3.77614	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	9.99	3.77614	51%-75% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	14.99	3.77614	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	19.16	3.77614	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	19.99	3.77614	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	20.59	3.77614	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	28.66	3.77614	10%-25% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	30.41	3.77614	10%-25% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	34.07	3.77614	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	35.12	3.77614	26%-50% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	13.400	38.31	3.77614	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	20.100	27.76	3.77614	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	20.100	57.47	3.77614	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	0.00	3.65036	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	9.99	3.65036	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	14.99	3.65036	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	19.16	3.65036	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	19.99	3.65036	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	19.99	3.65036	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	20.00	3.65036	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	33.37	3.65036	26%-50% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	34.07	3.65036	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	34.07	3.65036	26%-50% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	35.12	3.65036	26%-50% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	13.400	38.31	3.65036	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	13.400	56.73	3.65036	10%-25% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	20.100	61.04	3.65036	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	0.00	3.55916	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	4.99	3.55916	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	9.99	3.55916	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	14.99	3.55916	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	19.16	3.55916	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	19.90	3.55916	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	19.99	3.55916	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	19.99	3.55916	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	20.35	3.55916	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	29.99	3.55916	10%-25% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	30.31	3.55916	26%-50% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	34.07	3.55916	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	34.07	3.55916	26%-50% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	35.12	3.55916	26%-50% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	13.400	14.99	3.55916	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	13.400	38.31	3.55916	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	20.100	44.99	3.55916	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	20.100	57.47	3.55916	10%-25% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.000	0.33	0.02289	51%-75% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.000	1.49	0.02289	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.000	1.62	0.02289	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.000	1.90	0.02289	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	60.000	2.21	0.02289	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	60.000	2.50	0.02289	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	60.000	2.55	0.02289	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.000	0.33	0.02344	51%-75% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.000	0.80	0.02344	10%-25% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.000	1.43	0.02344	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.000	1.62	0.02344	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.000	1.87	0.02344	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	60.000	2.50	0.02344	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	60.000	2.75	0.02344	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	90.000	7.07	0.02344	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.000	1.43	0.02303	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.000	1.62	0.02303	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.000	1.65	0.02303	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.000	1.87	0.02303	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	60.000	2.13	0.02303	51%-75% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	7	60.000	2.55	0.02303	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	90.000	5.63	0.02303	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.000	0.80	0.02276	10%-25% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.000	1.34	0.02276	76%-100% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.000	1.43	0.02276	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.000	1.62	0.02276	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.000	1.65	0.02276	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.000	2.75	0.02276	101%-200% Above	Yes	No
69097015815	MELOXICAM 7.5 MG TABLET	5	30.000	1.62	0.02289	101%-200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	5	30.000	1.85	0.02289	101%-200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	6	30.000	1.62	0.02344	101%-200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	6	30.000	1.85	0.02344	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015907	MELOXICAM 15 MG TABLET	5	25.000	1.38	0.02491	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	0.44	0.02491	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.38	0.02491	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.39	0.02491	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.50	0.02491	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.53	0.02491	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.78	0.02491	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.90	0.02491	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.000	2.81	0.02491	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.000	3.14	0.02491	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.000	3.16	0.02491	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.000	3.20	0.02491	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	25.000	1.38	0.02338	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	0.44	0.02338	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.27	0.02338	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.33	0.02338	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.38	0.02338	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.50	0.02338	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.53	0.02338	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.70	0.02338	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.75	0.02338	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	45.000	1.58	0.02338	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.000	2.55	0.02338	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.000	3.03	0.02338	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.000	3.10	0.02338	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015907	MELOXICAM 15 MG TABLET	6	90.000	3.16	0.02338	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	10.000	0.40	0.02396	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	25.000	1.38	0.02396	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	0.44	0.02396	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	1.27	0.02396	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	1.33	0.02396	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	1.50	0.02396	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	1.53	0.02396	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	1.70	0.02396	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	60.000	9.96	0.02396	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.000	2.55	0.02396	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.000	2.62	0.02396	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.000	2.78	0.02396	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.000	3.03	0.02396	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.000	3.10	0.02396	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	20.000	0.60	0.0237	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	25.000	1.38	0.0237	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	0.44	0.0237	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	1.33	0.0237	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	1.44	0.0237	101%-200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	1.50	0.0237	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	1.53	0.0237	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	1.70	0.0237	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	2.55	0.0237	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	2.62	0.0237	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	3.03	0.0237	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	3.10	0.0237	26%-50% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	5	30.000	1.40	0.02491	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	5	30.000	1.41	0.02491	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	5	30.000	1.44	0.02491	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	5	30.000	5.81	0.02491	200% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	6	20.000	1.16	0.02338	101%-200% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	6	30.000	1.40	0.02338	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	7	30.000	1.24	0.02396	51%-75% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	7	30.000	1.41	0.02396	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	7	30.000	1.44	0.02396	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	7	90.000	2.53	0.02396	10%-25% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	8	30.000	1.24	0.0237	51%-75% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	8	30.000	1.44	0.0237	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.000	1.30	0.02491	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.000	1.38	0.02491	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.000	1.50	0.02491	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.000	1.78	0.02491	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	90.000	3.09	0.02491	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	90.000	3.11	0.02491	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.000	1.24	0.02338	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.000	1.33	0.02338	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.000	1.38	0.02338	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.000	1.41	0.02338	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.000	6.93	0.02338	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015915	MELOXICAM 15 MG TABLET	6	90.000	3.03	0.02338	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	15.000	1.07	0.02396	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.000	0.40	0.02396	26%-50% Below	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.000	1.24	0.02396	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.000	1.33	0.02396	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.000	1.41	0.02396	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.000	1.44	0.02396	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.000	1.50	0.02396	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	90.000	2.62	0.02396	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.000	0.43	0.0237	26%-50% Below	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.000	1.08	0.0237	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.000	1.24	0.0237	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.000	1.33	0.0237	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.000	1.58	0.0237	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.000	6.93	0.0237	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	12.000	7.08	0.28525	101%-200% Above	No	No
69097031887	BUDESONIDE 0.25 MG/2 ML SUSP	8	120.000	64.99	0.76985	26%-50% Below	No	No
69097032187	BUDESONIDE 1 MG/2 ML INH SUSP	5	60.000	0.01	3.98085	76%-100% Below	No	No
69097032187	BUDESONIDE 1 MG/2 ML INH SUSP	6	60.000	0.01	3.59238	76%-100% Below	No	No
69097032187	BUDESONIDE 1 MG/2 ML INH SUSP	7	60.000	0.01	3.61149	76%-100% Below	No	No
69097034135	DIFLUPREDNATE 0.05% EYE DROP	8	5.000	73.61	24.45168	26%-50% Below	No	No
69097036108	GRISEOFULVIN 125 MG/5 ML SUSP	7	200.000	39.99	0.30952	26%-50% Below	No	No
69097042107	CELECOXIB 200 MG CAPSULE	5	14.000	19.99	0.12804	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	5	30.000	24.99	0.12804	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	5	60.000	19.99	0.12804	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097042107	CELECOXIB 200 MG CAPSULE	5	180.000	28.81	0.12804	10%-25% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	6	30.000	24.99	0.12063	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	30.000	24.99	0.12633	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	180.000	26.08	0.12633	10%-25% Above	No	No
69097042212	CELECOXIB 100 MG CAPSULE	7	60.000	5.00	0.09848	10%-25% Below	No	No
69097042212	CELECOXIB 100 MG CAPSULE	7	60.000	15.00	0.09848	101%-200% Above	No	No
69097043205	DARIFENACIN ER 15 MG TABLET	7	90.000	74.99	1.20913	26%-50% Below	No	No
69097045805	FENOFIBRATE 145 MG TABLET	5	30.000	14.90	0.15582	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	6	30.000	5.50	0.16264	10%-25% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	6	30.000	14.90	0.16264	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	7	30.000	5.50	0.14883	10%-25% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	7	30.000	9.90	0.14883	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	7	30.000	14.90	0.14883	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	8	30.000	5.50	0.16496	10%-25% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	8	30.000	14.90	0.16496	200% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	100.000	14.99	0.09328	51%-75% Above	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	300.000	15.33	0.09328	26%-50% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	100.000	5.11	0.09029	26%-50% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	100.000	6.90	0.09029	10%-25% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	100.000	6.99	0.09029	10%-25% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	100.000	14.99	0.09029	51%-75% Above	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	300.000	15.33	0.09029	26%-50% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	7	100.000	6.99	0.08932	10%-25% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	7	100.000	14.99	0.08932	51%-75% Above	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	7	300.000	15.33	0.08932	26%-50% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	5.11	0.09025	26%-50% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	6.99	0.09025	10%-25% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	6.99	0.09025	10%-25% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	9.99	0.09025	10%-25% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	10.28	0.09025	10%-25% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	14.99	0.09025	51%-75% Above	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	19.99	0.09025	101%-200% Above	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	300.000	15.33	0.09025	26%-50% Below	Yes	No
69097057967	FOSFOMYCIN 3 GM SACHET	8	4.000	151.30	52.54167	26%-50% Below	No	No
69097067805	PREGABALIN 50 MG CAPSULE	5	180.000	19.90	0.08831	10%-25% Above	No	No
69097067805	PREGABALIN 50 MG CAPSULE	6	180.000	19.90	0.09372	10%-25% Above	No	No
69097067805	PREGABALIN 50 MG CAPSULE	7	180.000	19.90	0.08264	26%-50% Above	No	No
69097067805	PREGABALIN 50 MG CAPSULE	8	90.000	2.09	0.0782	51%-75% Below	No	No
69097067805	PREGABALIN 50 MG CAPSULE	8	180.000	19.90	0.0782	26%-50% Above	No	No
69097067905	PREGABALIN 75 MG CAPSULE	6	60.000	15.00	0.08009	200% Above	No	No
69097067905	PREGABALIN 75 MG CAPSULE	7	60.000	15.00	0.07721	200% Above	No	No
69097068105	PREGABALIN 100 MG CAPSULE	7	60.000	0.01	0.07009	76%-100% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	5	60.000	14.99	0.10216	101%-200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	5	90.000	5.19	0.10216	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	6	60.000	14.90	0.0979	101%-200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	6	60.000	14.99	0.0979	101%-200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	6	90.000	4.90	0.0979	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	7	60.000	14.90	0.08075	200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	7	60.000	14.99	0.08075	200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	7	90.000	4.90	0.08075	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097068205	PREGABALIN 150 MG CAPSULE	8	60.000	14.90	0.08156	200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	8	60.000	14.99	0.08156	200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	8	90.000	4.90	0.08156	26%-50% Below	No	No
69097073102	TERBINAFINE HCL 250 MG TABLET	6	30.000	3.00	0.15129	26%-50% Below	Yes	No
69097073102	TERBINAFINE HCL 250 MG TABLET	6	84.000	6.11	0.15129	51%-75% Below	No	No
69097073102	TERBINAFINE HCL 250 MG TABLET	7	30.000	2.70	0.16047	26%-50% Below	Yes	No
69097073102	TERBINAFINE HCL 250 MG TABLET	7	30.000	3.00	0.16047	26%-50% Below	Yes	No
69097073102	TERBINAFINE HCL 250 MG TABLET	8	30.000	2.70	0.15927	26%-50% Below	Yes	No
69097073102	TERBINAFINE HCL 250 MG TABLET	8	30.000	5.40	0.15927	10%-25% Above	Yes	No
69097073102	TERBINAFINE HCL 250 MG TABLET	8	90.000	8.91	0.15927	26%-50% Below	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	1.000	9.90	14.64277	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	2.000	16.96	14.64277	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	3.000	25.45	14.64277	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	4.000	31.32	14.64277	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	4.000	47.12	14.64277	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	1.000	9.90	14.63185	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	1.000	19.25	14.63185	26%-50% Above	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	2.000	16.96	14.63185	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	7	1.000	9.90	14.45568	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	7	1.000	19.25	14.45568	26%-50% Above	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	7	2.000	16.96	14.45568	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	7	4.000	31.32	14.45568	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	7	4.000	76.05	14.45568	26%-50% Above	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	1.000	9.90	14.36912	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	1.000	11.75	14.36912	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	1.000	19.25	14.36912	26%-50% Above	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	2.000	16.96	14.36912	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	10.000	84.82	14.36912	26%-50% Below	No	No
69097080237	TESTOSTERON CYP 2,000 MG/10 ML	5	10.000	16.15	3.28239	26%-50% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	20.000	1.28	0.02957	101%-200% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	30.000	0.00	0.02957	76%-100% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	30.000	1.71	0.02957	76%-100% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	30.000	1.82	0.02957	101%-200% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	1.45	0.02957	26%-50% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	2.01	0.02957	10%-25% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	3.32	0.02957	10%-25% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	3.65	0.02957	26%-50% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	3.65	0.02957	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	3.74	0.02957	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	30.000	1.51	0.02846	76%-100% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	45.000	1.96	0.02846	51%-75% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.000	1.45	0.02846	26%-50% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.000	3.14	0.02846	10%-25% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.000	3.65	0.02846	26%-50% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.000	3.65	0.02846	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.000	3.74	0.02846	26%-50% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.000	3.74	0.02846	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	30.000	1.51	0.02791	76%-100% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	90.000	3.14	0.02791	10%-25% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	90.000	3.65	0.02791	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097081312	GABAPENTIN 100 MG CAPSULE	7	90.000	3.65	0.02791	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	90.000	3.74	0.02791	26%-50% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	90.000	3.74	0.02791	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	90.000	4.41	0.02791	51%-75% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	180.000	4.00	0.02791	10%-25% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	180.000	6.73	0.02791	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	30.000	0.00	0.02875	76%-100% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	30.000	1.56	0.02875	76%-100% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	30.000	1.74	0.02875	101%-200% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	45.000	2.19	0.02875	51%-75% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	60.000	3.33	0.02875	76%-100% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	90.000	1.45	0.02875	26%-50% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	90.000	3.14	0.02875	10%-25% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	90.000	3.65	0.02875	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	180.000	6.73	0.02875	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	270.000	12.40	0.02875	51%-75% Above	No	No
69097081507	GABAPENTIN 400 MG CAPSULE	5	180.000	16.00	0.0579	51%-75% Above	Yes	No
69097081507	GABAPENTIN 400 MG CAPSULE	8	90.000	10.43	0.06022	76%-100% Above	Yes	No
69097081507	GABAPENTIN 400 MG CAPSULE	8	180.000	15.25	0.06022	26%-50% Above	Yes	No
69097082112	GEMFIBROZIL 600 MG TABLET	7	60.000	6.90	0.09822	10%-25% Above	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	7	60.000	7.00	0.09822	10%-25% Above	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	8	30.000	3.82	0.10991	10%-25% Above	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	8	60.000	0.01	0.10991	76%-100% Below	No	No
69097082207	CITALOPRAM HBR 10 MG TABLET	5	90.000	5.01	0.02701	101%-200% Above	No	No
69097082207	CITALOPRAM HBR 10 MG TABLET	7	90.000	1.15	0.02549	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097082212	CITALOPRAM HBR 10 MG TABLET	5	30.000	2.07	0.02701	101%-200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	6	30.000	2.07	0.02664	101%-200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	7	30.000	2.07	0.02549	101%-200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	8	30.000	2.07	0.02687	101%-200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.58	0.03008	51%-75% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.64	0.03008	76%-100% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.75	0.03008	76%-100% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.95	0.03008	26%-50% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	90.000	4.06	0.03008	26%-50% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.64	0.02936	76%-100% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.58	0.03153	51%-75% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.85	0.03153	76%-100% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	7	90.000	1.09	0.03153	51%-75% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	7	90.000	3.95	0.03153	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	5	90.000	4.59	0.03919	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	6	90.000	4.03	0.03767	10%-25% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	6	90.000	4.59	0.03767	26%-50% Above	No	No
69097083302	SERTRALINE HCL 25 MG TABLET	7	30.000	0.00	0.04158	76%-100% Below	No	No
69097083302	SERTRALINE HCL 25 MG TABLET	7	30.000	2.42	0.04158	76%-100% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.000	0.91	0.0407	10%-25% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.000	2.50	0.0407	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.000	2.79	0.0407	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.000	2.85	0.0407	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.000	2.86	0.0407	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.000	2.90	0.0407	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083305	SERTRALINE HCL 25 MG TABLET	5	90.000	6.68	0.0407	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	90.000	9.18	0.0407	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	30.000	0.91	0.04093	10%-25% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	30.000	2.86	0.04093	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	90.000	2.74	0.04093	10%-25% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	90.000	4.16	0.04093	10%-25% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	90.000	5.37	0.04093	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	90.000	6.68	0.04093	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	30.000	1.78	0.04158	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	30.000	2.42	0.04158	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	30.000	2.79	0.04158	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	30.000	2.86	0.04158	101%-200% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	30.000	2.86	0.04158	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	90.000	5.37	0.04158	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	90.000	5.66	0.04158	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	90.000	5.87	0.04158	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	15.000	1.08	0.0394	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	30.000	0.91	0.0394	10%-25% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	30.000	2.86	0.0394	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	30.000	6.65	0.0394	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	60.000	7.00	0.0394	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	90.000	2.74	0.0394	10%-25% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	90.000	5.70	0.0394	51%-75% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	5	30.000	2.85	0.0407	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	7.000	1.22	0.04093	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.000	2.42	0.04093	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.000	2.79	0.04093	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	45.000	3.81	0.04093	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	90.000	6.89	0.04093	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	7	30.000	2.42	0.04158	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.000	0.75	0.04414	26%-50% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.000	1.80	0.04414	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.000	2.15	0.04414	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.000	2.35	0.04414	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.000	2.39	0.04414	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.000	2.66	0.04414	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	45.000	3.16	0.04414	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	45.000	4.43	0.04414	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	3.49	0.04414	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	3.55	0.04414	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	4.48	0.04414	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	4.73	0.04414	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	5.09	0.04414	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	5.57	0.04414	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	5.74	0.04414	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	5.99	0.04414	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	7.000	1.01	0.0427	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	0.80	0.0427	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	1.73	0.0427	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	2.05	0.0427	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	2.29	0.0427	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	2.35	0.0427	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	2.39	0.0427	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	2.41	0.0427	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	2.60	0.0427	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	45.000	3.16	0.0427	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	45.000	3.24	0.0427	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	45.000	3.80	0.0427	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	60.000	3.97	0.0427	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	2.39	0.0427	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	2.82	0.0427	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	4.33	0.0427	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	4.48	0.0427	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	5.58	0.0427	26%-50% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	5.58	0.0427	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	16.71	0.0427	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	135.000	6.35	0.0427	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.000	0.80	0.04132	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.000	1.73	0.04132	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.000	2.05	0.04132	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.000	2.35	0.04132	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.000	2.35	0.04132	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	45.000	1.19	0.04132	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	45.000	3.16	0.04132	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	45.000	3.24	0.04132	51%-75% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083412	SERTRALINE HCL 50 MG TABLET	7	45.000	3.24	0.04132	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	45.000	3.80	0.04132	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	90.000	2.82	0.04132	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	90.000	5.45	0.04132	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	90.000	5.83	0.04132	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	135.000	6.72	0.04132	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.000	0.80	0.04358	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.000	2.05	0.04358	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.000	2.35	0.04358	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.000	2.44	0.04358	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.000	3.20	0.04358	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	45.000	1.19	0.04358	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	45.000	3.16	0.04358	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	45.000	3.24	0.04358	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	45.000	3.80	0.04358	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	2.39	0.04358	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	2.82	0.04358	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	4.33	0.04358	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	4.48	0.04358	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	5.35	0.04358	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	5.45	0.04358	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	5.58	0.04358	26%-50% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	5.58	0.04358	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	5.74	0.04358	26%-50% Above	Yes	No
69097083502	SERTRALINE HCL 100 MG TABLET	5	45.000	4.93	0.05774	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083502	SERTRALINE HCL 100 MG TABLET	6	45.000	4.72	0.0565	76%-100% Above	No	No
69097083502	SERTRALINE HCL 100 MG TABLET	6	45.000	4.93	0.0565	76%-100% Above	No	No
69097083502	SERTRALINE HCL 100 MG TABLET	8	90.000	8.71	0.05713	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.000	1.02	0.05774	26%-50% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.000	3.06	0.05774	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.000	3.39	0.05774	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.000	3.40	0.05774	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.000	3.40	0.05774	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.000	3.49	0.05774	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.000	3.54	0.05774	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	45.000	4.23	0.05774	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	60.000	6.28	0.05774	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	3.06	0.05774	26%-50% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	6.04	0.05774	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	6.12	0.05774	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	7.38	0.05774	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	8.39	0.05774	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	8.71	0.05774	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	8.96	0.05774	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	9.17	0.05774	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	12.90	0.05774	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.000	12.90	0.05774	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	135.000	12.44	0.05774	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	180.000	6.12	0.05774	26%-50% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	180.000	14.99	0.05774	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083512	SERTRALINE HCL 100 MG TABLET	5	180.000	20.00	0.05774	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	1.02	0.0565	26%-50% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	2.93	0.0565	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	3.06	0.0565	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	3.40	0.0565	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	3.40	0.0565	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	3.54	0.0565	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	6.65	0.0565	200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	45.000	4.22	0.0565	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	45.000	4.72	0.0565	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	60.000	0.01	0.0565	76%-100% Below	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	90.000	7.13	0.0565	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	90.000	8.71	0.0565	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	90.000	8.71	0.0565	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	180.000	14.26	0.0565	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	180.000	17.17	0.0565	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	2.93	0.05684	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	2.93	0.05684	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	3.06	0.05684	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	3.40	0.05684	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	3.40	0.05684	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	3.54	0.05684	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	45.000	4.22	0.05684	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	60.000	5.17	0.05684	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.000	3.06	0.05684	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.000	7.38	0.05684	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.000	7.40	0.05684	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.000	8.71	0.05684	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.000	8.71	0.05684	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.000	8.96	0.05684	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	120.000	14.16	0.05684	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	180.000	6.12	0.05684	26%-50% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	2.23	0.05713	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	2.93	0.05713	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	2.97	0.05713	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	3.06	0.05713	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	3.40	0.05713	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	3.40	0.05713	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	3.54	0.05713	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	45.000	4.05	0.05713	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	45.000	4.22	0.05713	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	45.000	6.36	0.05713	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	60.000	6.22	0.05713	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	90.000	0.01	0.05713	76%-100% Below	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	90.000	7.38	0.05713	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	90.000	8.96	0.05713	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	90.000	10.80	0.05713	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	180.000	14.12	0.05713	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	180.000	14.99	0.05713	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	180.000	16.67	0.05713	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083512	SERTRALINE HCL 100 MG TABLET	8	180.000	17.17	0.05713	51%-75% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	12.000	1.21	0.02816	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	20.000	1.50	0.02816	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	1.17	0.02816	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	1.71	0.02816	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	1.89	0.02816	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	2.17	0.02816	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	10.000	0.99	0.02342	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	15.000	1.31	0.02342	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	40.000	1.96	0.02342	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	20.000	1.33	0.02555	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	20.000	1.50	0.02555	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	21.000	1.31	0.02555	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.89	0.02555	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	1.92	0.02555	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	40.000	1.96	0.02555	76%-100% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	60.000	3.15	0.02555	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	90.000	3.64	0.02555	51%-75% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	12.000	0.19	0.0245	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	15.000	0.60	0.0245	51%-75% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	20.000	0.77	0.0245	51%-75% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	21.000	1.54	0.0245	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	0.47	0.0245	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.16	0.0245	51%-75% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.66	0.0245	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.89	0.0245	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.95	0.0245	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	2.01	0.0245	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	40.000	1.96	0.0245	76%-100% Above	Yes	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	5	42.000	1.71	0.02236	76%-100% Above	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	0.44	0.02026	26%-50% Below	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	7	20.000	2.37	0.02322	200% Above	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.41	0.02315	101%-200% Above	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.63	0.02315	101%-200% Above	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.45	0.02315	10%-25% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	6	10.000	0.15	0.02026	10%-25% Below	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.41	0.02322	101%-200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.51	0.02322	101%-200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	7	180.000	5.06	0.02322	10%-25% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.39	0.02315	76%-100% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.51	0.02315	101%-200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.93	0.02315	26%-50% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	5	30.000	0.99	0.05112	26%-50% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	5	30.000	3.91	0.05112	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	5	90.000	8.14	0.05112	76%-100% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	5	90.000	11.87	0.05112	101%-200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	30.000	3.86	0.04995	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	30.000	3.91	0.04995	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	90.000	8.14	0.04995	76%-100% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	90.000	11.64	0.04995	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097084805	ESCITALOPRAM 10 MG TABLET	6	135.000	15.13	0.04995	101%-200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	7	30.000	0.00	0.05194	76%-100% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	7	30.000	0.99	0.05194	26%-50% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	7	30.000	3.86	0.05194	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	7	90.000	6.56	0.05194	26%-50% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	7	90.000	10.09	0.05194	101%-200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	8	30.000	0.00	0.05286	76%-100% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	8	30.000	0.99	0.05286	26%-50% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	8	30.000	3.86	0.05286	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	8	30.000	3.91	0.05286	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	8	30.000	6.29	0.05286	200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	8	90.000	6.56	0.05286	26%-50% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	5	90.000	9.46	0.08912	10%-25% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	6	90.000	9.24	0.07922	26%-50% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	6	90.000	10.00	0.07922	26%-50% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	6	90.000	13.54	0.07922	76%-100% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	6	90.000	20.00	0.07922	101%-200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	8	90.000	10.00	0.07964	26%-50% Above	Yes	No
69097085907	TERBINAFINE HCL 250 MG TABLET	5	30.000	5.40	0.15863	10%-25% Above	No	No
69097085907	TERBINAFINE HCL 250 MG TABLET	6	90.000	9.30	0.15129	26%-50% Below	No	No
69097085907	TERBINAFINE HCL 250 MG TABLET	7	30.000	5.40	0.16047	10%-25% Above	No	No
69097085907	TERBINAFINE HCL 250 MG TABLET	8	30.000	5.40	0.15927	10%-25% Above	No	No
69097086107	ZONISAMIDE 100 MG CAPSULE	6	90.000	19.86	0.12768	51%-75% Above	Yes	No
69097086807	NADOLOL 40 MG TABLET	5	30.000	8.75	0.41628	26%-50% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	6	30.000	8.75	0.36561	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097086807	NADOLOL 40 MG TABLET	7	30.000	8.75	0.40227	26%-50% Below	Yes	No
69097087512	BUPROPION HCL XL 150 MG TABLET	5	30.000	22.04	0.13845	200% Above	Yes	No
69097087512	BUPROPION HCL XL 150 MG TABLET	6	30.000	22.04	0.11819	200% Above	Yes	No
69097087512	BUPROPION HCL XL 150 MG TABLET	6	90.000	42.23	0.11819	200% Above	Yes	No
69097087512	BUPROPION HCL XL 150 MG TABLET	7	30.000	22.04	0.11543	200% Above	Yes	No
69097087512	BUPROPION HCL XL 150 MG TABLET	8	30.000	22.04	0.11342	200% Above	Yes	No
69097087612	BUPROPION HCL XL 300 MG TABLET	5	90.000	28.56	0.17759	76%-100% Above	Yes	No
69097087612	BUPROPION HCL XL 300 MG TABLET	7	90.000	25.88	0.16488	51%-75% Above	Yes	No
69097087612	BUPROPION HCL XL 300 MG TABLET	7	90.000	30.00	0.16488	101%-200% Above	Yes	No
69097094307	GABAPENTIN 300 MG CAPSULE	7	90.000	5.03	0.04566	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	20.000	1.84	0.04701	76%-100% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	21.000	1.86	0.04701	76%-100% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.000	0.00	0.04701	76%-100% Below	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.000	2.09	0.04701	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.000	2.34	0.04701	51%-75% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.000	2.34	0.04701	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.000	2.38	0.04701	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.000	2.39	0.04701	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.000	2.54	0.04701	76%-100% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.000	3.44	0.04701	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.000	3.73	0.04701	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.000	3.94	0.04701	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.000	3.94	0.04701	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.000	4.05	0.04701	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	0.01	0.04701	76%-100% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	2.44	0.04701	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	4.99	0.04701	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	5.55	0.04701	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	5.70	0.04701	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	5.80	0.04701	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	5.95	0.04701	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	6.84	0.04701	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	120.000	3.25	0.04701	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	120.000	6.49	0.04701	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	270.000	7.02	0.04701	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	270.000	14.86	0.04701	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	270.000	15.16	0.04701	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	270.000	15.91	0.04701	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	10.000	1.27	0.04559	101%-200% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	20.000	1.84	0.04559	101%-200% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.000	0.00	0.04559	76%-100% Below	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.000	0.54	0.04559	51%-75% Below	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.000	2.04	0.04559	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.000	2.34	0.04559	51%-75% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.000	2.34	0.04559	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	60.000	3.39	0.04559	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	60.000	3.44	0.04559	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	60.000	4.05	0.04559	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	0.01	0.04559	76%-100% Below	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	2.44	0.04559	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	4.64	0.04559	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	4.99	0.04559	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	5.55	0.04559	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	5.55	0.04559	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	6.05	0.04559	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.000	6.32	0.04559	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	120.000	3.25	0.04559	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	120.000	6.09	0.04559	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	180.000	6.93	0.04559	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	270.000	10.40	0.04559	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	270.000	15.62	0.04559	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	5.000	0.14	0.04566	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	20.000	1.84	0.04566	101%-200% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	30.000	2.04	0.04566	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	30.000	2.34	0.04566	51%-75% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	30.000	2.38	0.04566	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	42.000	2.98	0.04566	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	60.000	3.39	0.04566	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	60.000	3.44	0.04566	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	60.000	4.05	0.04566	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	60.000	9.99	0.04566	200% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	2.44	0.04566	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	4.74	0.04566	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	4.99	0.04566	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	5.55	0.04566	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	5.55	0.04566	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	5.70	0.04566	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	5.70	0.04566	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.000	6.71	0.04566	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	120.000	3.25	0.04566	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	120.000	6.09	0.04566	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	180.000	4.88	0.04566	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	270.000	8.37	0.04566	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	270.000	13.65	0.04566	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	21.000	0.57	0.04771	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	28.000	2.00	0.04771	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	30.000	2.04	0.04771	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	30.000	2.34	0.04771	51%-75% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	30.000	2.34	0.04771	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	42.000	1.14	0.04771	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	60.000	3.39	0.04771	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	60.000	3.46	0.04771	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	60.000	3.46	0.04771	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	60.000	3.94	0.04771	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	60.000	4.05	0.04771	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	60.000	4.78	0.04771	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	60.000	9.99	0.04771	200% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	90.000	2.44	0.04771	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	90.000	4.74	0.04771	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	90.000	5.55	0.04771	26%-50% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097094312	GABAPENTIN 300 MG CAPSULE	8	90.000	5.70	0.04771	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	90.000	5.70	0.04771	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	90.000	6.71	0.04771	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	120.000	3.25	0.04771	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	120.000	7.35	0.04771	26%-50% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	150.000	9.59	0.04771	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	180.000	4.88	0.04771	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	180.000	10.35	0.04771	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	240.000	9.99	0.04771	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	270.000	15.62	0.04771	10%-25% Above	Yes	No
69097094405	ATORVASTATIN 10 MG TABLET	5	30.000	0.66	0.03195	26%-50% Below	No	No
69097094405	ATORVASTATIN 10 MG TABLET	7	30.000	0.53	0.0327	26%-50% Below	No	No
69097094405	ATORVASTATIN 10 MG TABLET	8	30.000	0.38	0.03497	51%-75% Below	No	No
69097094605	ATORVASTATIN 40 MG TABLET	6	21.000	3.59	0.06219	101%-200% Above	No	No
69097094605	ATORVASTATIN 40 MG TABLET	7	30.000	4.88	0.05572	101%-200% Above	No	No
69097094605	ATORVASTATIN 40 MG TABLET	7	90.000	13.43	0.05572	101%-200% Above	No	No
69097094605	ATORVASTATIN 40 MG TABLET	8	30.000	4.88	0.05662	101%-200% Above	No	No
69097094605	ATORVASTATIN 40 MG TABLET	8	30.000	5.14	0.05662	200% Above	No	No
69097094605	ATORVASTATIN 40 MG TABLET	8	90.000	13.43	0.05662	101%-200% Above	No	No
69097094705	ATORVASTATIN 80 MG TABLET	5	30.000	1.91	0.09762	26%-50% Below	No	No
69097094705	ATORVASTATIN 80 MG TABLET	6	30.000	1.58	0.09675	26%-50% Below	No	No
69097094705	ATORVASTATIN 80 MG TABLET	6	90.000	18.80	0.09675	101%-200% Above	No	No
69097094705	ATORVASTATIN 80 MG TABLET	7	30.000	1.58	0.09381	26%-50% Below	No	No
69097094705	ATORVASTATIN 80 MG TABLET	7	30.000	6.70	0.09381	101%-200% Above	No	No
69097094705	ATORVASTATIN 80 MG TABLET	8	30.000	6.70	0.10232	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097095605	PREGABALIN 75 MG CAPSULE	7	90.000	24.99	0.07721	200% Above	No	No
69097095705	PREGABALIN 100 MG CAPSULE	7	60.000	12.60	0.07009	101%-200% Above	No	No
69097095705	PREGABALIN 100 MG CAPSULE	8	60.000	12.60	0.07481	101%-200% Above	No	No
69097096507	NABUMETONE 500 MG TABLET	5	60.000	13.67	0.17142	26%-50% Above	Yes	No
69097096507	NABUMETONE 500 MG TABLET	6	60.000	13.27	0.17166	26%-50% Above	Yes	No
69097096507	NABUMETONE 500 MG TABLET	7	60.000	13.67	0.17812	26%-50% Above	Yes	No
69097096507	NABUMETONE 500 MG TABLET	8	60.000	17.50	0.15186	76%-100% Above	Yes	No
69097096512	NABUMETONE 500 MG TABLET	6	60.000	13.58	0.17166	26%-50% Above	No	No
69097096607	NABUMETONE 750 MG TABLET	8	30.000	3.17	0.19563	26%-50% Below	Yes	No
69097096793	SEVELAMER CARBONATE 800 MG TAB	8	180.000	0.02	0.25535	76%-100% Below	No	No
69097096812	LISINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	0.60	0.03454	26%-50% Below	No	No
69097096812	LISINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	0.53	0.033	26%-50% Below	No	No
69097096812	LISINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	2.38	0.033	10%-25% Below	No	No
69097096812	LISINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	0.53	0.03398	26%-50% Below	No	No
69097096812	LISINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	1.19	0.03398	10%-25% Above	No	No
69097096912	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	0.88	0.04948	26%-50% Below	No	No
69097096912	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	0.88	0.04872	26%-50% Below	No	No
69097096912	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	0.67	0.04933	51%-75% Below	No	No
69097096912	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	2.64	0.04933	26%-50% Below	No	No
69097097112	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	5.41	0.04779	10%-25% Above	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	6	30.000	5.52	0.27994	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	7	30.000	4.56	0.30296	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	7	30.000	5.61	0.30296	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	7	60.000	10.38	0.30296	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	8	30.000	0.99	0.27783	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69230030001	ALLERGY RELIEF 180 MG TABLET	8	30.000	4.90	0.27783	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	8	30.000	5.61	0.27783	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	8	90.000	15.34	0.27783	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	5	60.000	14.64	0.28426	10%-25% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	7	60.000	14.64	0.30296	10%-25% Below	No	No
69230030030	ALLERGY RELIEF 180 MG TABLET	7	30.000	0.99	0.30296	76%-100% Below	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	5	75.000	0.01	0.6003	76%-100% Below	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	5	75.000	14.99	0.6003	51%-75% Below	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	6	75.000	0.01	0.61536	76%-100% Below	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	6	225.000	44.99	0.61536	51%-75% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	5	30.000	64.54	3.43117	26%-50% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	6	30.000	66.74	3.01165	26%-50% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	7	30.000	66.91	3.13229	26%-50% Below	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	5	30.000	4.99	0.14499	10%-25% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.000	4.99	0.13661	101%-200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	0.20	0.13661	76%-100% Below	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	6.90	0.13661	101%-200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	9.99	0.13432	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	14.99	0.13432	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	19.99	0.13432	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	4.99	0.13432	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	6.99	0.13432	101%-200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	9.99	0.13432	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.90	0.13432	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.99	0.13432	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.000	0.30	0.13432	76%-100% Below	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	8.000	9.99	0.13869	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.000	4.99	0.13869	101%-200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	9.99	0.13869	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.000	0.30	0.13869	76%-100% Below	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	9.99	0.13869	10%-25% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	5	10.000	10.00	0.14499	200% Above	Yes	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	7	1.000	3.17	0.13432	200% Above	Yes	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	7	10.000	19.90	0.13432	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	13.50	0.13432	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	8	42.000	6.90	0.13869	10%-25% Above	No	No
69238111501	BUSPIRONE HCL 5 MG TABLET	5	60.000	4.59	0.02923	101%-200% Above	No	No
69238111501	BUSPIRONE HCL 5 MG TABLET	5	60.000	6.61	0.02923	200% Above	No	No
69238111501	BUSPIRONE HCL 5 MG TABLET	6	60.000	3.93	0.02898	101%-200% Above	No	No
69238111501	BUSPIRONE HCL 5 MG TABLET	6	180.000	7.49	0.02898	26%-50% Above	No	No
69238111501	BUSPIRONE HCL 5 MG TABLET	7	60.000	5.60	0.03022	200% Above	No	No
69238111501	BUSPIRONE HCL 5 MG TABLET	7	90.000	5.55	0.03022	101%-200% Above	No	No
69238111501	BUSPIRONE HCL 5 MG TABLET	8	60.000	3.93	0.03018	101%-200% Above	No	No
69238111701	BUSPIRONE HCL 10 MG TABLET	8	60.000	4.25	0.03933	76%-100% Above	No	No
69238111701	BUSPIRONE HCL 10 MG TABLET	8	90.000	5.94	0.03933	51%-75% Above	No	No
69238111801	BUSPIRONE HCL 15 MG TABLET	6	270.000	24.47	0.04759	76%-100% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	5	30.000	14.99	0.10469	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	30.000	9.99	0.09804	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	30.000	14.99	0.09804	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	30.000	24.99	0.09804	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238115403	EZETIMIBE 10 MG TABLET	7	30.000	9.99	0.09842	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	30.000	14.99	0.09842	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	90.000	0.90	0.09842	76%-100% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	8	30.000	14.99	0.10319	200% Above	No	No
69238115409	EZETIMIBE 10 MG TABLET	5	30.000	6.99	0.10469	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	30.000	9.99	0.10469	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	30.000	19.99	0.10469	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	90.000	6.99	0.10469	10%-25% Below	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	90.000	44.99	0.10469	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	90.000	150.00	0.10469	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.000	6.99	0.09804	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.000	9.99	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.000	14.99	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.000	19.99	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.000	6.66	0.09804	10%-25% Below	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.000	24.99	0.09804	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.000	29.99	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.000	44.99	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.000	45.00	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.000	147.94	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.000	157.55	0.09804	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	30.000	6.99	0.09842	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	30.000	9.99	0.09842	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	30.000	19.99	0.09842	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	90.000	6.66	0.09842	10%-25% Below	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238115409	EZETIMIBE 10 MG TABLET	7	90.000	29.99	0.09842	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	90.000	44.99	0.09842	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	90.000	119.18	0.09842	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	30.000	6.99	0.10319	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	30.000	14.99	0.10319	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	30.000	19.99	0.10319	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	90.000	6.66	0.10319	26%-50% Below	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	90.000	6.99	0.10319	10%-25% Below	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	90.000	24.99	0.10319	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	90.000	44.99	0.10319	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	90.000	59.99	0.10319	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	90.000	119.18	0.10319	200% Above	Yes	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	5	30.000	52.65	3.16241	26%-50% Below	No	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	6	30.000	52.98	2.72164	26%-50% Below	No	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	7	30.000	52.98	2.79604	26%-50% Below	No	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	7	4.000	199.79	58.19844	10%-25% Below	Yes	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	8	4.000	14.99	54.54786	76%-100% Below	No	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	9.99	1.43555	26%-50% Below	No	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	12.07	1.43555	10%-25% Below	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	19.99	1.43555	26%-50% Above	No	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	24.99	1.43555	51%-75% Above	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	70.58	1.43555	200% Above	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	9.99	1.50533	26%-50% Below	No	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	12.07	1.50533	10%-25% Below	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	19.99	1.50533	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	52.71	1.50533	200% Above	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	7	10.000	12.07	1.41047	10%-25% Below	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	12.07	1.49258	10%-25% Below	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	70.58	1.49258	200% Above	Yes	No
69238127306	OSELTAMIVIR 6 MG/ML SUSPENSION	5	120.000	14.99	0.36266	51%-75% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	5	60.000	2.69	0.08831	26%-50% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	5	90.000	19.90	0.10216	101%-200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	8	90.000	19.90	0.08156	101%-200% Above	No	No
69238134301	ETODOLAC 500 MG TABLET	8	180.000	49.90	0.35003	10%-25% Below	No	No
69238137403	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.000	14.99	13.72123	76%-100% Below	No	No
69238138003	DIFLUPREDNATE 0.05% EYE DROP	8	5.000	73.61	24.45168	26%-50% Below	No	No
69238142301	METHOTREXATE 2.5 MG TABLET	7	96.000	70.01	0.2335	200% Above	Yes	No
69238149001	BUMETANIDE 1 MG TABLET	6	90.000	49.25	0.22391	101%-200% Above	Yes	No
69238149001	BUMETANIDE 1 MG TABLET	8	90.000	39.67	0.22082	76%-100% Above	Yes	No
69238153106	LARISSIA-28 TABLET	5	28.000	3.57	0.22091	26%-50% Below	Yes	No
69238153106	LARISSIA-28 TABLET	5	84.000	10.95	0.22091	26%-50% Below	No	No
69238153106	LARISSIA-28 TABLET	6	28.000	3.57	0.23781	26%-50% Below	Yes	No
69238153106	LARISSIA-28 TABLET	6	84.000	10.72	0.23781	26%-50% Below	Yes	No
69238153106	LARISSIA-28 TABLET	6	84.000	24.50	0.23781	10%-25% Above	Yes	No
69238153106	LARISSIA-28 TABLET	7	28.000	3.57	0.19747	26%-50% Below	Yes	No
69238153106	LARISSIA-28 TABLET	7	84.000	10.92	0.19747	26%-50% Below	No	No
69238153106	LARISSIA-28 TABLET	8	28.000	3.57	0.20108	26%-50% Below	Yes	No
69238153206	CLOBETASOL 0.05% CREAM	5	60.000	14.90	0.29248	10%-25% Below	No	No
69238153206	CLOBETASOL 0.05% CREAM	5	60.000	38.50	0.29248	101%-200% Above	No	No
69238153206	CLOBETASOL 0.05% CREAM	6	60.000	38.50	0.34634	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238153206	CLOBETASOL 0.05% CREAM	7	60.000	38.50	0.35603	76%-100% Above	No	No
69238153206	CLOBETASOL 0.05% CREAM	8	60.000	38.50	0.31147	101%-200% Above	No	No
69238153403	FLUOCINONIDE 0.05% CREAM	6	30.000	14.90	0.61867	10%-25% Below	No	No
69238153406	FLUOCINONIDE 0.05% CREAM	6	60.000	21.62	0.53228	26%-50% Below	No	No
69238156401	AMPHETAMINE SULFATE 10 MG TAB	6	60.000	9.99	0.91913	76%-100% Below	No	No
69238156401	AMPHETAMINE SULFATE 10 MG TAB	7	120.000	9.99	0.91913	76%-100% Below	No	No
69238156401	AMPHETAMINE SULFATE 10 MG TAB	8	120.000	9.99	0.69621	76%-100% Below	No	No
69238158306	NORLYDA 0.35 MG TABLET	5	28.000	2.92	0.15975	26%-50% Below	No	No
69238158306	NORLYDA 0.35 MG TABLET	6	28.000	1.87	0.14915	51%-75% Below	No	No
69238158306	NORLYDA 0.35 MG TABLET	6	56.000	0.01	0.14915	76%-100% Below	No	No
69238158306	NORLYDA 0.35 MG TABLET	7	28.000	2.34	0.1578	26%-50% Below	No	No
69238158306	NORLYDA 0.35 MG TABLET	7	28.000	2.43	0.1578	26%-50% Below	No	No
69238158306	NORLYDA 0.35 MG TABLET	7	84.000	0.01	0.1578	76%-100% Below	No	No
69238158306	NORLYDA 0.35 MG TABLET	8	28.000	2.43	0.13998	26%-50% Below	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	5	10.000	9.99	2.19389	51%-75% Below	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	5	10.000	13.34	2.19389	26%-50% Below	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	6	5.000	13.50	2.2726	10%-25% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	6	5.000	14.99	2.2726	26%-50% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	8	5.000	14.99	2.41144	10%-25% Above	No	No
69238161606	OFLOXACIN 0.3% EAR DROPS	7	10.000	14.99	2.2907	26%-50% Below	No	No
69238161606	OFLOXACIN 0.3% EAR DROPS	8	10.000	12.97	2.29785	26%-50% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	6	30.000	7.43	0.13396	76%-100% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	6	90.000	21.22	0.13396	76%-100% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.44	0.10706	76%-100% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	7	30.000	7.43	0.10706	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238183007	LEVOTHYROXINE 25 MCG TABLET	7	90.000	21.22	0.10706	101%-200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	8	30.000	7.43	0.10675	101%-200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	8	60.000	12.19	0.10675	76%-100% Above	No	No
69238183101	LEVOTHYROXINE 50 MCG TABLET	5	30.000	9.53	0.15418	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	5	15.000	4.74	0.15418	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	5	30.000	8.19	0.15418	76%-100% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	5	90.000	23.51	0.15418	51%-75% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	5	90.000	26.02	0.15418	76%-100% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	5	90.000	27.37	0.15418	76%-100% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	5	90.000	28.78	0.15418	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.08	0.13879	76%-100% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.83	0.13879	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.08	0.1219	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.17	0.1219	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.43	0.1219	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.83	0.1219	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	7	30.000	9.53	0.1219	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	7	90.000	23.12	0.1219	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	30.000	8.08	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	30.000	8.17	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	30.000	8.83	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	30.000	9.53	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	30.000	9.59	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	80.000	24.41	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	90.000	23.12	0.11359	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	90.000	23.51	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	90.000	25.49	0.11359	101%-200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	8	90.000	27.37	0.11359	101%-200% Above	No	No
69238183201	LEVOTHYROXINE 75 MCG TABLET	5	30.000	3.95	0.14995	10%-25% Below	No	No
69238183201	LEVOTHYROXINE 75 MCG TABLET	5	30.000	9.04	0.14995	76%-100% Above	No	No
69238183201	LEVOTHYROXINE 75 MCG TABLET	6	30.000	3.95	0.15361	10%-25% Below	No	No
69238183201	LEVOTHYROXINE 75 MCG TABLET	7	30.000	9.04	0.13143	101%-200% Above	No	No
69238183201	LEVOTHYROXINE 75 MCG TABLET	8	30.000	9.04	0.11066	101%-200% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	6	90.000	16.95	0.15361	10%-25% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	6	90.000	25.90	0.15361	76%-100% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	7	90.000	0.01	0.13143	76%-100% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	5	30.000	9.22	0.16213	76%-100% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	5	90.000	26.33	0.16213	76%-100% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	5	90.000	29.68	0.16213	101%-200% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	6	30.000	3.97	0.15966	10%-25% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	7	30.000	8.18	0.1297	101%-200% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	7	90.000	26.19	0.1297	101%-200% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	8	30.000	0.00	0.11666	76%-100% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	8	30.000	3.97	0.11666	10%-25% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	8	90.000	26.33	0.11666	101%-200% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	8	90.000	29.68	0.11666	101%-200% Above	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	5	30.000	3.97	0.16213	10%-25% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	5	30.000	7.89	0.16213	51%-75% Above	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	5	90.000	11.90	0.16213	10%-25% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	6	30.000	3.97	0.15966	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238183307	LEVOTHYROXINE 88 MCG TABLET	6	30.000	7.89	0.15966	51%-75% Above	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	6	90.000	24.99	0.15966	51%-75% Above	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	8	30.000	3.97	0.11666	10%-25% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	5	30.000	9.66	0.16405	76%-100% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	5	30.000	9.99	0.16405	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	5	30.000	11.34	0.16405	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	5	30.000	11.75	0.16405	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	5	90.000	4.99	0.16405	51%-75% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	6	30.000	9.52	0.16588	76%-100% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	6	30.000	9.61	0.16588	76%-100% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	6	30.000	9.66	0.16588	76%-100% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	6	30.000	9.99	0.16588	76%-100% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	6	30.000	11.34	0.16588	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	7	30.000	9.61	0.13857	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	7	30.000	9.66	0.13857	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	7	30.000	9.99	0.13857	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	7	90.000	4.99	0.13857	51%-75% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	8	30.000	9.66	0.11812	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	8	30.000	9.99	0.11812	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	8	90.000	26.44	0.11812	101%-200% Above	No	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	5	30.000	9.99	0.14855	101%-200% Above	No	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	5	90.000	20.00	0.14855	26%-50% Above	No	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	8	90.000	20.00	0.13525	51%-75% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	5	30.000	9.99	0.18461	76%-100% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	5	90.000	22.06	0.18461	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238183607	LEVOTHYROXINE 125 MCG TABLET	6	30.000	9.99	0.18708	76%-100% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	8	30.000	9.99	0.15643	101%-200% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	8	60.000	14.99	0.15643	51%-75% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	8	90.000	20.85	0.15643	26%-50% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	5	30.000	6.99	0.19605	10%-25% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	5	30.000	9.88	0.19605	51%-75% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	6	30.000	6.99	0.21034	10%-25% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	6	90.000	29.04	0.21034	51%-75% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	7	90.000	20.00	0.16676	26%-50% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	8	30.000	6.99	0.15697	26%-50% Above	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	5	90.000	24.99	0.19838	26%-50% Above	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	5	90.000	29.99	0.19838	51%-75% Above	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	8	90.000	29.99	0.14785	101%-200% Above	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	6	90.000	14.99	0.24963	26%-50% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	6	90.000	29.90	0.24963	26%-50% Above	No	No
69238183907	LEVOTHYROXINE 175 MCG TABLET	6	90.000	17.66	0.24963	10%-25% Below	No	No
69238183907	LEVOTHYROXINE 175 MCG TABLET	6	90.000	37.73	0.24963	51%-75% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	5	30.000	13.15	0.2002	101%-200% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	6	30.000	9.99	0.22661	26%-50% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	6	30.000	13.15	0.22661	76%-100% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	6	90.000	17.65	0.22661	10%-25% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	7	30.000	9.99	0.18108	76%-100% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	8	30.000	9.99	0.19197	51%-75% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	8	30.000	13.15	0.19197	101%-200% Above	No	No
69238184007	LEVOTHYROXINE 200 MCG TABLET	5	90.000	37.80	0.2002	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238199101	DIGOXIN 125 MCG TABLET	8	30.000	8.99	0.22416	26%-50% Above	No	No
69238199101	DIGOXIN 125 MCG TABLET	8	90.000	23.99	0.22416	10%-25% Above	No	No
69238199107	DIGOXIN 125 MCG TABLET	5	30.000	9.99	0.23444	26%-50% Above	Yes	No
69238199107	DIGOXIN 125 MCG TABLET	5	30.000	14.99	0.23444	101%-200% Above	Yes	No
69238199107	DIGOXIN 125 MCG TABLET	6	30.000	9.99	0.26661	10%-25% Above	Yes	No
69238199107	DIGOXIN 125 MCG TABLET	6	90.000	19.99	0.26661	10%-25% Below	Yes	No
69238199107	DIGOXIN 125 MCG TABLET	6	90.000	83.57	0.26661	200% Above	Yes	No
69238199107	DIGOXIN 125 MCG TABLET	7	30.000	9.99	0.18577	76%-100% Above	Yes	No
69238199107	DIGOXIN 125 MCG TABLET	8	90.000	67.32	0.22416	200% Above	Yes	No
69238199207	DIGOXIN 250 MCG TABLET	5	90.000	84.74	0.22868	200% Above	Yes	No
69238199207	DIGOXIN 250 MCG TABLET	8	90.000	67.32	0.21795	200% Above	Yes	No
69238199301	ASA-BUTALB-CAFF-COD #3 CAPSULE	7	48.000	14.99	1.04842	51%-75% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	60.000	2.59	0.06525	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	90.000	23.13	0.06525	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	60.000	2.59	0.07451	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	180.000	29.99	0.07451	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	60.000	2.59	0.07276	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	60.000	13.78	0.07276	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	60.000	15.67	0.07276	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	60.000	2.56	0.07564	26%-50% Below	No	No
69238207707	PROPRANOLOL 10 MG TABLET	5	60.000	14.99	0.06525	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	90.000	14.99	0.06525	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	60.000	13.31	0.07451	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	90.000	14.99	0.07451	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	270.000	43.77	0.07451	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238207707	PROPRANOLOL 10 MG TABLET	7	30.000	7.27	0.07276	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	90.000	14.99	0.07276	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	180.000	29.18	0.07276	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	90.000	14.59	0.07564	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	90.000	20.03	0.07564	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	5	180.000	19.99	0.07957	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	5	180.000	45.90	0.07957	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	6	45.000	9.99	0.08597	101%-200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	6	270.000	68.85	0.08597	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	7	45.000	9.99	0.06778	200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	7	90.000	4.04	0.06778	26%-50% Below	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	7	90.000	19.99	0.06778	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	8	30.000	1.35	0.07999	26%-50% Below	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	8	30.000	4.99	0.07999	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	8	45.000	12.53	0.07999	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	8	180.000	19.99	0.07999	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	8	180.000	36.47	0.07999	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	8	270.000	54.70	0.07999	101%-200% Above	Yes	No
69238207901	PROPRANOLOL 40 MG TABLET	8	30.000	0.99	0.11045	51%-75% Below	No	No
69238207901	PROPRANOLOL 40 MG TABLET	8	60.000	0.99	0.11045	76%-100% Below	No	No
69238207907	PROPRANOLOL 40 MG TABLET	5	90.000	9.99	0.09811	10%-25% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	6	60.000	15.62	0.11104	101%-200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	6	180.000	51.25	0.11104	101%-200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	6	180.000	63.61	0.11104	200% Above	Yes	No
69238208001	PROPRANOLOL 60 MG TABLET	7	180.000	14.99	0.27122	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238208001	PROPRANOLOL 60 MG TABLET	8	180.000	0.02	0.30142	76%-100% Below	No	No
69238208101	PROPRANOLOL 80 MG TABLET	6	60.000	14.90	0.21255	10%-25% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	7	60.000	14.90	0.20695	10%-25% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	8	60.000	14.90	0.20471	10%-25% Above	No	No
69238208105	PROPRANOLOL 80 MG TABLET	6	90.000	43.04	0.21255	101%-200% Above	Yes	No
69238208105	PROPRANOLOL 80 MG TABLET	7	90.000	34.67	0.20695	76%-100% Above	Yes	No
69292053201	PROPRANOLOL 20 MG TABLET	5	90.000	9.90	0.07957	26%-50% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	8	60.000	14.90	0.07999	200% Above	No	No
69315011601	FUROSEMIDE 20 MG TABLET	6	14.000	0.26	0.03072	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.000	1.41	0.03078	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.000	1.46	0.03078	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.000	1.51	0.03078	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.000	1.80	0.03078	76%-100% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	56.000	2.11	0.03078	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	20.000	1.19	0.03072	76%-100% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.000	1.29	0.03072	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.000	1.43	0.03072	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.000	1.46	0.03072	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	56.000	2.11	0.03072	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	60.000	2.21	0.03072	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.000	1.20	0.02855	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.000	1.29	0.02855	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.000	1.43	0.02855	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.000	1.46	0.02855	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.000	1.55	0.02855	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.000	1.77	0.02855	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	56.000	1.80	0.02855	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	5.000	0.80	0.02958	200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	10.000	1.07	0.02958	200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	30.000	1.20	0.02958	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	30.000	1.43	0.02958	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	30.000	1.46	0.02958	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	30.000	1.77	0.02958	76%-100% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	30.000	1.69	0.03387	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	30.000	1.73	0.03387	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	90.000	3.78	0.03387	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	90.000	3.89	0.03387	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	90.000	3.97	0.03387	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	30.000	1.69	0.03356	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	30.000	1.73	0.03356	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	30.000	2.95	0.03356	101%-200% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	60.000	2.83	0.03356	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	90.000	3.98	0.03356	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	7	30.000	1.48	0.03342	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	7	30.000	1.69	0.03342	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	30.000	0.00	0.03235	76%-100% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	30.000	1.48	0.03235	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	30.000	1.69	0.03235	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	60.000	0.01	0.03235	76%-100% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	90.000	3.24	0.03235	10%-25% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315011710	FUROSEMIDE 40 MG TABLET	8	90.000	3.33	0.03235	10%-25% Above	No	No
69315011801	FUROSEMIDE 80 MG TABLET	8	90.000	0.01	0.05999	76%-100% Below	No	No
69315011805	FUROSEMIDE 80 MG TABLET	6	30.000	2.26	0.05991	10%-25% Above	No	No
69315011805	FUROSEMIDE 80 MG TABLET	8	30.000	2.26	0.05999	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	28.000	1.16	0.03152	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	30.000	1.34	0.03152	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	30.000	1.41	0.03152	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	30.000	1.43	0.03152	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	60.000	4.40	0.03152	101%-200% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	90.000	2.21	0.03152	10%-25% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	5	90.000	2.24	0.03152	10%-25% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	5	120.000	4.74	0.03152	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	28.000	1.06	0.02751	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.000	1.30	0.02751	51%-75% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.000	1.34	0.02751	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.000	1.41	0.02751	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.000	1.66	0.02751	101%-200% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	60.000	4.40	0.02751	101%-200% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	120.000	4.74	0.02751	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.000	0.00	0.0291	76%-100% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.000	1.10	0.0291	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.000	1.34	0.0291	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.000	1.41	0.0291	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	60.000	2.87	0.0291	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	90.000	0.01	0.0291	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315012710	FOLIC ACID 1 MG TABLET	7	90.000	1.48	0.0291	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	7	120.000	5.73	0.0291	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.000	1.10	0.03083	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.000	1.34	0.03083	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.000	1.43	0.03083	51%-75% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.000	1.66	0.03083	76%-100% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	60.000	2.87	0.03083	51%-75% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.000	1.48	0.03083	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.000	1.66	0.03083	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.000	1.80	0.03083	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.000	1.86	0.03083	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.000	3.58	0.03083	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	180.000	4.66	0.03083	10%-25% Below	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.30	0.01329	200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.39	0.01329	200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.40	0.01329	200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.44	0.01329	200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.41	0.01329	101%-200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.30	0.01342	200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.40	0.01342	200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.73	0.01342	101%-200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.84	0.01342	101%-200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	3.26	0.01342	101%-200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.18	0.01322	101%-200% Above	No	No
69315013110	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.40	0.01322	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315013401	IMIPRAMINE HCL 25 MG TABLET	5	30.000	1.46	0.10735	51%-75% Below	No	No
69315013401	IMIPRAMINE HCL 25 MG TABLET	7	30.000	1.24	0.09315	51%-75% Below	No	No
69315013401	IMIPRAMINE HCL 25 MG TABLET	8	30.000	1.24	0.09953	51%-75% Below	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	5	60.000	9.03	0.08498	76%-100% Above	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	6	60.000	9.03	0.08291	76%-100% Above	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	7	60.000	9.03	0.08225	76%-100% Above	No	No
69315013901	GLYCOPYRROLATE 1 MG TABLET	5	60.000	9.99	0.09481	51%-75% Above	No	No
69315013901	GLYCOPYRROLATE 1 MG TABLET	8	120.000	46.05	0.10257	200% Above	No	No
69315014001	GLYCOPYRROLATE 2 MG TABLET	7	30.000	9.90	0.2418	26%-50% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	3.17	0.05079	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	3.66	0.05079	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	4.67	0.05079	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	4.66	0.04917	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	2.74	0.04917	26%-50% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	4.90	0.04917	10%-25% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	13.44	0.04917	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	3.66	0.04954	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	4.67	0.04954	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	4.76	0.05648	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	4.67	0.05079	200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	3.66	0.04917	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	10.67	0.04917	101%-200% Above	No	No
69315018210	OXYBUTYNIN 5 MG TABLET	5	60.000	9.90	0.07542	101%-200% Above	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	5	120.000	25.33	0.35454	26%-50% Below	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	6	120.000	25.33	0.34055	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315021101	NIFEDIPINE 10 MG CAPSULE	7	120.000	26.39	0.28509	10%-25% Below	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	8	120.000	26.39	0.34905	26%-50% Below	No	No
69315030615	NYSTATIN 100,000 UNIT/GM POWD	7	60.000	12.04	0.31201	26%-50% Below	No	No
69315030802	CIPROFLOXACIN 0.3% EYE DROP	8	2.500	11.01	2.6728	51%-75% Above	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	5.000	6.02	2.11159	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	5.000	8.21	2.11159	10%-25% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	5.000	12.98	2.11159	10%-25% Above	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	10.000	12.82	2.11159	26%-50% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	6	5.000	8.04	1.81143	10%-25% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	6	5.000	9.99	1.81143	10%-25% Above	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	7	5.000	12.98	1.86355	26%-50% Above	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	7	5.000	14.34	1.86355	51%-75% Above	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	7	10.000	14.99	1.86355	10%-25% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	8	5.000	6.41	1.89097	26%-50% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	8	5.000	14.35	1.89097	51%-75% Above	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	8	10.000	12.82	1.89097	26%-50% Below	Yes	No
69315030810	CIPROFLOXACIN 0.3% EYE DROP	7	10.000	21.92	1.6564	26%-50% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	5	28.000	63.43	0.30048	200% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	6	28.000	9.99	0.29207	10%-25% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	6	28.000	24.99	0.29207	200% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	7	28.000	14.90	0.28519	76%-100% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	6	30.000	1.58	0.03945	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	30.000	1.58	0.04136	26%-50% Above	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	60.000	6.51	0.04136	101%-200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	60.000	6.51	0.03945	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315090405	LORAZEPAM 0.5 MG TABLET	7	60.000	2.16	0.04178	10%-25% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	7	60.000	6.51	0.04178	101%-200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	30.000	0.48	0.04007	51%-75% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	30.000	1.61	0.04007	26%-50% Above	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	60.000	6.51	0.04007	101%-200% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	5	30.000	1.95	0.04457	26%-50% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	5	45.000	2.60	0.04457	26%-50% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	6	30.000	2.05	0.04323	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	6	44.000	2.56	0.04323	26%-50% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	7	15.000	1.39	0.04169	101%-200% Above	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	7	30.000	2.05	0.04169	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	7	44.000	2.56	0.04169	26%-50% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	8	4.000	0.09	0.04151	26%-50% Below	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	8	30.000	2.00	0.04151	51%-75% Above	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	8	30.000	2.05	0.04151	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	5	10.000	1.17	0.04457	101%-200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	5	60.000	3.35	0.04457	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	5	90.000	4.68	0.04457	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	6	10.000	1.17	0.04323	101%-200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	6	24.000	0.60	0.04323	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	6	30.000	1.75	0.04323	26%-50% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	7	10.000	1.17	0.04169	101%-200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	7	24.000	1.79	0.04169	76%-100% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	7	35.000	1.93	0.04169	26%-50% Above	Yes	No
69315090510	LORAZEPAM 1 MG TABLET	8	10.000	1.30	0.04151	200% Above	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315090510	LORAZEPAM 1 MG TABLET	8	20.000	1.61	0.04151	76%-100% Above	Yes	No
69315090510	LORAZEPAM 1 MG TABLET	8	60.000	1.38	0.04151	26%-50% Below	No	No
69315090601	LORAZEPAM 2 MG TABLET	6	2.000	0.74	0.07078	200% Above	No	No
69315090605	LORAZEPAM 2 MG TABLET	8	10.000	0.28	0.07569	51%-75% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	180.000	20.54	0.19744	26%-50% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	180.000	22.25	0.19744	26%-50% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	180.000	12.15	0.19401	51%-75% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	180.000	20.52	0.20146	26%-50% Below	No	No
69367013206	GABAPENTIN 300 MG CAPSULE	8	30.000	2.25	0.04771	51%-75% Above	No	No
69367016204	PHENAZOPYRIDINE 100 MG TAB	6	6.000	10.14	0.33675	200% Above	No	No
69367016204	PHENAZOPYRIDINE 100 MG TAB	6	30.000	13.50	0.33675	26%-50% Above	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	5	6.000	4.99	0.5611	26%-50% Above	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	6	6.000	9.99	0.54739	200% Above	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	6	15.000	19.99	0.54739	101%-200% Above	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	7	6.000	19.99	0.54285	200% Above	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	8	6.000	9.54	0.62369	101%-200% Above	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	8	6.000	19.90	0.62369	200% Above	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	8	9.000	9.99	0.62369	76%-100% Above	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.000	5.19	0.19508	10%-25% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	30.000	4.29	0.18045	10%-25% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	20.000	2.27	0.18395	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	30.000	4.41	0.18395	10%-25% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	30.000	3.69	0.18391	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	40.000	5.13	0.18391	26%-50% Below	No	No
69367021901	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	6.22	0.03149	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69367023610	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.48	0.03473	26%-50% Above	No	No
69367024706	SOD SULFACET-SULFUR 10-5% CLSR	8	170.300	20.00	0.15903	26%-50% Below	No	No
69367025709	FENOFIBRATE 54 MG TABLET	5	30.000	6.90	0.11097	101%-200% Above	No	No
69367025709	FENOFIBRATE 54 MG TABLET	6	30.000	7.00	0.11037	101%-200% Above	No	No
69367025709	FENOFIBRATE 54 MG TABLET	7	30.000	7.00	0.11613	76%-100% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	6	120.000	8.74	0.0279	101%-200% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	7	120.000	9.96	0.02623	200% Above	Yes	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	7	120.000	10.37	0.02623	200% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	7	180.000	12.62	0.02623	101%-200% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	8	118.000	0.99	0.02869	51%-75% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	8	180.000	12.62	0.02869	101%-200% Above	No	No
69367029360	RANOLAZINE ER 500 MG TABLET	5	180.000	14.99	0.25634	51%-75% Below	No	No
69367030205	CELECOXIB 200 MG CAPSULE	8	90.000	4.14	0.12633	51%-75% Below	No	No
69367031056	SODIUM FLUORIDE 1.1% GEL	7	56.000	10.55	0.12008	51%-75% Above	No	No
69367031056	SODIUM FLUORIDE 1.1% GEL	8	56.000	10.41	0.12878	26%-50% Above	No	No
69367032609	PREGABALIN 75 MG CAPSULE	8	90.000	24.99	0.07598	200% Above	No	No
69367034305	GABAPENTIN 100 MG CAPSULE	6	180.000	6.73	0.02846	26%-50% Above	Yes	No
69367034305	GABAPENTIN 100 MG CAPSULE	7	90.000	1.45	0.02791	26%-50% Below	Yes	No
69367034405	GABAPENTIN 300 MG CAPSULE	7	180.000	29.99	0.04566	200% Above	Yes	No
69367034405	GABAPENTIN 300 MG CAPSULE	8	60.000	3.44	0.04771	10%-25% Above	Yes	No
69367034405	GABAPENTIN 300 MG CAPSULE	8	180.000	5.87	0.04771	26%-50% Below	Yes	No
69452011920	OXYBUTYNIN CL ER 5 MG TABLET	5	30.000	14.99	0.1371	200% Above	No	No
69452012020	OXYBUTYNIN CL ER 10 MG TABLET	6	30.000	14.99	0.14717	200% Above	No	No
69452012020	OXYBUTYNIN CL ER 10 MG TABLET	7	30.000	14.99	0.12435	200% Above	No	No
69452014320	BENZONATATE 100 MG CAPSULE	5	30.000	6.90	0.0898	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452014330	BENZONATATE 100 MG CAPSULE	6	30.000	7.64	0.09131	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	7	30.000	7.64	0.0897	101%-200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	5	21.000	8.45	0.123	200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	7	30.000	5.00	0.12652	26%-50% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	5	30.000	9.99	0.123	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	5	30.000	10.12	0.123	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	5	30.000	11.88	0.123	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	5	30.000	12.14	0.123	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	6	15.000	5.38	0.12354	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	6	30.000	12.23	0.12354	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	15.000	5.38	0.12652	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	21.000	7.30	0.12652	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	21.000	9.99	0.12652	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	30.000	9.99	0.12652	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	30.000	12.46	0.12652	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	30.000	4.99	0.1223	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.000	0.96	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.000	1.05	0.14074	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	3.000	1.63	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	0.28	0.14074	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.06	0.14074	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.12	0.14074	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.74	0.14074	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.78	0.14074	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.85	0.14074	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.88	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.93	0.14074	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.94	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.95	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.95	0.14074	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	2.01	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	3.69	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	3.87	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	6.000	2.50	0.14074	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	8.000	3.03	0.14074	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	0.83	0.14074	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	2.02	0.14074	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	3.51	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	3.95	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.01	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.23	0.14074	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.24	0.14074	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.32	0.14074	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.32	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.34	0.14074	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.43	0.14074	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.43	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.46	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	4.69	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	13.000	4.99	0.14074	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	13.000	9.10	0.14074	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	24.000	7.89	0.14074	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.000	0.96	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.000	1.05	0.13821	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	2.000	2.63	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	0.28	0.13821	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.05	0.13821	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.56	0.13821	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.66	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.66	0.13821	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.69	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.74	0.13821	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.84	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.88	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.93	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.93	0.13821	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.97	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.97	0.13821	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	8.000	3.12	0.13821	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	9.000	7.05	0.13821	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	0.83	0.13821	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	1.98	0.13821	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.19	0.13821	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.20	0.13821	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.31	0.13821	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.70	0.13821	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.95	0.13821	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.01	0.13821	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.32	0.13821	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.34	0.13821	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.43	0.13821	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.43	0.13821	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.57	0.13821	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	4.69	0.13821	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	13.000	2.14	0.13821	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.000	0.96	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.000	1.05	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	2.533	1.27	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	3.000	1.44	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	3.000	1.66	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	0.30	0.13305	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.05	0.13305	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.60	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.66	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.66	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.74	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.84	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.88	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.93	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.93	0.13305	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.97	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.97	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	3.38	0.13305	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	6.000	2.53	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.000	2.61	0.13305	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	0.83	0.13305	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	1.98	0.13305	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.19	0.13305	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.20	0.13305	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.31	0.13305	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.70	0.13305	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.70	0.13305	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.32	0.13305	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.32	0.13305	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.43	0.13305	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	4.51	0.13305	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	6.60	0.13305	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.000	3.45	0.13305	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.000	3.59	0.13305	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.000	4.74	0.13305	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	1.000	0.07	0.14147	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	1.000	1.05	0.14147	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	2.000	0.14	0.14147	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	3.000	1.57	0.14147	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	3.000	1.63	0.14147	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	0.28	0.14147	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	0.28	0.14147	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	0.30	0.14147	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.05	0.14147	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.10	0.14147	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.66	0.14147	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.69	0.14147	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.74	0.14147	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.84	0.14147	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.88	0.14147	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.93	0.14147	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.95	0.14147	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.97	0.14147	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.97	0.14147	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	2.12	0.14147	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	3.38	0.14147	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	6.000	1.38	0.14147	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	1.45	0.14147	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	1.98	0.14147	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.01	0.14147	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.19	0.14147	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.20	0.14147	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.31	0.14147	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.61	0.14147	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.70	0.14147	101%-200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.70	0.14147	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.32	0.14147	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.34	0.14147	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.43	0.14147	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	4.69	0.14147	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	5.14	0.14147	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	24.000	7.89	0.14147	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	24.000	9.55	0.14147	101%-200% Above	No	No
69452015673	RIZATRIPTAN 5 MG ODT	7	9.000	14.99	0.80473	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	5	9.000	9.99	0.7747	26%-50% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	5	9.000	14.90	0.7747	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	9.000	9.99	0.70133	51%-75% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	12.000	0.00	0.70133	76%-100% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	5	6.000	2.07	0.3986	10%-25% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	5	6.000	4.17	0.3986	51%-75% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	5	6.000	4.30	0.3986	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	6	6.000	3.58	0.36893	51%-75% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	6	6.000	4.17	0.36893	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	7	6.000	2.55	0.37534	10%-25% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	7	6.000	4.18	0.37534	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	7	6.000	4.35	0.37534	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	8	6.000	4.17	0.36153	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	8	6.000	4.29	0.36153	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	8	6.000	4.33	0.36153	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	8	6.000	4.53	0.36153	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452017173	AZITHROMYCIN 250 MG TABLET	8	6.000	5.58	0.36153	101%-200% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	8	6.000	5.74	0.36153	101%-200% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	5	5.000	4.90	0.68109	26%-50% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	5	5.000	6.42	0.68109	76%-100% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	6	2.000	3.26	0.66028	101%-200% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	7	5.000	5.53	0.64056	51%-75% Above	No	No
69452017272	AZITHROMYCIN 500 MG TABLET	6	3.000	4.06	0.66028	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	6	60.000	20.21	0.47699	26%-50% Below	Yes	No
69452029020	ACYCLOVIR 400 MG TABLET	5	60.000	4.16	0.10382	26%-50% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	5	60.000	4.48	0.10382	26%-50% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	6	60.000	4.08	0.10507	26%-50% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	7	60.000	4.08	0.09971	26%-50% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	7	60.000	8.58	0.09971	26%-50% Above	No	No
69452029020	ACYCLOVIR 400 MG TABLET	8	60.000	4.08	0.10331	26%-50% Below	No	No
69452029030	ACYCLOVIR 400 MG TABLET	6	15.000	2.46	0.10507	51%-75% Above	No	No
69452029030	ACYCLOVIR 400 MG TABLET	6	28.000	4.35	0.10507	26%-50% Above	No	No
69452029030	ACYCLOVIR 400 MG TABLET	6	90.000	6.06	0.10507	26%-50% Below	No	No
69543010710	DES Loratadine 5 MG TABLET	5	30.000	5.36	0.3236	26%-50% Below	No	No
69543010710	DES Loratadine 5 MG TABLET	5	90.000	14.99	0.3236	26%-50% Below	No	No
69543010710	DES Loratadine 5 MG TABLET	6	30.000	5.36	0.32486	26%-50% Below	No	No
69543010710	DES Loratadine 5 MG TABLET	7	30.000	5.36	0.29747	26%-50% Below	No	No
69543010710	DES Loratadine 5 MG TABLET	8	30.000	5.36	0.33961	26%-50% Below	No	No
69543010710	DES Loratadine 5 MG TABLET	8	90.000	14.99	0.33961	26%-50% Below	No	No
69543012310	GLIMEPIRIDE 1 MG TABLET	7	60.000	4.71	0.02949	101%-200% Above	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	5	30.000	3.99	0.03802	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69543012450	GLIMEPIRIDE 2 MG TABLET	6	30.000	3.99	0.04041	200% Above	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	6	180.000	12.49	0.04041	51%-75% Above	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	7	30.000	3.99	0.034	200% Above	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	7	180.000	19.99	0.034	200% Above	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	8	30.000	0.30	0.0407	51%-75% Below	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	8	30.000	3.99	0.0407	200% Above	No	No
69543012550	GLIMEPIRIDE 4 MG TABLET	5	30.000	3.99	0.04527	101%-200% Above	No	No
69543012550	GLIMEPIRIDE 4 MG TABLET	6	90.000	9.99	0.04952	101%-200% Above	No	No
69543012550	GLIMEPIRIDE 4 MG TABLET	6	180.000	19.99	0.04952	101%-200% Above	No	No
69543012550	GLIMEPIRIDE 4 MG TABLET	7	30.000	3.99	0.04106	200% Above	No	No
69543012550	GLIMEPIRIDE 4 MG TABLET	7	90.000	9.99	0.04106	101%-200% Above	No	No
69543012550	GLIMEPIRIDE 4 MG TABLET	8	30.000	3.99	0.04489	101%-200% Above	No	No
69543038810	KETOROLAC 10 MG TABLET	5	20.000	9.90	0.71217	26%-50% Below	No	No
69543038810	KETOROLAC 10 MG TABLET	6	20.000	8.39	0.71259	26%-50% Below	No	No
69543042610	NAPROXEN DR 500 MG TABLET	6	10.000	19.27	3.36933	26%-50% Below	No	No
69547035302	NARCAN 4 MG NASAL SPRAY	6	2.000	48.15	59.97817	51%-75% Below	No	No
69547035302	NARCAN 4 MG NASAL SPRAY	7	2.000	46.72	59.97817	51%-75% Below	No	No
69584009150	BUSPIRONE HCL 5 MG TABLET	5	60.000	4.71	0.02923	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	5	90.000	6.51	0.02923	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	5	180.000	14.36	0.02923	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	6	30.000	2.31	0.02898	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	6	120.000	7.17	0.02898	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	6	180.000	14.17	0.02898	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	7	60.000	3.98	0.03022	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	7	120.000	7.17	0.03022	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69584009150	BUSPIRONE HCL 5 MG TABLET	7	180.000	12.66	0.03022	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	7	270.000	15.27	0.03022	76%-100% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	8	30.000	1.72	0.03018	76%-100% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	8	120.000	7.17	0.03018	76%-100% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	8	180.000	10.46	0.03018	76%-100% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	8	180.000	11.41	0.03018	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	5	90.000	7.27	0.04048	76%-100% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	5	180.000	18.13	0.04048	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	5	270.000	5.89	0.04048	26%-50% Below	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	5	540.000	53.68	0.04048	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	6	60.000	5.19	0.03997	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	6	90.000	9.99	0.03997	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	6	120.000	7.81	0.03997	51%-75% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	6	180.000	13.81	0.03997	76%-100% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	6	180.000	14.40	0.03997	76%-100% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	7	120.000	7.81	0.03924	51%-75% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	7	180.000	13.81	0.03924	76%-100% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	8	60.000	4.30	0.03933	76%-100% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	8	120.000	7.81	0.03933	51%-75% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	8	180.000	14.40	0.03933	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	8	270.000	16.70	0.03933	51%-75% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	5	60.000	1.76	0.05104	26%-50% Below	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	5	60.000	5.18	0.05104	51%-75% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	6	60.000	1.76	0.04759	26%-50% Below	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	6	60.000	5.18	0.04759	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69584009350	BUSPIRONE HCL 15 MG TABLET	7	60.000	1.76	0.04751	26%-50% Below	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	7	60.000	5.18	0.04751	76%-100% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	7	60.000	6.01	0.04751	101%-200% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	7	90.000	6.66	0.04751	51%-75% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	8	60.000	1.76	0.04691	26%-50% Below	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	8	60.000	6.01	0.04691	101%-200% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	8	180.000	10.78	0.04691	26%-50% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	8	270.000	16.17	0.04691	26%-50% Above	Yes	No
69584011190	CARISOPRODOL 350 MG TABLET	5	120.000	9.01	0.05768	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	5	180.000	13.20	0.05768	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	6	120.000	9.01	0.05457	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	6	180.000	13.20	0.05457	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	7	120.000	9.01	0.0561	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	7	180.000	13.20	0.0561	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	8	120.000	9.01	0.05443	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	8	180.000	13.20	0.05443	26%-50% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.25	0.01322	200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.30	0.01322	200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.40	0.01322	200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.67	0.01322	26%-50% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.36	0.01322	76%-100% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.25	0.01334	200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.40	0.01334	200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.48	0.01334	200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.73	0.01334	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.79	0.01334	101%-200% Above	No	No
69584036210	HYDROCHLOROTHIAZIDE 50 MG TAB	6	90.000	3.67	0.0286	26%-50% Above	No	No
69584061250	METHOCARBAMOL 750 MG TABLET	5	84.000	3.91	0.055	10%-25% Below	Yes	No
69584061250	METHOCARBAMOL 750 MG TABLET	5	90.000	4.19	0.055	10%-25% Below	Yes	No
69584061250	METHOCARBAMOL 750 MG TABLET	6	90.000	4.19	0.05273	10%-25% Below	Yes	No
69584061250	METHOCARBAMOL 750 MG TABLET	7	90.000	8.48	0.05019	76%-100% Above	No	No
69584061250	METHOCARBAMOL 750 MG TABLET	8	30.000	3.27	0.05247	101%-200% Above	Yes	No
69584068410	PRIMIDONE 50 MG TABLET	6	180.000	1.80	0.16274	76%-100% Below	No	No
69584084110	SOTALOL 80 MG TABLET	5	60.000	7.86	0.0836	51%-75% Above	No	No
69584084110	SOTALOL 80 MG TABLET	5	270.000	2.70	0.0836	76%-100% Below	No	No
69584084110	SOTALOL 80 MG TABLET	7	180.000	22.27	0.0737	51%-75% Above	No	No
69584084110	SOTALOL 80 MG TABLET	8	270.000	2.70	0.06801	76%-100% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	9.00	3.711	10%-25% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	1.67	2.92024	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	1.81	2.92024	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.57	2.92024	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.62	2.92024	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	3.72	2.92024	26%-50% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	4.59	2.92024	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	4.69	2.92024	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	6.000	12.56	2.92024	26%-50% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	8.000	16.50	2.92024	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	25.000	38.64	2.92024	26%-50% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.000	1.81	2.84759	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.000	4.59	2.84759	10%-25% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.000	8.53	2.84759	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	1.81	2.72218	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.000	4.59	2.72218	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	6.60	2.72218	10%-25% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	6.65	2.72218	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	6.65	2.72218	10%-25% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	10.19	2.72218	10%-25% Above	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.000	8.53	2.72218	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.000	12.98	2.72218	10%-25% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	6.000	12.56	2.72218	10%-25% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	10.000	31.89	2.72218	10%-25% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.000	24.39	2.72218	10%-25% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.000	1.81	2.82672	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.000	4.59	2.82672	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	6.56	2.82672	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	6.65	2.82672	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.000	7.24	2.82672	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.000	8.53	2.82672	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.000	13.25	2.82672	10%-25% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	8.000	16.41	2.82672	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	10.000	19.90	2.82672	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.000	38.03	2.82672	10%-25% Above	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	25.000	38.64	2.82672	26%-50% Below	Yes	No
69680013300	POTASSIUM CL ER 10 MEQ TABLET	6	60.000	12.47	0.13358	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	5	14.000	3.39	0.14808	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	5	60.000	9.90	0.14808	10%-25% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	5	180.000	13.50	0.14808	26%-50% Below	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	6	7.000	0.00	0.13358	76%-100% Below	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	6.46	0.13358	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	6.57	0.13358	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	7.05	0.13358	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	6	60.000	9.90	0.13358	10%-25% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	6	60.000	12.40	0.13358	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	7	8.000	2.30	0.13835	101%-200% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	6.36	0.13835	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	6.46	0.13835	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	7	60.000	9.90	0.13835	10%-25% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	4.39	0.12858	10%-25% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	6.46	0.12858	51%-75% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	8	60.000	0.01	0.12858	76%-100% Below	No	No
69680013400	POTASSIUM CL ER 20 MEQ TABLET	8	9.000	2.90	0.29	10%-25% Above	No	No
69680013400	POTASSIUM CL ER 20 MEQ TABLET	8	60.000	14.99	0.29	10%-25% Below	No	No
69680013400	POTASSIUM CL ER 20 MEQ TABLET	8	90.000	22.43	0.29	10%-25% Below	No	No
69784050101	EC-NAPROXEN DR 375 MG TABLET	8	24.000	6.72	0.40508	26%-50% Below	No	No
69918010101	DESMOPRESSIN ACETATE 0.1 MG TB	8	30.000	19.90	0.39461	51%-75% Above	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	5	30.000	4.99	1.6806	76%-100% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	6	30.000	32.59	1.6784	26%-50% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	7	30.000	9.99	1.40361	76%-100% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	7	30.000	32.59	1.40361	10%-25% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	8	30.000	9.99	1.56082	76%-100% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69918030130	TRANEXAMIC ACID 650 MG TABLET	8	30.000	14.99	1.56082	51%-75% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	8	30.000	32.59	1.56082	26%-50% Below	No	No
70000051801	ALLERGY-CONGEST 12HR 60-120 MG	8	4.000	2.23	0.47571	10%-25% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	6	30.000	7.47	0.48855	26%-50% Below	No	No
70010000201	COLCHICINE 0.6 MG TABLET	7	20.000	14.99	0.40299	76%-100% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	7	30.000	14.99	0.40299	10%-25% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	8	30.000	9.02	0.46423	26%-50% Below	No	No
70010000401	DEXMETHYLPHENIDATE ER 5 MG CAP	6	30.000	22.58	1.05423	26%-50% Below	Yes	No
70010000401	DEXMETHYLPHENIDATE ER 5 MG CAP	8	30.000	22.58	1.07151	26%-50% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.000	25.09	1.02251	10%-25% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	6	30.000	25.09	1.31855	26%-50% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	7	30.000	25.09	1.11816	10%-25% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.000	24.44	0.93932	10%-25% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.000	25.09	0.93932	10%-25% Below	Yes	No
70010000801	DEXMETHYLPHENIDATE ER 25 MG CP	5	30.000	9.99	2.12979	76%-100% Below	No	No
70010000801	DEXMETHYLPHENIDATE ER 25 MG CP	6	30.000	9.99	2.16259	76%-100% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	7	25.000	31.93	1.64313	10%-25% Below	Yes	No
70010004201	METHYLPHENIDATE ER 10 MG TAB	7	30.000	161.05	0.35396	200% Above	Yes	No
70010004201	METHYLPHENIDATE ER 10 MG TAB	8	30.000	161.05	0.29963	200% Above	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	5	30.000	9.99	0.48836	26%-50% Below	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	7	30.000	9.90	0.45934	26%-50% Below	No	No
70010004401	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG CAPSULE	8	20.000	8.69	0.72471	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	60.000	1.75	0.0157	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	60.000	1.75	0.01484	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	60.000	1.75	0.01464	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010006305	METFORMIN HCL 500 MG TABLET	7	180.000	3.94	0.01464	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	360.000	6.00	0.01464	10%-25% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	60.000	1.75	0.0148	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	60.000	2.41	0.0148	101%-200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	360.000	7.24	0.0148	26%-50% Above	No	No
70010006309	METFORMIN HCL 500 MG TABLET	6	180.000	0.00	0.01484	76%-100% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	30.000	0.28	0.0157	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	30.000	0.92	0.0157	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	30.000	1.18	0.0157	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	45.000	1.47	0.0157	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	60.000	1.72	0.0157	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	60.000	1.75	0.0157	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	120.000	2.79	0.0157	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	120.000	2.85	0.0157	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	30.000	0.28	0.01484	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	30.000	0.88	0.01484	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	30.000	1.18	0.01484	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.000	1.55	0.01484	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.000	1.72	0.01484	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.000	1.75	0.01484	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	120.000	2.85	0.01484	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	180.000	1.69	0.01484	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	360.000	6.02	0.01484	10%-25% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	30.000	0.28	0.01464	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	30.000	0.88	0.01464	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010006310	METFORMIN HCL 500 MG TABLET	7	30.000	0.98	0.01464	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	45.000	1.47	0.01464	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	60.000	1.55	0.01464	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	60.000	1.72	0.01464	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	60.000	1.75	0.01464	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	120.000	2.85	0.01464	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	30.000	0.23	0.0148	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	30.000	0.88	0.0148	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	30.000	0.98	0.0148	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	60.000	1.72	0.0148	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	60.000	1.75	0.0148	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	90.000	2.30	0.0148	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	90.000	2.41	0.0148	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	135.000	1.27	0.0148	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	180.000	3.94	0.0148	26%-50% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.55	0.02598	51%-75% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.51	0.02396	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.36	0.02598	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.59	0.02598	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.65	0.02598	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.24	0.02642	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.65	0.02642	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.51	0.02642	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.24	0.02396	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.59	0.02396	76%-100% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.24	0.02446	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.29	0.02446	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.59	0.02446	76%-100% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.65	0.02446	76%-100% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	30.000	1.65	0.02598	101%-200% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	60.000	1.19	0.02598	10%-25% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.59	0.02598	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.65	0.02598	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	180.000	2.95	0.02598	26%-50% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	180.000	6.91	0.02598	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	30.000	1.65	0.02642	101%-200% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.000	0.86	0.02642	26%-50% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.000	1.19	0.02642	10%-25% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.59	0.02642	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.65	0.02642	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	180.000	6.48	0.02642	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	30.000	0.42	0.02396	26%-50% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.24	0.02396	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.59	0.02396	76%-100% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.65	0.02396	76%-100% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	60.000	7.51	0.02396	200% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.24	0.02446	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.65	0.02446	76%-100% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	8	180.000	6.48	0.02446	26%-50% Above	No	No
70010008401	PRAZOSIN 1 MG CAPSULE	6	30.000	9.99	0.21165	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010008401	PRAZOSIN 1 MG CAPSULE	7	90.000	24.99	0.2145	26%-50% Above	No	No
70010010810	GABAPENTIN 100 MG CAPSULE	5	90.000	4.41	0.02957	51%-75% Above	No	No
70010010810	GABAPENTIN 100 MG CAPSULE	6	90.000	3.14	0.02846	10%-25% Above	No	No
70010010810	GABAPENTIN 100 MG CAPSULE	7	90.000	3.74	0.02791	26%-50% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	6	60.000	14.99	0.18558	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	6.90	0.18558	10%-25% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	7	30.000	6.90	0.18977	10%-25% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	30.000	6.90	0.18816	10%-25% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	9.99	0.18769	76%-100% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	5	90.000	29.99	0.18769	76%-100% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	9.57	0.18189	51%-75% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	9.57	0.18018	76%-100% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	9.57	0.17594	76%-100% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	10.18	0.17594	76%-100% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	8	60.000	5.99	0.07568	26%-50% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	5	60.000	14.99	0.14092	76%-100% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	6	180.000	29.99	0.1466	10%-25% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	8	30.000	14.99	0.14795	200% Above	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.91	0.07132	10%-25% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	8	90.000	3.99	0.07132	26%-50% Below	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	5	30.000	0.30	0.037	51%-75% Below	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.70	0.037	51%-75% Above	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.92	0.037	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.000	0.71	0.037	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.88	0.037	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.000	2.66	0.037	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.000	2.93	0.037	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.000	3.02	0.037	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.000	7.34	0.037	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	90.000	0.01	0.037	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	90.000	5.96	0.037	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.000	4.90	0.037	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.000	5.35	0.037	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.000	6.50	0.037	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	180.000	0.02	0.037	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	180.000	7.80	0.037	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	270.000	11.00	0.037	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	360.000	0.04	0.037	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	30.000	0.71	0.03713	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.83	0.03713	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.88	0.03713	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.000	2.63	0.03713	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.000	2.66	0.03713	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.000	2.99	0.03713	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.000	3.02	0.03713	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.000	7.34	0.03713	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	90.000	4.07	0.03713	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	90.000	4.16	0.03713	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.000	2.82	0.03713	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.000	5.35	0.03713	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	180.000	7.58	0.03713	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	30.000	0.71	0.04331	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.88	0.04331	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	60.000	4.54	0.04331	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	90.000	0.01	0.04331	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	120.000	2.82	0.04331	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	270.000	6.78	0.04331	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.61	0.0378	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.79	0.0378	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.83	0.0378	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.88	0.0378	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.000	0.01	0.0378	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.000	2.63	0.0378	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.000	2.66	0.0378	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.000	4.54	0.0378	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	90.000	0.01	0.0378	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	90.000	4.16	0.0378	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	90.000	4.18	0.0378	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	90.000	5.06	0.0378	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	120.000	2.82	0.0378	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	360.000	0.04	0.0378	76%-100% Below	No	No
70010049109	METFORMIN HCL ER 500 MG TABLET	7	180.000	6.12	0.04331	10%-25% Below	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	7	360.000	8.75	0.04331	26%-50% Below	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	7	360.000	11.52	0.04331	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.70	0.037	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	60.000	1.43	0.037	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	60.000	3.02	0.037	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.000	2.15	0.037	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.000	2.72	0.037	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.000	3.79	0.037	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.000	4.16	0.037	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.000	4.27	0.037	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	120.000	5.30	0.037	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	180.000	4.30	0.037	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	180.000	7.94	0.037	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	270.000	11.00	0.037	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	360.000	10.87	0.037	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	360.000	11.02	0.037	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.61	0.03713	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.70	0.03713	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	60.000	1.43	0.03713	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	90.000	2.26	0.03713	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	180.000	5.44	0.03713	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	180.000	5.51	0.03713	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	180.000	5.76	0.03713	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	180.000	7.80	0.03713	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	360.000	10.87	0.03713	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.61	0.04331	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.70	0.04331	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	60.000	1.43	0.04331	26%-50% Below	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	120.000	4.58	0.04331	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	159.000	3.80	0.04331	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	180.000	4.37	0.04331	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	360.000	9.04	0.04331	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	360.000	12.67	0.04331	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	360.000	29.99	0.04331	76%-100% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	30.000	0.94	0.0378	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	60.000	1.43	0.0378	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	60.000	3.26	0.0378	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.000	2.15	0.0378	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.000	2.19	0.0378	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.000	4.27	0.0378	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	120.000	5.35	0.0378	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	180.000	4.30	0.0378	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	180.000	7.58	0.0378	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	180.000	7.80	0.0378	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	180.000	20.31	0.0378	101%-200% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	360.000	8.75	0.0378	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	360.000	9.04	0.0378	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	360.000	10.00	0.0378	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	360.000	20.67	0.0378	51%-75% Above	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	5	60.000	6.28	0.07922	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	6	60.000	6.28	0.07786	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	60.000	6.28	0.06911	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	8	60.000	6.28	0.07259	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010075401	METHOCARBAMOL 500 MG TABLET	5	18.000	1.97	0.04759	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	20.000	2.39	0.04759	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	21.000	1.13	0.04759	10%-25% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	28.000	3.08	0.04759	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	30.000	1.01	0.04759	26%-50% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	45.000	4.49	0.04759	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	56.000	7.05	0.04759	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	20.000	2.32	0.04441	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	20.000	2.39	0.04441	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	28.000	3.08	0.04441	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	60.000	5.65	0.04441	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	60.000	5.80	0.04441	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	7	10.000	1.38	0.04289	200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	7	21.000	1.13	0.04289	10%-25% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	14.000	0.35	0.04668	26%-50% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	20.000	3.18	0.04668	200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	30.000	2.41	0.04668	51%-75% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	90.000	8.35	0.04668	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	90.000	10.47	0.04668	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	180.000	15.92	0.04668	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	6	30.000	5.03	0.04441	200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	7	120.000	10.66	0.04289	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	20.000	2.69	0.055	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	50.000	6.01	0.055	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	180.000	14.90	0.055	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010077001	METHOCARBAMOL 750 MG TABLET	6	20.000	2.42	0.05273	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	42.000	1.26	0.05273	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	60.000	5.90	0.05273	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	60.000	6.87	0.05273	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	14.000	2.17	0.05019	200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	20.000	2.42	0.05019	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	60.000	5.90	0.05019	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	60.000	6.87	0.05019	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	90.000	8.43	0.05019	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	180.000	9.99	0.05019	10%-25% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	15.000	1.98	0.05247	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	30.000	3.27	0.05247	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	60.000	7.51	0.05247	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	90.000	9.93	0.05247	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	180.000	5.15	0.05247	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	30.000	3.32	0.055	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	270.000	28.22	0.055	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	30.000	3.32	0.05273	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	30.000	3.80	0.05273	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	90.000	8.34	0.05273	51%-75% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	20.000	2.76	0.05019	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	30.000	3.32	0.05019	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	8	30.000	4.13	0.05247	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	8	180.000	14.99	0.05247	51%-75% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	0.01	2.92024	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	4.90	2.92024	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	7.99	2.92024	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.000	7.55	2.92024	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.000	0.01	2.84759	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.000	0.00	2.84759	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.000	4.90	2.84759	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	7.46	2.84759	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	7.55	2.84759	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.000	10.86	2.84759	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	12.000	27.97	2.84759	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	0.01	2.72218	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.000	0.00	2.72218	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	0.00	2.72218	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	11.47	2.72218	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.000	7.24	2.72218	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.000	0.01	2.82672	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.000	0.00	2.82672	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.000	4.90	2.82672	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	7.55	2.82672	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	11.47	2.82672	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	5.000	12.00	2.82672	10%-25% Below	No	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	7	5.000	4.99	3.41329	51%-75% Below	No	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	7	5.000	26.12	3.41329	51%-75% Above	No	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	8	5.000	14.99	3.64426	10%-25% Below	Yes	No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.000	14.67	1.218	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.000	14.67	1.29057	10%-25% Above	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	5	6.000	19.90	1.18488	101%-200% Above	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	6	6.000	14.90	1.18606	101%-200% Above	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	5	5.000	3.93	1.41076	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	5	5.000	5.74	1.41076	10%-25% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	7	5.000	5.83	1.38652	10%-25% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	8	5.000	4.06	1.805	51%-75% Below	No	No
70069017201	CYANOCOBALAMIN 10,000 MCG/10 ML	5	10.000	10.60	3.70711	51%-75% Below	No	No
70069017201	CYANOCOBALAMIN 10,000 MCG/10 ML	8	10.000	10.60	3.71059	51%-75% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	5	4.000	4.63	0.98287	10%-25% Above	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	8	10.000	10.60	1.20163	10%-25% Below	No	No
70069023101	BRIMONIDINE 0.2% EYE DROP	5	5.000	4.78	0.80514	10%-25% Above	No	No
70069023101	BRIMONIDINE 0.2% EYE DROP	8	10.000	7.43	0.91658	10%-25% Below	No	No
70069023201	BRIMONIDINE 0.2% EYE DROP	6	10.000	7.48	0.63248	10%-25% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	5	2.500	7.60	2.02188	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	6	2.500	4.99	1.81388	10%-25% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	8	2.500	6.90	1.86414	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	8	2.500	8.02	1.86414	51%-75% Above	No	No
70156010501	HYOSCYAMINE 0.125 MG TAB SL	6	60.000	18.09	0.1318	101%-200% Above	No	No
70156010501	HYOSCYAMINE 0.125 MG TAB SL	6	90.000	14.99	0.1318	26%-50% Above	No	No
70156010501	HYOSCYAMINE 0.125 MG TAB SL	7	60.000	14.99	0.12215	101%-200% Above	No	No
70156010501	HYOSCYAMINE 0.125 MG TAB SL	8	60.000	18.18	0.13674	101%-200% Above	No	No
70156010501	HYOSCYAMINE 0.125 MG TAB SL	8	180.000	10.89	0.13674	51%-75% Below	No	No
70377000114	SIMVASTATIN 5 MG TABLET	6	90.000	1.41	0.02928	26%-50% Below	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	5	90.000	6.53	0.02883	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000215	SIMVASTATIN 10 MG TABLET	5	90.000	7.46	0.02883	101%-200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	6	90.000	1.45	0.02953	26%-50% Below	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	6	90.000	7.35	0.02953	101%-200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	6	90.000	7.46	0.02953	101%-200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	7	90.000	5.92	0.02646	101%-200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	8	90.000	1.45	0.02702	26%-50% Below	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	8	90.000	3.43	0.02702	26%-50% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	8	90.000	5.92	0.02702	101%-200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	30.000	0.47	0.02614	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.000	1.40	0.02614	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.000	1.72	0.02614	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.000	1.75	0.02614	10%-25% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	30.000	0.47	0.02678	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	90.000	1.40	0.02678	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	90.000	1.72	0.02678	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	90.000	1.94	0.02678	10%-25% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	30.000	0.47	0.02498	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	90.000	1.39	0.02498	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	90.000	1.40	0.02498	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	30.000	0.47	0.02612	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	90.000	1.39	0.02612	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	90.000	1.40	0.02612	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	90.000	1.94	0.02612	10%-25% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	5	30.000	0.72	0.04232	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	5	30.000	0.78	0.04232	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000415	SIMVASTATIN 40 MG TABLET	5	90.000	2.16	0.04232	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	5	90.000	2.54	0.04232	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	5	90.000	2.57	0.04232	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	30.000	0.72	0.04335	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.000	2.04	0.04335	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.000	2.16	0.04335	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.000	2.54	0.04335	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	7	90.000	2.16	0.04101	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	8	90.000	2.04	0.04212	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	8	90.000	2.16	0.04212	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	3.44	0.05855	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	191.20	0.05855	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	193.85	0.05855	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	1.15	0.06086	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	3.44	0.06086	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	154.02	0.06086	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	191.20	0.06086	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	1.15	0.05627	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	3.44	0.05627	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	154.02	0.05627	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	1.15	0.05292	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	51.34	0.05292	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.000	3.44	0.05292	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.000	154.02	0.05292	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	1.22	0.05855	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.37	0.06086	76%-100% Below	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.65	0.05627	51%-75% Below	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.79	0.05292	26%-50% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.31	0.05689	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	3.94	0.05689	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	20.00	0.05689	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	44.99	0.05689	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	190.65	0.05689	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	193.29	0.05689	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.25	0.05615	10%-25% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.31	0.05615	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	3.94	0.05615	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	44.99	0.05615	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	153.58	0.05615	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	190.65	0.05615	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	193.29	0.05615	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.31	0.04944	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	3.94	0.04944	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	153.58	0.04944	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	14.000	0.61	0.0506	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	1.10	0.0506	26%-50% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	1.31	0.0506	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	3.94	0.0506	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	153.58	0.0506	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	3.94	0.04944	10%-25% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	1.60	0.07794	26%-50% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	45.000	2.39	0.07794	26%-50% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	4.79	0.07794	26%-50% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	44.99	0.07794	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	60.00	0.07794	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	190.18	0.07794	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	192.83	0.07794	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	1.60	0.07212	26%-50% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.99	0.07212	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	45.00	0.07212	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	4.79	0.07212	26%-50% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	190.18	0.07212	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	19.99	0.07377	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	45.000	2.39	0.07377	26%-50% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	4.79	0.07377	26%-50% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	9.99	0.07377	26%-50% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	14.99	0.07377	101%-200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	44.99	0.07377	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	153.20	0.07377	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	1.60	0.07086	10%-25% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	19.90	0.07086	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	19.99	0.07086	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	29.99	0.07086	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	44.99	0.07086	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	60.00	0.07086	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	153.20	0.07086	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	2.13	0.12799	26%-50% Below	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	6.39	0.12799	26%-50% Below	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	44.99	0.12799	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	190.11	0.12799	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	192.75	0.12799	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	2.13	0.12245	26%-50% Below	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	6.99	0.12245	76%-100% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	20.00	0.12245	76%-100% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	44.99	0.12245	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	190.11	0.12245	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	6.99	0.11711	76%-100% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	44.99	0.11711	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	59.99	0.11711	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	60.00	0.11711	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	153.14	0.11711	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	2.13	0.11556	26%-50% Below	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	6.99	0.11556	101%-200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	6.39	0.11556	26%-50% Below	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	153.14	0.11556	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	30.000	0.67	0.03195	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	30.000	4.85	0.03195	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	30.000	4.98	0.03195	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	30.000	5.01	0.03195	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	90.000	2.01	0.03195	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002711	ATORVASTATIN 10 MG TABLET	5	90.000	8.90	0.03195	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	90.000	9.02	0.03195	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	90.000	20.00	0.03195	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	30.000	0.67	0.03764	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	30.000	4.85	0.03764	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	30.000	4.98	0.03764	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	90.000	2.01	0.03764	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	90.000	7.16	0.03764	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	90.000	8.90	0.03764	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	90.000	9.02	0.03764	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	30.000	0.67	0.0327	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	30.000	2.75	0.0327	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	30.000	4.85	0.0327	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	30.000	4.98	0.0327	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	45.000	3.58	0.0327	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	90.000	2.01	0.0327	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	90.000	7.16	0.0327	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	90.000	20.00	0.0327	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	8	15.000	0.33	0.03497	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	8	30.000	0.67	0.03497	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	8	30.000	4.85	0.03497	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	8	90.000	2.01	0.03497	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	8	90.000	7.16	0.03497	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	8	90.000	12.49	0.03497	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	30.000	0.92	0.04423	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	2.76	0.04423	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	9.76	0.04423	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	10.98	0.04423	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	11.13	0.04423	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	16.42	0.04423	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	20.00	0.04423	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	30.000	0.92	0.04596	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	45.000	1.38	0.04596	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	2.76	0.04596	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	8.85	0.04596	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	10.98	0.04596	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	11.13	0.04596	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	13.49	0.04596	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	16.00	0.04596	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	20.00	0.04596	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	7	30.000	0.92	0.04441	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	7	90.000	2.76	0.04441	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	7	90.000	8.85	0.04441	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	7	90.000	16.00	0.04441	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	8	30.000	0.92	0.04748	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	8	30.000	4.99	0.04748	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	8	90.000	2.76	0.04748	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	8	90.000	8.85	0.04748	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	8	90.000	16.00	0.04748	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	8	90.000	20.00	0.04748	200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002911	ATORVASTATIN 40 MG TABLET	5	14.000	9.99	0.06231	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	30.000	1.02	0.06231	26%-50% Below	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	30.000	4.99	0.06231	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	30.000	5.82	0.06231	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	30.000	6.04	0.06231	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	3.07	0.06231	26%-50% Below	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	11.01	0.06231	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	11.16	0.06231	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	14.12	0.06231	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	14.99	0.06231	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	15.26	0.06231	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	15.99	0.06231	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	16.05	0.06231	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	16.46	0.06231	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	16.79	0.06231	101%-200% Above	No	No
70377002911	ATORVASTATIN 40 MG TABLET	6	30.000	4.97	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	30.000	4.99	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	30.000	5.02	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	30.000	5.35	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	30.000	5.82	0.06219	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	3.07	0.06219	26%-50% Below	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	9.31	0.06219	51%-75% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	10.00	0.06219	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	10.97	0.06219	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	11.01	0.06219	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	13.32	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	13.64	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	14.49	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	15.99	0.06219	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	20.00	0.06219	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	30.000	1.02	0.05572	26%-50% Below	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	30.000	4.97	0.05572	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	30.000	4.99	0.05572	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	30.000	5.02	0.05572	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	30.000	5.82	0.05572	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	30.000	6.04	0.05572	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	3.07	0.05572	26%-50% Below	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	8.87	0.05572	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	10.00	0.05572	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	12.83	0.05572	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	13.32	0.05572	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	13.52	0.05572	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	14.12	0.05572	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	14.99	0.05572	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	16.05	0.05572	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	90.000	16.24	0.05572	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	15.000	2.83	0.05662	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	1.02	0.05662	26%-50% Below	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	3.34	0.05662	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	4.97	0.05662	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	4.99	0.05662	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	5.02	0.05662	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	5.82	0.05662	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	5.98	0.05662	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	30.000	6.04	0.05662	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	3.07	0.05662	26%-50% Below	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	8.87	0.05662	51%-75% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	9.31	0.05662	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	10.00	0.05662	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	13.52	0.05662	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	13.64	0.05662	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	14.94	0.05662	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	14.99	0.05662	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	15.99	0.05662	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	8	90.000	16.24	0.05662	200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	30.000	6.76	0.09762	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	30.000	6.86	0.09762	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	12.70	0.09762	26%-50% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	12.88	0.09762	26%-50% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	13.49	0.09762	51%-75% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	18.34	0.09762	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	18.52	0.09762	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	27.60	0.09762	200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	6	30.000	5.63	0.09675	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	6	30.000	5.84	0.09675	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377003012	ATORVASTATIN 80 MG TABLET	6	90.000	12.70	0.09675	26%-50% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	6	90.000	15.50	0.09675	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	6	90.000	16.30	0.09675	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	6	90.000	18.34	0.09675	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	30.000	5.63	0.09381	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	90.000	5.27	0.09381	26%-50% Below	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	90.000	10.23	0.09381	10%-25% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	90.000	10.75	0.09381	26%-50% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	90.000	14.81	0.09381	51%-75% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	90.000	15.74	0.09381	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	90.000	16.30	0.09381	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	7	90.000	29.99	0.09381	200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	30.000	5.63	0.10232	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	30.000	6.61	0.10232	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	5.27	0.10232	26%-50% Below	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	10.23	0.10232	10%-25% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	14.81	0.10232	51%-75% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	15.50	0.10232	51%-75% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	15.74	0.10232	51%-75% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	16.30	0.10232	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	18.34	0.10232	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	8	90.000	22.97	0.10232	101%-200% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	7	90.000	8.93	0.06819	26%-50% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	8	90.000	8.93	0.07262	26%-50% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	5	90.000	17.36	0.08849	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	13.79	0.0866	76%-100% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	6	90.000	20.75	0.15255	51%-75% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	6	90.000	29.39	0.15255	101%-200% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	8	30.000	2.80	0.1682	26%-50% Below	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	8	30.000	14.90	0.1682	101%-200% Above	No	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	8	90.000	8.41	0.1682	26%-50% Below	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	8	90.000	16.72	0.1682	10%-25% Above	Yes	No
70377005511	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.000	14.99	0.2086	101%-200% Above	No	No
70377005511	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.000	9.99	0.20242	51%-75% Above	No	No
70377005513	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.000	9.99	0.2086	51%-75% Above	No	No
70377005513	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.000	9.99	0.18218	76%-100% Above	No	No
70377005611	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	19.90	0.20374	200% Above	No	No
70377005611	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	19.90	0.1935	200% Above	No	No
70377005611	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	19.90	0.17269	200% Above	No	No
70377005611	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	49.90	0.17269	200% Above	No	No
70377005611	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	19.90	0.18114	200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	9.99	0.20374	51%-75% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.000	29.99	0.20374	51%-75% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	9.99	0.1935	51%-75% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	9.99	0.17269	76%-100% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	20.00	0.17269	26%-50% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	8	14.000	14.99	0.18114	200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	11.00	0.18114	26%-50% Below	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	59.99	0.18114	200% Above	No	No
70377006012	LABETALOL HCL 100 MG TABLET	7	10.000	3.61	0.11911	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377006012	LABETALOL HCL 100 MG TABLET	7	60.000	14.90	0.11911	101%-200% Above	No	No
70377006012	LABETALOL HCL 100 MG TABLET	8	180.000	44.99	0.12732	76%-100% Above	No	No
70436000101	POTASSIUM CL ER 8 MEQ TABLET	5	30.000	12.13	0.16654	101%-200% Above	No	No
70436000101	POTASSIUM CL ER 8 MEQ TABLET	7	30.000	12.13	0.13364	200% Above	No	No
70436000201	POTASSIUM CL ER 10 MEQ TABLET	6	3.000	1.51	0.13358	200% Above	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	2.59	0.13845	26%-50% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	4.90	0.13845	10%-25% Above	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	9.99	0.13845	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	11.32	0.13845	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.90	0.13845	200% Above	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	14.99	0.13845	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	19.99	0.13845	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	60.000	19.99	0.13845	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	90.000	7.76	0.13845	26%-50% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	180.000	51.44	0.13845	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	270.000	77.17	0.13845	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	30.000	2.59	0.11819	26%-50% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	30.000	4.90	0.11819	26%-50% Above	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	30.000	9.99	0.11819	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	30.000	10.72	0.11819	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.99	0.11819	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	60.000	19.99	0.11819	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	7.76	0.11819	26%-50% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	14.99	0.11819	26%-50% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	19.99	0.11819	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	20.72	0.11819	76%-100% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	25.72	0.11819	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	30.00	0.11819	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	43.12	0.11819	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	180.000	51.44	0.11819	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	270.000	44.99	0.11819	26%-50% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	30.000	2.59	0.11543	10%-25% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	30.000	4.90	0.11543	26%-50% Above	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.99	0.11543	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	60.000	14.90	0.11543	101%-200% Above	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	60.000	19.99	0.11543	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	90.000	13.36	0.11543	26%-50% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	90.000	20.00	0.11543	76%-100% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	90.000	20.72	0.11543	76%-100% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	90.000	50.00	0.11543	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	270.000	62.15	0.11543	76%-100% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	14.000	10.97	0.11342	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	30.000	2.59	0.11342	10%-25% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	30.000	4.90	0.11342	26%-50% Above	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.99	0.11342	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	90.000	7.76	0.11342	10%-25% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	90.000	14.99	0.11342	26%-50% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	90.000	20.72	0.11342	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	90.000	29.99	0.11342	101%-200% Above	Yes	No
70436001006	BUPROPION HCL XL 150 MG TABLET	6	30.000	14.99	0.11819	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436001006	BUPROPION HCL XL 150 MG TABLET	7	30.000	4.90	0.11543	26%-50% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	30.000	9.99	0.17759	76%-100% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	30.000	14.90	0.17759	101%-200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	30.000	14.99	0.17759	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	90.000	32.13	0.17759	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	90.000	32.57	0.17759	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	90.000	44.99	0.17759	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.000	9.99	0.15223	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.000	11.59	0.15223	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.000	14.90	0.15223	200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.000	14.99	0.15223	200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	90.000	9.59	0.15223	26%-50% Below	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	90.000	29.99	0.15223	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	90.000	32.13	0.15223	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	90.000	32.57	0.15223	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	90.000	44.90	0.15223	200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	90.000	44.99	0.15223	200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	30.000	9.99	0.16488	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.90	0.16488	200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.99	0.16488	200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	90.000	9.59	0.16488	26%-50% Below	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	90.000	25.88	0.16488	51%-75% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	90.000	40.00	0.16488	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	90.000	44.99	0.16488	200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	7	90.000	59.99	0.16488	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	30.000	4.90	0.14838	10%-25% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	30.000	9.99	0.14838	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	30.000	11.59	0.14838	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	30.000	14.99	0.14838	200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	90.000	25.88	0.14838	76%-100% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	90.000	29.99	0.14838	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	90.000	30.00	0.14838	101%-200% Above	Yes	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	11.11	0.59182	26%-50% Below	No	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	11.11	0.56885	26%-50% Below	No	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	9.90	0.54933	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	14.90	0.59182	10%-25% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	14.99	0.59182	10%-25% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	11.11	0.56885	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	19.99	0.56885	10%-25% Above	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	6.47	0.54933	51%-75% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	19.99	0.54933	10%-25% Above	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.000	60.00	0.56145	10%-25% Above	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	6	90.000	44.90	0.57995	10%-25% Below	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	8	30.000	19.90	0.54338	10%-25% Above	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	8	90.000	60.00	0.54338	10%-25% Above	No	No
70436001306	DESVENLAFAXINE SUCCNT ER 100 MG	8	90.000	27.41	0.54338	26%-50% Below	No	No
70436001306	DESVENLAFAXINE SUCCNT ER 100 MG	8	90.000	29.90	0.54338	26%-50% Below	No	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.000	14.99	0.67145	10%-25% Below	Yes	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.000	9.69	0.59392	26%-50% Below	No	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	6	90.000	34.66	0.59392	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	6	90.000	153.02	0.59392	101%-200% Above	Yes	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.000	9.47	0.5928	26%-50% Below	No	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.000	14.99	0.5928	10%-25% Below	Yes	No
70436005801	BUPROPION HCL SR 100 MG TABLET	6	30.000	6.82	0.10529	101%-200% Above	Yes	No
70436005801	BUPROPION HCL SR 100 MG TABLET	6	30.000	8.35	0.10529	101%-200% Above	Yes	No
70436005801	BUPROPION HCL SR 100 MG TABLET	8	30.000	6.82	0.10362	101%-200% Above	Yes	No
70436005801	BUPROPION HCL SR 100 MG TABLET	8	90.000	14.09	0.10362	51%-75% Above	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	5	60.000	3.86	0.09767	26%-50% Below	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	5	60.000	9.99	0.09767	51%-75% Above	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	6	60.000	3.86	0.09733	26%-50% Below	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	6	60.000	9.99	0.09733	51%-75% Above	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	6	180.000	20.00	0.09733	10%-25% Above	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	7	22.000	5.43	0.09562	101%-200% Above	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	7	180.000	11.57	0.09562	26%-50% Below	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	7	180.000	39.13	0.09562	101%-200% Above	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	8	60.000	3.86	0.0933	26%-50% Below	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	8	180.000	25.00	0.0933	26%-50% Above	Yes	No
70436006001	BUPROPION HCL SR 200 MG TABLET	5	30.000	13.33	0.15111	101%-200% Above	No	No
70436006001	BUPROPION HCL SR 200 MG TABLET	5	60.000	9.99	0.15111	10%-25% Above	Yes	No
70436006001	BUPROPION HCL SR 200 MG TABLET	7	30.000	13.33	0.1317	200% Above	No	No
70436006001	BUPROPION HCL SR 200 MG TABLET	8	30.000	13.33	0.14599	200% Above	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	7.000	1.34	0.2964	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	0.00	0.2964	76%-100% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	5.76	0.2964	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	60.000	9.99	0.2964	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	0.00	0.28479	76%-100% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	5.76	0.28479	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	60.000	9.99	0.28479	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	90.000	17.29	0.28479	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	90.000	19.57	0.28479	10%-25% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	90.000	21.74	0.28479	10%-25% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	7	30.000	0.00	0.2829	76%-100% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	7	180.000	31.52	0.2829	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	8	30.000	0.00	0.29	76%-100% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	8	30.000	5.76	0.29	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	8	270.000	14.99	0.29	76%-100% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	8	270.000	59.90	0.29	10%-25% Below	No	No
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	118.000	6.23	0.06058	10%-25% Below	No	No
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.80	0.06601	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	100.000	4.99	0.05849	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	100.000	7.33	0.05849	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	100.000	8.33	0.05849	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	200.000	14.27	0.05849	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	4.99	0.05533	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	7.73	0.05533	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	210.000	9.99	0.05533	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	100.000	6.91	0.05382	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	118.000	8.91	0.05382	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	118.000	9.40	0.05382	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	9.65	0.05382	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	9.79	0.05382	51%-75% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.65	0.05533	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	9.79	0.05533	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	140.000	11.29	0.05533	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	150.000	11.89	0.05533	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	200.000	15.73	0.05533	26%-50% Above	No	No
70436016006	TOLTERODINE TART ER 2 MG CAP	5	90.000	69.08	1.10421	26%-50% Below	No	No
70436016006	TOLTERODINE TART ER 2 MG CAP	8	90.000	62.34	0.9147	10%-25% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	8	100.000	132.14	2.98445	51%-75% Below	No	No
70677002901	SM CHILD ALLERGY 5 MG/5 ML SOL	6	75.000	3.03	0.04534	10%-25% Below	No	No
70700010915	CLOBETASOL 0.05% CREAM	8	30.000	12.41	0.37083	10%-25% Above	Yes	No
70700010915	CLOBETASOL 0.05% CREAM	8	60.000	24.81	0.37083	10%-25% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	6	30.000	5.62	0.31525	26%-50% Below	No	No
70700010916	CLOBETASOL 0.05% CREAM	6	30.000	11.94	0.31525	26%-50% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	7	30.000	162.73	0.3412	200% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	7	60.000	14.99	0.3412	26%-50% Below	No	No
70700010917	CLOBETASOL 0.05% CREAM	5	60.000	9.99	0.29248	26%-50% Below	No	No
70700010917	CLOBETASOL 0.05% CREAM	5	60.000	14.99	0.29248	10%-25% Below	No	No
70700010917	CLOBETASOL 0.05% CREAM	5	60.000	19.99	0.29248	10%-25% Above	No	No
70700010917	CLOBETASOL 0.05% CREAM	6	60.000	57.26	0.34634	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	5	28.000	3.06	0.19427	26%-50% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	5	84.000	37.83	0.19427	101%-200% Above	Yes	No
70700011385	ISIBLOOM 28 DAY TABLET	6	28.000	1.74	0.18348	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	7	28.000	1.72	0.16089	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	8	28.000	1.71	0.18976	51%-75% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700011385	ISIBLOOM 28 DAY TABLET	8	84.000	5.18	0.18976	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	5	28.000	0.00	0.32537	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	5	28.000	6.03	0.32537	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	6	28.000	0.00	0.35282	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	6	28.000	2.90	0.35282	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	6	28.000	3.19	0.35282	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	6	84.000	8.70	0.35282	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	7	28.000	0.00	0.32237	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	7	28.000	3.26	0.32237	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	7	28.000	3.33	0.32237	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	8	28.000	3.33	0.33464	51%-75% Below	No	No
70700011585	SYEDA 28 TABLET	5	84.000	29.99	0.21481	51%-75% Above	Yes	No
70700011585	SYEDA 28 TABLET	6	28.000	5.61	0.23703	10%-25% Below	Yes	No
70700011585	SYEDA 28 TABLET	6	84.000	16.83	0.23703	10%-25% Below	Yes	No
70700011585	SYEDA 28 TABLET	6	84.000	29.99	0.23703	26%-50% Above	Yes	No
70700011585	SYEDA 28 TABLET	6	84.000	107.65	0.23703	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	8	84.000	29.99	0.2029	51%-75% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	5	84.000	9.11	0.16473	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	5	84.000	38.58	0.16473	101%-200% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	7	84.000	9.11	0.16737	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	8	84.000	9.11	0.16226	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	8	84.000	34.96	0.16226	101%-200% Above	Yes	No
70700011885	VIENVA-28 TABLET	5	28.000	0.00	0.22091	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	5	28.000	9.90	0.22091	51%-75% Above	No	No
70700011885	VIENVA-28 TABLET	6	28.000	3.57	0.23781	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700011885	VIENVA-28 TABLET	6	84.000	10.72	0.23781	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	7	28.000	3.57	0.19747	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	7	84.000	0.01	0.19747	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	7	84.000	10.72	0.19747	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	8	28.000	3.57	0.20108	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	8	84.000	19.74	0.20108	10%-25% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	28.000	2.87	0.17058	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	84.000	20.95	0.17058	26%-50% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	84.000	23.90	0.17058	51%-75% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	28.000	2.74	0.17299	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	28.000	2.87	0.17299	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	84.000	0.01	0.17299	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	7	28.000	2.50	0.14859	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	7	28.000	2.74	0.14859	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	28.000	2.50	0.15075	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	84.000	0.01	0.15075	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	84.000	7.51	0.15075	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	84.000	18.98	0.15075	26%-50% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	84.000	20.00	0.15075	51%-75% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	8	28.000	0.28	0.1664	76%-100% Below	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	8	84.000	0.84	0.1664	76%-100% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	5	28.000	2.85	0.15149	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	84.000	8.54	0.15149	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	84.000	21.11	0.15149	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	28.000	2.85	0.16153	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700012185	TRI-ESTARYLLA TABLET	6	84.000	8.54	0.16153	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	84.000	20.82	0.16153	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	7	28.000	2.60	0.14792	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	7	28.000	2.84	0.14792	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	7	28.000	2.85	0.14792	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	7	84.000	8.54	0.14792	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	7	84.000	16.77	0.14792	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	8	28.000	2.48	0.15642	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	8	28.000	2.85	0.15642	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	8	84.000	8.54	0.15642	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	8	84.000	16.77	0.15642	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	8	84.000	18.80	0.15642	26%-50% Above	Yes	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	5	28.000	0.00	0.24502	76%-100% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	5	28.000	3.99	0.24502	26%-50% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	6	28.000	0.00	0.23915	76%-100% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	6	28.000	2.96	0.23915	51%-75% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	6	84.000	0.01	0.23915	76%-100% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	7	28.000	0.00	0.23476	76%-100% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	7	28.000	2.98	0.23476	51%-75% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	8	28.000	0.00	0.20941	76%-100% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	8	28.000	2.98	0.20941	26%-50% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	8	84.000	0.01	0.20941	76%-100% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	8	84.000	8.93	0.20941	26%-50% Below	No	No
70700012387	JAIMIESS 0.15-0.03-0.01 MG TAB	6	91.000	5.40	0.37892	76%-100% Below	No	No
70700012487	LOJAIMIESS 0.1-0.02-0.01 TAB	5	91.000	0.01	0.33681	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700012487	LOJAIMIESS 0.1-0.02-0.01 TAB	8	91.000	0.01	0.35752	76%-100% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	0.00	0.03676	76%-100% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	0.30	0.03676	51%-75% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	0.70	0.03676	26%-50% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.92	0.03676	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	3.02	0.03676	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	3.27	0.03676	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	7.58	0.03676	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	20.000	2.21	0.03385	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	0.30	0.03385	51%-75% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.57	0.03385	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	3.20	0.03385	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	6.27	0.03385	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	7.36	0.03385	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	7.58	0.03385	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	7.61	0.03385	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.55	0.03355	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.57	0.03355	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.60	0.03355	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	3.02	0.03355	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	3.20	0.03355	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	6.27	0.03355	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.37	0.03355	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	7.58	0.03355	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	0.30	0.03446	51%-75% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.57	0.03446	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	3.20	0.03446	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	4.11	0.03446	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	9.60	0.03446	200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	6	84.000	0.01	1.41324	76%-100% Below	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	6	84.000	64.34	1.41324	26%-50% Below	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	7	84.000	0.84	1.4578	76%-100% Below	No	No
70700016118	NAFTIFINE HCL 2% CREAM	8	45.000	129.82	3.76396	10%-25% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	12.000	14.99	0.24203	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.000	9.99	0.24203	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.000	14.90	0.24203	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.000	14.99	0.24203	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	90.000	69.44	0.24203	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.000	4.48	0.25808	26%-50% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.000	9.99	0.25808	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.000	14.90	0.25808	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.000	29.99	0.25808	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	60.000	8.96	0.25808	26%-50% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.000	29.99	0.25808	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.000	38.16	0.25808	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.000	44.99	0.25808	76%-100% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.000	68.49	0.25808	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	15.000	17.81	0.23146	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.000	9.90	0.23146	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.000	9.99	0.23146	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.000	14.90	0.23146	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.000	55.18	0.23146	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.000	9.90	0.25086	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.000	9.99	0.25086	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.000	14.90	0.25086	76%-100% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	5.000	1.68	0.47072	26%-50% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	20.000	19.99	0.47072	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	30.000	4.99	0.47072	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	30.000	10.10	0.47072	26%-50% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	90.000	104.33	0.47072	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	6	60.000	19.01	0.47699	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	6	90.000	29.90	0.47699	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	6	90.000	102.90	0.47699	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	30.000	4.99	0.42094	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	30.000	48.88	0.42094	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	90.000	44.99	0.42094	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	180.000	165.78	0.42094	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	30.000	10.10	0.42486	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	30.000	14.99	0.42486	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	60.000	19.01	0.42486	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	90.000	44.99	0.42486	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	90.000	82.89	0.42486	101%-200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	9.99	0.10812	200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.000	44.23	0.11577	200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.000	44.99	0.11577	200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	14.99	0.11264	200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	9.99	0.11132	101%-200% Above	Yes	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	9.99	0.10812	200% Above	No	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	14.99	0.10812	200% Above	No	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	5	90.000	20.00	0.10812	101%-200% Above	No	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	9.99	0.11577	101%-200% Above	No	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	8	90.000	20.00	0.11132	76%-100% Above	No	No
70700026894	FOSFOMYCIN 3 GM SACHET	5	1.000	38.98	65.73105	26%-50% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	45.000	14.99	0.09345	200% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	90.000	0.01	0.09345	76%-100% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	90.000	14.90	0.09345	76%-100% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	8	30.000	9.99	0.09726	200% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	8	90.000	14.99	0.09726	51%-75% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	5	30.000	6.99	0.15776	26%-50% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	6	30.000	6.99	0.2064	10%-25% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	7	30.000	6.99	0.15324	51%-75% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	8	30.000	6.99	0.14361	51%-75% Above	No	No
70710111308	TIZANIDINE HCL 6 MG CAPSULE	8	14.000	14.99	0.217	200% Above	No	No
70710112701	URSODIOL 250 MG TABLET	8	60.000	0.01	0.59087	76%-100% Below	No	No
70710112801	URSODIOL 500 MG TABLET	8	60.000	19.99	0.90831	51%-75% Below	No	No
70710113001	CHLORPROMAZINE 25 MG TABLET	5	45.000	9.99	0.8888	51%-75% Below	No	No
70710113001	CHLORPROMAZINE 25 MG TABLET	6	90.000	9.99	1.08477	76%-100% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	3.000	4.24	0.30217	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	3.000	5.36	0.30217	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	7.000	4.99	0.30217	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710113803	FLUCONAZOLE 100 MG TABLET	5	11.000	9.99	0.30217	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	3.000	5.00	0.29167	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	3.000	5.31	0.29167	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	5.000	4.75	0.29167	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	7	2.000	3.70	0.26408	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	7	14.000	14.99	0.26408	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	7	14.000	18.11	0.26408	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	7	28.000	14.99	0.26408	101%-200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	2.000	3.70	0.3173	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	3.000	5.17	0.3173	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	4.000	8.55	0.3173	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	6.000	1.05	0.3173	26%-50% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	7.000	6.99	0.3173	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.000	1.71	0.74577	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.000	2.64	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.000	3.15	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.000	3.22	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.000	3.27	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	1.22	0.74577	10%-25% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	2.54	0.74577	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	3.18	0.74577	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	4.79	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	4.99	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	5.30	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	5.55	0.74577	200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	5.65	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	5.70	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	5.75	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	8.46	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.000	2.65	0.74577	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.000	4.99	0.74577	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.000	7.96	0.74577	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.000	1.71	0.74599	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.000	2.72	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.000	2.77	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.000	3.15	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.000	3.22	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	1.22	0.74599	10%-25% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	2.33	0.74599	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	4.74	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	4.79	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	5.55	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	5.70	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	6.82	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	3.000	7.96	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	3.000	8.19	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	7.000	9.99	0.74599	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	7.000	18.11	0.74599	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.000	1.10	0.65148	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.000	1.71	0.65148	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.000	2.72	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.000	3.15	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.000	3.78	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	4.74	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	4.94	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	5.55	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	5.70	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	5.75	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	5.80	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	8.46	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	3.000	6.99	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	3.000	7.96	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	3.000	8.19	0.65148	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	4.000	5.74	0.65148	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	1.71	0.57535	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	2.72	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	2.77	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	3.15	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	3.22	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	3.96	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	4.56	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	1.81	0.57535	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	2.33	0.57535	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	3.18	0.57535	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	4.74	0.57535	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	4.79	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	4.99	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	5.55	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	6.25	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.000	4.65	0.57535	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.000	6.82	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.000	7.96	0.57535	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	8.000	6.99	0.57535	51%-75% Above	Yes	No
70710114001	FLUCONAZOLE 200 MG TABLET	5	7.000	4.90	0.48222	26%-50% Above	No	No
70710114001	FLUCONAZOLE 200 MG TABLET	6	7.000	6.90	0.49565	76%-100% Above	No	No
70710114001	FLUCONAZOLE 200 MG TABLET	7	7.000	4.90	0.3862	76%-100% Above	No	No
70710114001	FLUCONAZOLE 200 MG TABLET	8	1.000	2.59	0.50582	200% Above	No	No
70710114001	FLUCONAZOLE 200 MG TABLET	8	4.000	8.55	0.50582	200% Above	No	No
70710114001	FLUCONAZOLE 200 MG TABLET	8	7.000	6.90	0.50582	76%-100% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	1.000	3.17	0.48222	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	3.000	7.96	0.48222	200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	4.000	10.63	0.48222	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	5.000	4.99	0.48222	101%-200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	5.000	9.90	0.48222	200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	7.000	4.99	0.48222	26%-50% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	6	2.000	5.71	0.49565	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	6	4.000	8.64	0.49565	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	1.000	3.10	0.3862	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	2.000	5.46	0.3862	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	4.000	8.64	0.3862	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710114003	FLUCONAZOLE 200 MG TABLET	7	5.000	9.99	0.3862	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	10.000	7.00	0.3862	76%-100% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	3.000	8.05	0.50582	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	5.000	7.00	0.50582	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	7.000	9.99	0.50582	101%-200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	14.000	6.25	0.50582	10%-25% Below	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	5	30.000	0.00	0.58377	76%-100% Below	No	No
70710115803	LEFLUNOMIDE 20 MG TABLET	5	30.000	13.99	0.58377	10%-25% Below	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	5	90.000	354.96	0.58377	200% Above	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	6	30.000	0.00	0.57441	76%-100% Below	No	No
70710115803	LEFLUNOMIDE 20 MG TABLET	6	30.000	13.99	0.57441	10%-25% Below	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	7	30.000	0.00	0.54227	76%-100% Below	No	No
70710115803	LEFLUNOMIDE 20 MG TABLET	7	30.000	13.99	0.54227	10%-25% Below	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	8	30.000	0.00	0.60649	76%-100% Below	No	No
70710115803	LEFLUNOMIDE 20 MG TABLET	8	30.000	13.99	0.60649	10%-25% Below	Yes	No
70710116201	MECLIZINE 25 MG TABLET	6	21.000	3.33	0.11536	26%-50% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	6	30.000	7.98	0.11536	101%-200% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	7	20.000	5.47	0.10817	101%-200% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	7	30.000	6.78	0.10817	101%-200% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	8	20.000	4.75	0.10968	101%-200% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	8	20.000	5.47	0.10968	101%-200% Above	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	5	90.000	18.46	0.34251	26%-50% Below	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	6	30.000	13.96	0.36938	10%-25% Above	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	7	30.000	6.15	0.35509	26%-50% Below	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	7	30.000	13.64	0.35509	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	8	30.000	13.64	0.36242	10%-25% Above	No	No
70710116801	ATENOLOL-CHLORTHALIDONE 100-25	5	10.000	7.62	0.46857	51%-75% Above	No	No
70710116801	ATENOLOL-CHLORTHALIDONE 100-25	5	90.000	24.99	0.46857	26%-50% Below	No	No
70710116801	ATENOLOL-CHLORTHALIDONE 100-25	8	90.000	24.99	0.46187	26%-50% Below	No	No
70710121005	ALLOPURINOL 300 MG TABLET	8	90.000	15.60	0.07633	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	5	90.000	12.30	0.03996	200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	5	90.000	12.58	0.03996	200% Above	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	5	270.000	15.69	0.03996	26%-50% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	90.000	9.67	0.04104	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	120.000	3.42	0.04104	26%-50% Below	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	180.000	19.33	0.04104	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	7	120.000	3.42	0.03744	10%-25% Below	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	7	180.000	9.88	0.03744	26%-50% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	0.86	0.04017	26%-50% Below	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	2.04	0.04017	51%-75% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	8	120.000	3.42	0.04017	26%-50% Below	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	8	135.000	11.68	0.04017	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	5	30.000	8.47	0.06211	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	5	30.000	8.71	0.06211	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	5	30.000	8.83	0.06211	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	5	30.000	9.99	0.06211	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	6	30.000	8.47	0.05855	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	6	30.000	8.71	0.05855	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	6	60.000	16.96	0.05855	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	6	90.000	20.26	0.05855	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	30.000	8.47	0.05247	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	30.000	8.71	0.05247	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	90.000	19.53	0.05247	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	90.000	20.22	0.05247	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	8	30.000	7.20	0.05297	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	8	30.000	8.47	0.05297	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	8	30.000	8.71	0.05297	200% Above	No	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	5	90.000	37.25	0.11247	200% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	6	90.000	20.00	0.09542	101%-200% Above	No	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	7	90.000	43.66	0.09047	200% Above	Yes	No
70710122801	AMITRIPTYLINE HCL 75 MG TAB	5	30.000	4.99	0.21017	10%-25% Below	Yes	No
70710122801	AMITRIPTYLINE HCL 75 MG TAB	6	15.000	2.20	0.12175	10%-25% Above	Yes	No
70710122801	AMITRIPTYLINE HCL 75 MG TAB	6	30.000	4.99	0.12175	26%-50% Above	Yes	No
70710122801	AMITRIPTYLINE HCL 75 MG TAB	8	15.000	2.20	0.13192	10%-25% Above	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	7	90.000	16.52	0.16524	10%-25% Above	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	8	90.000	58.04	0.16695	200% Above	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	5	30.000	14.39	0.57663	10%-25% Below	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	7	30.000	14.39	0.259	76%-100% Above	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	8	30.000	14.39	0.27283	51%-75% Above	Yes	No
70710128500	BACLOFEN 10 MG TABLET	5	56.000	6.90	0.06891	76%-100% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	5	90.000	13.73	0.06891	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	7	80.000	12.27	0.06299	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	8	60.000	12.30	0.05878	200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	8	90.000	2.04	0.05878	51%-75% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	5	60.000	14.90	0.10061	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710128601	BACLOFEN 20 MG TABLET	5	90.000	14.90	0.10061	51%-75% Above	No	No
70710128601	BACLOFEN 20 MG TABLET	6	60.000	14.90	0.11149	101%-200% Above	No	No
70710128601	BACLOFEN 20 MG TABLET	6	90.000	14.90	0.11149	26%-50% Above	No	No
70710128601	BACLOFEN 20 MG TABLET	7	90.000	14.90	0.09567	51%-75% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	5	120.000	7.03	0.10061	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	6	120.000	6.90	0.11149	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	7	30.000	6.90	0.09567	101%-200% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	7	120.000	6.90	0.09567	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	8	120.000	6.90	0.10027	26%-50% Below	No	No
70710134403	RAMELTEON 8 MG TABLET	7	15.000	45.59	1.25156	101%-200% Above	Yes	No
70710135103	COLCHICINE 0.6 MG TABLET	6	180.000	58.61	0.48855	26%-50% Below	No	No
70710135103	COLCHICINE 0.6 MG TABLET	7	30.000	9.02	0.40299	10%-25% Below	No	No
70710144504	CLIND PH-BENZOYL PEROX 1.2-5%	5	45.000	19.55	0.68769	26%-50% Below	No	No
70710175806	ENOXAPARIN 40 MG/0.4 ML SYR	5	12.000	62.31	12.50599	51%-75% Below	Yes	No
70710175806	ENOXAPARIN 40 MG/0.4 ML SYR	7	12.000	62.31	12.28579	51%-75% Below	Yes	No
70710175806	ENOXAPARIN 40 MG/0.4 ML SYR	8	12.000	62.31	12.40509	51%-75% Below	Yes	No
70710176006	ENOXAPARIN 80 MG/0.8 ML SYR	5	7.200	37.13	10.37122	26%-50% Below	Yes	No
70710176206	ENOXAPARIN 120 MG/0.8 ML SYR	7	3.200	21.99	14.33118	51%-75% Below	Yes	No
70710176206	ENOXAPARIN 120 MG/0.8 ML SYR	7	16.000	109.93	14.33118	51%-75% Below	Yes	No
70748012906	LEFLUNOMIDE 10 MG TABLET	5	30.000	13.50	0.5866	10%-25% Below	No	No
70748012906	LEFLUNOMIDE 10 MG TABLET	6	30.000	13.50	0.5447	10%-25% Below	No	No
70748012906	LEFLUNOMIDE 10 MG TABLET	8	30.000	13.50	0.50038	10%-25% Below	No	No
70748013006	LEFLUNOMIDE 20 MG TABLET	7	30.000	0.00	0.54227	76%-100% Below	No	No
70748025730	ARFORMOTEROL 15 MCG/2 ML SOLN	6	60.000	126.89	2.42009	10%-25% Below	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	8	30.000	8.62	0.05297	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70756020312	AMITRIPTYLINE HCL 50 MG TAB	7	60.000	24.70	0.09047	200% Above	No	No
70756020312	AMITRIPTYLINE HCL 50 MG TAB	8	60.000	24.70	0.10478	200% Above	No	No
70756021490	FENOFIBRATE 54 MG TABLET	6	30.000	14.99	0.11037	200% Above	No	No
70756021490	FENOFIBRATE 54 MG TABLET	7	30.000	14.99	0.11613	200% Above	No	No
70756021490	FENOFIBRATE 54 MG TABLET	8	30.000	14.99	0.11607	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	6	90.000	14.99	0.18907	10%-25% Below	No	No
70756021551	FENOFIBRATE 160 MG TABLET	7	30.000	14.99	0.17065	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	8	30.000	14.99	0.17375	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	8	90.000	29.99	0.17375	76%-100% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	30.000	2.85	0.15773	26%-50% Below	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	30.000	6.90	0.15773	26%-50% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	6	30.000	3.08	0.18907	26%-50% Below	No	No
70756021590	FENOFIBRATE 160 MG TABLET	6	30.000	7.00	0.18907	10%-25% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	6	30.000	14.90	0.18907	101%-200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	7	30.000	14.90	0.17065	101%-200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	7	90.000	9.90	0.17065	26%-50% Below	No	No
70756021590	FENOFIBRATE 160 MG TABLET	8	30.000	14.90	0.17375	101%-200% Above	No	No
70756070360	RANOLAZINE ER 500 MG TABLET	7	120.000	19.90	0.23731	26%-50% Below	No	No
70756070360	RANOLAZINE ER 500 MG TABLET	8	60.000	19.90	0.26785	10%-25% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	5	60.000	9.99	0.24681	26%-50% Below	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	5	180.000	26.80	0.24681	26%-50% Below	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	6	180.000	26.19	0.26568	26%-50% Below	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	7	60.000	9.99	0.23836	26%-50% Below	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	8	180.000	25.56	0.2623	26%-50% Below	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	14.99	0.10812	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	14.99	0.11577	200% Above	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	9.90	0.11264	101%-200% Above	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	14.99	0.11264	200% Above	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	9.90	0.11132	101%-200% Above	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	14.99	0.11132	200% Above	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	8	90.000	44.99	0.11132	200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	9.90	0.10812	200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	9.90	0.11577	101%-200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	9.90	0.11264	101%-200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	9.90	0.11132	101%-200% Above	No	No
70756081290	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	92.85	0.21926	200% Above	Yes	No
70756081290	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	12.19	0.24073	26%-50% Below	No	No
70756081330	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	90.000	20.00	0.2754	10%-25% Below	No	No
70756081330	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	90.000	20.00	0.30063	26%-50% Below	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.000	14.90	0.2754	76%-100% Above	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.000	14.90	0.29393	51%-75% Above	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.000	14.99	0.29393	51%-75% Above	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.000	6.90	0.2754	10%-25% Below	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.000	14.90	0.2754	76%-100% Above	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.000	14.99	0.2754	76%-100% Above	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.000	14.90	0.30063	51%-75% Above	No	No
70756081430	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	30.000	0.00	0.2928	76%-100% Below	No	No
70756081490	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.000	29.99	0.28887	10%-25% Above	No	No
70756081490	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	90.000	145.20	0.30989	200% Above	Yes	No
70756081490	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	90.000	29.99	0.2928	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70954000510	OXYBUTYNIN 5 MG TABLET	6	30.000	0.30	0.07478	76%-100% Below	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	8	60.000	9.99	0.07188	101%-200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	5	270.000	14.99	0.07542	26%-50% Below	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	8	90.000	14.99	0.07188	101%-200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	8	180.000	44.99	0.07188	200% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	5	90.000	9.63	0.20606	26%-50% Below	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	6	90.000	41.78	0.21165	101%-200% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	6	180.000	21.29	0.21165	26%-50% Below	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	8	30.000	3.45	0.21223	26%-50% Below	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	8	90.000	41.78	0.21223	101%-200% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	8	180.000	20.70	0.21223	26%-50% Below	No	No
70954005820	PREDNISONE 5 MG TABLET	5	30.000	0.00	0.08241	76%-100% Below	No	No
70954005820	PREDNISONE 5 MG TABLET	5	30.000	4.14	0.08241	51%-75% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	7	10.000	1.62	0.08157	76%-100% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	7	30.000	4.14	0.08157	51%-75% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	8	20.000	2.45	0.08938	26%-50% Above	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	8	21.000	9.99	0.42451	10%-25% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	5	30.000	5.43	0.06823	101%-200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	6	20.000	1.72	0.06582	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	8	5.000	1.21	0.06767	200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	8	39.000	0.00	0.06767	76%-100% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	5	21.000	9.99	0.64821	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	5	21.000	19.63	0.64821	26%-50% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	6	21.000	18.73	0.70826	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	7	21.000	8.16	0.61321	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70954005930	PREDNISONONE 10 MG TAB DOSE PACK	7	21.000	9.99	0.61321	10%-25% Below	No	No
70954005930	PREDNISONONE 10 MG TAB DOSE PACK	8	21.000	14.99	0.5786	10%-25% Above	No	No
70954005940	PREDNISONONE 10 MG TAB DOSE PACK	5	48.000	19.90	0.64821	26%-50% Below	No	No
70954005940	PREDNISONONE 10 MG TAB DOSE PACK	6	48.000	26.55	0.70826	10%-25% Below	No	No
70954006010	PREDNISONONE 20 MG TABLET	6	12.000	2.78	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	5.000	2.59	0.11673	200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	7.000	1.06	0.11673	26%-50% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	10.000	1.34	0.11673	10%-25% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	10.000	2.05	0.11673	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	10.000	2.48	0.11673	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	14.000	2.57	0.11673	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	30.000	5.49	0.11673	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	5.000	1.39	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	5.000	1.59	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	5.000	1.81	0.1107	200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	6.000	2.81	0.1107	200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	7.000	1.69	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	7.000	1.94	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.000	0.00	0.1107	76%-100% Below	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.000	2.05	0.1107	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.000	2.17	0.1107	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.000	2.44	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.000	2.80	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	13.000	0.00	0.1107	76%-100% Below	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	15.000	2.84	0.1107	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70954006020	PREDNISONONE 20 MG TABLET	6	15.000	3.29	0.1107	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	20.000	4.14	0.1107	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	20.000	5.90	0.1107	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	6.000	1.65	0.11267	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	9.000	1.96	0.11267	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	10.000	1.28	0.11267	10%-25% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	10.000	1.62	0.11267	26%-50% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	10.000	2.12	0.11267	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	10.000	2.44	0.11267	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	10.000	2.80	0.11267	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	14.000	2.57	0.11267	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	5.000	0.84	0.1164	26%-50% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	5.000	1.39	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	5.000	1.41	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	5.000	1.44	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	5.000	1.59	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	7.000	1.65	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	7.000	1.93	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	10.000	2.05	0.1164	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	10.000	2.12	0.1164	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	10.000	2.44	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	12.000	2.26	0.1164	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	18.000	4.44	0.1164	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	20.000	4.14	0.1164	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	30.000	5.84	0.1164	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70954006020	PREDNISON 20 MG TABLET	8	63.000	0.01	0.1164	76%-100% Below	No	No
70954006110	PREDNISON 50 MG TABLET	6	16.000	4.76	0.2565	10%-25% Above	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	7	60.000	0.99	0.24855	76%-100% Below	No	No
70954013510	DAPSONE 25 MG TABLET	6	120.000	35.15	0.55059	26%-50% Below	No	No
70954013510	DAPSONE 25 MG TABLET	6	120.000	38.17	0.55059	26%-50% Below	No	No
70954013510	DAPSONE 25 MG TABLET	8	120.000	38.17	0.5555	26%-50% Below	No	No
70954013610	DAPSONE 100 MG TABLET	5	60.000	33.88	0.9063	26%-50% Below	Yes	No
70954013610	DAPSONE 100 MG TABLET	6	60.000	33.88	0.9269	26%-50% Below	Yes	No
70954013610	DAPSONE 100 MG TABLET	7	60.000	33.88	0.99149	26%-50% Below	Yes	No
70954013610	DAPSONE 100 MG TABLET	8	60.000	33.88	1.0249	26%-50% Below	Yes	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	8	30.000	8.52	0.48883	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	8	89.000	4.04	0.06364	26%-50% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	5	50.000	21.70	0.79561	26%-50% Below	Yes	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	6	50.000	21.70	0.84353	26%-50% Below	Yes	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	21.70	0.661	26%-50% Below	Yes	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	23.51	0.661	26%-50% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	8	50.000	21.49	0.64325	26%-50% Below	No	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TABLET	8	30.000	7.31	0.2972	10%-25% Below	No	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TABLET	8	90.000	17.13	0.30417	26%-50% Below	Yes	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TABLET	8	90.000	22.06	0.30417	10%-25% Below	Yes	No
70954045520	BISOPROLOL FUMARATE 5 MG TABLET	5	90.000	47.24	0.3452	51%-75% Above	Yes	No
70954045520	BISOPROLOL FUMARATE 5 MG TABLET	8	90.000	37.54	0.32497	26%-50% Above	Yes	No
70954045620	BISOPROLOL FUMARATE 10 MG TABLET	7	90.000	39.95	0.34085	26%-50% Above	Yes	No
71093011104	GABAPENTIN 600 MG TABLET	7	90.000	12.49	0.09108	51%-75% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	5	60.000	6.84	0.09345	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
71093011105	GABAPENTIN 600 MG TABLET	5	90.000	9.99	0.09345	10%-25% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	6	30.000	4.57	0.08963	51%-75% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	6	45.000	6.48	0.08963	51%-75% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	6	90.000	9.99	0.08963	10%-25% Above	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	6	90.000	10.36	0.08963	26%-50% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	6	150.000	8.48	0.08963	26%-50% Below	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	7	30.000	4.57	0.09108	51%-75% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	7	90.000	6.90	0.09108	10%-25% Below	No	No
71093011105	GABAPENTIN 600 MG TABLET	7	90.000	9.99	0.09108	10%-25% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	7	90.000	10.00	0.09108	10%-25% Above	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	7	90.000	10.36	0.09108	26%-50% Above	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	7	90.000	12.22	0.09108	26%-50% Above	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	8	30.000	5.77	0.09209	101%-200% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	8	60.000	10.40	0.09209	76%-100% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	8	90.000	9.99	0.09209	10%-25% Above	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	8	90.000	10.36	0.09209	10%-25% Above	No	No
71093011205	GABAPENTIN 800 MG TABLET	5	120.000	9.81	0.12707	26%-50% Below	Yes	No
71093011205	GABAPENTIN 800 MG TABLET	6	90.000	6.47	0.11894	26%-50% Below	Yes	No
71093011205	GABAPENTIN 800 MG TABLET	6	120.000	9.81	0.11894	26%-50% Below	Yes	No
71093011205	GABAPENTIN 800 MG TABLET	7	120.000	9.81	0.12223	26%-50% Below	Yes	No
71093011205	GABAPENTIN 800 MG TABLET	8	120.000	9.81	0.12465	26%-50% Below	Yes	No
71093012105	GABAPENTIN 300 MG CAPSULE	5	90.000	5.46	0.04701	26%-50% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	5	90.000	5.56	0.04701	26%-50% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	7	30.000	1.95	0.04566	26%-50% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	7	90.000	5.56	0.04566	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
71093012105	GABAPENTIN 300 MG CAPSULE	8	90.000	5.56	0.04771	26%-50% Above	No	No
71093012205	GABAPENTIN 400 MG CAPSULE	8	90.000	8.66	0.06022	51%-75% Above	No	No
71093014004	METHOCARBAMOL 500 MG TABLET	8	30.000	3.25	0.04668	101%-200% Above	No	No
71093014005	METHOCARBAMOL 500 MG TABLET	5	20.000	2.39	0.04759	101%-200% Above	Yes	No
71093014005	METHOCARBAMOL 500 MG TABLET	6	14.000	1.58	0.04441	101%-200% Above	Yes	No
71093014005	METHOCARBAMOL 500 MG TABLET	6	20.000	2.41	0.04441	101%-200% Above	Yes	No
71093014005	METHOCARBAMOL 500 MG TABLET	6	270.000	14.99	0.04441	10%-25% Above	Yes	No
71093014005	METHOCARBAMOL 500 MG TABLET	7	15.000	0.88	0.04289	26%-50% Above	Yes	No
71093014005	METHOCARBAMOL 500 MG TABLET	7	20.000	2.41	0.04289	101%-200% Above	Yes	No
71093014005	METHOCARBAMOL 500 MG TABLET	7	40.000	4.08	0.04289	101%-200% Above	Yes	No
71093014105	METHOCARBAMOL 750 MG TABLET	6	30.000	1.40	0.05273	10%-25% Below	Yes	No
71093014105	METHOCARBAMOL 750 MG TABLET	7	21.000	2.95	0.05019	101%-200% Above	Yes	No
71093014105	METHOCARBAMOL 750 MG TABLET	7	66.000	6.42	0.05019	76%-100% Above	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	8	30.000	3.27	0.05247	101%-200% Above	Yes	No
71093014706	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.17	0.01062	200% Above	No	No
71093014706	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.17	0.0106	200% Above	No	No
71093014706	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.17	0.01099	200% Above	No	No
71093015604	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.18	0.0304	26%-50% Above	Yes	No
71093015604	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.94	0.02843	10%-25% Above	Yes	No
71093015604	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.000	3.24	0.0295	10%-25% Above	Yes	No
71093016305	GABAPENTIN 400 MG CAPSULE	7	90.000	8.22	0.0566	51%-75% Above	No	No
71428000160	FLUOCINONIDE 0.05% SOLUTION	7	60.000	17.20	0.32961	10%-25% Below	Yes	No
71428000160	FLUOCINONIDE 0.05% SOLUTION	8	60.000	17.20	0.32333	10%-25% Below	Yes	No
71428000260	FLUOCINOLONE 0.01% SOLUTION	8	60.000	0.01	0.38157	76%-100% Below	No	No
71921017309	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	5.80	0.11672	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
71921018250	IBUPROFEN 800 MG TABLET	5	90.000	5.94	0.07407	10%-25% Below	No	No
71921018250	IBUPROFEN 800 MG TABLET	7	15.000	1.31	0.07325	10%-25% Above	No	No
71930001752	ONDANSETRON HCL 4 MG TABLET	5	18.000	5.56	0.0692	200% Above	No	No
71930001752	ONDANSETRON HCL 4 MG TABLET	5	18.000	5.61	0.0692	200% Above	No	No
71930001752	ONDANSETRON HCL 4 MG TABLET	7	18.000	5.61	0.0675	200% Above	No	No
71930001752	ONDANSETRON HCL 4 MG TABLET	8	15.000	4.78	0.06661	200% Above	No	No
71930001912	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	2.95	0.09163	101%-200% Above	No	No
71930001912	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	4.42	0.09843	101%-200% Above	No	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	10.000	1.28	0.11267	10%-25% Above	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	6.90	0.13467	26%-50% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	8.79	0.13467	26%-50% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	7.00	0.11931	26%-50% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	8.89	0.11931	10%-25% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	7.00	0.12039	26%-50% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	8.89	0.12039	10%-25% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.000	7.00	0.13059	26%-50% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.000	8.89	0.13059	10%-25% Below	No	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	118.000	9.99	0.05327	51%-75% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	118.000	14.99	0.05327	101%-200% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	150.000	14.12	0.05327	76%-100% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	200.000	14.99	0.05327	26%-50% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	240.000	11.57	0.05819	10%-25% Below	Yes	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	5	250.000	14.99	0.07754	10%-25% Below	Yes	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	6	100.000	3.91	0.06378	26%-50% Below	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	6	350.000	14.90	0.06378	26%-50% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	7	160.000	6.59	0.07138	26%-50% Below	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	8	250.000	13.70	0.0708	10%-25% Below	Yes	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	8	450.000	24.66	0.0708	10%-25% Below	Yes	No
71930004912	POTASSIUM CITRATE ER 10 MEQ TB	5	60.000	14.99	0.30997	10%-25% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	6	30.000	5.57	0.10898	51%-75% Above	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	8	20.000	3.91	0.1081	76%-100% Above	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	6.000	0.38	0.10807	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	12.000	2.48	0.10807	76%-100% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	20.000	2.72	0.10807	10%-25% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	21.000	2.73	0.10807	10%-25% Above	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	24.000	4.37	0.10807	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	26.000	4.67	0.10807	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	30.000	5.52	0.10807	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	120.000	8.51	0.10807	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	4.000	1.38	0.10898	200% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	7.000	1.85	0.10898	101%-200% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	12.000	0.76	0.10898	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	12.000	2.64	0.10898	101%-200% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	16.000	2.98	0.10898	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	20.000	1.27	0.10898	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	30.000	5.52	0.10898	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	120.000	7.62	0.10898	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	5.000	0.32	0.10779	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	12.000	1.68	0.10779	26%-50% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	12.000	2.64	0.10779	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	14.000	2.14	0.10779	26%-50% Above	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	20.000	2.72	0.10779	26%-50% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	20.000	3.83	0.10779	76%-100% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	20.000	4.84	0.10779	101%-200% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	24.000	4.46	0.10779	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	30.000	3.67	0.10779	10%-25% Above	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	40.000	2.54	0.10779	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	120.000	7.70	0.10779	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	8.000	2.01	0.1081	101%-200% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	10.000	1.73	0.1081	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	12.000	0.76	0.1081	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	12.000	1.93	0.1081	26%-50% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	12.000	2.47	0.1081	76%-100% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	15.000	3.13	0.1081	76%-100% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	18.000	3.43	0.1081	76%-100% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	24.000	4.46	0.1081	51%-75% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	30.000	5.52	0.1081	51%-75% Above	Yes	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	5	12.000	2.87	0.20743	10%-25% Above	Yes	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	6	12.000	3.67	0.2085	26%-50% Above	Yes	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	7	26.000	7.42	0.20416	26%-50% Above	Yes	No
71930007312	CARBAMAZEPINE ER 200 MG TABLET	5	180.000	108.07	0.95992	26%-50% Below	Yes	No
71930007312	CARBAMAZEPINE ER 200 MG TABLET	6	180.000	108.07	0.93623	26%-50% Below	Yes	No
71930007312	CARBAMAZEPINE ER 200 MG TABLET	8	150.000	90.06	0.823	26%-50% Below	Yes	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.30	0.05689	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.08	0.05689	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.25	0.05689	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	0.90	0.05689	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.30	0.05615	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.08	0.05615	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	0.90	0.05615	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	3.23	0.05615	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	3.74	0.05615	10%-25% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.30	0.04944	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	1.01	0.04944	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	3.03	0.04944	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	29.99	0.04944	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.30	0.0506	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.77	0.0506	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.91	0.0506	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	0.90	0.0506	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.30	0.0506	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.25	0.05689	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	3.23	0.05689	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	3.74	0.05689	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	1.08	0.05615	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	3.23	0.05615	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	3.03	0.04944	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.77	0.0506	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.83	0.0506	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.30	0.0506	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	6.90	0.07794	101%-200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	7.00	0.07794	101%-200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	19.99	0.07794	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	19.99	0.07794	101%-200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	7.00	0.07212	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	19.99	0.07212	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	0.90	0.07212	76%-100% Below	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	9.99	0.07377	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	19.99	0.07377	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	0.30	0.07086	76%-100% Below	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	9.99	0.07086	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	19.99	0.07086	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	19.99	0.07086	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	4.90	0.07794	101%-200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	9.99	0.07794	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	14.90	0.07794	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	44.90	0.07794	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	49.99	0.07794	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	0.96	0.07212	51%-75% Below	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	4.90	0.07212	101%-200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	9.99	0.07212	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	14.90	0.07212	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	0.74	0.07377	51%-75% Below	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	4.90	0.07377	101%-200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	9.99	0.07377	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	14.90	0.07377	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	2.21	0.07377	51%-75% Below	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	14.90	0.07086	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	44.90	0.07086	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	19.99	0.12799	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.000	14.99	0.12799	26%-50% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	12.49	0.12245	10%-25% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	44.99	0.12245	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	9.99	0.11711	101%-200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	19.99	0.11711	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	0.90	0.11711	76%-100% Below	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	14.99	0.11711	26%-50% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	20.00	0.11711	76%-100% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	9.99	0.11556	101%-200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	14.90	0.12799	200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	14.90	0.11711	200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	19.99	0.12245	200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	19.99	0.11556	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	5	60.000	14.99	0.0835	101%-200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	7	30.000	19.90	0.07721	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	7	60.000	14.99	0.07721	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	8	30.000	4.90	0.07598	101%-200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	8	30.000	19.90	0.07598	200% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	7	90.000	9.99	0.07009	51%-75% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	8	90.000	9.99	0.07481	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205001590	PREGABALIN 150 MG CAPSULE	6	90.000	9.99	0.0979	10%-25% Above	No	No
72205001590	PREGABALIN 150 MG CAPSULE	8	60.000	19.90	0.08156	200% Above	No	No
72205002190	SOLIFENACIN 10 MG TABLET	8	90.000	181.09	0.21697	200% Above	Yes	No
72205002305	ATORVASTATIN 20 MG TABLET	6	10.000	0.21	0.04596	51%-75% Below	No	No
72205002305	ATORVASTATIN 20 MG TABLET	6	30.000	0.64	0.04596	51%-75% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	5	30.000	0.95	0.04423	26%-50% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	5	90.000	2.85	0.04423	26%-50% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	8	90.000	2.60	0.04748	26%-50% Below	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	30.000	4.99	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	30.000	5.02	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	30.000	5.18	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	30.000	5.94	0.06231	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.000	3.26	0.06231	26%-50% Below	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.000	11.60	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.000	14.99	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.000	15.65	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.000	16.46	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.000	16.74	0.06231	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	6	30.000	4.99	0.06219	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	6	30.000	5.14	0.06219	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	6	30.000	5.18	0.06219	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	6	90.000	15.99	0.06219	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	6	90.000	20.00	0.06219	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	30.000	4.99	0.05572	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	30.000	5.14	0.05572	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205002405	ATORVASTATIN 40 MG TABLET	7	30.000	5.18	0.05572	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	90.000	13.52	0.05572	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	90.000	15.99	0.05572	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	90.000	16.46	0.05572	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	30.000	1.00	0.05662	26%-50% Below	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	30.000	5.14	0.05662	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	30.000	5.18	0.05662	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	30.000	5.29	0.05662	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	90.000	13.52	0.05662	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	90.000	14.38	0.05662	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	90.000	16.46	0.05662	200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	6	30.000	5.20	0.06219	101%-200% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	5	90.000	12.50	0.09762	26%-50% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	5	90.000	19.12	0.09762	101%-200% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	8	90.000	12.50	0.10232	26%-50% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	8	90.000	15.41	0.10232	51%-75% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	0.30	0.05855	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	1.13	0.05855	26%-50% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	1.22	0.05855	26%-50% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	3.38	0.05855	26%-50% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.30	0.06086	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.34	0.06086	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.37	0.06086	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	12.000	0.14	0.05627	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	16.000	0.16	0.05627	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.30	0.05627	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.65	0.05627	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	1.80	0.05627	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	8	16.000	0.16	0.05292	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.30	0.05292	76%-100% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.60	0.05292	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.73	0.05292	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.79	0.05292	26%-50% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.000	0.90	0.05292	76%-100% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	9.99	0.05855	200% Above	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	1.02	0.06086	76%-100% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	7	12.000	0.14	0.05627	76%-100% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	8	12.000	0.24	0.05292	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.000	2.20	0.05292	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	5	30.000	15.21	0.70997	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	5	60.000	30.43	0.70997	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	5	90.000	42.13	0.70997	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	6	30.000	9.36	0.79169	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	6	30.000	14.04	0.79169	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	7	30.000	9.36	0.63135	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	8	30.000	9.36	0.69404	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	8	30.000	10.14	0.69404	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	8	90.000	28.08	0.69404	51%-75% Below	No	No
72205002930	FEBUXOSTAT 80 MG TABLET	5	30.000	15.47	0.83615	26%-50% Below	No	No
72205002930	FEBUXOSTAT 80 MG TABLET	6	90.000	46.35	1.04233	26%-50% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205004160	DOFETILIDE 500 MCG CAPSULE	5	60.000	38.41	0.75208	10%-25% Below	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.000	12.07	1.43555	10%-25% Below	No	No
72266011825	KETOROLAC 30 MG/ML VIAL	5	4.000	7.50	1.28224	26%-50% Above	No	No
72266011825	KETOROLAC 30 MG/ML VIAL	7	4.000	7.50	1.1597	51%-75% Above	No	No
72305002530	EUTHYROX 25 MCG TABLET	6	30.000	3.99	0.26995	26%-50% Below	No	No
72305002530	EUTHYROX 25 MCG TABLET	7	30.000	3.99	0.26995	26%-50% Below	No	No
72305002530	EUTHYROX 25 MCG TABLET	7	30.000	6.15	0.26995	10%-25% Below	Yes	No
72305002530	EUTHYROX 25 MCG TABLET	8	30.000	3.99	0.26995	26%-50% Below	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	5	60.000	87.45	0.14128	200% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.000	14.90	0.13546	200% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	8	10.000	14.90	0.14383	200% Above	No	No
72578000118	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	8.50	0.14128	200% Above	No	No
72578000118	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	0.52	0.14383	51%-75% Below	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	5	14.000	5.68	0.15499	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	5	14.000	7.25	0.15499	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	5	21.000	6.99	0.15499	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	5	56.000	28.15	0.15499	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	6	14.000	6.22	0.15602	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	6	20.000	7.79	0.15602	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	6	30.000	11.32	0.15602	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	7	14.000	6.17	0.14732	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	7	14.000	6.51	0.14732	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	7	14.000	7.25	0.14732	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	7	20.000	8.52	0.14732	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	7	21.000	9.23	0.14732	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
7257800805	METRONIDAZOLE 500 MG TABLET	8	14.000	6.17	0.15234	101%-200% Above	No	No
7257800805	METRONIDAZOLE 500 MG TABLET	8	14.000	7.25	0.15234	200% Above	No	No
7257800805	METRONIDAZOLE 500 MG TABLET	8	14.000	9.81	0.15234	200% Above	No	No
7257800805	METRONIDAZOLE 500 MG TABLET	8	21.000	8.15	0.15234	101%-200% Above	No	No
7257800805	METRONIDAZOLE 500 MG TABLET	8	28.000	0.28	0.15234	76%-100% Below	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	4.01	0.13661	26%-50% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	9.99	0.13661	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	14.99	0.13661	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	9.99	0.13432	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	7	28.000	14.99	0.13432	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	7	42.000	9.99	0.13432	76%-100% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	0.00	0.13869	76%-100% Below	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	8	90.000	16.68	0.13869	26%-50% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	14.99	0.13432	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	11.25	0.13869	26%-50% Above	No	No
72578008403	CLINDAMYCIN PH 1% SOLUTION	7	60.000	5.21	0.20026	51%-75% Below	No	No
72578008601	DESONIDE 0.05% CREAM	8	15.000	7.62	0.62788	10%-25% Below	Yes	No
72578008602	DESONIDE 0.05% CREAM	6	120.000	50.33	0.54278	10%-25% Below	No	No
72578008602	DESONIDE 0.05% CREAM	7	60.000	23.01	0.50835	10%-25% Below	Yes	No
72578008801	NYSTATIN-TRIAMCINOLONE OINTM	8	45.000	12.41	0.34787	10%-25% Below	Yes	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	8	30.000	14.90	0.27103	76%-100% Above	No	No
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	8	30.000	2.21	0.1362	26%-50% Below	No	No
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	8	30.000	6.72	0.1362	51%-75% Above	No	No
72578009301	BETAMETHASONE DP 0.05% OINT	8	30.000	58.24	1.57202	10%-25% Above	No	No
72606050902	FAMOTIDINE 20 MG TABLET	6	90.000	4.39	0.03197	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72606050902	FAMOTIDINE 20 MG TABLET	7	90.000	4.39	0.03197	51%-75% Above	No	No
72606051002	FAMOTIDINE 40 MG TABLET	5	30.000	5.35	0.06791	101%-200% Above	No	No
72606051002	FAMOTIDINE 40 MG TABLET	7	90.000	14.58	0.0617	101%-200% Above	No	No
72611072525	KETOROLAC 60 MG/2 ML VIAL	5	4.000	2.29	1.04175	26%-50% Below	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	2.38	0.17001	26%-50% Below	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	15.10	0.16027	200% Above	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.90	0.16291	101%-200% Above	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	13.70	0.16291	200% Above	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.10	0.16291	200% Above	No	No
72819015110	DICLOFENAC POT 50 MG TABLET	8	30.000	19.71	0.20931	200% Above	Yes	No
72819016103	DOXEPIN HCL 3 MG TABLET	8	30.000	132.00	8.37295	26%-50% Below	No	No
72819016103	DOXEPIN HCL 3 MG TABLET	8	30.000	153.50	8.37295	26%-50% Below	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	8	30.000	1.14	0.02183	51%-75% Above	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	8	60.000	1.68	0.02183	26%-50% Above	No	No
72888001001	BACLOFEN 10 MG TABLET	7	30.000	4.36	0.06299	101%-200% Above	No	No
72888001001	BACLOFEN 10 MG TABLET	8	40.000	6.73	0.05878	101%-200% Above	No	No
72888001001	BACLOFEN 10 MG TABLET	8	168.000	25.91	0.05878	101%-200% Above	No	No
72888003905	AMIODARONE HCL 200 MG TABLET	5	52.000	4.44	0.123	26%-50% Below	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	6	90.000	17.02	0.29096	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	7	28.000	1.27	0.02478	76%-100% Above	No	No
73473030060	CLINDAMYCIN PH 1% GEL	6	60.000	25.04	0.47076	10%-25% Below	Yes	No
73473030060	CLINDAMYCIN PH 1% GEL	7	60.000	25.04	0.46627	10%-25% Below	Yes	No
73473030370	METRONIDAZOLE VAGINAL 0.75% GL	7	70.000	14.99	0.57326	51%-75% Below	No	No
73473030370	METRONIDAZOLE VAGINAL 0.75% GL	7	70.000	27.98	0.57326	26%-50% Below	No	No
73473030370	METRONIDAZOLE VAGINAL 0.75% GL	8	70.000	14.99	0.59882	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
75826011410	PHENAZOPYRIDINE 100 MG TAB	6	6.000	7.99	0.33675	200% Above	No	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	7	9.000	9.99	0.36773	200% Above	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	7	12.000	17.44	0.36773	200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	6.000	4.99	0.5611	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	6.000	18.25	0.5611	200% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	9.000	17.26	0.5611	200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	6.000	2.06	0.54739	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	6.000	18.25	0.54739	200% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	6.000	2.06	0.54285	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	6.000	13.27	0.54285	200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	6.000	14.99	0.54285	200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	6.000	18.25	0.54285	200% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	9.000	27.15	0.54285	200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	14.000	14.99	0.54285	76%-100% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	21.000	7.22	0.54285	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	6.000	2.06	0.62369	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	6.000	9.99	0.62369	101%-200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	14.000	14.99	0.62369	51%-75% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	30.000	10.31	0.62369	26%-50% Below	Yes	No
75834010910	CHLORTHALIDONE 25 MG TABLET	6	90.000	29.90	0.12012	101%-200% Above	No	No
75834015218	COLESEVELAM 625 MG TABLET	5	180.000	46.10	0.42419	26%-50% Below	No	No
75834015218	COLESEVELAM 625 MG TABLET	6	180.000	46.35	0.40983	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	6	30.000	4.01	0.18426	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	8	30.000	4.01	0.1905	26%-50% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	7	90.000	16.93	0.16781	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
75834015905	VERAPAMIL ER 240 MG TABLET	6	90.000	27.67	0.17498	51%-75% Above	Yes	No
75834015905	VERAPAMIL ER 240 MG TABLET	8	90.000	27.67	0.1754	51%-75% Above	Yes	No
75834023705	CELECOXIB 100 MG CAPSULE	5	30.000	6.90	0.0974	101%-200% Above	No	No
75834023705	CELECOXIB 100 MG CAPSULE	6	30.000	6.90	0.10794	101%-200% Above	No	No
75834023705	CELECOXIB 100 MG CAPSULE	7	30.000	6.90	0.09848	101%-200% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	7	90.000	44.90	0.12857	200% Above	No	No
75834025501	ATORVASTATIN 10 MG TABLET	5	30.000	0.66	0.03195	26%-50% Below	No	No
75834025501	ATORVASTATIN 10 MG TABLET	7	30.000	0.53	0.0327	26%-50% Below	No	No
75834025501	ATORVASTATIN 10 MG TABLET	7	90.000	1.40	0.0327	51%-75% Below	No	No
75834025501	ATORVASTATIN 10 MG TABLET	8	30.000	0.38	0.03497	51%-75% Below	No	No
75834025501	ATORVASTATIN 10 MG TABLET	8	30.000	0.47	0.03497	51%-75% Below	No	No
75834025601	ATORVASTATIN 20 MG TABLET	6	30.000	0.69	0.04596	26%-50% Below	No	No
75834025601	ATORVASTATIN 20 MG TABLET	7	30.000	0.50	0.04441	51%-75% Below	No	No
75834025601	ATORVASTATIN 20 MG TABLET	7	30.000	5.03	0.04441	200% Above	No	No
75834025601	ATORVASTATIN 20 MG TABLET	8	30.000	0.87	0.04748	26%-50% Below	No	No
75834025601	ATORVASTATIN 20 MG TABLET	8	30.000	4.87	0.04748	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	5	30.000	5.73	0.06231	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	5	30.000	5.89	0.06231	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	5	90.000	13.50	0.06231	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	6	30.000	5.73	0.06219	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	6	30.000	5.89	0.06219	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	7	30.000	5.73	0.05572	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	7	30.000	5.89	0.05572	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	8	30.000	0.96	0.05662	26%-50% Below	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	30.000	4.90	0.09762	51%-75% Above	No	No

## NADAC Summary Report

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75834025801	ATORVASTATIN 80 MG TABLET	6	30.000	4.90	0.09675	51%-75% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	7	30.000	4.90	0.09381	51%-75% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	8	30.000	1.58	0.10232	26%-50% Below	No	No
75834025801	ATORVASTATIN 80 MG TABLET	8	30.000	4.90	0.10232	51%-75% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	28.000	1.56	0.037	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.79	0.037	51%-75% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.83	0.037	51%-75% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	60.000	2.99	0.037	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	60.000	6.78	0.037	200% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	90.000	4.29	0.037	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	120.000	5.35	0.037	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	120.000	5.49	0.037	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	360.000	24.99	0.037	76%-100% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	6	28.000	1.50	0.03713	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	6	60.000	2.63	0.03713	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	6	60.000	3.09	0.03713	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	6	120.000	2.60	0.03713	26%-50% Below	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	6	120.000	5.30	0.03713	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	6	120.000	5.35	0.03713	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	6	360.000	7.81	0.03713	26%-50% Below	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	7	28.000	1.50	0.04331	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.83	0.04331	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	7	60.000	3.00	0.04331	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	7	120.000	4.58	0.04331	10%-25% Below	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	8	28.000	1.50	0.0378	26%-50% Above	No	No

## NADAC Summary Report

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75834050005	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.83	0.0378	51%-75% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	8	60.000	1.30	0.0378	26%-50% Below	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	8	60.000	3.00	0.0378	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	8	120.000	5.35	0.0378	10%-25% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	8	120.000	6.75	0.0378	26%-50% Above	No	No
76204010030	IPRATROPIUM BR 0.02% SOLN	5	75.000	5.03	0.05902	10%-25% Above	No	No
76204020001	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	90.000	4.48	0.04367	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.000	3.75	0.04345	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.000	3.85	0.04345	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.000	4.10	0.04345	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	0.01	0.04117	76%-100% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	3.75	0.04117	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	3.85	0.04117	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	3.94	0.04117	26%-50% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	4.00	0.04117	26%-50% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	300.000	8.16	0.04117	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	2.45	0.0408	10%-25% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	3.85	0.0408	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	4.00	0.0408	26%-50% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	300.000	13.52	0.0408	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.84	0.04206	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.85	0.04206	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	4.89	0.04206	51%-75% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	6.82	0.04206	101%-200% Above	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	360.000	9.50	0.04527	26%-50% Below	No	No

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76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	90.000	4.51	0.0439	10%-25% Above	No	No
76204060005	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	8	90.000	7.59	0.07226	10%-25% Above	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	360.000	19.99	0.07297	10%-25% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	8	180.000	14.90	0.07226	10%-25% Above	No	No
76282021305	SERTRALINE HCL 50 MG TABLET	5	90.000	1.85	0.04414	51%-75% Below	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	0.62	0.01099	26%-50% Below	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.11	0.01099	101%-200% Above	No	No
76282023910	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.74	0.01514	101%-200% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	3.23	0.01501	101%-200% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.82	0.01519	101%-200% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.82	0.0143	101%-200% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	3.23	0.0143	101%-200% Above	No	No
76282025010	ESCITALOPRAM 10 MG TABLET	6	60.000	1.86	0.04995	26%-50% Below	No	No
76282025190	ESCITALOPRAM 20 MG TABLET	5	90.000	14.58	0.08912	76%-100% Above	No	No
76282025190	ESCITALOPRAM 20 MG TABLET	7	90.000	14.42	0.08189	76%-100% Above	No	No
76282025190	ESCITALOPRAM 20 MG TABLET	8	90.000	14.58	0.07964	101%-200% Above	No	No
76282041290	FINASTERIDE 5 MG TABLET	6	90.000	5.46	0.07037	10%-25% Below	No	No
76282041290	FINASTERIDE 5 MG TABLET	7	90.000	8.37	0.06963	26%-50% Above	No	No
76282066339	DICLOFENAC SODIUM 1% GEL	8	100.000	4.09	0.09025	51%-75% Below	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	8	6.700	7.02	3.55916	51%-75% Below	No	No
76385010001	METHSCOPOLAMINE BROM 2.5 MG TB	5	120.000	77.28	1.01825	26%-50% Below	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.000	2.37	0.02085	76%-100% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.000	2.56	0.02085	101%-200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.000	2.61	0.02085	101%-200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.000	2.65	0.02085	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.000	2.83	0.02085	101%-200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.000	9.99	0.02085	200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	180.000	8.08	0.02085	101%-200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	60.000	0.88	0.01914	10%-25% Below	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	60.000	2.26	0.01914	76%-100% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	60.000	2.37	0.01914	101%-200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	60.000	2.61	0.01914	101%-200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	60.000	2.77	0.01914	101%-200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	60.000	9.99	0.01914	200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	60.000	0.88	0.01875	10%-25% Below	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	60.000	2.26	0.01875	76%-100% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	60.000	2.31	0.01875	101%-200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	60.000	2.61	0.01875	101%-200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	60.000	2.77	0.01875	101%-200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	180.000	5.32	0.01875	51%-75% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	180.000	6.34	0.01875	76%-100% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	180.000	6.52	0.01875	76%-100% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	8	60.000	0.88	0.01837	10%-25% Below	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	8	60.000	2.37	0.01837	101%-200% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	8	60.000	3.53	0.01837	200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	8	180.000	6.52	0.01837	76%-100% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	5	60.000	2.64	0.02223	76%-100% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	5	180.000	7.00	0.02223	51%-75% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	5	180.000	7.11	0.02223	76%-100% Above	No	No
76385011150	CARVEDILOL 6.25 MG TABLET	6	60.000	2.34	0.02064	76%-100% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
76385011150	CARVEDILOL 6.25 MG TABLET	6	180.000	5.56	0.02064	26%-50% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	6	180.000	6.91	0.02064	76%-100% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	7	60.000	0.89	0.02128	26%-50% Below	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	7	60.000	2.74	0.02128	101%-200% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	7	180.000	2.66	0.02128	26%-50% Below	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	7	180.000	5.56	0.02128	26%-50% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	8	60.000	0.89	0.02023	26%-50% Below	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	8	60.000	2.33	0.02023	76%-100% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	8	60.000	2.74	0.02023	101%-200% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	8	180.000	7.11	0.02023	76%-100% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	30.000	0.44	0.02376	26%-50% Below	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	60.000	0.60	0.02376	51%-75% Below	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.000	2.65	0.02376	26%-50% Below	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.000	6.27	0.02376	26%-50% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.000	7.09	0.02376	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.000	7.17	0.02376	51%-75% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.000	8.08	0.02376	76%-100% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	30.000	0.44	0.0239	26%-50% Below	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	60.000	2.42	0.0239	51%-75% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	60.000	2.86	0.0239	76%-100% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	90.000	4.04	0.0239	76%-100% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	180.000	6.52	0.0239	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	270.000	10.27	0.0239	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	7	30.000	0.44	0.02454	26%-50% Below	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	7	60.000	0.88	0.02454	26%-50% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
76385011250	CARVEDILOL 12.5 MG TABLET	7	60.000	2.86	0.02454	76%-100% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	7	90.000	3.26	0.02454	26%-50% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	7	180.000	6.10	0.02454	26%-50% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	7	180.000	6.52	0.02454	26%-50% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	8	30.000	0.44	0.02355	26%-50% Below	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	8	60.000	2.86	0.02355	101%-200% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	8	90.000	3.82	0.02355	76%-100% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	8	180.000	2.65	0.02355	26%-50% Below	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	8	180.000	5.87	0.02355	26%-50% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	8	180.000	6.52	0.02355	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	8	270.000	10.27	0.02355	51%-75% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	5	60.000	3.34	0.03227	51%-75% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	5	180.000	1.80	0.03227	51%-75% Below	No	No
76385011350	CARVEDILOL 25 MG TABLET	5	180.000	7.81	0.03227	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	5	180.000	8.52	0.03227	26%-50% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	5	180.000	12.26	0.03227	101%-200% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	6	60.000	0.60	0.03333	51%-75% Below	No	No
76385011350	CARVEDILOL 25 MG TABLET	6	60.000	2.81	0.03333	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	6	180.000	1.80	0.03333	51%-75% Below	No	No
76385011350	CARVEDILOL 25 MG TABLET	6	180.000	7.04	0.03333	10%-25% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	6	180.000	7.81	0.03333	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	6	180.000	8.28	0.03333	26%-50% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	6	180.000	8.52	0.03333	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	60.000	2.81	0.03238	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	60.000	3.33	0.03238	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	1.80	0.03238	51%-75% Below	No	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	3.58	0.03238	26%-50% Below	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	4.81	0.03238	10%-25% Below	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	6.55	0.03238	10%-25% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	6.75	0.03238	10%-25% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	6.98	0.03238	10%-25% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	8.28	0.03238	26%-50% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	8.28	0.03238	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	180.000	8.53	0.03238	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	7	360.000	7.16	0.03238	26%-50% Below	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	8	60.000	2.81	0.03302	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	8	60.000	3.33	0.03302	51%-75% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	8	180.000	1.80	0.03302	51%-75% Below	No	No
76385011350	CARVEDILOL 25 MG TABLET	8	180.000	7.04	0.03302	10%-25% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	8	180.000	10.26	0.03302	51%-75% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	8	270.000	5.37	0.03302	26%-50% Below	Yes	No
76385011501	SOTALOL 120 MG TABLET	5	60.000	9.99	0.11534	26%-50% Above	No	No
76385012350	METHOCARBAMOL 500 MG TABLET	5	40.000	1.43	0.04759	10%-25% Below	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	5	90.000	8.25	0.04759	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	7	10.000	1.44	0.04289	200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	8	15.000	1.99	0.04668	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	8	20.000	1.70	0.04668	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	8	28.000	3.08	0.04668	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	5	30.000	1.40	0.055	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	5	30.000	3.90	0.055	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	What was the Percentage of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
76385012450	METHOCARBAMOL 750 MG TABLET	5	90.000	4.19	0.055	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	5	270.000	29.77	0.055	76%-100% Above	No	No
76385012450	METHOCARBAMOL 750 MG TABLET	6	20.000	2.36	0.05273	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	6	45.000	5.33	0.05273	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	6	90.000	4.19	0.05273	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	6	90.000	8.48	0.05273	76%-100% Above	No	No
76385012450	METHOCARBAMOL 750 MG TABLET	7	20.000	2.42	0.05019	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	7	120.000	12.99	0.05019	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	15.000	2.32	0.05247	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	30.000	1.40	0.05247	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	90.000	4.19	0.05247	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	90.000	10.23	0.05247	101%-200% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	120.000	12.99	0.05247	101%-200% Above	Yes	No
76385012901	METFORMIN HCL ER 750 MG TABLET	5	30.000	4.10	0.07922	51%-75% Above	No	No
76385014401	HYDROXYCHLOROQUINE 200 MG TAE	5	42.000	6.23	0.2324	26%-50% Below	No	No
76385014401	HYDROXYCHLOROQUINE 200 MG TAE	7	60.000	9.90	0.21754	10%-25% Below	No	No
76385014401	HYDROXYCHLOROQUINE 200 MG TAE	7	180.000	26.57	0.21754	26%-50% Below	No	No
76385014450	HYDROXYCHLOROQUINE 200 MG TAE	7	10.000	4.90	0.21754	101%-200% Above	No	No
78206014603	NUVARING VAGINAL RING	7	1.000	60.80	156.19036	51%-75% Below	No	No