

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00002145780	MOUNJARO 15 MG/0.5 ML PEN	3	2.00	654.28	514.89	26%-50% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	4	2.00	654.28	514.89	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	4	6.00	1962.84	514.63	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	2	6.00	1962.84	514.30	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	3	2.00	654.28	514.30	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	4	6.00	1962.84	514.30	26%-50% Below	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	2	2.00	1158.97	514.26	10%-25% Above	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	3	2.00	654.28	514.38	26%-50% Below	No	No
00002150680	MOUNJARO 2.5 MG/0.5 ML PEN	2	2.00	654.28	514.69	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	3	30.00	350.68	18.32	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	4	90.00	1052.03	18.32	26%-50% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	3	30.00	13.94	0.70	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	2	15.00	23.59	1.32	10%-25% Above	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	2	15.00	2.92	0.29	26%-50% Below	Yes	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	2	30.00	4.22	0.29	51%-75% Below	Yes	No
00054016625	MYCOPHENOLATE 500 MG TABLET	2	360.00	64.87	0.29	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	2	60.00	49.48	1.28	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	3	60.00	49.48	1.28	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	2	60.00	61.47	1.57	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	3	60.00	61.47	1.58	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	50.65	0.48	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	50.65	0.52	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	50.65	0.43	200% Above	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	8.14	3.85	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	11.85	3.01	26%-50% Below	No	No

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00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	11.85	2.76	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	20.10	35.56	2.76	26%-50% Below	No	No
00054074825	DICYCLOMINE 10 MG CAPSULE	2	80.00	5.70	0.11	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	9.90	0.38	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	2.84	0.28	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	3.35	0.38	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	3.35	0.38	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	6.14	0.38	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	10.05	0.38	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	10.05	0.38	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	3.35	0.42	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	3.35	0.42	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	6.14	0.42	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	10.05	0.42	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	10.05	0.42	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	3.35	0.38	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	3.35	0.38	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	6.14	0.38	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	10.05	0.38	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	2.96	0.28	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	2.96	0.28	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	2.56	0.28	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	2.56	0.26	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.00	2.56	0.30	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.00	3.35	0.29	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	2.76	0.36	51%-75% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	5	15.00	0.91	0.10	26%-50% Below	No	No
00054329446	FUROSEMIDE 10 MG/ML SOLUTION	6	15.00	0.87	0.10	26%-50% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	5	50.00	19.33	0.44	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	3	6.00	1.31	0.36	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	2	7.00	0.13	0.03	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	2	90.00	2.10	0.03	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	90.00	1.65	0.03	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	90.00	2.10	0.03	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	180.00	4.19	0.03	10%-25% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	3	90.00	2.16	0.03	10%-25% Below	No	No
00054430125	FUROSEMIDE 80 MG TABLET	3	60.00	2.17	0.06	26%-50% Below	No	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	2	32.00	34.20	0.88	10%-25% Above	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	3	34.00	36.33	0.85	10%-25% Above	Yes	No
00054981725	PREDNISONE 10 MG TABLET	4	21.00	2.30	0.05	101%-200% Above	No	No
00074003828	ORILISSA 150 MG TABLET	2	84.00	2118.64	39.85	26%-50% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	3	90.00	5.81	1.51	76%-100% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	4	90.00	3.56	1.51	76%-100% Below	Yes	No
00074434190	SYNTHROID 25 MCG TABLET	3	30.00	0.92	1.51	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	11	30.00	3.59	1.38	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	12	30.00	3.59	1.38	76%-100% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	2	30.00	19.29	1.51	51%-75% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	3	90.00	1.93	1.51	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	2	90.00	2.05	1.51	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	4	90.00	3.09	1.51	76%-100% Below	Yes	No

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00074714890	SYNTHROID 200 MCG TABLET	2	90.00	3.70	1.51	76%-100% Below	Yes	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	3	9.00	35.39	6.17	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	3	27.00	106.18	6.17	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	4	27.00	106.18	6.17	26%-50% Below	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	2	60.00	3.75	0.03	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	30.00	1.72	0.02	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	2	90.00	5.17	0.03	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	3	90.00	5.17	0.02	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	4	90.00	5.17	0.02	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	2	30.00	2.37	0.03	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	3	30.00	2.37	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	60.00	4.00	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	30.00	1.89	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	60.00	4.00	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	60.00	4.73	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	90.00	6.00	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	30.00	2.37	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	60.00	4.00	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	90.00	6.00	0.03	101%-200% Above	No	No
00093005801	TRAMADOL HCL 50 MG TABLET	3	60.00	0.83	0.04	51%-75% Below	No	No
00093005801	TRAMADOL HCL 50 MG TABLET	4	14.00	0.19	0.03	26%-50% Below	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	1	120.00	2.61	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	2	6.00	0.10	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	2	20.00	0.33	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	2	28.00	0.46	0.03	26%-50% Below	Yes	No

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00093005805	TRAMADOL HCL 50 MG TABLET	2	30.00	0.49	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	2	120.00	2.61	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	3	30.00	0.49	0.04	51%-75% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	3	42.00	0.68	0.04	51%-75% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	3	120.00	1.96	0.04	51%-75% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	3	120.00	2.61	0.04	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	30.00	0.49	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	42.00	0.68	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	12	120.00	2.61	0.04	26%-50% Below	Yes	No
00093007301	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.80	0.03	10%-25% Below	No	No
00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	No	No
00093031101	LOPERAMIDE 2 MG CAPSULE	3	120.00	14.99	0.23	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	2	20.00	5.92	0.51	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	3	20.00	5.92	0.53	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	15.00	8.21	0.74	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	10	20.00	10.28	0.71	26%-50% Below	No	No
00093075210	ATENOLOL 50 MG TABLET	3	90.00	2.71	0.03	10%-25% Above	No	No
00093077110	PRAVASTATIN SODIUM 10 MG TAB	2	30.00	2.93	0.06	51%-75% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	2	90.00	8.80	0.06	51%-75% Above	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	3	30.00	2.93	0.06	51%-75% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	4	30.00	2.93	0.05	76%-100% Above	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	3	90.00	6.03	0.08	10%-25% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	3	98.00	8.44	0.12	26%-50% Below	Yes	No
00093083201	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.42	0.03	26%-50% Below	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.42	0.03	26%-50% Below	No	No

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00093083205	CLONAZEPAM 0.5 MG TABLET	2	10.00	0.14	0.03	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.42	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.42	0.03	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	90.00	1.08	0.03	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	90.00	1.27	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	5.00	0.07	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	20.00	0.28	0.03	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.42	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.42	0.03	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.72	0.03	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.85	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	60.00	1.22	0.03	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	90.00	1.58	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	120.00	1.69	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.42	0.02	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.42	0.02	26%-50% Below	Yes	No
00093092810	LOVASTATIN 40 MG TABLET	2	60.00	4.51	0.06	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	270.00	15.93	0.04	26%-50% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	2	60.00	3.54	0.05	10%-25% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	9.99	0.18	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	2.85	0.17	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	2.85	0.17	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	7.06	0.17	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	2.85	0.19	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	2.85	0.19	26%-50% Below	Yes	No

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00093101042	MUPIROCIN 2% OINTMENT	4	22.00	2.85	0.15	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	2.85	0.15	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	7.06	0.15	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	11	22.00	2.59	0.17	26%-50% Below	No	No
00093106001	SOTALOL 120 MG TABLET	2	60.00	14.12	0.11	101%-200% Above	No	No
00093106001	SOTALOL 120 MG TABLET	3	60.00	14.12	0.11	101%-200% Above	No	No
00093117410	PENICILLIN VK 500 MG TABLET	2	28.00	2.48	0.11	10%-25% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	3	28.00	2.48	0.11	10%-25% Below	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	4	30.00	5.80	0.08	101%-200% Above	No	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	2	50.00	8.99	0.09	101%-200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	3	16.00	3.79	0.11	101%-200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	4	16.00	3.79	0.09	101%-200% Above	Yes	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	3	30.00	15.98	0.27	76%-100% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	2	45.00	23.98	0.29	76%-100% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	11.53	0.31	51%-75% Above	No	No
00093206801	DOXAZOSIN MESYLATE 4 MG TAB	4	90.00	39.34	0.08	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	2	90.00	37.49	0.07	200% Above	Yes	No
00093216568	NALOXONE HCL 4 MG NASAL SPRAY	2	2.00	70.10	40.64	10%-25% Below	No	No
00093216568	NALOXONE HCL 4 MG NASAL SPRAY	2	2.00	70.10	40.64	10%-25% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	2	15.00	0.44	0.05	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	2	120.00	3.53	0.05	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	3	21.00	0.62	0.05	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	3	42.00	1.23	0.05	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	3	90.00	2.65	0.05	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	3	120.00	3.53	0.05	26%-50% Below	No	No

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00093220305	METOCLOPRAMIDE 10 MG TABLET	3	120.00	3.53	0.05	26%-50% Below	Yes	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	6	90.00	4.42	0.04	10%-25% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	8	90.00	2.22	0.04	26%-50% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	4	90.00	10.64	0.19	26%-50% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	4	30.00	3.55	0.19	26%-50% Below	No	No
00093226301	AMOXICILLIN 500 MG TABLET	2	21.00	3.43	0.14	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	30.00	4.89	0.10	51%-75% Above	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	18.00	4.08	0.34	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No
00093309356	ARMODAFINIL 200 MG TABLET	3	30.00	81.78	0.79	200% Above	No	No
00093310705	AMOXICILLIN 250 MG CAPSULE	2	30.00	1.28	0.07	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	2	60.00	2.55	0.07	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	3	30.00	1.28	0.08	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	3	60.00	2.55	0.08	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	3.43	0.11	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.71	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.95	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	21.00	1.00	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	28.00	1.33	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	30.00	1.43	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	40.00	1.90	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	4.00	0.76	0.11	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.95	0.11	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	1.00	0.11	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	3	30.00	1.43	0.11	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	14.00	1.40	0.09	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	21.00	1.00	0.09	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	21.00	1.00	0.09	26%-50% Below	Yes	No
00093314701	CEPHALEXIN 500 MG CAPSULE	2	28.00	1.95	0.15	51%-75% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	2	30.00	2.09	0.15	51%-75% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	4	21.00	1.46	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.97	0.15	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	20.00	1.39	0.15	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	21.00	1.46	0.15	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	28.00	1.95	0.15	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	21.00	1.46	0.15	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	28.00	1.95	0.15	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	21.00	1.46	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	28.00	1.95	0.12	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	1	8.50	14.31	2.76	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	1	8.50	21.05	2.95	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	2	8.50	15.90	2.61	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	2	8.50	15.90	2.61	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	2	17.00	31.81	2.61	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	3	8.50	9.99	2.62	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	3	8.50	15.90	2.62	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	3	8.50	15.90	2.62	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093317431	ALBUTEROL HFA 90 MCG INHALER	4	8.50	15.90	2.27	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	8.50	15.90	2.85	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	10	8.50	15.90	2.63	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	12	8.50	15.90	2.71	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	12	8.50	16.45	2.97	26%-50% Below	No	No
00093319601	CEFADROXIL 500 MG CAPSULE	3	16.00	2.00	0.30	51%-75% Below	No	No
00093319653	CEFADROXIL 500 MG CAPSULE	3	14.00	1.75	0.30	51%-75% Below	No	No
00093321201	CLONAZEPAM 1 MG TABLET	3	30.00	0.54	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	30.00	0.54	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	2	60.00	1.09	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	3	12.00	0.22	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	3	30.00	0.54	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	3	45.00	0.81	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	3	60.00	1.09	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	3	90.00	1.63	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	4	60.00	1.09	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	4	90.00	1.63	0.03	26%-50% Below	No	No
00093321301	CLONAZEPAM 2 MG TABLET	3	60.00	1.35	0.04	26%-50% Below	No	No
00093321915	KETOCONAZOLE 2% CREAM	3	15.00	12.29	0.30	101%-200% Above	No	No
00093321915	KETOCONAZOLE 2% CREAM	9	15.00	11.81	0.30	101%-200% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	1	60.00	11.06	0.21	10%-25% Below	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	2	60.00	31.46	0.20	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093321992	KETOCONAZOLE 2% CREAM	4	60.00	31.46	0.18	101%-200% Above	Yes	No
00093323405	SULFASALAZINE 500 MG TABLET	2	90.00	9.60	0.16	26%-50% Below	No	No
00093323405	SULFASALAZINE 500 MG TABLET	3	90.00	9.60	0.16	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	2	56.00	0.53	0.02	51%-75% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	1.97	0.02	26%-50% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	12.00	0.11	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.19	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.28	0.02	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.28	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	7.00	0.07	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.28	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.56	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	40.00	0.38	0.02	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.56	0.02	26%-50% Below	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	6.00	0.12	0.05	51%-75% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	2	42.50	113.41	0.54	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	3	42.50	113.41	0.51	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	4	42.50	183.06	0.46	200% Above	No	No
00093372755	DICLOFENAC EPOLAMINE 1.3% PTCH	2	30.00	104.04	5.27	26%-50% Below	Yes	No
00093412773	PENICILLIN VK 250 MG/5 ML SOLN	3	100.00	6.36	0.05	10%-25% Above	No	No
00093412774	PENICILLIN VK 250 MG/5 ML SOLN	2	200.00	9.19	0.06	10%-25% Below	Yes	No
00093413673	CEFDINIR 125 MG/5 ML SUSP	3	100.00	32.13	0.12	101%-200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	2	60.00	39.58	0.18	200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	3	60.00	39.58	0.18	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093413764	CEFDINIR 250 MG/5 ML SUSP	4	60.00	39.58	0.14	200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	5	60.00	19.70	0.20	51%-75% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	4	100.00	62.67	0.15	200% Above	No	No
00093415579	AMOXICILLIN 250 MG/5 ML SUSP	4	240.00	9.15	0.02	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	5.59	0.04	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	11.18	0.04	26%-50% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	11.18	0.04	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	16.78	0.04	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	5.59	0.03	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	11.18	0.03	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	11.18	0.03	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	5.59	0.03	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	8.89	0.03	200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	300.00	8.51	0.02	10%-25% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	200.00	6.93	0.02	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	9.90	0.04	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	8.36	0.04	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	8.36	0.04	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	8.36	0.03	76%-100% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	8.50	0.03	101%-200% Above	Yes	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	22.40	0.10	10%-25% Above	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	2	300.00	33.60	0.10	10%-25% Above	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	22.40	0.07	51%-75% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	19.80	0.08	10%-25% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	30.00	3.36	0.09	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505798	ATORVASTATIN 80 MG TABLET	3	90.00	10.09	0.09	10%-25% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	30.00	2.92	0.07	26%-50% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	30.00	2.92	0.06	51%-75% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	8.75	0.06	51%-75% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	90.00	8.72	0.04	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	30.00	2.91	0.04	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	2	60.00	3.08	0.04	10%-25% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	3	30.00	2.65	0.05	76%-100% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	9	21.00	1.18	0.04	26%-50% Above	No	No
00093557156	ERYTHROMYCIN 250 MG TABLET	4	60.00	267.81	1.46	200% Above	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	2	30.00	44.06	2.17	26%-50% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	3	30.00	44.06	2.20	26%-50% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	2.66	0.07	26%-50% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	2.66	0.07	26%-50% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	9.58	0.06	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	9.58	0.07	51%-75% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	3.19	0.06	76%-100% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	3.19	0.07	51%-75% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	9.58	0.05	101%-200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	4.53	0.08	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	13.60	0.08	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	4.53	0.09	51%-75% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	13.60	0.09	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093720298	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	13.60	0.09	51%-75% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	13.60	0.08	76%-100% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	8.17	0.07	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	11.74	0.10	26%-50% Above	Yes	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	2	12.00	4.98	0.18	101%-200% Above	No	No
00093738598	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	7.80	0.10	10%-25% Below	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	1	30.00	3.68	0.07	51%-75% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	2	30.00	3.68	0.07	76%-100% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	3	30.00	3.68	0.08	51%-75% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	3	90.00	11.03	0.08	51%-75% Above	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
00093819201	CIMETIDINE 300 MG TABLET	3	90.00	19.03	0.32	26%-50% Below	No	No
00093834301	GLYBURIDE 2.5 MG TABLET	2	180.00	18.20	0.09	10%-25% Above	Yes	No
00093834401	GLYBURIDE 5 MG TABLET	3	15.00	1.88	0.09	26%-50% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	3	30.00	3.76	0.09	26%-50% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	3	30.00	3.76	0.09	26%-50% Above	No	No
00093922206	DIFLUNISAL 500 MG TABLET	4	10.00	6.71	1.00	26%-50% Below	No	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	120.55	0.56	200% Above	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	120.55	0.57	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	120.55	0.44	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	120.55	0.59	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	120.55	0.47	200% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	120.55	0.59	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	120.55	0.45	200% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	109.99	121.36	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	281.59	121.36	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	286.53	121.36	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	109.99	124.02	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	281.59	124.02	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	109.99	117.45	51%-75% Below	Yes	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJECT	3	2.00	109.99	123.39	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	60.00	2.26	0.07	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	20.00	0.75	0.07	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	20.00	0.75	0.07	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	30.00	1.13	0.07	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	60.00	2.26	0.07	26%-50% Below	Yes	No
00115180302	HYDROXYZINE PAM 25 MG CAP	2	90.00	3.38	0.07	26%-50% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	3	9.00	0.81	0.07	26%-50% Above	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	3	30.00	1.13	0.07	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	3	30.00	1.51	0.08	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	4	360.00	18.07	0.07	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	30.00	7.24	0.42	26%-50% Below	No	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	97.21	1.58	101%-200% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	3	10.00	25.69	1.98	26%-50% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	77.06	1.98	26%-50% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	77.06	1.98	26%-50% Above	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	3	60.00	154.12	1.98	26%-50% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	77.06	1.51	51%-75% Above	No	No
00115992201	DEXMETHYLPHENIDATE ER 30 MG CP	3	30.00	84.60	1.73	51%-75% Above	No	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	8	300.00	79.56	0.32	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	9	300.00	79.56	0.33	10%-25% Below	No	No
00115993278	LEVALBUTEROL 1.25 MG/3 ML SOL	2	75.00	24.98	0.27	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	1.35	0.00	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	2.03	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	2.03	0.01	26%-50% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	2.03	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	946.00	4.07	0.01	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	2.22	0.13	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	40.00	3.72	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	2.22	0.13	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	30.00	2.66	0.13	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	35.00	3.10	0.13	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	45.00	3.99	0.13	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	15.00	1.33	0.14	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	2.22	0.14	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	30.00	2.66	0.14	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	35.00	3.10	0.14	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	60.00	5.32	0.14	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	25.00	2.22	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	30.00	2.79	0.12	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	30.00	2.92	0.13	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	40.00	3.89	0.14	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	20.00	1.55	0.11	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	25.00	1.94	0.11	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	38.00	2.95	0.11	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	3	118.00	4.14	0.06	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	3	120.00	4.21	0.06	26%-50% Below	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	3	150.00	17.86	0.07	76%-100% Above	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	4	150.00	17.40	0.06	76%-100% Above	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	6	150.00	7.10	0.06	10%-25% Below	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	6	150.00	16.47	0.06	76%-100% Above	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	7	150.00	17.58	0.06	76%-100% Above	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	9	150.00	17.58	0.07	51%-75% Above	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	10	150.00	17.58	0.07	51%-75% Above	No	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	3	56.00	1.75	0.14	76%-100% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	2	200.00	5.90	0.05	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	4	240.00	7.08	0.04	26%-50% Below	Yes	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	2	150.00	1.74	0.01	10%-25% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	3	150.00	1.74	0.01	10%-25% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	7	150.00	1.07	0.01	26%-50% Below	No	No
00143122701	DICYCLOMINE 20 MG TABLET	4	90.00	10.36	0.08	26%-50% Above	Yes	No
00143122710	DICYCLOMINE 20 MG TABLET	3	56.00	9.58	0.12	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	6.00	1.36	0.28	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	2	20.00	1.99	0.17	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	3	14.00	1.39	0.19	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143928501	AMOXICILLIN 875 MG TABLET	3	20.00	1.99	0.19	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	4	20.00	1.99	0.15	26%-50% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	2	4.00	2.04	3.34	76%-100% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.49	2.47	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	2.00	2.98	2.47	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.49	2.36	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	2.98	2.36	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	4.46	2.36	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	8.93	2.36	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	15.40	14.18	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	15.40	14.18	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	3.00	23.11	14.18	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	4.00	30.81	14.18	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	5.00	38.51	14.18	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	15.40	14.15	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	15.40	14.15	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	3.00	23.11	14.15	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	30.81	14.15	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	2.00	15.40	11.89	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	5.00	38.51	11.89	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	24.71	0.14	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	37.06	0.14	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	24.71	0.15	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	37.06	0.15	200% Above	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	6.55	0.07	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	6.86	0.06	10%-25% Below	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	6.86	0.08	26%-50% Below	Yes	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	200.00	9.16	0.06	10%-25% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	75.00	3.93	0.08	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	150.00	7.86	0.08	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	75.00	3.93	0.08	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	150.00	7.86	0.08	26%-50% Below	Yes	No
00143988675	AMOXICILLIN 200 MG/5 ML SUSP	3	150.00	7.80	0.03	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	5.59	0.04	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	6.83	0.02	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	11.18	0.04	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	5.59	0.04	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	11.18	0.04	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	5.59	0.03	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	300.00	16.78	0.03	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	5.69	0.03	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	11.18	0.03	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	3.67	0.02	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	3.67	0.02	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	7.34	0.02	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	9.99	0.04	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	75.00	4.18	0.04	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	8.36	0.04	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	75.00	4.18	0.03	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	225.00	12.53	0.03	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	10	150.00	5.51	0.03	26%-50% Above	No	No
00143988815	AMOXICILLIN 125 MG/5 ML SUSP	3	150.00	2.34	0.02	10%-25% Below	Yes	No
00143988980	AMOXICILLIN 250 MG/5 ML SUSP	2	160.00	6.05	0.03	10%-25% Above	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	3	100.00	18.73	0.07	101%-200% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	4	100.00	29.90	0.05	200% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	10	100.00	18.15	0.07	101%-200% Above	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	2	150.00	8.93	0.07	10%-25% Below	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	3	150.00	22.82	0.08	76%-100% Above	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	3	15.00	4.39	0.24	10%-25% Above	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	4	15.00	4.39	0.21	26%-50% Above	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	9	30.00	6.25	0.25	10%-25% Below	No	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	2	30.00	0.71	0.15	76%-100% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	3	80.00	3.34	0.08	26%-50% Below	Yes	No
00168002031	HYDROCORTISONE 1% OINTMENT	3	28.35	2.35	0.18	51%-75% Below	No	No
00168016360	CLOBETASOL 0.05% CREAM	3	60.00	148.76	0.16	200% Above	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	2	60.00	29.90	0.35	26%-50% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	2	30.00	22.24	0.23	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	3	15.00	11.12	0.25	101%-200% Above	Yes	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	4	60.00	44.48	0.20	200% Above	Yes	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	24.83	0.17	200% Above	No	No
00168034720	TERCONAZOLE 0.8% CREAM	3	20.00	27.95	1.17	10%-25% Above	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	6.41	0.34	26%-50% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	6.41	0.34	26%-50% Below	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	6.41	0.32	26%-50% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	6.41	0.32	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	4	30.00	6.41	0.31	26%-50% Below	Yes	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	3	15.00	342.01	35.71	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	2	3.00	592.73	311.13	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	3	3.00	592.73	311.13	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	3	30.00	592.73	31.08	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	3	9.00	1778.20	311.11	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	3	15.00	85.50	8.95	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	3	27.00	153.90	8.95	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	4	27.00	153.90	8.95	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	3	12.00	79.20	10.36	26%-50% Below	No	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	3	60.00	265.64	6.95	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.78	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	60.00	1.57	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	1.78	0.01	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	2.35	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.78	0.01	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	45.00	1.17	0.01	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	1.78	0.01	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	2.35	0.01	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.78	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	60.00	1.57	0.01	101%-200% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No
00172392560	DIAZEPAM 2 MG TABLET	3	30.00	0.44	0.02	26%-50% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	2	26.00	0.40	0.03	26%-50% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	3	30.00	0.39	0.03	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392670	DIAZEPAM 5 MG TABLET	3	60.00	0.91	0.03	26%-50% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	60.00	0.67	0.03	51%-75% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	2	5.00	0.07	0.03	51%-75% Below	Yes	No
00172409680	BACLOFEN 10 MG TABLET	2	45.00	0.84	0.04	51%-75% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	4	30.00	1.05	0.03	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	4	60.00	1.39	0.03	10%-25% Below	Yes	No
00172572880	FAMOTIDINE 20 MG TABLET	1	60.00	1.39	0.03	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	2	60.00	1.39	0.03	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	2	180.00	4.16	0.03	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	3	60.00	1.39	0.03	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	4	180.00	4.16	0.03	10%-25% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	90.00	8.08	0.06	51%-75% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	90.00	16.27	0.06	200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	10.00	0.90	0.06	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	2.69	0.06	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	4.00	0.06	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	60.00	5.39	0.06	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	30.00	4.00	0.05	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	80.00	7.18	0.05	76%-100% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	2	60.00	5.39	0.06	51%-75% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	3	60.00	5.39	0.06	26%-50% Above	No	No
00173071820	FLOVENT HFA 44 MCG INHALER	1	11.00	77.40	17.98	51%-75% Below	Yes	No
00185012905	BUMETANIDE 1 MG TABLET	1	180.00	78.25	0.20	101%-200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	2	180.00	78.25	0.18	101%-200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	3	90.00	39.12	0.19	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185067401	HYDROXYZINE PAM 25 MG CAP	2	90.00	3.12	0.07	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	3	10.00	0.35	0.07	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	3	30.00	1.04	0.07	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	3	45.00	1.56	0.07	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	3	90.00	3.12	0.07	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	2	60.00	2.26	0.07	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	2	120.00	4.66	0.07	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	3	60.00	2.26	0.07	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	3	90.00	3.38	0.07	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	30.00	1.22	0.07	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	11	60.00	2.39	0.08	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	3	30.00	1.62	0.08	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	13.13	0.25	10%-25% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	13.10	0.32	26%-50% Below	No	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	45.00	15.34	0.20	51%-75% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	9	60.00	20.45	0.21	51%-75% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	10	60.00	20.45	0.23	26%-50% Above	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	29.31	0.32	200% Above	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	58.62	0.32	200% Above	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	12.82	0.31	26%-50% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	1	10.20	140.82	31.18	51%-75% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	7	10.20	141.35	30.57	51%-75% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	8	10.20	141.35	30.57	51%-75% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	9	10.20	141.35	30.57	51%-75% Below	No	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	10	10.20	141.35	30.56	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00186037220	SYMBICORT 80-4.5 MCG INHALER	11	10.20	140.82	30.56	51%-75% Below	No	No
00186091706	PULMICORT 90 MCG FLEXHALER	3	1.00	120.93	189.17	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.42	0.02	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.74	0.02	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.74	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	90.00	1.31	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.44	0.03	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.88	0.03	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	90.00	1.31	0.03	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	13.00	0.19	0.02	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	20.00	0.29	0.02	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.88	0.02	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.44	0.03	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.75	0.03	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	90.00	1.31	0.03	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.44	0.02	26%-50% Below	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	3	45.00	0.66	0.03	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.88	0.03	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	3	90.00	1.31	0.03	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	2	60.00	0.91	0.03	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	3	60.00	0.91	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228207610	TEMAZEPAM 15 MG CAPSULE	3	90.00	3.71	0.08	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	3	30.00	1.58	0.10	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	4	30.00	1.58	0.08	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	3	16.00	0.17	0.03	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.60	0.03	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	4	16.00	0.17	0.02	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	4	180.00	1.80	0.02	51%-75% Below	No	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	3	60.00	1.27	0.04	26%-50% Below	Yes	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	2	90.00	1.90	0.04	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	4	90.00	1.90	0.03	26%-50% Below	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	2	90.00	81.76	0.20	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	8.16	0.05	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	9.90	0.05	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	10.00	0.05	101%-200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	24.47	0.05	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	9.90	0.04	200% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	2	30.00	10.69	0.22	51%-75% Above	No	No
00228285311	GUANFACINE HCL ER 3 MG TABLET	7	30.00	14.90	0.26	76%-100% Above	No	No
00228285311	GUANFACINE HCL ER 3 MG TABLET	8	30.00	14.90	0.28	76%-100% Above	No	No
00228285311	GUANFACINE HCL ER 3 MG TABLET	9	30.00	14.90	0.28	76%-100% Above	No	No
00228285311	GUANFACINE HCL ER 3 MG TABLET	10	30.00	14.90	0.28	76%-100% Above	No	No
00228285311	GUANFACINE HCL ER 3 MG TABLET	11	30.00	14.90	0.26	76%-100% Above	No	No
00228299611	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	10.97	0.05	101%-200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	120.55	0.56	200% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	158.62	0.56	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	120.55	0.57	200% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	158.62	0.57	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	120.55	0.57	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	29.90	0.59	51%-75% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	120.55	0.59	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	29.90	0.47	101%-200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	60.00	241.10	0.47	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	120.55	0.56	200% Above	No	No
00228306211	DEXTROAMP-AMPHET ER 5 MG CAP	2	30.00	120.55	0.54	200% Above	Yes	No
00228306211	DEXTROAMP-AMPHET ER 5 MG CAP	3	30.00	120.55	0.54	200% Above	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	120.55	0.59	200% Above	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	120.55	0.60	200% Above	No	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	120.55	0.63	200% Above	Yes	No
00245021211	MIDODRINE HCL 5 MG TABLET	2	30.00	18.59	0.17	200% Above	Yes	No
00245021211	MIDODRINE HCL 5 MG TABLET	3	90.00	55.78	0.18	200% Above	Yes	No
00245021211	MIDODRINE HCL 5 MG TABLET	4	60.00	37.19	0.14	200% Above	No	No
00245021311	MIDODRINE HCL 10 MG TABLET	3	30.00	14.81	0.28	51%-75% Above	Yes	No
00245531711	KLOR-CON M10 TABLET	4	90.00	13.28	0.19	10%-25% Below	Yes	No
00310621030	FARXIGA 10 MG TABLET	3	90.00	1069.01	18.62	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	4	90.00	1069.01	18.62	26%-50% Below	No	No
00378001401	METHOTREXATE 2.5 MG TABLET	2	24.00	17.26	0.19	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	3	26.00	18.70	0.18	200% Above	Yes	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	2	180.00	6.21	0.02	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	2	30.00	2.61	0.05	51%-75% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	3	30.00	2.61	0.05	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378013710	ALLOPURINOL 100 MG TABLET	3	90.00	7.83	0.05	51%-75% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	2	14.00	2.39	0.07	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	2	30.00	5.13	0.07	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	3	14.00	2.39	0.07	101%-200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	3	90.00	36.70	0.10	200% Above	No	No
00378027101	DIAZEPAM 2 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	3	120.00	1.78	0.02	26%-50% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	4	30.00	0.44	0.02	10%-25% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	2	2.00	0.03	0.03	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	2	30.00	0.46	0.03	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	2	90.00	1.37	0.03	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	3	30.00	0.46	0.03	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	3	90.00	1.37	0.03	26%-50% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	3	60.00	0.79	0.03	51%-75% Below	No	No
00378064010	PREDNISONE 5 MG TABLET	2	21.00	2.13	0.04	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	2	6.00	0.65	0.06	76%-100% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	2	10.00	1.09	0.06	76%-100% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	2	14.00	1.52	0.06	76%-100% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	2	15.00	1.63	0.06	76%-100% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	2	18.00	1.96	0.06	76%-100% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	3	5.00	0.54	0.07	51%-75% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	3	8.00	1.35	0.07	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	3	10.00	1.09	0.07	51%-75% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	3	21.00	2.28	0.07	51%-75% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	4	14.00	1.52	0.05	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378064205	PREDNISONE 20 MG TABLET	2	3.00	0.35	0.09	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	2	6.00	0.70	0.09	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	2	8.00	0.93	0.09	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	2	9.00	1.04	0.09	10%-25% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	2	10.00	1.16	0.09	10%-25% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	3	5.00	0.58	0.10	10%-25% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	3	6.00	0.70	0.10	10%-25% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	3	10.00	1.16	0.10	10%-25% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	3	18.00	2.09	0.10	10%-25% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	4	9.00	1.51	0.07	101%-200% Above	Yes	No
00378113401	KETOROLAC 10 MG TABLET	3	20.00	5.92	0.53	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	7	16.00	5.64	0.60	26%-50% Below	No	No
00378114001	BUSPIRONE HCL 5 MG TABLET	2	60.00	3.75	0.03	101%-200% Above	No	No
00378114001	BUSPIRONE HCL 5 MG TABLET	3	60.00	3.75	0.02	101%-200% Above	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	2	28.00	10.77	0.70	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	3	28.00	10.77	0.67	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	3	30.00	11.54	0.67	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	3	90.00	34.61	0.67	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	4	30.00	11.54	0.45	10%-25% Below	No	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	2	21.00	0.65	0.05	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	3	90.00	2.26	0.05	51%-75% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	3	90.00	2.77	0.05	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	4	30.00	1.73	0.04	26%-50% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	30.00	1.23	0.06	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	90.00	1.93	0.06	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378180310	LEVOTHYROXINE 50 MCG TABLET	3	30.00	1.55	0.06	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	4	90.00	1.93	0.05	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	4	90.00	3.70	0.05	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	90.00	2.05	0.06	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	90.00	3.84	0.06	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	3	90.00	3.84	0.06	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	12	90.00	4.60	0.06	10%-25% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	2	90.00	2.77	0.06	26%-50% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	3	90.00	3.91	0.07	26%-50% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	4	90.00	2.77	0.05	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	2	30.00	1.34	0.07	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	2	90.00	2.29	0.07	51%-75% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	3	32.00	1.43	0.07	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	4	30.00	1.34	0.05	10%-25% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	3	90.00	4.88	0.09	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	2	90.00	2.84	0.08	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	3	45.00	1.42	0.08	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	2	90.00	3.90	0.11	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	2	90.00	5.74	0.11	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	3	90.00	5.74	0.11	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	4	90.00	6.19	0.08	10%-25% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	2	90.00	5.69	0.08	10%-25% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	3	90.00	5.69	0.09	26%-50% Below	Yes	No
00378235193	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	42.13	0.17	200% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	2	30.00	5.54	0.12	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378306677	FENOFIBRATE 145 MG TABLET	2	90.00	234.70	0.14	200% Above	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	2	3.00	63.77	36.08	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	3	3.00	63.77	39.41	26%-50% Below	Yes	No
00378363101	CARVEDILOL 3.125 MG TABLET	3	180.00	6.43	0.02	76%-100% Above	No	No
00378363701	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	90.00	7.07	0.03	101%-200% Above	No	No
00378395077	ATORVASTATIN 10 MG TABLET	4	90.00	7.07	0.03	200% Above	Yes	No
00378395105	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	3	45.00	4.36	0.04	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	3	90.00	8.75	0.06	51%-75% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	Yes	No
00378395305	ATORVASTATIN 80 MG TABLET	2	30.00	3.36	0.08	26%-50% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	3	30.00	3.36	0.09	10%-25% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	3	45.00	5.04	0.09	10%-25% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	4	20.00	4.13	0.26	10%-25% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	1.87	0.12	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	5.61	0.12	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	8	60.00	3.74	0.12	26%-50% Below	No	No
00378461501	DOXYLAMINE-PYRIDOXINE 10-10 MG	2	180.00	468.56	2.13	10%-25% Above	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	40.64	6.70	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	40.64	6.68	10%-25% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	24.00	116.47	7.34	26%-50% Below	No	No
00378581577	VALSARTAN 320 MG TABLET	2	90.00	25.69	0.23	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378623205	CITALOPRAM HBR 20 MG TABLET	2	90.00	1.90	0.03	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	2	135.00	2.85	0.03	26%-50% Below	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	30.00	4.91	0.19	10%-25% Below	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	2	90.00	26.97	0.19	51%-75% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	77.07	0.27	200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	3	20.00	4.22	0.05	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	6.53	0.06	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	2.18	0.05	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	3.90	0.05	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	61.00	4.43	0.05	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	6.53	0.05	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	2.18	0.05	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	Yes	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	6.53	0.06	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	2.18	0.05	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	19.00	1.38	0.05	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	71.00	5.15	0.05	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	3	180.00	1.89	0.02	26%-50% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	2	180.00	3.46	0.02	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378727253	NORETHINDRONE 0.35 MG TABLET	2	28.00	2.11	0.11	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	3	28.00	2.11	0.12	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	3	84.00	6.32	0.12	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	4	84.00	24.77	0.10	200% Above	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	3	63.00	12.91	0.25	10%-25% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	2	28.00	10.62	0.15	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	3	28.00	10.62	0.16	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	4	28.00	10.62	0.13	101%-200% Above	No	No
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	2	28.00	10.62	0.15	101%-200% Above	No	No
00378729253	NORETHINDRONE 0.35 MG TABLET	1	28.00	2.43	0.14	26%-50% Below	No	No
00378730753	ETHYNODIOL-ETH ESTRA 1 MG-35 MCG	4	84.00	30.93	0.25	26%-50% Above	No	No
00378797052	IPRATROPIUM BR 0.02% SOLN	2	125.00	5.34	0.08	26%-50% Below	Yes	No
00378797052	IPRATROPIUM BR 0.02% SOLN	3	62.50	2.67	0.09	51%-75% Below	Yes	No
00378797052	IPRATROPIUM BR 0.02% SOLN	4	62.50	2.67	0.07	26%-50% Below	Yes	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	4.14	0.11	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	4.14	0.10	26%-50% Above	No	No
00378808345	TRETINOIN 0.05% CREAM	12	45.00	9.99	1.75	76%-100% Below	No	No
00378826193	METHYLPHENIDATE 15 MG/9 HR PATCH	2	30.00	286.54	11.15	10%-25% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	2.39	0.07	51%-75% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	300.00	9.57	0.07	51%-75% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	4.79	0.07	51%-75% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	5.74	0.06	26%-50% Below	No	No
00378910493	NITROGLYCERIN 0.2 MG/HR PATCH	4	90.00	39.59	0.54	10%-25% Below	Yes	No
00378912198	FENTANYL 25 MCG/HR PATCH	3	5.00	14.34	5.36	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	3	60.00	49.48	1.28	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378932132	WIXELA 250-50 INHUB	2	60.00	61.47	1.57	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	2	60.00	61.47	1.57	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	3	60.00	61.47	1.58	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	3	60.00	61.47	1.58	26%-50% Below	Yes	No
00378965132	TRAVOPROST 0.004% EYE DROP	3	2.50	70.58	20.11	26%-50% Above	No	No
00378967193	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	4.82	0.10	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.72	0.14	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	1.08	0.15	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	2.16	0.15	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	6.00	0.15	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.58	0.15	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	16.00	1.15	0.15	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	4.00	0.15	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.72	0.13	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	2.00	0.14	0.15	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	8.00	0.58	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.72	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.87	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	14.00	1.01	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	1.44	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	6.00	0.43	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.58	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.87	0.15	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	8.00	0.58	0.13	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	1.44	0.11	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	8.00	0.63	0.13	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.72	0.15	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.87	0.15	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	24.00	1.73	0.15	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	2.16	0.15	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	60.00	4.33	0.15	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	16.00	1.15	0.15	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	60.00	4.33	0.15	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	60.00	4.33	0.13	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	28.00	2.53	0.15	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.81	0.15	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.87	0.15	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	1.34	0.15	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	16.00	1.08	0.14	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.00	1.17	0.14	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.81	0.15	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	60.00	4.03	0.15	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	180.00	12.10	0.15	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	180.00	12.10	0.15	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.81	0.15	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	30.00	2.02	0.15	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	6.21	0.15	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	112.00	7.73	0.15	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	8.28	0.15	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	6.21	0.16	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	84.00	5.80	0.14	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	6.21	0.14	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	30.00	2.07	0.15	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	84.00	5.80	0.15	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	8.28	0.15	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	30.00	2.07	0.16	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	84.00	5.80	0.16	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	8.28	0.16	51%-75% Below	No	No
00406012701	METHYLPHENIDATE ER 27 MG TAB	2	30.00	19.06	1.16	26%-50% Below	No	No
00406012701	METHYLPHENIDATE ER 27 MG TAB	4	30.00	103.43	1.16	101%-200% Above	No	No
00406013601	METHYLPHENIDATE ER 36 MG TAB	11	30.00	98.73	1.00	200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	12.00	1.42	0.27	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	16.00	1.89	0.27	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	26.00	3.07	0.27	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	12.00	1.42	0.21	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	60.00	7.09	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	8.00	0.95	0.26	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	20.00	2.36	0.26	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	120.00	14.18	0.26	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	8.00	0.95	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	10.00	1.18	0.21	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	2	120.00	25.49	0.45	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	3	120.00	25.49	0.45	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	4	120.00	25.49	0.39	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	40.00	1.66	0.11	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	15.00	0.62	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	60.00	2.50	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.50	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	30.00	1.25	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	60.00	2.50	0.11	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	10.00	0.50	0.17	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	150.00	9.66	0.21	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	84.00	5.41	0.20	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	120.00	7.73	0.20	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	84.00	5.41	0.21	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	7.73	0.21	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2	4.00	0.19	0.10	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2	12.00	0.56	0.10	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	42.00	1.94	0.09	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	10.00	0.46	0.08	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	15.00	0.69	0.08	26%-50% Below	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	2	60.00	16.30	0.11	101%-200% Above	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	2	30.00	12.84	0.14	101%-200% Above	No	No
00406117001	NALTREXONE 50 MG TABLET	3	30.00	14.62	1.03	51%-75% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	6	30.00	16.02	0.76	26%-50% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	3	20.00	3.95	0.24	10%-25% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	4	20.00	3.95	0.18	10%-25% Above	No	No
00406144501	METHYLPHENIDATE ER 10 MG TAB	3	30.00	85.12	0.50	200% Above	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	2	30.00	22.20	1.06	26%-50% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	4	30.00	22.20	0.93	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406324301	HYDROMORPHONE 2 MG TABLET	4	20.00	0.97	0.09	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	3	7.00	1.32	0.41	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	3	30.00	5.65	0.41	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	45.00	27.30	1.04	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	2	60.00	11.84	0.35	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	3	60.00	11.84	0.36	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	2	120.00	9.94	0.17	51%-75% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	3	120.00	9.94	0.18	51%-75% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	4	120.00	9.94	0.16	26%-50% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	2	120.00	17.69	0.28	26%-50% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	3	90.00	13.27	0.29	26%-50% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	3	120.00	17.69	0.29	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	45.00	43.96	0.32	200% Above	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	90.00	19.66	0.32	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	12.82	0.32	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	104.85	0.56	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	104.85	0.60	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	104.85	0.44	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	104.85	0.57	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	209.70	0.57	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	104.85	0.59	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	3	60.00	209.70	0.59	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	104.85	0.59	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	104.85	0.63	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	104.85	0.45	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406903776	FENTANYL 37.5 MCG/HR PATCH	3	10.00	235.56	41.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	2.00	15.40	14.18	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	2.00	24.47	14.18	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	3.00	23.11	14.18	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	4.00	48.94	14.18	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	8.00	61.62	14.18	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	12.00	146.82	14.18	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	2.00	15.40	14.15	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	4.00	30.81	14.15	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	4.00	48.94	14.15	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	8.00	61.62	14.15	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	4	2.00	15.40	11.89	26%-50% Below	No	No
00430042014	LO LOESTRIN FE 1-10 TABLET	2	28.00	194.70	6.15	10%-25% Above	No	No
00430042014	LO LOESTRIN FE 1-10 TABLET	3	28.00	194.70	6.15	10%-25% Above	No	No
00456120330	LINZESS 72 MCG CAPSULE	3	30.00	331.04	17.28	26%-50% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	9	20.00	39.65	1.51	26%-50% Above	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	4	60.00	24.70	0.22	76%-100% Above	No	No
00472033730	HYDROCORTISONE 2.5% CREAM	3	60.00	6.70	0.08	26%-50% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	31.77	0.19	200% Above	No	No
00480868210	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	90.00	5.94	0.11	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	5.94	0.10	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	2.87	0.07	51%-75% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	2.39	0.07	51%-75% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	2.87	0.07	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	2.39	0.07	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.00	2.40	0.07	51%-75% Below	No	No
00487960101	BUDESONIDE 0.25 MG/2 ML SUSP	4	60.00	32.65	1.04	26%-50% Below	No	No
00487980130	IPRATROPIUM BR 0.02% SOLN	2	75.00	3.20	0.09	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.49	2.47	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.49	2.36	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	10.00	14.88	2.36	26%-50% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	2	5.00	54.42	21.59	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	3	30.00	2.14	0.10	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	12.81	0.31	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	12.81	0.27	10%-25% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	29.31	0.32	200% Above	No	No
00527076637	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	6.41	0.31	26%-50% Below	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	104.85	0.57	200% Above	No	No
00527150037	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	60.00	59.65	0.28	200% Above	No	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	19.70	0.25	10%-25% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	6.55	0.32	26%-50% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	2	30.00	2.59	0.16	26%-50% Below	No	No
00527224432	FEBUXOSTAT 40 MG TABLET	3	90.00	325.33	0.51	200% Above	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	3	90.00	3.84	0.06	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	9.99	0.20	51%-75% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	2	30.00	27.25	0.20	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	3	90.00	81.76	0.24	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	3	30.00	33.77	0.21	200% Above	No	No
00527457937	METHYLPHENIDATE CD 10 MG CAP	2	30.00	24.74	1.13	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527458237	METHYLPHENIDATE CD 40 MG CAP	4	30.00	29.31	1.12	10%-25% Below	No	No
00527518070	SULFAMETHOXAZOLE-TMP SUSP	12	150.00	22.46	0.08	76%-100% Above	Yes	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	2	30.00	75.02	1.16	101%-200% Above	No	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	4	30.00	75.02	1.60	51%-75% Above	No	No
00536124701	SENEXON-S 50-8.6 MG TABLET	2	60.00	2.99	0.03	51%-75% Above	Yes	No
00536589688	NICOTINE 21 MG/24HR PATCH	4	84.00	80.60	1.26	10%-25% Below	Yes	No
00555030204	HYDROXYZINE PAM 50 MG CAP	3	90.00	4.52	0.08	26%-50% Below	No	No
00555030204	HYDROXYZINE PAM 50 MG CAP	12	42.00	2.09	0.11	51%-75% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	2	90.00	8.17	0.17	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	12.81	0.27	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	30.00	5.14	0.14	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	30.00	5.14	0.14	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	30.00	5.14	0.15	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	30.00	5.14	0.15	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	90.00	15.41	0.15	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	12.00	2.05	0.11	51%-75% Above	Yes	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	2	10.00	1.71	0.14	10%-25% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	9	10.00	1.88	0.15	26%-50% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	4	30.00	3.19	0.09	10%-25% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	3.22	0.08	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	3.22	0.08	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	90.00	9.67	0.08	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	3.22	0.08	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	3.22	0.08	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	39.00	4.19	0.08	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555088602	ESTRADIOL 1 MG TABLET	3	90.00	9.67	0.08	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	4	30.00	3.22	0.07	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	2	60.00	6.44	0.08	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	2	60.00	8.72	0.10	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	2	90.00	12.87	0.10	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	2	90.00	13.09	0.10	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	2	90.00	13.09	0.10	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	3	30.00	4.36	0.10	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	4	60.00	8.72	0.08	76%-100% Above	Yes	No
00555088704	ESTRADIOL 2 MG TABLET	2	30.00	4.36	0.10	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	2	90.00	13.09	0.10	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	3	30.00	4.36	0.10	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	30.00	2.74	0.08	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	36.00	3.29	0.08	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	90.00	8.23	0.08	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	3	36.00	3.29	0.07	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	4	30.00	2.74	0.06	51%-75% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	13.13	0.26	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	6.55	0.32	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	13.10	0.32	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	58.62	0.32	200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	19.66	0.32	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	87.93	0.32	200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	6.55	0.32	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	45.00	9.83	0.32	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	13.10	0.32	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	75.00	16.38	0.32	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	90.00	19.66	0.32	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	13.10	0.25	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	75.00	16.38	0.25	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	90.00	19.66	0.25	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	12.82	0.31	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	12.82	0.25	10%-25% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	2	60.00	14.47	0.44	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	2	90.00	21.71	0.44	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	3	60.00	14.47	0.42	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	2	28.00	10.61	0.62	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	3	28.00	10.61	0.55	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	2	84.00	30.89	0.28	26%-50% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	3	28.00	10.30	0.29	26%-50% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	4	28.00	10.30	0.22	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	28.00	5.67	0.13	26%-50% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	28.00	9.05	0.13	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	84.00	27.16	0.13	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	5.67	0.13	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	9.05	0.13	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	84.00	17.02	0.13	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	9.05	0.12	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.00	9.38	0.20	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.00	9.49	0.20	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555901658	SPRINTEC 28 DAY TABLET	8	28.00	9.38	0.21	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	9	28.00	9.38	0.22	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	2	28.00	5.51	0.14	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	2	84.00	16.54	0.14	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	3	28.00	5.51	0.13	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	3	84.00	16.54	0.13	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	4	28.00	3.32	0.18	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.00	3.32	0.17	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.00	3.32	0.17	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	28.00	2.03	0.15	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	28.00	10.62	0.15	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	31.87	0.15	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	43.71	0.15	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	2.03	0.16	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	10.62	0.16	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	84.00	31.87	0.16	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	31.87	0.13	101%-200% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	2	21.00	9.44	0.53	10%-25% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	3	21.00	9.44	0.54	10%-25% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	84.00	29.90	0.18	76%-100% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	28.00	9.26	0.17	76%-100% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	84.00	27.78	0.17	76%-100% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	84.00	27.78	0.17	76%-100% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	28.00	9.26	0.17	76%-100% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	28.00	9.26	0.14	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	84.00	27.78	0.14	101%-200% Above	No	No
00555904358	APRI 28 DAY TABLET	3	84.00	26.95	0.16	101%-200% Above	Yes	No
00555904558	AVIANE-28 TABLET	4	28.00	5.90	0.15	26%-50% Above	No	No
00555904558	AVIANE-28 TABLET	4	84.00	17.70	0.15	26%-50% Above	No	No
00555904958	CRYSSELLE-28 TABLET	10	28.00	12.65	0.40	10%-25% Above	No	No
00555904958	CRYSSELLE-28 TABLET	11	28.00	12.65	0.38	10%-25% Above	No	No
00555904958	CRYSSELLE-28 TABLET	12	28.00	12.65	0.38	10%-25% Above	No	No
00555905058	KARIVA 28 DAY TABLET	2	84.00	44.35	0.16	200% Above	Yes	No
00574010601	BROMOCRIPTINE 2.5 MG TABLET	4	30.00	57.45	1.42	26%-50% Above	No	No
00574012901	CLINDAMYCIN (PEDI) 75 MG/5 ML	3	600.00	89.16	0.20	10%-25% Below	No	No
00574062105	PODOFILOX 0.5% GEL	4	3.50	79.14	108.08	76%-100% Below	Yes	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	2.00	15.40	14.18	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	6.00	46.21	14.18	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	2.00	15.40	14.15	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	3.00	23.11	14.15	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	4	3.00	23.11	11.89	26%-50% Below	No	No
00574082710	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	34.84	3.94	10%-25% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	100.00	12.74	0.10	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	15.29	0.10	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	15.29	0.10	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	22.93	0.10	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	22.93	0.10	26%-50% Above	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	15.29	0.09	26%-50% Above	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	200.00	9.44	0.08	26%-50% Below	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	2	60.00	9.47	0.25	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	4	30.00	6.41	0.31	26%-50% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	2	45.00	34.18	1.60	51%-75% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	3	45.00	34.18	1.65	51%-75% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	3	20.00	12.70	1.20	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	7	20.00	26.87	2.30	26%-50% Below	Yes	No
00574222545	TRETINOIN 0.025% CREAM	2	45.00	19.22	0.92	51%-75% Below	Yes	No
00574230115	TRETINOIN 0.01% GEL	11	15.00	32.83	3.44	26%-50% Below	Yes	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	9.99	2.47	10%-25% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	48.33	4.32	101%-200% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	48.33	4.32	101%-200% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	48.33	4.79	101%-200% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	48.33	4.20	101%-200% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	47.71	4.41	101%-200% Above	No	No
00574403110	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	10.00	29.90	5.08	26%-50% Below	No	No
00574403125	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	2.50	24.11	7.01	26%-50% Above	No	No
00574403125	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	2.50	24.11	7.01	26%-50% Above	Yes	No
00591034705	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	1.48	0.03	51%-75% Above	No	No
00591039501	PENTAZOCINE-NALOXONE TABLET	4	56.00	64.51	1.88	26%-50% Below	Yes	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	4.16	0.10	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	4.16	0.10	26%-50% Above	No	No
00591046010	GLIPIZIDE 5 MG TABLET	2	90.00	2.16	0.03	26%-50% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	3	180.00	4.32	0.03	26%-50% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	2	180.00	7.13	0.05	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	3	180.00	7.13	0.05	10%-25% Below	Yes	No
00591079401	DICYCLOMINE 10 MG CAPSULE	2	90.00	6.42	0.11	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591084510	GLIPIZIDE ER 10 MG TABLET	2	60.00	13.09	0.17	26%-50% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	3	60.00	13.09	0.17	26%-50% Above	No	No
00591225804	SCOPOLAMINE 1 MG/3 DAY PATCH	3	4.00	43.25	7.57	26%-50% Above	No	No
00591225804	SCOPOLAMINE 1 MG/3 DAY PATCH	3	12.00	79.37	7.57	10%-25% Below	No	No
00591256201	COLCHICINE 0.6 MG TABLET	4	3.00	6.97	0.24	200% Above	No	No
00591256230	COLCHICINE 0.6 MG TABLET	3	30.00	69.67	0.32	200% Above	No	No
00591256230	COLCHICINE 0.6 MG TABLET	4	30.00	69.67	0.24	200% Above	No	No
00591288601	VERAPAMIL SR 360 MG CAPSULE	2	90.00	327.04	4.68	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	42.01	3.83	26%-50% Below	No	No
00591294430	PIMECROLIMUS 1% CREAM	2	30.00	55.80	3.74	26%-50% Below	No	No
00591315901	URSODIOL 300 MG CAPSULE	12	90.00	140.12	0.60	101%-200% Above	No	No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	3	150.00	163.86	0.83	26%-50% Above	No	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	2	4.00	32.11	6.46	10%-25% Above	Yes	No
00591544210	PREDNISONE 10 MG TABLET	2	5.00	0.54	0.06	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	15.00	1.63	0.07	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	3	10.00	1.16	0.10	10%-25% Above	No	No
00591554405	ALLOPURINOL 300 MG TABLET	3	30.00	5.13	0.07	101%-200% Above	No	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	4	30.00	12.04	0.27	26%-50% Above	No	No
00603116158	DICYCLOMINE 10 MG/5 ML SOLN	10	75.00	8.40	0.20	26%-50% Below	No	No
00603211621	ALLOPURINOL 300 MG TABLET	2	90.00	15.38	0.07	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	3	180.00	30.76	0.07	101%-200% Above	Yes	No
00603254021	BUTALBITAL-ACETAMINOPHEN 50-325 MG TAB	4	30.00	9.21	0.89	51%-75% Below	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	2	10.00	5.52	0.17	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	4	21.00	11.59	0.13	200% Above	Yes	No
00603533621	PREDNISONE 2.5 MG TABLET	6	5.00	0.37	0.09	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00603533715	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	5.71	0.43	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	3	21.00	5.71	0.43	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	4	21.00	5.71	0.36	10%-25% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	7	21.00	5.49	0.41	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	7	21.00	9.11	0.36	10%-25% Above	Yes	No
00603533721	PREDNISONE 5 MG TABLET	3	21.00	2.13	0.05	76%-100% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	2	30.00	5.45	0.06	101%-200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	3	30.00	5.45	0.06	200% Above	No	No
00713032637	BETAMETHASONE VA 0.1% CREAM	2	45.00	13.01	0.43	26%-50% Below	No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	3	5.00	8.64	2.79	26%-50% Below	No	No
00713055273	TERCONAZOLE 80 MG SUPPOSITORY	2	3.00	35.99	24.06	26%-50% Below	No	No
00713057571	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	51.27	0.35	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	3	45.00	44.36	0.43	101%-200% Above	No	No
00713065660	CLOBETASOL 0.05% OINTMENT	2	60.00	168.39	0.15	200% Above	No	No
00713065915	BETAMETHASONE DP 0.05% CRM	3	15.00	16.91	0.66	51%-75% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	5	30.00	6.56	0.17	26%-50% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	2	180.00	236.38	0.25	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	3	180.00	236.38	0.26	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	4	180.00	236.38	0.19	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.44	0.03	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	90.00	1.31	0.03	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	90.00	1.31	0.02	26%-50% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	60.00	0.91	0.03	26%-50% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	45.00	0.68	0.03	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781107905	ALPRAZOLAM 1 MG TABLET	2	60.00	0.91	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	90.00	1.37	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	45.00	0.68	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	60.00	0.91	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	90.00	1.37	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	60.00	0.91	0.02	26%-50% Below	Yes	No
00781108901	ALPRAZOLAM 2 MG TABLET	2	60.00	1.88	0.06	26%-50% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	3	60.00	1.88	0.06	26%-50% Below	No	No
00781185201	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	10.00	2.49	0.36	26%-50% Below	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	2	90.00	17.23	0.13	26%-50% Above	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	4	720.00	185.90	0.17	51%-75% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	5.92	0.05	10%-25% Above	No	No
00781235201	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	104.85	0.59	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.71	0.10	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.95	0.10	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	21.00	1.00	0.10	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	21.00	1.00	0.11	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	30.00	1.43	0.11	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	14.00	0.67	0.09	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781261305	AMOXICILLIN 500 MG CAPSULE	6	20.00	0.82	0.09	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.00	0.87	0.10	51%-75% Below	No	No
00781326869	ENOXAPARIN 100 MG/ML SYRINGE	3	54.00	314.86	9.33	26%-50% Below	No	No
00781528464	CETIRIZINE HCL 10 MG CHEW TAB	2	30.00	91.72	2.53	10%-25% Above	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	6.86	0.08	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	100.00	7.87	0.07	10%-25% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	75.00	3.93	0.08	26%-50% Below	No	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	4	50.00	4.77	0.05	101%-200% Above	Yes	No
00781615757	AMOXICILLIN 400 MG/5 ML SUSP	3	75.00	3.74	0.04	26%-50% Above	No	No
00781615757	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	7.48	0.03	51%-75% Above	No	No
00781615757	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	9.35	0.03	101%-200% Above	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	75.15	17.12	26%-50% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	9.99	16.87	76%-100% Below	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	2	12.00	99.22	13.51	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	4	12.00	99.22	9.60	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	121.93	6.68	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	121.93	5.73	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	137.76	6.74	10%-25% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	3	50.00	24.00	0.78	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	4	50.00	24.00	0.61	10%-25% Below	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	11.85	2.97	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	10.58	3.01	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	11.85	3.01	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	11.85	2.76	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	13.75	3.95	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.70	13.75	3.79	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	9.90	2.93	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	3.66	0.36	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	6.06	0.35	101%-200% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	1	60.00	16.28	0.06	200% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	2	60.00	14.85	0.05	200% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	3	60.00	14.85	0.07	200% Above	No	No
00832031011	VALPROIC ACID 250 MG CAPSULE	2	10.00	1.22	0.26	51%-75% Below	No	No
00832105410	BACLOFEN 10 MG TABLET	2	60.00	1.12	0.04	51%-75% Below	Yes	No
00832121100	JANTOVEN 1 MG TABLET	2	120.00	7.80	0.11	26%-50% Below	No	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	22.59	2.68	101%-200% Above	No	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	2	30.00	1.87	0.11	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	3	180.00	9.67	0.12	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	3.36	0.15	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	2	60.00	6.73	0.15	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	2	120.00	13.45	0.15	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	3.36	0.12	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	4	60.00	6.73	0.12	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	4	120.00	13.45	0.12	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	10.09	0.15	10%-25% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	2	38.00	7.65	0.25	10%-25% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	3	38.00	7.65	0.27	10%-25% Below	No	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	16.92	0.62	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832605612	MESALAMINE ER 0.375 GRAM CAP	3	360.00	560.45	0.67	101%-200% Above	Yes	No
00832830230	ISOTRETINOIN 20 MG CAPSULE	2	30.00	31.67	2.35	51%-75% Below	No	No
00832830430	ISOTRETINOIN 40 MG CAPSULE	4	30.00	37.19	2.11	26%-50% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	2	90.00	1.40	0.02	26%-50% Below	Yes	No
00904637861	CIPROFLOXACIN HCL 500 MG TAB	8	28.00	7.03	0.15	51%-75% Above	No	No
00904640180	TAMSULOSIN HCL 0.4 MG CAPSULE	4	180.00	6.82	0.05	10%-25% Below	No	No
00904671740	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.76	0.06	51%-75% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.91	0.07	51%-75% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	2	30.00	0.20	0.01	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	3	30.00	0.33	0.03	51%-75% Below	No	No
00904685272	LORATADINE 10 MG TABLET	2	30.00	0.75	0.06	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	4	90.00	8.43	0.23	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	4	90.00	9.61	0.23	51%-75% Below	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	3	30.00	2.89	0.03	200% Above	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	3	4000.00	11.20	0.00	26%-50% Below	No	No
10702000301	PROMETHAZINE 25 MG TABLET	4	60.00	1.61	0.04	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	2	30.00	0.81	0.05	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	3	30.00	0.81	0.05	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	3	60.00	1.61	0.05	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	28.00	0.75	0.04	26%-50% Below	No	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.22	0.02	51%-75% Below	Yes	No
10702000709	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.28	0.02	51%-75% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	10.00	0.46	0.10	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	20.00	0.93	0.10	51%-75% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	30.00	1.39	0.10	51%-75% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	12.00	0.56	0.09	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	30.00	1.39	0.09	26%-50% Below	Yes	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	2	26.00	1.20	0.10	51%-75% Below	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	2	30.00	9.69	0.10	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	3	30.00	9.69	0.08	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	4	30.00	9.69	0.05	200% Above	No	No
10702002901	PHENTERMINE 37.5 MG CAPSULE	2	30.00	22.99	0.11	200% Above	Yes	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	2	90.00	5.99	0.13	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	3	40.00	2.66	0.13	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	3	120.00	7.99	0.13	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	2	112.00	13.98	0.17	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	3	120.00	14.98	0.20	26%-50% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	4	30.00	7.00	0.12	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	3	30.00	12.84	0.15	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	30.00	12.84	0.14	200% Above	Yes	No
10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	3	60.00	7.20	0.18	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	3	30.00	3.44	0.24	51%-75% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	3.44	0.21	26%-50% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	3	30.00	4.70	0.40	51%-75% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	4	30.00	4.70	0.27	26%-50% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	2	120.00	9.13	0.10	26%-50% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	3	240.00	18.26	0.09	10%-25% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	20.00	1.73	0.16	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	40.00	3.45	0.16	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	45.00	3.88	0.16	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	40.00	3.45	0.16	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	72.00	6.21	0.16	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	10.00	0.86	0.13	26%-50% Below	No	No
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	12	200.00	18.33	0.12	10%-25% Below	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2	100.00	9.01	0.11	10%-25% Below	Yes	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	3	100.00	9.01	0.11	10%-25% Below	No	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	4	100.00	9.01	0.08	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	2	30.00	0.36	0.03	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	30.00	0.36	0.03	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	90.00	1.09	0.03	51%-75% Below	No	No
13107001401	GLYCOPYRROLATE 1 MG TABLET	2	60.00	15.28	0.11	101%-200% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	3	30.00	4.46	0.07	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.86	0.03	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	3	30.00	0.86	0.04	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	3	90.00	2.57	0.04	10%-25% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	2	30.00	0.69	0.05	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	120.00	2.76	0.05	26%-50% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	4	90.00	2.07	0.04	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	4	120.00	2.76	0.04	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	4	30.00	0.77	0.05	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	4	45.00	1.16	0.05	26%-50% Below	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	2	90.00	12.10	0.08	51%-75% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	2	30.00	2.52	0.11	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107015630	PAROXETINE HCL 30 MG TABLET	3	30.00	2.52	0.12	26%-50% Below	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	2	60.00	5.00	0.13	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	2.51	0.04	26%-50% Below	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	2.51	0.04	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	2.51	0.04	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	2.51	0.04	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	2	30.00	2.30	0.03	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	3	30.00	2.30	0.03	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	3	90.00	6.90	0.03	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	4	28.00	2.15	0.02	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	4	90.00	6.90	0.02	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	2	30.00	2.30	0.03	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	2	30.00	2.30	0.03	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	2	90.00	6.90	0.03	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	30.00	2.30	0.03	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000905	CITALOPRAM HBR 10 MG TABLET	4	90.00	6.90	0.02	200% Above	Yes	No
13668001001	CITALOPRAM HBR 20 MG TABLET	2	30.00	4.00	0.03	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	2	90.00	1.90	0.03	26%-50% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	3	90.00	1.90	0.03	26%-50% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.63	0.03	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.63	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	1.90	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.63	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.63	0.03	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	1.90	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	1.90	0.03	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.63	0.03	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.63	0.03	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.62	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	9	30.00	0.59	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	10	30.00	0.69	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	30.00	0.69	0.03	26%-50% Below	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	2	30.00	1.65	0.05	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	2	90.00	4.96	0.05	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	3	30.00	1.65	0.05	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	3	90.00	4.96	0.05	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	4	30.00	1.65	0.04	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	90.00	4.96	0.05	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	30.00	1.65	0.05	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	3.51	0.05	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	4.96	0.05	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	30.00	1.65	0.04	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	90.00	4.96	0.04	26%-50% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	3	180.00	10.80	0.07	10%-25% Below	Yes	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	4.30	0.07	76%-100% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	4.10	0.08	76%-100% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	4.30	0.08	51%-75% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	4.10	0.08	51%-75% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	4.30	0.08	76%-100% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	10	30.00	4.50	0.08	76%-100% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	11	30.00	3.59	0.08	51%-75% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	3.59	0.08	51%-75% Above	No	No
13668008030	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	8.99	0.08	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	1	30.00	3.49	0.06	76%-100% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	2	90.00	12.92	0.07	76%-100% Above	Yes	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2	30.00	6.46	0.08	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	3	60.00	8.00	0.09	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	4	60.00	8.00	0.07	101%-200% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	2	90.00	25.48	0.10	101%-200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	4	180.00	50.96	0.09	200% Above	Yes	No
13668011310	LOSARTAN POTASSIUM 25 MG TAB	7	14.00	1.20	0.04	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	2	30.00	4.94	0.05	200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	2	90.00	14.82	0.05	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	3	30.00	4.94	0.05	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013501	ESCITALOPRAM 5 MG TABLET	3	90.00	14.82	0.05	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	90.00	6.47	0.05	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	6.47	0.05	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	135.00	9.71	0.05	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	90.00	6.47	0.04	51%-75% Above	Yes	No
13668013605	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	90.00	6.47	0.05	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	2	30.00	4.67	0.09	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	Yes	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	No	No
13668014105	CLOPIDOGREL 75 MG TABLET	2	30.00	1.72	0.06	10%-25% Below	No	No
13668014105	CLOPIDOGREL 75 MG TABLET	3	30.00	1.72	0.06	10%-25% Below	No	No
13668015590	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	42.13	0.15	200% Above	No	No
13668017905	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	151.89	0.05	200% Above	No	No
13668017905	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	151.89	0.04	200% Above	No	No
13668018005	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	No	No
13668018005	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	151.46	0.05	200% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	2	60.00	3.37	0.08	26%-50% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	3	60.00	3.37	0.08	26%-50% Below	No	No
13668019030	TOLTERODINE TART ER 4 MG CAP	2	90.00	194.00	0.41	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668021730	ARIPIRAZOLE 5 MG TABLET	2	30.00	115.28	0.12	200% Above	No	No
13668021790	ARIPIRAZOLE 5 MG TABLET	1	30.00	6.35	0.17	10%-25% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	2	90.00	27.50	0.15	101%-200% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	3	90.00	27.50	0.16	76%-100% Above	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	2	60.00	11.81	0.28	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	3	15.00	1.46	0.04	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	90.00	2.57	0.04	10%-25% Below	No	No
13668033201	TRAZODONE 150 MG TABLET	2	30.00	5.21	0.13	26%-50% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	4	30.00	5.21	0.10	51%-75% Above	No	No
13668035330	NEBIVOLOL 2.5 MG TABLET	2	90.00	68.02	0.11	200% Above	Yes	No
13668035330	NEBIVOLOL 2.5 MG TABLET	4	90.00	68.02	0.08	200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	3	90.00	65.16	0.15	200% Above	Yes	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	4.36	0.05	26%-50% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	2	30.00	3.20	0.18	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	3	30.00	3.20	0.18	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	4	30.00	3.20	0.16	26%-50% Below	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	3	75.00	36.76	0.24	101%-200% Above	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	4	75.00	36.76	0.23	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	3	30.00	12.41	0.17	101%-200% Above	Yes	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	50.49	0.05	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	151.03	0.11	200% Above	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	3	30.00	36.54	2.50	51%-75% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	3	37.50	45.68	2.50	51%-75% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	159.74	0.73	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	4	30.00	159.74	0.55	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	30.00	163.74	0.76	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	163.74	0.81	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	163.74	0.81	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	30.00	168.90	0.81	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	60.00	343.72	0.81	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	81.49	0.92	101%-200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	168.90	0.92	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	60.00	337.79	0.92	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	168.90	0.60	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	2	30.00	183.77	0.81	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	2	30.00	183.77	0.81	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	30.00	183.77	0.80	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	30.00	183.77	0.80	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	9.90	0.52	76%-100% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	9.01	0.52	10%-25% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	9.01	0.52	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	22.46	0.52	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	12.87	0.52	10%-25% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	14.90	0.52	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	6.43	0.54	10%-25% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	6.43	0.54	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	9.01	0.54	10%-25% Above	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	2	30.00	1.13	0.07	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	3	30.00	1.13	0.07	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	3	90.00	3.38	0.07	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571010009	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	Yes	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	2	30.00	1.54	0.04	10%-25% Above	No	No
16571011701	GABAPENTIN 800 MG TABLET	4	270.00	14.18	0.10	26%-50% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	30.00	1.71	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	3.41	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	180.00	10.24	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	3.41	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	10.45	0.10	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	180.00	10.24	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	45.00	2.56	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	3.41	0.08	26%-50% Below	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	4	60.00	3.41	0.08	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	20.00	1.14	0.10	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	3.41	0.10	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	180.00	10.24	0.10	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	30.00	1.71	0.08	26%-50% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	30.00	2.71	0.10	10%-25% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	180.00	16.24	0.10	10%-25% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	3	10.00	0.32	0.05	26%-50% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	3	30.00	0.95	0.05	26%-50% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	4	90.00	2.84	0.05	26%-50% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	7.00	0.27	0.06	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571040250	CETIRIZINE HCL 10 MG TABLET	2	14.00	0.54	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	15.00	0.58	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	1.80	0.06	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	10.00	0.39	0.07	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	14.00	0.54	0.07	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	1.80	0.07	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	3.47	0.07	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	1.80	0.06	51%-75% Below	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	4	6.00	0.59	0.08	10%-25% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	4	14.00	1.38	0.08	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	4	28.00	4.25	0.13	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	2	30.00	1.70	0.09	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	2	60.00	3.41	0.09	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	3	30.00	1.70	0.10	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	4	15.00	0.85	0.07	10%-25% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	4	30.00	1.70	0.07	10%-25% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	2	30.00	1.70	0.09	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	3	30.00	1.88	0.10	26%-50% Below	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	3	14.00	5.20	0.13	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571066450	METRONIDAZOLE 500 MG TABLET	2	14.00	2.58	0.12	26%-50% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	3	4.00	0.74	0.13	26%-50% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	3	14.00	2.58	0.13	26%-50% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	3	30.00	11.08	0.13	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	4	30.00	5.54	0.10	76%-100% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	8	14.00	2.83	0.13	51%-75% Above	No	No
16571071610	TRAMADOL HCL 50 MG TABLET	3	70.00	1.14	0.04	51%-75% Below	No	No
16571071610	TRAMADOL HCL 50 MG TABLET	3	180.00	2.93	0.04	51%-75% Below	No	No
16571072010	QUETIAPINE FUMARATE 200 MG TAB	3	60.00	5.08	0.11	10%-25% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	2	60.00	15.28	0.11	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	2	28.00	3.81	0.05	101%-200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	2	30.00	4.09	0.05	101%-200% Above	No	No
16571082201	LORATADINE 10 MG TABLET	2	15.00	0.46	0.06	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	2	30.00	0.93	0.06	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	2	90.00	2.78	0.06	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	4	30.00	0.93	0.06	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	2	24.00	0.74	0.06	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	2	30.00	0.93	0.06	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	3	30.00	0.93	0.06	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	4	90.00	2.78	0.06	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	30.00	6.81	0.12	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	6.81	0.12	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	6.81	0.10	101%-200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	4	90.00	20.43	0.10	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086350	BUPROPION HCL XL 300 MG TABLET	2	30.00	8.51	0.14	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	25.52	0.14	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	30.00	8.51	0.18	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	90.00	25.52	0.18	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.51	0.15	76%-100% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	2	90.00	1.09	0.03	51%-75% Below	Yes	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	2	90.00	42.41	0.43	10%-25% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	2	28.00	6.35	0.34	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	4	20.00	9.22	0.28	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	4	20.00	9.72	0.28	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	4	30.00	6.81	0.28	10%-25% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	2	180.00	23.96	0.09	26%-50% Above	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	3	180.00	23.96	0.09	26%-50% Above	No	No
16714004501	VENLAFAXINE HCL ER 150 MG CAP	2	28.00	2.32	0.14	26%-50% Below	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	2	90.00	5.17	0.06	10%-25% Below	No	No
16714007106	BACLOFEN 10 MG TABLET	3	21.00	0.39	0.04	51%-75% Below	No	No
16714007204	BACLOFEN 20 MG TABLET	3	90.00	2.92	0.07	51%-75% Below	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	2	30.00	1.54	0.04	10%-25% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	2	180.00	9.25	0.04	10%-25% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	4	30.00	1.54	0.04	26%-50% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	2	30.00	2.41	0.04	76%-100% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	3	30.00	2.41	0.05	51%-75% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	3	40.00	3.21	0.05	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714008211	HYDROXYZINE HCL 25 MG TABLET	4	40.00	3.21	0.04	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	2	60.00	16.76	0.07	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	3	60.00	16.76	0.07	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	3	90.00	12.48	0.07	76%-100% Above	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	2	30.00	2.06	0.11	26%-50% Below	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	3	30.00	2.06	0.11	26%-50% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	44.20	0.18	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	44.20	0.19	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	4	90.00	66.30	0.16	200% Above	No	No
16714011301	FLUOXETINE HCL 20 MG TABLET	2	30.00	43.24	0.14	200% Above	No	No
16714012302	OMEPRazole DR 40 MG CAPSULE	2	30.00	1.97	0.05	10%-25% Above	No	No
16714012302	OMEPRazole DR 40 MG CAPSULE	3	15.00	0.99	0.05	10%-25% Above	No	No
16714012302	OMEPRazole DR 40 MG CAPSULE	3	90.00	5.92	0.05	10%-25% Above	No	No
16714012302	OMEPRazole DR 40 MG CAPSULE	4	15.00	0.99	0.05	26%-50% Above	No	No
16714012302	OMEPRazole DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
16714012303	OMEPRazole DR 40 MG CAPSULE	2	30.00	1.97	0.05	10%-25% Above	No	No
16714012303	OMEPRazole DR 40 MG CAPSULE	3	30.00	1.97	0.05	10%-25% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	2	15.00	6.12	0.09	200% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	3	15.00	6.12	0.10	200% Above	No	No
16714013301	DOXEPIN 25 MG CAPSULE	3	30.00	1.60	0.20	51%-75% Below	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	3	30.00	34.43	0.20	200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	3	60.00	68.87	0.20	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.45	0.07	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.68	0.07	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	2	18.00	8.90	0.10	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714017101	TIZANIDINE HCL 2 MG TABLET	4	20.00	0.52	0.03	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	3	20.00	0.50	0.04	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	4	180.00	4.48	0.03	10%-25% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	2	90.00	7.07	0.03	101%-200% Above	No	No
16714017301	ATORVASTATIN 10 MG TABLET	2	90.00	11.03	0.03	200% Above	No	No
16714017301	ATORVASTATIN 10 MG TABLET	4	90.00	7.07	0.03	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	2	30.00	2.36	0.03	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	3	30.00	2.36	0.03	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	3	90.00	7.07	0.03	101%-200% Above	No	No
16714017402	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	2	30.00	2.91	0.04	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	2	90.00	8.72	0.04	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	2	30.00	2.92	0.07	26%-50% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	3	90.00	13.64	0.06	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	2	90.00	15.74	0.08	101%-200% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	3	90.00	15.74	0.09	76%-100% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	3	30.00	3.36	0.09	10%-25% Above	No	No
16714018202	PAROXETINE HCL 20 MG TABLET	3	90.00	7.54	0.07	10%-25% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	2	90.00	12.10	0.08	51%-75% Above	No	No
16714018402	PAROXETINE HCL 40 MG TABLET	4	90.00	11.71	0.10	26%-50% Above	No	No
16714019601	LAMOTRIGINE 150 MG TABLET	2	90.00	7.25	0.07	10%-25% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	4	12.00	1.38	0.16	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714020030	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	2	15.00	1.65	0.19	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	2	18.00	1.97	0.19	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	15.00	1.65	0.21	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	15.00	1.94	0.21	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	18.00	2.32	0.21	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	4	2.00	0.22	0.17	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	4	15.00	1.94	0.17	10%-25% Below	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	10.34	0.04	101%-200% Above	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	150.00	9.90	0.08	10%-25% Below	No	No
16714029403	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	200.00	9.90	0.06	10%-25% Below	No	No
16714029903	AMOXICILLIN 500 MG CAPSULE	2	21.00	1.00	0.10	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.95	0.10	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	21.00	1.00	0.10	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	30.00	1.43	0.10	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.92	0.11	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	4	8.00	0.38	0.09	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	4	40.00	1.90	0.09	26%-50% Below	No	No
16714030201	CYANOCOBALAMIN 10,000 MCG/10 ML	3	3.00	1.53	2.83	76%-100% Below	No	No
16714033201	GABAPENTIN 800 MG TABLET	3	90.00	4.73	0.12	51%-75% Below	No	No
16714033201	GABAPENTIN 800 MG TABLET	4	34.00	1.79	0.10	26%-50% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	1	28.00	13.34	0.53	10%-25% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	2	28.00	11.56	0.30	26%-50% Above	No	No
16714034604	DASETTA 7/7/7-28 TABLET	2	28.00	13.34	0.39	10%-25% Above	No	No
16714034604	DASETTA 7/7/7-28 TABLET	3	28.00	11.56	0.28	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714034604	DASETTA 7/7/7-28 TABLET	3	28.00	13.34	0.40	10%-25% Above	No	No
16714034604	DASETTA 7/7/7-28 TABLET	4	28.00	11.56	0.21	76%-100% Above	No	No
16714034804	DASETTA 1-35-28 TABLET	2	28.00	10.30	0.28	26%-50% Above	No	No
16714034804	DASETTA 1-35-28 TABLET	3	28.00	10.30	0.29	26%-50% Above	No	No
16714034804	DASETTA 1-35-28 TABLET	4	28.00	10.30	0.22	51%-75% Above	No	No
16714036004	MONO-LINYAH 28 TABLET	2	84.00	17.02	0.13	26%-50% Above	No	No
16714036004	MONO-LINYAH 28 TABLET	4	84.00	17.02	0.12	51%-75% Above	No	No
16714036304	TRI-LINYAH TABLET	2	28.00	5.51	0.14	26%-50% Above	No	No
16714038801	CEFADROXIL 500 MG CAPSULE	3	14.00	1.75	0.30	51%-75% Below	No	No
16714039701	CEFPROZIL 250 MG/5 ML SUSP	3	50.00	6.39	0.27	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	2	28.00	10.62	0.15	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	3	28.00	10.62	0.16	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	3	84.00	31.87	0.16	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	4	28.00	10.62	0.13	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	10	28.00	9.07	0.18	76%-100% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	21.96	0.52	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	6.43	0.54	10%-25% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	9.01	0.54	10%-25% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	21.96	0.54	101%-200% Above	No	No
16714044401	ENALAPRIL MALEATE 10 MG TAB	2	60.00	13.69	0.10	101%-200% Above	No	No
16714044401	ENALAPRIL MALEATE 10 MG TAB	4	60.00	13.69	0.08	101%-200% Above	No	No
16714046404	JULEBER 28 DAY TABLET	2	28.00	8.98	0.16	76%-100% Above	No	No
16714046404	JULEBER 28 DAY TABLET	3	28.00	8.98	0.16	101%-200% Above	No	No
16714047701	AMOX-CLAV 500-125 MG TABLET	3	20.00	4.89	0.33	10%-25% Below	No	No
16714048302	CLINDAMYCIN (PEDI) 75 MG/5 ML	2	200.00	29.72	0.18	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714049602	CLOTTRIMAZOLE-BETAMETHASONE CRM	3	45.00	31.77	0.19	200% Above	No	No
16714049602	CLOTTRIMAZOLE-BETAMETHASONE CRM	12	45.00	20.66	0.16	101%-200% Above	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	3	30.00	13.94	0.70	26%-50% Below	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	2	90.00	8.80	0.06	51%-75% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	9.58	0.06	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	30.00	2.61	0.05	51%-75% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	30.00	2.61	0.05	51%-75% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	30.00	2.61	0.04	101%-200% Above	No	No
16714057603	ALLOPURINOL 100 MG TABLET	2	30.00	2.61	0.05	51%-75% Above	No	No
16714057603	ALLOPURINOL 100 MG TABLET	3	30.00	2.61	0.05	51%-75% Above	No	No
16714057603	ALLOPURINOL 100 MG TABLET	4	30.00	2.61	0.04	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	2	30.00	2.61	0.05	51%-75% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	3	30.00	2.61	0.05	51%-75% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	2	90.00	38.88	0.07	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	30.00	5.13	0.07	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	3	30.00	5.13	0.07	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	3	90.00	15.38	0.07	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	30.00	5.13	0.06	101%-200% Above	No	No
16714061104	SERTRALINE HCL 25 MG TABLET	3	33.00	2.02	0.04	51%-75% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.92	0.04	26%-50% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.92	0.04	26%-50% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	3	90.00	2.77	0.04	26%-50% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	3	30.00	0.92	0.04	26%-50% Below	No	No
16714062102	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.80	0.03	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.94	0.04	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.94	0.04	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	4	12.00	9.24	0.25	200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	2	105.00	0.89	0.03	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	3	60.00	0.51	0.03	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	3	270.00	2.30	0.03	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	4	90.00	0.77	0.02	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	30.00	0.52	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	90.00	1.57	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	120.00	2.09	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	30.00	0.52	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	60.00	1.04	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	90.00	1.57	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	120.00	2.09	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	4	30.00	0.52	0.04	51%-75% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	2	30.00	1.95	0.04	76%-100% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	2	30.00	0.60	0.04	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	3	90.00	1.80	0.04	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	2	30.00	0.95	0.07	51%-75% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	2	90.00	2.85	0.07	51%-75% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	3	30.00	0.95	0.07	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714068403	SIMVASTATIN 40 MG TABLET	4	30.00	0.95	0.05	26%-50% Below	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	1.00	0.87	0.74	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	2.00	1.75	0.74	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	2.00	4.31	0.74	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	3.00	2.62	0.74	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	3.00	6.46	0.74	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	7.00	6.12	0.74	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	3	2.00	1.75	0.74	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	3	2.00	4.31	0.74	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	1.00	0.87	0.58	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	2.00	1.75	0.58	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	2.00	4.31	0.58	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	2	4.00	1.24	0.49	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	4	3.00	0.93	0.38	10%-25% Below	No	No
16714069601	FLUCONAZOLE 40 MG/ML SUSP	2	175.00	56.28	0.64	26%-50% Below	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	1.54	0.04	26%-50% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	1.54	0.03	51%-75% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	1.14	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.38	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.38	0.03	51%-75% Below	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	2.80	0.07	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	2.66	0.07	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	2.80	0.08	10%-25% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	2.66	0.07	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	2.80	0.07	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714072204	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	2.80	0.07	26%-50% Above	No	No
16714072901	DESONIDE 0.05% CREAM	2	45.00	102.20	0.55	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	3	90.00	199.85	0.11	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	4	30.00	12.66	0.09	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	4	90.00	37.97	0.09	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	2	30.00	12.66	0.10	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	3	30.00	12.66	0.11	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	4	30.00	12.66	0.09	200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	7.62	0.47	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	7.62	0.41	101%-200% Above	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.30	0.06	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	2	90.00	3.47	0.06	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	2	90.00	3.89	0.06	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.30	0.07	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	3	90.00	3.89	0.07	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	2	90.00	3.47	0.06	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	6.41	0.32	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	29.79	0.32	200% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	39.20	0.32	200% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	59.58	0.32	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	6.41	0.31	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	12.82	0.31	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	6.41	0.25	10%-25% Below	No	No
16714081302	EZETIMIBE 10 MG TABLET	2	90.00	157.55	0.08	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	3	90.00	157.55	0.10	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	2	30.00	39.18	0.08	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	3	30.00	39.18	0.10	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	3	90.00	117.53	0.10	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	2	90.00	676.73	0.66	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	3	90.00	676.73	0.63	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	2	90.00	24.15	0.08	200% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	2	30.00	3.86	0.08	51%-75% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	2	90.00	11.57	0.08	51%-75% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	3	90.00	22.30	0.08	101%-200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	4	90.00	22.30	0.06	200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	1	30.00	3.86	0.08	51%-75% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	2	30.00	3.86	0.07	76%-100% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	2	30.00	6.62	0.11	101%-200% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	3	90.00	40.99	0.16	101%-200% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	3	30.00	6.62	0.16	26%-50% Above	No	No
16714085501	METOPROLOL SUCC ER 200 MG TAB	2	30.00	19.39	0.17	200% Above	No	No
16714087801	LIDOCAINE 5% OINTMENT	4	35.44	3.12	0.13	26%-50% Below	No	No
16714089802	LORATADINE 10 MG TABLET	2	14.00	0.43	0.06	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714089902	FEXOFENADINE HCL 180 MG TABLET	3	30.00	4.56	0.28	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	29.08	0.25	200% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	6.57	0.26	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	14.32	0.22	10%-25% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	29.69	0.32	200% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	45.00	44.53	0.32	200% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	13.10	0.32	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	59.38	0.32	200% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	6.55	0.32	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	45.00	9.83	0.32	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	13.10	0.32	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	13.45	0.32	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	45.00	9.83	0.25	10%-25% Below	No	No
16714095501	KETOCONAZOLE 2% CREAM	3	15.00	22.49	0.30	200% Above	No	No
16714095502	KETOCONAZOLE 2% CREAM	3	30.00	20.72	0.27	101%-200% Above	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	3	75.00	97.97	0.52	101%-200% Above	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	4	75.00	97.97	0.39	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	2	30.00	42.13	0.18	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	3	30.00	42.13	0.21	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	407.04	0.15	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	407.04	0.17	200% Above	No	No
16714098425	CLINDAMYCIN-BENZOYL PEROX 1-5%	2	25.00	12.75	0.83	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	151.89	0.05	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	50.49	0.05	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	151.46	0.05	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	50.36	0.06	200% Above	No	No
16729000617	SIMVASTATIN 40 MG TABLET	3	90.00	2.85	0.07	51%-75% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	2	1.00	0.01	0.03	51%-75% Below	Yes	No
16729014617	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	2.13	0.06	10%-25% Above	No	No
16729014701	QUETIAPINE FUMARATE 100 MG TAB	7	14.00	1.08	0.06	26%-50% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	6.89	0.05	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	20.68	0.05	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	24.47	0.05	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	8.94	0.05	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.78	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	2.35	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.78	0.01	76%-100% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	4	30.00	1.94	0.04	76%-100% Above	No	No
16729027730	METHOTREXATE 50 MG/2 ML VIAL	2	8.00	8.06	2.34	51%-75% Below	No	No
16729031816	OXYBUTYNIN CL ER 10 MG TABLET	7	30.00	7.63	0.20	26%-50% Above	No	No
16729031816	OXYBUTYNIN CL ER 10 MG TABLET	8	30.00	7.63	0.19	26%-50% Above	No	No
16729041501	DOXAZOSIN MESYLATE 8 MG TAB	3	90.00	41.32	0.12	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	2	30.00	6.81	0.12	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	2	30.00	8.51	0.14	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.00	9.33	0.18	51%-75% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.92	0.05	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.92	0.05	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729044717	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	30.00	1.23	0.06	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	30.00	1.23	0.06	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	4	30.00	1.23	0.05	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.00	3.73	0.10	26%-50% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.00	8.90	0.20	26%-50% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	90.00	3.84	0.06	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	4	90.00	3.84	0.05	10%-25% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	5	30.00	4.61	0.09	51%-75% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	2	28.00	1.22	0.06	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	3	28.00	1.22	0.07	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	2	30.00	1.25	0.07	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	2	90.00	3.74	0.07	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	3	30.00	1.25	0.07	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	3	90.00	3.74	0.07	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	4	30.00	1.25	0.05	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	3	30.00	1.34	0.07	26%-50% Below	No	No
16729045215	LEVOTHYROXINE 112 MCG TABLET	2	30.00	1.52	0.08	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	2	30.00	1.63	0.08	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	3	30.00	1.63	0.09	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	3	90.00	4.88	0.09	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	4	30.00	1.63	0.06	10%-25% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	4	105.00	5.69	0.06	10%-25% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	2	30.00	1.90	0.08	10%-25% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	3	30.00	1.90	0.09	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045715	LEVOTHYROXINE 200 MCG TABLET	3	90.00	6.19	0.12	26%-50% Below	No	No
16729054235	FLUOROURACIL 5% CREAM	2	40.00	101.66	0.76	200% Above	No	No
16729054235	FLUOROURACIL 5% CREAM	3	40.00	101.66	0.83	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	2	30.00	100.78	0.33	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	168.39	0.15	200% Above	Yes	No
21922002504	KETOCONAZOLE 2% CREAM	3	30.00	24.57	0.30	101%-200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	2	60.00	48.07	0.33	101%-200% Above	No	No
21922003105	NYSTATIN-TRIAMCINOLONE OINTM	2	30.00	62.21	0.32	200% Above	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	39.76	0.37	76%-100% Above	No	No
23155000301	HYDRALAZINE 50 MG TABLET	2	180.00	29.95	0.05	200% Above	No	No
23155000301	HYDRALAZINE 50 MG TABLET	3	180.00	29.95	0.05	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	1.39	0.01	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.86	0.01	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.40	0.01	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	1.22	0.01	10%-25% Above	Yes	No
23155002405	BUSPIRONE HCL 10 MG TABLET	3	60.00	4.73	0.03	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	3	120.00	9.47	0.03	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	4	60.00	4.73	0.03	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	4	120.00	9.47	0.03	101%-200% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	2	60.00	3.54	0.05	10%-25% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	2	60.00	3.54	0.05	10%-25% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	3	60.00	3.54	0.05	10%-25% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	4	60.00	3.54	0.04	26%-50% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.38	0.03	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	1.14	0.03	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155007001	METHIMAZOLE 5 MG TABLET	1	30.00	4.51	0.09	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	2	30.00	4.51	0.09	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	2	60.00	9.01	0.09	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	3	30.00	4.51	0.09	51%-75% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	4	30.00	1.54	0.04	26%-50% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	4	30.00	8.38	0.06	200% Above	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	3	90.00	49.61	0.22	101%-200% Above	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	3	120.00	66.14	0.22	101%-200% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	4	90.00	7.83	0.04	101%-200% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	2	30.00	5.13	0.07	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	8.16	0.05	200% Above	No	No
23155078701	ACETAZOLAMIDE ER 500 MG CAP	3	180.00	84.63	0.38	10%-25% Above	Yes	No
23155084310	METFORMIN HCL 1,000 MG TABLET	2	60.00	1.15	0.02	10%-25% Below	No	No
23155084310	METFORMIN HCL 1,000 MG TABLET	3	60.00	1.15	0.03	10%-25% Below	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	2	5.00	6.65	1.20	10%-25% Above	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	5	5.00	6.13	1.57	10%-25% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	62.06	4.32	101%-200% Above	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	62.06	4.20	101%-200% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	6.28	0.46	26%-50% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	6.28	0.46	26%-50% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	3	30.00	13.94	0.70	26%-50% Below	No	No
24208041005	OFLOXACIN 0.3% EAR DROPS	5	5.00	14.99	1.93	51%-75% Above	No	No
24208041005	OFLOXACIN 0.3% EAR DROPS	6	5.00	14.99	1.63	76%-100% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	2.50	3.45	1.91	26%-50% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	2.50	3.45	1.76	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208046325	LATANOPROST 0.005% EYE DROPS	3	2.50	3.45	1.76	10%-25% Below	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	3	10.00	12.84	1.12	10%-25% Above	No	No
24208050801	LOTEPREDNOL 0.5% OPHTHALMC GEL	3	5.00	78.08	29.83	26%-50% Below	No	No
24208063005	BEPOTASTINE 1.5% EYE DROP	3	5.00	50.49	20.82	51%-75% Below	Yes	No
24208063005	BEPOTASTINE 1.5% EYE DROP	4	5.00	50.49	14.40	26%-50% Below	Yes	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	3	5.00	36.87	6.37	10%-25% Above	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	3	3.50	9.89	3.19	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	10.65	2.58	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	9	5.00	9.80	2.46	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	8.07	2.77	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	8.07	2.63	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	8.07	2.80	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	4.00	9.16	3.27	26%-50% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	15.44	0.13	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	22.05	0.15	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	15.44	0.11	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	30.00	32.78	0.14	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	30.00	32.78	0.14	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	10	30.00	32.78	0.15	200% Above	Yes	No
24979020101	DICYCLOMINE 10 MG CAPSULE	2	60.00	4.28	0.11	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	2	90.00	6.42	0.11	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	3	60.00	4.28	0.10	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	3	120.00	8.56	0.10	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	3	180.00	12.83	0.10	26%-50% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	2	90.00	6.42	0.11	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24979023101	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	1.87	0.12	26%-50% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	1.87	0.10	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	3	10.00	0.62	0.12	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	3	180.00	11.21	0.12	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	5.61	0.10	26%-50% Below	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	15.77	0.29	26%-50% Below	Yes	No
27241000150	RISPERIDONE 1 MG TABLET	2	30.00	0.74	0.04	26%-50% Below	No	No
27241006803	SILDENAFIL 50 MG TABLET	2	10.00	80.48	0.18	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	2	30.00	5.62	0.09	76%-100% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	30.00	5.62	0.09	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	90.00	16.87	0.07	101%-200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	90.00	16.87	0.09	76%-100% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	30.00	5.62	0.09	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	90.00	16.87	0.09	101%-200% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	30.00	5.62	0.09	76%-100% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	30.00	5.62	0.09	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	16.72	0.11	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	180.00	33.44	0.11	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	90.00	116.78	0.11	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	180.00	33.44	0.11	51%-75% Above	Yes	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	30.00	5.57	0.11	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	90.00	16.72	0.11	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	30.00	5.57	0.11	51%-75% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	2	90.00	23.78	0.10	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	30.00	13.56	0.11	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241011703	FENOFIBRATE 160 MG TABLET	3	30.00	13.56	0.15	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	90.00	40.68	0.15	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	30.00	13.56	0.11	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	3	90.00	57.81	0.13	200% Above	Yes	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	40.00	33.76	0.26	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	56.00	47.26	0.26	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	60.00	50.63	0.26	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	3	56.00	47.26	0.25	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	4	56.00	47.26	0.21	200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	73.87	0.61	101%-200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	40.44	0.25	26%-50% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	4	60.00	20.22	0.21	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	10	120.00	86.19	0.44	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	180.00	9.90	0.28	76%-100% Below	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	2	7.00	3.65	0.12	200% Above	Yes	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	2	30.00	15.64	0.12	200% Above	Yes	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	3	90.00	46.91	0.12	200% Above	Yes	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	4	90.00	46.91	0.09	200% Above	Yes	No
27241016801	DOXEPIN 25 MG CAPSULE	2	30.00	1.60	0.20	51%-75% Below	No	No
27241016801	DOXEPIN 25 MG CAPSULE	3	30.00	1.60	0.20	51%-75% Below	No	No
27241016801	DOXEPIN 25 MG CAPSULE	4	30.00	1.60	0.14	51%-75% Below	No	No
27241016901	DOXEPIN 50 MG CAPSULE	8	30.00	14.90	0.45	10%-25% Above	No	No
27241016901	DOXEPIN 50 MG CAPSULE	10	30.00	14.90	0.39	26%-50% Above	No	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	3	90.00	597.12	0.75	200% Above	Yes	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.87	0.15	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	1.44	0.15	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.87	0.15	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	60.00	4.14	0.14	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	110.00	3.44	0.04	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	3.13	0.04	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	3.76	0.04	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	240.00	7.51	0.04	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	240.00	7.51	0.04	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	7.83	0.04	51%-75% Above	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	2	70.00	17.38	0.39	26%-50% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	2	60.00	9.40	0.33	51%-75% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	50.63	0.04	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	50.63	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	151.46	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	50.49	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	151.46	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	50.36	0.06	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	151.09	0.06	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	50.36	0.06	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	50.36	0.07	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	151.03	0.11	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	50.34	0.11	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	50.34	0.09	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	24.71	0.14	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	29.90	0.14	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	60.00	74.12	0.14	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	6.00	7.41	0.15	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	24.71	0.15	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	74.12	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	9.90	0.14	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	9.99	0.14	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	15.44	0.13	200% Above	No	No
29033000305	SUCRALFATE 1 GM TABLET	2	120.00	14.18	0.22	26%-50% Below	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	2	30.00	1.44	0.03	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	2	60.00	2.89	0.03	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	2	180.00	8.66	0.03	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	3	30.00	1.44	0.03	26%-50% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	3	180.00	8.66	0.03	26%-50% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	30.00	1.44	0.02	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	60.00	2.89	0.02	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	90.00	4.33	0.02	76%-100% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	2	30.00	1.44	0.03	51%-75% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	3	30.00	1.44	0.03	26%-50% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	3	30.00	1.80	0.07	10%-25% Below	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	2	30.00	1.80	0.07	10%-25% Below	No	No
29300011605	TOPIRAMATE 50 MG TABLET	4	90.00	5.27	0.04	51%-75% Above	Yes	No
29300012410	MELOXICAM 7.5 MG TABLET	2	30.00	1.68	0.02	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	30.00	1.68	0.02	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300012510	MELOXICAM 15 MG TABLET	2	14.00	0.35	0.02	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.76	0.02	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.76	0.02	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	90.00	2.28	0.02	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	15.00	0.39	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.78	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	2.35	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	15.00	0.39	0.01	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.78	0.01	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	2.35	0.01	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.78	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	2.35	0.01	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	4.44	0.03	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	4.44	0.03	26%-50% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	180.00	8.87	0.03	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	1.48	0.03	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	1.48	0.03	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	4.44	0.03	26%-50% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.63	0.04	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.63	0.04	26%-50% Below	No	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	2	60.00	3.87	0.04	76%-100% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	2	180.00	11.61	0.04	76%-100% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	3	90.00	5.81	0.03	76%-100% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	2	90.00	6.39	0.04	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300014810	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	2.13	0.04	51%-75% Above	No	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	3	30.00	5.29	0.11	51%-75% Above	Yes	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	4	30.00	5.45	0.13	26%-50% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.75	0.04	26%-50% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.75	0.04	26%-50% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	7	30.00	7.59	0.05	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.94	0.06	26%-50% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	9	30.00	0.99	0.05	26%-50% Below	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	30.00	7.25	0.22	10%-25% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	90.00	21.75	0.21	10%-25% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	30.00	5.47	0.24	10%-25% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	10.00	0.77	0.06	10%-25% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	2.32	0.06	10%-25% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	90.00	6.96	0.06	10%-25% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	6.96	0.06	10%-25% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	14.00	2.58	0.13	26%-50% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	28.00	5.17	0.12	26%-50% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	2.58	0.13	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022705	METRONIDAZOLE 500 MG TABLET	12	28.00	4.97	0.14	26%-50% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	3.75	0.03	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	60.00	3.75	0.02	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	4.73	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	4.73	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	90.00	7.10	0.03	101%-200% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	2	60.00	3.54	0.05	10%-25% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	3	60.00	3.54	0.05	10%-25% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	3	120.00	7.08	0.05	10%-25% Above	No	No
29300024618	BUSPIRONE HCL 15 MG TABLET	2	90.00	7.07	0.05	51%-75% Above	No	No
29300024618	BUSPIRONE HCL 15 MG TABLET	4	270.00	21.22	0.04	76%-100% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	2	30.00	2.61	0.05	51%-75% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	7.83	0.05	51%-75% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	2	180.00	15.66	0.05	51%-75% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	30.00	2.61	0.05	51%-75% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	180.00	15.66	0.05	51%-75% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	4	30.00	2.61	0.04	101%-200% Above	Yes	No
29300034905	ALLOPURINOL 100 MG TABLET	2	30.00	2.61	0.05	51%-75% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	3	30.00	2.61	0.05	51%-75% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	3	90.00	7.83	0.05	51%-75% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	15.38	0.07	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	15.38	0.07	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	15.38	0.07	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	15.38	0.06	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	15.38	0.06	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035501	TRAMADOL HCL 50 MG TABLET	3	7.00	0.11	0.04	51%-75% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	4	30.00	0.49	0.03	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	2	20.00	0.33	0.03	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	2	21.00	0.34	0.03	51%-75% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	20.00	0.33	0.04	51%-75% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	120.00	1.96	0.03	26%-50% Below	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	4.01	0.02	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.36	0.01	10%-25% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.36	0.01	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.09	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.36	0.01	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	1.09	0.01	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.09	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	13.94	0.01	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.50	0.02	10%-25% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	4.30	0.02	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	2	90.00	2.73	0.02	26%-50% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	2	90.00	7.16	0.03	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	15.00	0.21	0.02	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.42	0.02	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	90.00	1.25	0.03	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.28	0.02	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.28	0.02	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.28	0.02	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	60.00	0.56	0.02	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	270.00	2.54	0.02	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	10.00	0.09	0.02	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.19	0.02	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.28	0.02	51%-75% Below	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	7.68	0.05	76%-100% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	30.00	2.56	0.04	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	7.68	0.04	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	4.87	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	180.00	29.21	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	4.87	0.07	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	180.00	20.00	0.07	51%-75% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	4.00	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	4.87	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	14.61	0.06	101%-200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	9.73	0.10	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	3	30.00	9.73	0.13	101%-200% Above	No	No
29300042901	ZONISAMIDE 50 MG CAPSULE	3	60.00	7.45	0.10	26%-50% Above	No	No
29300042901	ZONISAMIDE 50 MG CAPSULE	3	90.00	11.18	0.10	26%-50% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	5	45.00	13.57	0.50	26%-50% Below	No	No
29300045801	GUANFACINE 1 MG TABLET	6	45.00	13.57	0.48	26%-50% Below	No	No
29300045801	GUANFACINE 1 MG TABLET	8	45.00	12.01	0.48	26%-50% Below	No	No
29300045801	GUANFACINE 1 MG TABLET	8	60.00	16.01	0.48	26%-50% Below	Yes	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	180.00	1.94	0.03	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.32	0.02	51%-75% Below	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	180.00	10.62	0.04	26%-50% Above	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	2.60	0.10	10%-25% Below	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	7.80	0.10	10%-25% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	2.48	0.14	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	2.48	0.12	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	2.48	0.12	26%-50% Below	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	7.45	0.12	26%-50% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	4	120.00	2.77	0.03	10%-25% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	3	60.00	1.39	0.03	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	3	180.00	4.16	0.03	26%-50% Below	No	No
31722002790	SOLIFENACIN 5 MG TABLET	4	90.00	178.60	0.16	200% Above	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	3	30.00	5.94	0.13	51%-75% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	2	30.00	116.73	0.34	200% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	3	180.00	12.38	0.11	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	3	180.00	12.38	0.11	26%-50% Below	Yes	No
31722014805	GABAPENTIN 100 MG CAPSULE	4	30.00	0.26	0.02	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	60.00	1.04	0.04	51%-75% Below	No	No
31722015390	VALSARTAN 160 MG TABLET	4	30.00	5.80	0.15	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	2	30.00	8.56	0.23	10%-25% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	3	90.00	25.69	0.24	10%-25% Above	Yes	No
31722016605	GABAPENTIN 600 MG TABLET	3	90.00	3.17	0.10	51%-75% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	2	30.00	8.15	0.11	101%-200% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	3	30.00	8.15	0.12	101%-200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	3	90.00	4.00	0.04	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722052001	HYDRALAZINE 25 MG TABLET	3	180.00	8.00	0.04	10%-25% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	3	90.00	12.09	0.04	200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	2	180.00	29.95	0.05	200% Above	Yes	No
31722052101	HYDRALAZINE 50 MG TABLET	4	270.00	10.00	0.04	10%-25% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	2	180.00	54.94	0.09	200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	3	180.00	54.94	0.09	200% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	1	90.00	14.84	0.08	101%-200% Above	Yes	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	45.00	3.27	0.04	51%-75% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	120.00	8.72	0.04	51%-75% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	15.00	1.09	0.04	51%-75% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	120.00	8.72	0.04	51%-75% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	20.00	1.45	0.03	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	30.00	2.18	0.03	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	45.00	3.27	0.03	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	2	40.00	2.91	0.04	51%-75% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	60.00	4.36	0.04	51%-75% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	90.00	6.54	0.04	51%-75% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	4	90.00	6.54	0.03	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	3	10.00	0.29	0.05	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	3	30.00	0.87	0.05	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	90.00	2.60	0.05	26%-50% Below	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	3.68	0.07	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	8.45	0.07	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	3.68	0.08	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	90.00	25.34	0.06	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722057447	LEVETIRACETAM 100 MG/ML SOLN	2	365.00	13.43	0.03	10%-25% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	4	365.00	13.43	0.03	26%-50% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	2	90.00	65.16	0.13	200% Above	No	No
31722058730	NEBIVOLOL 10 MG TABLET	2	90.00	65.67	0.17	200% Above	No	No
31722058890	NEBIVOLOL 20 MG TABLET	2	30.00	22.60	0.21	200% Above	No	No
31722058890	NEBIVOLOL 20 MG TABLET	3	30.00	22.60	0.19	200% Above	No	No
31722059590	FENOFIBRATE 48 MG TABLET	2	90.00	16.61	0.12	51%-75% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	2	90.00	24.00	0.14	76%-100% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	3	90.00	24.00	0.16	51%-75% Above	No	No
31722061090	PREGABALIN 25 MG CAPSULE	3	30.00	0.95	0.06	26%-50% Below	No	No
31722061205	PREGABALIN 75 MG CAPSULE	2	60.00	2.32	0.06	26%-50% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	3	60.00	2.60	0.07	26%-50% Below	No	No
31722061490	PREGABALIN 150 MG CAPSULE	3	30.00	1.30	0.07	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	18.95	1.25	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	18.95	1.38	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	18.95	1.11	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.00	17.37	1.05	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	10	10.00	45.23	1.30	200% Above	No	No
31722065931	LEVOCETIRIZINE 2.5 MG/5 ML SOL	3	148.00	34.91	0.18	26%-50% Above	Yes	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	4	90.00	391.17	0.17	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	126.39	0.15	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	126.39	0.17	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	2.58	0.03	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	7.74	0.03	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	2.58	0.03	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	7.74	0.03	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	2.58	0.03	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	7.74	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	2.58	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	2.58	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	6.27	0.03	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	7.74	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	2.58	0.03	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	1.74	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	5.23	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	180.00	10.46	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	1.74	0.04	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	3.49	0.04	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	5.23	0.04	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	1.74	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	5.23	0.04	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	5.23	0.04	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	7.77	0.04	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	7.77	0.04	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	15.00	1.37	0.06	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	2.75	0.06	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	8.24	0.06	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	15.00	1.37	0.06	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	2.75	0.06	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	8.24	0.06	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	2.75	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	8.24	0.05	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	2.75	0.06	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	8.24	0.06	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	2.75	0.06	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	8.24	0.06	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	8.24	0.05	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	6.50	0.25	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	6.20	0.28	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	9.90	0.28	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	6.20	0.28	26%-50% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	6.50	0.27	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	9.90	0.28	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	16.58	0.28	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	18.59	0.28	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	6.20	0.26	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	6.50	0.26	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	9.32	0.28	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	18.59	0.26	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	5.42	0.29	26%-50% Below	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	21.00	4.34	0.28	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	18.59	0.28	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	6.20	0.28	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	18.59	0.28	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	10.00	6.12	0.30	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	9	10.00	5.26	0.33	51%-75% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	11	10.00	5.26	0.28	76%-100% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	8.00	8.66	0.44	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	11	30.00	18.45	0.52	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	18.45	0.54	10%-25% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	3	15.00	120.71	0.17	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	2	15.00	120.71	0.20	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	3	18.00	144.86	0.19	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	15.00	1.09	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	28.00	2.03	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	2.18	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	6.53	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	28.00	2.03	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	2.18	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	5.72	0.06	10%-25% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	2.18	0.05	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	6.53	0.05	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	10.19	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	2.18	0.05	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	2.28	0.06	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	3.40	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	4.36	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	10.19	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	10.19	0.05	101%-200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	71.33	0.72	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	109.28	0.65	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	3	90.00	213.99	0.65	200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	2	30.00	71.33	0.69	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	10.00	1.84	0.16	10%-25% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	9.00	0.95	0.17	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	10.00	1.05	0.17	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	3	10.00	1.05	0.18	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	4	7.00	0.74	0.14	10%-25% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	2.32	0.07	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	28.00	2.16	0.06	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	2.32	0.06	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	3.49	0.06	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	90.00	6.96	0.06	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	28.00	2.16	0.06	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	3.49	0.07	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	28.00	2.16	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	3.49	0.06	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	40.00	3.09	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	3.49	0.07	51%-75% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	2	90.00	6.96	0.06	10%-25% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	4.10	0.08	51%-75% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	4.10	0.08	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	3	90.00	25.48	0.08	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	4.30	0.07	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.00	4.09	0.08	51%-75% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	4.50	0.08	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	10	30.00	6.10	0.10	101%-200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	3	60.00	12.91	0.15	26%-50% Above	No	No
31722073090	IRBESARTAN 150 MG TABLET	2	30.00	6.93	0.14	51%-75% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	2	90.00	25.44	0.18	51%-75% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	2	30.00	2.20	0.10	26%-50% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	3	60.00	4.40	0.11	26%-50% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	4	180.00	13.21	0.09	10%-25% Below	No	No
31722081360	LACOSAMIDE 100 MG TABLET	4	60.00	114.67	0.25	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	151.89	0.05	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	29.99	0.05	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	151.46	0.04	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	34.59	0.05	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	151.09	0.07	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	3	15.00	34.83	0.32	200% Above	No	No
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	3	84.00	132.58	0.23	200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	120.00	40.56	0.17	76%-100% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	120.00	40.56	0.18	76%-100% Above	Yes	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	2	30.00	204.14	0.81	200% Above	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	4	30.00	204.14	0.63	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	2	20.00	1.33	0.12	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	20.00	1.33	0.13	26%-50% Below	No	No
33342004710	IRBESARTAN 75 MG TABLET	2	30.00	6.46	0.15	26%-50% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	3	30.00	6.46	0.15	26%-50% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	2	30.00	6.93	0.14	51%-75% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	3	90.00	20.80	0.15	51%-75% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	2	90.00	25.44	0.18	51%-75% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	3	30.00	8.48	0.21	26%-50% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	4	30.00	8.48	0.17	51%-75% Above	No	No
33342005007	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	42.17	0.09	200% Above	No	No
33342005007	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	42.17	0.10	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	44.18	0.12	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	44.18	0.12	200% Above	No	No
33342005144	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	44.18	0.12	200% Above	No	No
33342005244	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	14.73	0.13	200% Above	No	No
33342005244	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	14.73	0.13	200% Above	No	No
33342005710	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	4	180.00	84.76	0.14	200% Above	Yes	No
33342007107	OLANZAPINE 15 MG TABLET	2	30.00	2.46	0.14	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	30.00	4.91	0.19	10%-25% Below	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	90.00	51.53	0.19	200% Above	No	No
33342011110	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	4.10	0.08	51%-75% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	3.66	0.05	101%-200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	15.00	19.21	0.14	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	38.43	0.14	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	115.28	0.14	200% Above	Yes	No
33342020010	LEVOCETIRIZINE 5 MG TABLET	2	30.00	3.68	0.07	76%-100% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	3	30.00	11.28	0.18	101%-200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	3	30.00	23.60	0.18	200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	4	30.00	11.28	0.14	101%-200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	4	30.00	23.60	0.14	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	2	30.00	11.84	0.12	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	3	30.00	11.84	0.12	200% Above	No	No
33342032780	TRIAMCINOLONE 0.025% CREAM	3	80.00	5.76	0.06	10%-25% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	2	80.00	7.18	0.05	51%-75% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	3	80.00	7.18	0.06	51%-75% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	4	80.00	7.18	0.05	76%-100% Above	Yes	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	2	15.00	2.91	0.31	26%-50% Below	Yes	No
33342048315	NYSTATIN-TRIAMCINOLONE OINTMENT	2	15.00	43.66	0.29	200% Above	No	No
33342048315	NYSTATIN-TRIAMCINOLONE OINTMENT	3	15.00	43.66	0.35	200% Above	No	No
35573044525	LEVALBUTEROL 1.25 MG/3 ML SOL	4	150.00	49.97	0.23	26%-50% Above	No	No
35573045002	KETOROLAC 10 MG TABLET	2	16.00	4.73	0.51	26%-50% Below	No	No
35573045002	KETOROLAC 10 MG TABLET	3	15.00	4.44	0.53	26%-50% Below	No	No
35573045002	KETOROLAC 10 MG TABLET	3	30.00	8.87	0.53	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
35573046330	TADALAFIL 20 MG TABLET	2	8.00	85.17	0.27	200% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	26.96	0.64	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	5.00	4.17	0.64	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	30.00	24.99	0.64	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	90.00	47.97	0.64	10%-25% Below	No	No
42192033101	NP THYROID 90 MG TABLET	3	90.00	83.49	1.11	10%-25% Below	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	4	8.00	4.06	0.13	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	2	24.00	11.63	0.15	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	2	90.00	43.61	0.15	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	2	270.00	130.82	0.15	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	270.00	130.82	0.15	200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	6	15.00	7.40	0.13	200% Above	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	15.08	0.10	10%-25% Above	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.00	5.66	0.10	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	9.97	0.05	51%-75% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	15.30	0.10	26%-50% Above	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	150.00	6.36	0.10	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	22.95	0.10	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	10.18	0.10	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	30.60	0.10	26%-50% Above	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	50.00	6.37	0.10	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	15.30	0.10	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	30.60	0.10	26%-50% Above	No	No
42192061705	BENZONATATE 100 MG CAPSULE	2	14.00	2.03	0.08	51%-75% Above	No	No
42192061805	BENZONATATE 200 MG CAPSULE	2	30.00	2.00	0.12	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192061805	BENZONATATE 200 MG CAPSULE	3	30.00	2.00	0.13	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	2	60.00	0.63	0.02	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	60.00	0.63	0.02	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	90.00	0.95	0.02	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	4	60.00	0.63	0.01	10%-25% Below	No	No
42385094905	METFORMIN HCL 1,000 MG TABLET	3	180.00	3.46	0.03	10%-25% Below	No	No
42385094905	METFORMIN HCL 1,000 MG TABLET	3	180.00	3.46	0.03	10%-25% Below	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	2	60.00	1.15	0.02	10%-25% Below	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	2	180.00	3.46	0.02	10%-25% Below	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	3	60.00	1.15	0.03	10%-25% Below	No	No
42385096360	RANOLAZINE ER 500 MG TABLET	3	60.00	50.63	0.25	200% Above	No	No
42494045410	NAPROXEN DR 500 MG TABLET	3	60.00	92.88	2.63	26%-50% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	30.00	3.68	0.07	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	90.00	11.03	0.07	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	15.00	1.84	0.08	51%-75% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	3.68	0.08	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	3.68	0.08	51%-75% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	11.03	0.08	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	11.03	0.08	51%-75% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.00	3.21	0.07	51%-75% Above	Yes	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	3	5.00	10.37	1.38	26%-50% Above	No	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	4	5.00	10.37	1.22	51%-75% Above	No	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	2	10.00	20.04	1.41	26%-50% Above	No	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	4	10.00	20.04	1.09	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	2	10.00	12.84	1.04	10%-25% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	3	10.00	12.84	1.12	10%-25% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	2	14.00	3.43	0.30	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	3	30.00	7.34	0.33	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	14.00	3.18	0.34	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	10.00	2.27	0.28	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No
42571017410	ATORVASTATIN 40 MG TABLET	3	30.00	2.92	0.06	51%-75% Above	No	No
42571017410	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
42571022730	TELMISARTAN 40 MG TABLET	3	90.00	29.53	0.26	26%-50% Above	Yes	No
42571022830	TELMISARTAN 80 MG TABLET	2	30.00	7.37	0.21	10%-25% Above	Yes	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	2	120.00	176.84	0.33	200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	3	120.00	176.84	0.38	200% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	2	20.00	1.28	0.10	26%-50% Below	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	2	32.00	2.05	0.10	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	3.54	0.21	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	28.00	4.72	0.21	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	28.00	4.72	0.21	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	5.05	0.21	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	5.05	0.21	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	40.00	6.74	0.21	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	45.00	7.58	0.21	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	14.00	2.36	0.23	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	4	21.00	8.56	0.18	101%-200% Above	No	No
42571025830	MEFENAMIC ACID 250 MG CAPSULE	2	30.00	27.00	1.93	51%-75% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	2	50.00	29.90	0.20	101%-200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	2	50.00	52.53	0.20	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	3	50.00	52.53	0.21	200% Above	Yes	No
42794001208	GRISEOFULVIN MICRO 500 MG TAB	3	30.00	178.50	7.74	10%-25% Below	No	No
42794001812	LIOETHYRONINE SOD 5 MCG TAB	2	30.00	10.56	0.29	10%-25% Above	No	No
42794001812	LIOETHYRONINE SOD 5 MCG TAB	3	90.00	31.67	0.32	10%-25% Above	No	No
42794001812	LIOETHYRONINE SOD 5 MCG TAB	4	270.00	95.01	0.24	26%-50% Above	No	No
42799080601	IVERMECTIN 3 MG TABLET	3	4.00	11.33	3.86	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	15.00	1.33	0.13	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	2.22	0.13	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	50.00	4.44	0.14	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	70.00	6.21	0.14	26%-50% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	3	90.00	21.75	0.27	10%-25% Below	Yes	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	30.00	7.25	0.21	10%-25% Above	No	No
42799092201	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	90.00	16.42	0.24	10%-25% Below	No	No
42799092230	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	2	30.00	5.47	0.27	26%-50% Below	No	No
42799092230	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	30.00	5.47	0.24	10%-25% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	2	30.00	16.56	0.76	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	3	30.00	16.56	0.87	26%-50% Below	No	No
42799095801	ISOSORBIDE MONONIT ER 30 MG TB	3	30.00	6.46	0.09	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806001801	SULINDAC 150 MG TABLET	2	60.00	6.40	0.16	26%-50% Below	No	No
42806001801	SULINDAC 150 MG TABLET	3	60.00	6.40	0.18	26%-50% Below	No	No
42806004801	GUANFACINE 1 MG TABLET	9	45.00	16.97	0.45	10%-25% Below	No	No
42806008801	ESTRADIOL 1 MG TABLET	3	28.00	3.01	0.08	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	2	30.00	4.36	0.10	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	3	30.00	4.36	0.10	51%-75% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	4	30.00	4.36	0.08	76%-100% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	2	15.00	11.81	0.47	51%-75% Above	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	3	22.50	11.99	0.29	76%-100% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	15.98	0.28	76%-100% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	3	30.00	15.98	0.27	76%-100% Above	No	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	2	45.00	2.31	0.04	10%-25% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	2	90.00	4.63	0.04	10%-25% Above	Yes	No
42806026695	CHOLESTYRAMINE PACKET	2	30.00	31.70	0.69	51%-75% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	3	30.00	31.70	0.75	26%-50% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	15.44	0.15	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	22.09	0.13	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	30.71	0.13	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	10.00	15.36	0.15	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	15.44	0.15	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	30.71	0.15	200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	6.41	0.27	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	60.00	59.65	0.25	200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	60.00	59.65	0.30	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	21.21	0.26	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	6.57	0.25	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	13.13	0.26	10%-25% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	12.81	0.27	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	35.18	0.32	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	6.55	0.32	26%-50% Below	No	No
42806036201	DOXYCYCLINE HYCLATE 20 MG TAB	3	60.00	4.36	0.14	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	6.26	0.14	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	9.99	0.14	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	15.41	0.14	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	6.26	0.14	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	15.41	0.14	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.00	6.02	0.16	76%-100% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	30.00	14.90	0.12	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	2	30.00	8.51	0.14	76%-100% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	3	90.00	25.52	0.18	51%-75% Above	No	No
42806041630	BUPROPION HCL XL 300 MG TABLET	3	90.00	25.52	0.18	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.29	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.58	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.86	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.29	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.58	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.86	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.94	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.86	0.11	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	120.00	40.56	0.17	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	120.00	40.56	0.18	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	120.00	40.56	0.18	76%-100% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	3.75	0.10	10%-25% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	2.48	0.14	26%-50% Below	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	2.48	0.12	26%-50% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	30.00	4.36	0.08	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	60.00	8.71	0.08	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	60.00	12.13	0.08	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	10.00	1.45	0.08	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	20.00	2.90	0.08	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	60.00	12.13	0.08	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	4	30.00	4.36	0.07	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	2	20.00	2.90	0.08	51%-75% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	2	30.00	4.36	0.08	51%-75% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	30.00	4.36	0.08	51%-75% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	21.00	8.07	0.09	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	9.97	0.12	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	30.00	2.00	0.13	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	40.00	13.29	0.13	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	2.00	0.10	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	30.00	2.00	0.13	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	4	30.00	2.00	0.10	26%-50% Below	Yes	No
42806071505	BENZONATATE 200 MG CAPSULE	5	45.00	3.20	0.11	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	1.25	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	8.00	0.33	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.50	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.62	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	150.00	6.24	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	6.00	0.25	0.10	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.50	0.10	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	90.00	4.41	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	90.00	4.41	0.10	51%-75% Below	Yes	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	1.25	0.11	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.62	0.11	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	1.25	0.11	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	40.00	1.66	0.11	51%-75% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	28.00	1.39	0.17	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	30.00	1.49	0.17	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	5.94	0.17	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	26.00	1.29	0.17	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	32.00	1.58	0.17	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	5.94	0.17	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	5.94	0.16	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	90.00	5.80	0.21	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	7.73	0.21	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	7.73	0.20	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	120.00	7.73	0.20	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	7.73	0.21	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858030125	HYDROMORPHONE 2 MG TABLET	3	120.00	5.84	0.11	51%-75% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	11.02	0.59	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	11.02	0.47	10%-25% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	7.79	0.32	51%-75% Below	No	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	11.20	0.00	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	11.20	0.00	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	11.20	0.00	26%-50% Below	Yes	No
43547004903	TADALAFIL 5 MG TABLET	2	30.00	54.32	0.15	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	3	30.00	54.32	0.15	200% Above	No	No
43547004903	TADALAFIL 5 MG TABLET	3	30.00	54.32	0.15	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	3	90.00	162.95	0.15	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	3	8.00	85.17	0.28	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	4	2.00	21.29	0.20	200% Above	Yes	No
43547026850	ROPINIROLE HCL 0.25 MG TABLET	7	14.00	0.41	0.05	26%-50% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	2	30.00	0.54	0.06	51%-75% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	2	90.00	0.84	0.06	76%-100% Below	Yes	No
43547027050	ROPINIROLE HCL 1 MG TABLET	3	90.00	1.63	0.06	51%-75% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	2	30.00	1.07	0.07	26%-50% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	4	90.00	3.22	0.06	26%-50% Below	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	3	30.00	6.53	0.05	200% Above	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	4	30.00	6.53	0.04	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	30.00	4.94	0.05	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	90.00	14.82	0.05	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028110	ESCITALOPRAM 10 MG TABLET	3	90.00	6.47	0.05	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	14.00	1.01	0.05	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	30.00	4.17	0.09	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	90.00	12.51	0.09	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	30.00	4.17	0.07	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	3	90.00	11.83	0.08	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	4	45.00	3.67	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.00	2.69	0.08	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	30.00	2.69	0.08	10%-25% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	2	30.00	9.84	0.24	26%-50% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	3	30.00	9.84	0.26	26%-50% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	82.30	0.09	200% Above	No	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	3	30.00	115.28	0.15	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	4	30.00	115.28	0.10	200% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	90.00	18.94	0.17	26%-50% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	90.00	18.94	0.17	26%-50% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	4	90.00	23.77	0.23	10%-25% Above	Yes	No
43547033003	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	2	90.00	42.38	0.19	101%-200% Above	No	No
43547033003	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	3	90.00	42.38	0.17	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547033710	BENZAEPRIH HCL 20 MG TABLET	3	90.00	8.55	0.07	26%-50% Above	No	No
43547033750	BENZAEPRIH HCL 20 MG TABLET	2	60.00	5.70	0.07	26%-50% Above	No	No
43547033750	BENZAEPRIH HCL 20 MG TABLET	2	90.00	8.55	0.07	26%-50% Above	No	No
43547033750	BENZAEPRIH HCL 20 MG TABLET	3	60.00	5.70	0.07	26%-50% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	2	30.00	0.75	0.04	26%-50% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	3	30.00	0.75	0.04	26%-50% Below	No	No
43547034106	RISPERIDONE 1 MG TABLET	3	30.00	0.74	0.05	26%-50% Below	Yes	No
43547034711	PAROXETINE HCL 10 MG TABLET	2	90.00	9.92	0.07	51%-75% Above	Yes	No
43547035110	LISINOPRIL 2.5 MG TABLET	2	180.00	1.75	0.01	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	2	30.00	0.30	0.01	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	3	30.00	0.30	0.02	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.91	0.01	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.38	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	45.00	0.57	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	1.14	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.38	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	60.00	0.76	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	1.14	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	0.38	0.02	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	1.14	0.02	10%-25% Below	No	No
43547035410	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.55	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	30.00	0.55	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	1.66	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035550	LISINOPRIL 30 MG TABLET	3	90.00	3.87	0.06	10%-25% Below	No	No
43547035610	LISINOPRIL 40 MG TABLET	3	90.00	3.06	0.05	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	3.06	0.05	10%-25% Below	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	2	45.00	3.87	0.03	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	4	45.00	3.87	0.03	101%-200% Above	Yes	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	7.74	0.03	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	1.74	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	5.23	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	180.00	10.46	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	1.74	0.04	26%-50% Above	No	No
43547036203	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	8.24	0.06	51%-75% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	8.24	0.06	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	8.24	0.06	51%-75% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	8.24	0.06	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	2.75	0.06	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	8.24	0.06	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	2	90.00	15.59	0.15	10%-25% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	4	30.00	5.80	0.15	26%-50% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	3	30.00	0.55	0.03	26%-50% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	1	60.00	1.66	0.03	10%-25% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	2	60.00	1.09	0.03	26%-50% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	3	90.00	3.06	0.05	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	135.00	2.13	0.03	51%-75% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.64	0.04	51%-75% Below	Yes	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.64	0.05	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.64	0.04	26%-50% Below	Yes	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	2.85	0.04	10%-25% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	10.00	0.09	10%-25% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	32.44	0.09	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	30.00	10.81	0.10	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	30.00	10.81	0.09	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	11	30.00	9.45	0.12	101%-200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	19.65	0.13	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	44.19	0.13	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	14.73	0.13	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	44.19	0.13	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	44.19	0.13	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	44.19	0.11	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	14.73	0.13	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	44.18	0.12	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	44.18	0.12	200% Above	Yes	No
43547043109	FENOFIBRATE 145 MG TABLET	2	90.00	27.35	0.14	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	3	90.00	27.35	0.16	76%-100% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	2	30.00	57.83	0.67	101%-200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	3	30.00	57.83	0.84	101%-200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	4	90.00	173.50	0.53	200% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	3	90.00	173.50	0.70	101%-200% Above	No	No
43547048710	METHYLPHENIDATE 10 MG TABLET	2	30.00	12.84	0.14	101%-200% Above	Yes	No
43547052503	NEBIVOLOL 5 MG TABLET	2	30.00	21.72	0.13	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	3	30.00	21.72	0.15	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547052509	NEBIVOLOL 5 MG TABLET	2	30.00	21.72	0.13	200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	4	90.00	65.16	0.11	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	2	90.00	65.67	0.17	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	3	30.00	21.89	0.20	200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	3	180.00	29.90	0.09	76%-100% Above	Yes	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	2	180.00	39.65	0.09	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	3	60.00	13.22	0.10	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	2	30.00	6.84	0.10	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	3	30.00	6.84	0.12	76%-100% Above	No	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.32	0.03	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.32	0.03	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	90.00	0.97	0.02	51%-75% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.63	0.04	26%-50% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	60.00	1.27	0.04	26%-50% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.63	0.04	26%-50% Below	Yes	No
43598013901	KETOROLAC 10 MG TABLET	3	12.00	3.55	0.53	26%-50% Below	No	No
43598016605	OLANZAPINE 10 MG TABLET	2	30.00	2.04	0.12	26%-50% Below	No	No
43598021055	SSD 1% CREAM	3	50.00	3.87	0.15	26%-50% Below	No	No
43598029290	PREGABALIN 50 MG CAPSULE	3	60.00	1.28	0.06	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	3	60.00	1.61	0.06	51%-75% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	75.15	17.12	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	75.15	16.87	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	3	25.00	2.93	0.24	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	3	25.00	2.93	0.24	26%-50% Below	Yes	No
43598049501	NAPROXEN SODIUM 550 MG TAB	4	180.00	158.83	0.17	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	5.74	0.27	26%-50% Below	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	42.13	0.15	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	42.13	0.17	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	126.39	0.17	200% Above	Yes	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	126.39	0.13	200% Above	Yes	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	126.39	0.15	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	2	30.00	54.32	0.15	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	3	30.00	54.32	0.15	200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	3	180.00	132.61	0.19	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	4	30.00	22.10	0.16	200% Above	Yes	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	7.00	0.10	0.06	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.45	0.06	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.45	0.07	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	1.36	0.07	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	14.00	0.21	0.06	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	90.00	1.36	0.06	51%-75% Below	No	No
43598083005	ATORVASTATIN 10 MG TABLET	2	30.00	2.36	0.03	101%-200% Above	No	No
43598083005	ATORVASTATIN 10 MG TABLET	3	30.00	2.36	0.03	101%-200% Above	No	No
43598083005	ATORVASTATIN 10 MG TABLET	3	90.00	7.07	0.03	101%-200% Above	No	No
43598083005	ATORVASTATIN 10 MG TABLET	4	30.00	2.36	0.03	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	2	90.00	29.99	0.04	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	3	30.00	2.91	0.04	101%-200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	3	90.00	13.60	0.04	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	4	90.00	13.60	0.03	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598083205	ATORVASTATIN 40 MG TABLET	2	30.00	2.92	0.07	26%-50% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	2	90.00	4.00	0.07	26%-50% Below	No	No
43598083205	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	3	30.00	2.92	0.06	51%-75% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	3	90.00	8.75	0.06	51%-75% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	No	No
43598083305	ATORVASTATIN 80 MG TABLET	3	90.00	10.09	0.09	10%-25% Above	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	28.52	0.59	51%-75% Above	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	3	20.00	19.02	0.60	51%-75% Above	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	2	56.00	3.85	0.11	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	3	28.00	1.92	0.11	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	2	20.00	2.02	0.12	10%-25% Below	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	3	20.00	2.02	0.13	10%-25% Below	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	3	20.00	2.02	0.13	10%-25% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	3	30.00	1.87	0.23	51%-75% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	3	45.00	2.81	0.23	51%-75% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	4	15.00	0.94	0.21	51%-75% Below	Yes	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	3	15.00	2.24	0.12	10%-25% Above	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	3	60.00	2.71	0.16	51%-75% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	3.34	0.07	26%-50% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	4	80.00	3.34	0.06	26%-50% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	3	30.00	3.53	0.16	10%-25% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	3	30.00	3.97	0.16	10%-25% Below	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	3	80.00	5.40	0.06	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	4	80.00	5.40	0.05	26%-50% Above	No	No

NADAC Summary Report

05:39 Wednesday, July 17, 2024 114

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	66.13	3.44	10%-25% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	66.13	3.44	10%-25% Below	Yes	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	2.85	0.17	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	2.99	0.17	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	2.85	0.19	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	44.00	5.69	0.19	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	2.85	0.15	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	9.90	0.18	101%-200% Above	No	No
45802011942	MOMETASONE FUROATE 0.1% OINT	2	45.00	22.45	0.25	76%-100% Above	Yes	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	51.27	0.35	101%-200% Above	Yes	No
45802037632	BETAMETHASONE DP AUG 0.05% CRM	3	100.00	10.57	0.13	10%-25% Below	No	No
45802040109	CICLOPIROX 1% SHAMPOO	3	120.00	18.65	0.31	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	5.32	0.10	51%-75% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	7.04	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	7.04	0.10	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	8.25	0.10	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	240.00	14.09	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	6.14	0.10	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	7.04	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	7.04	0.09	26%-50% Below	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	3	60.00	29.00	0.23	101%-200% Above	No	No
45802058046	SCOPOLAMINE 1 MG/3 DAY PATCH	4	9.00	59.53	5.98	10%-25% Above	No	No
45802065075	LORATADINE 10 MG TABLET	2	30.00	0.93	0.06	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	2	90.00	1.45	0.06	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	2	90.00	2.78	0.06	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802065075	LORATADINE 10 MG TABLET	3	30.00	0.93	0.06	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	3	90.00	1.45	0.06	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	3	90.00	2.78	0.06	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	4	14.00	1.07	0.06	26%-50% Above	Yes	No
45802065075	LORATADINE 10 MG TABLET	4	30.00	0.93	0.06	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	2	30.00	0.93	0.06	26%-50% Below	Yes	No
45802065087	LORATADINE 10 MG TABLET	3	30.00	0.93	0.06	26%-50% Below	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	2	150.00	35.39	0.18	26%-50% Above	Yes	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	2	12.00	20.74	2.33	10%-25% Below	Yes	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	2	45.00	42.99	0.49	76%-100% Above	No	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	3	15.00	14.33	0.48	76%-100% Above	No	No
45802090094	CLINDAMYCIN PH 1% GEL	3	30.00	13.68	0.33	26%-50% Above	No	No
45802090094	CLINDAMYCIN PH 1% GEL	3	60.00	27.36	0.33	26%-50% Above	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	3	90.00	3.47	0.07	26%-50% Below	No	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	2	420.00	7.06	0.04	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	4	240.00	4.03	0.02	10%-25% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	4	473.00	7.95	0.02	10%-25% Below	No	No
45963014205	BUPROPION HCL XL 300 MG TABLET	2	30.00	8.51	0.14	76%-100% Above	No	No
45963014205	BUPROPION HCL XL 300 MG TABLET	2	90.00	25.52	0.14	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.52	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	30.00	0.52	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	90.00	1.57	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	180.00	3.13	0.04	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45963055711	GABAPENTIN 400 MG CAPSULE	3	90.00	6.49	0.05	26%-50% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	2	90.00	11.57	0.07	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	3	90.00	19.87	0.16	26%-50% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
46287000601	SPS 15 GM/60 ML SUSPENSION	3	120.00	37.96	0.40	10%-25% Below	No	No
47335023583	METHOTREXATE 2.5 MG TABLET	4	120.00	86.30	0.15	200% Above	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	2.39	0.07	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	4.79	0.07	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	225.00	7.18	0.07	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	2.39	0.05	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	4.79	0.05	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	2.87	0.07	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	5.74	0.07	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	2.87	0.07	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	270.00	8.61	0.07	51%-75% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	360.00	11.48	0.07	51%-75% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	2	180.00	4.12	0.03	10%-25% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	3	60.00	1.37	0.03	10%-25% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	4	180.00	4.12	0.03	10%-25% Below	No	No
47335071013	TOPIRAMATE 50 MG TABLET	2	90.00	5.37	0.04	26%-50% Above	No	No
47335071113	TOPIRAMATE 100 MG TABLET	3	60.00	4.88	0.07	10%-25% Above	No	No
47781001101	HYOSCYAMINE 0.125 MG TAB SL	2	270.00	130.82	0.15	200% Above	Yes	No
47781001301	HYOSCYAMINE SULF 0.125 MG TAB	3	60.00	29.07	0.14	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781010444	ESTRADIOL 0.01% CREAM	2	42.50	113.41	0.54	200% Above	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	13.13	0.26	10%-25% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	25.00	1.65	0.10	26%-50% Below	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.83	0.11	51%-75% Below	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	40.00	1.66	0.11	51%-75% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	9.01	0.52	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	2	30.00	19.30	0.52	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	14.84	0.54	101%-200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	9.01	0.54	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	9.01	0.40	51%-75% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	10.75	0.46	51%-75% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	5.64	0.59	26%-50% Below	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	2	60.00	178.23	3.78	10%-25% Below	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	18.74	0.25	26%-50% Above	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	10	120.00	106.55	0.44	76%-100% Above	Yes	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	249.29	6.39	26%-50% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	2	20.00	126.31	7.15	10%-25% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	189.46	7.48	10%-25% Below	No	No
47781060730	DISULFIRAM 250 MG TABLET	3	53.00	75.36	1.74	10%-25% Below	Yes	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	5	30.00	6.84	0.20	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.92	0.05	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	90.00	2.77	0.05	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.92	0.05	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	2	30.00	1.23	0.06	26%-50% Below	No	No

NADAC Summary Report

05:39 Wednesday, July 17, 2024 118

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781064310	LEVOTHYROXINE 50 MCG TABLET	3	30.00	1.23	0.06	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	90.00	3.70	0.06	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	30.00	1.28	0.06	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	90.00	3.84	0.06	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	30.00	1.28	0.06	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	90.00	3.84	0.06	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	90.00	3.84	0.05	10%-25% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	2	30.00	1.34	0.07	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	4	30.00	1.34	0.05	10%-25% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	3	90.00	4.55	0.08	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	2	90.00	4.88	0.08	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	2	90.00	4.88	0.08	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	3	90.00	4.88	0.09	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	3	30.00	1.90	0.09	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	3	30.00	1.40	0.08	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	4	90.00	4.21	0.06	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	2	90.00	5.74	0.11	26%-50% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	4	30.00	1.91	0.08	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	4	90.00	5.74	0.08	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	4	90.00	6.19	0.08	10%-25% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	2	2.00	15.40	14.18	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	3	2.00	15.40	14.15	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	3	5.00	38.51	14.15	26%-50% Below	No	No
49483034010	ACETAMINOPHEN 325 MG TABLET	2	90.00	1.70	0.02	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	2	90.00	1.07	0.01	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483048112	ASPIRIN EC 81 MG TABLET	3	30.00	0.35	0.02	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	3	90.00	1.07	0.02	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	3	90.00	2.53	0.02	76%-100% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	3	28.00	0.39	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	12.00	0.22	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	18.00	0.33	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	30.00	0.55	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	90.00	1.65	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	3	30.00	0.55	0.06	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	4	21.00	0.38	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	4	30.00	0.55	0.05	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	15.00	0.56	0.07	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	18.00	0.67	0.07	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	18.00	0.67	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	1.12	0.07	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	1.12	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	42.00	1.57	0.07	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	45.00	1.68	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	60.00	2.24	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	90.00	3.36	0.07	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	90.00	3.36	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	16.00	0.60	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	20.00	0.75	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	24.00	0.90	0.07	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	1.12	0.07	26%-50% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	3	90.00	3.36	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	20.00	0.75	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	21.00	0.78	0.06	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	1.12	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	56.00	2.09	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	90.00	3.35	0.06	26%-50% Below	Yes	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	90.00	0.77	0.03	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	360.00	3.06	0.03	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	30.00	0.52	0.04	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	1.57	0.04	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	30.00	0.52	0.04	51%-75% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	2	180.00	3.41	0.02	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	3.41	0.03	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	180.00	1.89	0.02	26%-50% Below	No	No
49483070201	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	1.14	0.03	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	1.14	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.38	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	1.14	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.38	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	1.08	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	1.14	0.03	51%-75% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	14.00	32.51	0.29	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	3	8.00	18.58	0.32	200% Above	Yes	No
49884024801	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	77.06	1.98	26%-50% Above	No	No
49884025011	OLANZAPINE-FLUOXETINE 6-25 MG	2	90.00	496.75	4.49	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884025601	MINOXIDIL 2.5 MG TABLET	2	30.00	3.76	0.09	26%-50% Above	No	No
49884025701	MINOXIDIL 10 MG TABLET	3	15.00	3.20	0.19	10%-25% Above	No	No
49884030702	CLONAZEPAM 0.25 MG ODT	3	10.00	4.26	0.51	10%-25% Below	No	No
49884030702	CLONAZEPAM 0.25 MG ODT	3	60.00	25.55	0.51	10%-25% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	1	53.00	280.48	3.79	26%-50% Above	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	3	53.00	246.09	3.48	26%-50% Above	No	No
49884094499	VARENICLINE STARTING MONTH BOX	3	53.00	280.48	3.48	51%-75% Above	No	No
50102022823	TARINA FE 1-20 EQ TABLET	2	28.00	10.62	0.15	101%-200% Above	No	No
50102022823	TARINA FE 1-20 EQ TABLET	3	28.00	10.62	0.16	101%-200% Above	No	No
50102022823	TARINA FE 1-20 EQ TABLET	4	28.00	10.62	0.13	101%-200% Above	No	No
50111032703	HYDRALAZINE 25 MG TABLET	4	60.00	8.06	0.03	200% Above	No	No
50111032801	HYDRALAZINE 50 MG TABLET	3	180.00	15.79	0.05	76%-100% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	3	10.00	2.68	0.10	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	10.00	1.85	0.13	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	2.58	0.13	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	27.00	10.66	0.13	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	2.58	0.10	76%-100% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	2	4.00	0.74	0.12	26%-50% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	2	14.00	2.58	0.12	26%-50% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	4	14.00	2.58	0.10	76%-100% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	4	42.00	7.75	0.10	76%-100% Above	No	No
50111039801	HYDRALAZINE 10 MG TABLET	3	180.00	11.09	0.03	76%-100% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	4	35.00	6.07	0.10	51%-75% Above	Yes	No
50111045002	TRAZODONE 150 MG TABLET	3	30.00	5.21	0.13	26%-50% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	9	60.00	14.90	0.15	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111045002	TRAZODONE 150 MG TABLET	10	60.00	14.90	0.15	51%-75% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	11	60.00	14.90	0.14	51%-75% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	15.00	0.43	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.86	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	60.00	1.72	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	60.00	3.85	0.03	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	2.57	0.03	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	2.57	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	5.15	0.03	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	5.15	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.86	0.04	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.86	0.04	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	60.00	1.72	0.04	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	60.00	3.85	0.04	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	2.57	0.04	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	1.93	0.03	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	180.00	11.56	0.03	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	2	28.00	0.80	0.03	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	2	30.00	0.86	0.03	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	2	90.00	2.57	0.03	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	3	27.00	0.77	0.04	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	3	30.00	0.86	0.04	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	3	90.00	2.57	0.04	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	10	30.00	0.75	0.04	26%-50% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	2	30.00	0.86	0.03	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056003	TRAZODONE 50 MG TABLET	3	30.00	0.86	0.04	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	3	45.00	1.29	0.04	10%-25% Below	No	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	5.61	0.05	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	1.54	0.04	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	4.63	0.04	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	2.17	0.03	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	2.17	0.03	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	2.17	0.03	10%-25% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	1.42	0.36	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	3	6.00	3.66	0.35	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.00	1.18	0.36	26%-50% Below	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	5.00	2.60	0.68	10%-25% Below	No	No
50111091501	TORSEMIDE 5 MG TABLET	2	30.00	4.55	0.08	101%-200% Above	No	No
50111091501	TORSEMIDE 5 MG TABLET	3	30.00	4.55	0.08	76%-100% Above	No	No
50228010510	METFORMIN HCL 500 MG TABLET	2	60.00	0.63	0.02	26%-50% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	2	25.00	1.03	0.07	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.38	0.03	51%-75% Below	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	2	90.00	5.17	0.06	10%-25% Below	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	3	90.00	5.17	0.06	10%-25% Below	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	10.00	1.23	0.07	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	3.68	0.07	76%-100% Above	No	No

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05:39 Wednesday, July 17, 2024 124

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	3.68	0.08	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	11.03	0.08	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	3	90.00	25.52	0.18	51%-75% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.51	0.15	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	1.71	0.03	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	1.48	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	1.71	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	1.48	0.03	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	1.71	0.03	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	4.44	0.03	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	1.48	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	1.71	0.03	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	1.62	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	1.62	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	1.42	0.03	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	1.42	0.03	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	1.62	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.00	1.42	0.03	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.00	1.62	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	30.00	1.42	0.03	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	30.00	1.42	0.03	26%-50% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	1.48	0.03	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	4.44	0.03	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	1.48	0.03	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228015805	CELECOXIB 200 MG CAPSULE	2	30.00	12.66	0.10	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	2	30.00	29.90	0.10	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	2	90.00	37.97	0.10	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	3	30.00	12.66	0.11	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	4	30.00	12.66	0.09	200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	3	60.00	11.45	0.09	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	4	60.00	11.45	0.07	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	4	30.00	2.54	0.07	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	4	60.00	5.07	0.07	10%-25% Above	No	No
50228017801	GABAPENTIN 800 MG TABLET	2	30.00	1.58	0.12	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	2	90.00	4.73	0.12	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	2	270.00	14.18	0.12	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	3	30.00	1.58	0.12	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	4	90.00	4.73	0.10	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	30.00	0.26	0.03	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	90.00	0.77	0.03	51%-75% Below	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	3	45.00	1.42	0.04	10%-25% Below	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	3	90.00	2.84	0.04	10%-25% Below	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	4	270.00	8.53	0.04	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	60.00	1.04	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	180.00	3.13	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	60.00	1.04	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	270.00	4.70	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	120.00	2.09	0.04	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	3	270.00	4.24	0.05	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228032301	METAXALONE 800 MG TABLET	4	30.00	74.83	0.60	200% Above	No	No
50228035190	PREGABALIN 50 MG CAPSULE	4	180.00	3.85	0.04	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	2	60.00	1.61	0.06	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	3	90.00	2.41	0.06	51%-75% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	2	30.00	1.30	0.07	26%-50% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	3	30.00	1.30	0.07	26%-50% Below	No	No
50228037905	EZETIMIBE 10 MG TABLET	3	90.00	117.53	0.10	200% Above	No	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	3	180.00	249.39	0.35	200% Above	Yes	No
50228046505	NABUMETONE 500 MG TABLET	2	60.00	4.14	0.14	26%-50% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	3	30.00	2.21	0.17	51%-75% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	4	30.00	2.21	0.13	26%-50% Below	Yes	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	1	30.00	7.51	0.17	26%-50% Above	Yes	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	5.59	0.12	76%-100% Above	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	1	30.00	23.25	0.48	51%-75% Above	No	No
50383066730	LIDOCAINE-PRILOCAINE CREAM	5	30.00	33.32	0.44	101%-200% Above	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	9.90	0.26	101%-200% Above	No	No
50383082316	SULFAMETHOXAZOLE-TMP SUSP	2	150.00	17.86	0.07	51%-75% Above	No	No
50383082316	SULFAMETHOXAZOLE-TMP SUSP	11	150.00	17.58	0.07	51%-75% Above	No	No
50383082416	SULFAMETHOXAZOLE-TMP SUSP	7	150.00	25.27	0.08	76%-100% Above	No	No
50419040203	YASMIN 28 TABLET	3	28.00	62.68	4.40	26%-50% Below	Yes	No
50419040203	YASMIN 28 TABLET	4	28.00	62.68	4.41	26%-50% Below	Yes	No
50458058601	CONCERTA ER 36 MG TABLET	2	60.00	375.22	13.05	51%-75% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	2	1.00	3500.15	5544.76	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	3	1.00	3500.15	5544.76	26%-50% Below	No	No
50742011808	CABERGOLINE 0.5 MG TABLET	1	16.00	19.99	1.88	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742011808	CABERGOLINE 0.5 MG TABLET	3	16.00	19.99	2.08	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	2	60.00	47.46	0.45	51%-75% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	3	90.00	19.38	0.09	101%-200% Above	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	3	90.00	19.38	0.09	101%-200% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	3	180.00	29.43	0.20	10%-25% Below	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	2	30.00	105.80	0.26	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	3	30.00	105.80	0.25	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	4	30.00	105.80	0.22	200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	4	30.00	3.92	0.10	10%-25% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	2	30.00	8.94	0.26	10%-25% Above	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	2	30.00	16.56	0.76	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	3	30.00	16.56	0.87	26%-50% Below	No	No
50742035001	METOLAZONE 5 MG TABLET	4	90.00	63.78	0.22	200% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	3	2.00	13.23	7.57	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	4	10.00	66.15	5.98	10%-25% Above	Yes	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	3	3.00	19.84	7.57	10%-25% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	3	9.00	59.53	7.57	10%-25% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	4	2.00	13.23	5.98	10%-25% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	3.86	0.08	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	11.57	0.08	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	180.00	23.15	0.08	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	29.90	0.08	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	11.57	0.06	101%-200% Above	Yes	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	30.00	7.93	0.08	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	11.57	0.08	51%-75% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	2	90.00	19.87	0.11	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	90.00	19.87	0.16	26%-50% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	4	90.00	58.16	0.20	200% Above	Yes	No
50742062001	NIFEDIPINE ER 30 MG TABLET	2	30.00	6.05	0.10	76%-100% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	4.00	1.43	0.54	26%-50% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	2.00	1.25	0.45	26%-50% Above	Yes	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	3	28.00	44.55	0.88	76%-100% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	2	28.00	54.22	0.67	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	3	28.00	54.22	0.64	200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	4	28.00	54.22	0.55	200% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	No	No
51224001050	BENZONATATE 100 MG CAPSULE	3	30.00	4.36	0.08	51%-75% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	11	6.00	1.18	0.36	26%-50% Below	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	3	4.00	0.82	0.35	26%-50% Below	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	4	30.00	1.99	0.06	10%-25% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	3	13.00	6.75	0.64	10%-25% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	4	90.00	1.45	0.06	51%-75% Below	Yes	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	2	15.00	0.46	0.06	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	4	30.00	0.93	0.06	26%-50% Below	No	No
51672125902	CLOBETASOL 0.05% OINTMENT	2	30.00	84.20	0.23	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672126302	NYSTATIN-TRIAMCINOLONE CREAM	3	30.00	65.33	0.44	200% Above	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	1	30.00	15.82	0.18	101%-200% Above	No	No
51672127902	FLUOCINONIDE 0.05% GEL	2	30.00	60.75	0.88	101%-200% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	4	30.00	3.34	0.09	10%-25% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	30.00	3.21	0.13	10%-25% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	10	30.00	3.21	0.14	10%-25% Below	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	2	30.00	4.10	0.16	10%-25% Below	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	4.10	0.16	10%-25% Below	No	No
51672128901	NYSTATIN 100,000 UNIT/GM CREAM	2	75.00	36.76	0.21	101%-200% Above	Yes	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	3	30.00	12.41	0.17	101%-200% Above	Yes	No
51672130104	AMMONIUM LACTATE 12% CREAM	2	280.00	10.53	0.06	26%-50% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	8	20.00	30.70	1.25	10%-25% Above	No	No
51672130406	TERCONAZOLE 0.4% CREAM	1	45.00	15.62	0.64	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	2	45.00	15.77	0.61	26%-50% Below	No	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	3	30.00	43.38	2.64	26%-50% Below	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	3	22.00	2.85	0.19	26%-50% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	7	22.00	3.12	0.20	26%-50% Below	No	No
51672131808	CICLOPIROX 0.77% CREAM	4	90.00	5.98	0.10	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	2	118.28	84.30	0.22	200% Above	Yes	No
51672138603	FLUOCINONIDE 0.05% CREAM	3	60.00	12.37	0.35	26%-50% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	120.00	5.64	0.04	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	120.00	5.64	0.04	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	150.00	7.05	0.04	26%-50% Above	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	3	28.35	1.81	0.09	26%-50% Below	No	No
51672400501	CARBAMAZEPINE 200 MG TABLET	12	14.00	4.69	0.14	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672403001	WARFARIN SODIUM 3 MG TABLET	4	30.00	6.17	0.09	101%-200% Above	No	No
51672404801	CLOTIRIMAZOLE-BETAMETHASONE CRM	2	30.00	22.24	0.23	200% Above	Yes	No
51672404801	CLOTIRIMAZOLE-BETAMETHASONE CRM	4	15.00	9.90	0.20	200% Above	Yes	No
51672404806	CLOTIRIMAZOLE-BETAMETHASONE CRM	3	45.00	31.77	0.19	200% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	2	150.00	5.54	0.03	26%-50% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	3	150.00	5.54	0.03	26%-50% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	4	75.00	2.77	0.02	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	4	150.00	5.54	0.02	51%-75% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	2	101.00	17.13	0.13	26%-50% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	3	101.00	17.13	0.13	10%-25% Above	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	3	45.00	44.36	0.43	101%-200% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	101.66	0.76	200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	101.66	0.76	200% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	3	40.00	101.66	0.83	200% Above	Yes	No
51672413001	LAMOTRIGINE 25 MG TABLET	3	60.00	2.89	0.03	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	2	30.00	1.70	0.05	10%-25% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	4	30.00	1.70	0.04	26%-50% Above	No	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	4	60.00	19.99	0.73	51%-75% Below	No	No
51862036240	FLUOROURACIL 5% CREAM	4	40.00	101.66	0.75	200% Above	No	No
51862045304	CLONIDINE 0.1 MG/DAY PATCH	3	4.00	32.11	6.32	26%-50% Above	Yes	No
51862048601	TRIMETHOPRIM 100 MG TABLET	3	30.00	39.82	1.73	10%-25% Below	No	No
51862086606	MICROGESTIN FE 1-20 TABLET	3	28.00	1.88	0.16	51%-75% Below	No	No
51862086606	MICROGESTIN FE 1-20 TABLET	4	28.00	1.85	0.13	26%-50% Below	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	2	30.00	50.30	0.47	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	3	30.00	50.30	0.50	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991000690	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	36.37	0.38	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	2	30.00	50.65	0.52	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	3	30.00	50.65	0.52	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	3	90.00	151.95	0.52	200% Above	No	No
51991036378	RIZATRIPTAN 10 MG ODT	3	20.00	17.48	0.72	10%-25% Above	No	No
51991052601	TERBINAFINE HCL 250 MG TABLET	3	30.00	2.85	0.16	26%-50% Below	Yes	No
51991062033	ANASTROZOLE 1 MG TABLET	4	90.00	6.75	0.14	26%-50% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	2	4.00	0.30	0.17	51%-75% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	3	30.00	2.25	0.17	51%-75% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	4	30.00	2.25	0.14	26%-50% Below	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	2	30.00	5.62	0.09	76%-100% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	2	90.00	16.87	0.09	76%-100% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	3	180.00	33.73	0.09	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	4	90.00	16.87	0.07	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	7	14.00	2.61	0.10	76%-100% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	2	90.00	16.87	0.09	76%-100% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	3	270.00	50.60	0.09	101%-200% Above	Yes	No
51991074810	DULOXETINE HCL DR 60 MG CAP	2	90.00	16.72	0.11	51%-75% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	3	90.00	16.72	0.11	51%-75% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	3	90.00	16.72	0.11	51%-75% Above	Yes	No
51991075933	LETROZOLE 2.5 MG TABLET	2	5.00	0.45	0.13	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	2	30.00	2.69	0.13	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	3	5.00	0.45	0.15	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	3	30.00	2.69	0.15	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	4	10.00	0.90	0.12	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991081701	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	23.30	0.20	200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	3	90.00	69.89	0.20	200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	4	30.00	23.30	0.15	200% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	3	90.00	101.30	0.21	200% Above	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	7	300.00	14.90	0.02	101%-200% Above	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	8	300.00	4.11	0.02	26%-50% Below	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	9	300.00	4.11	0.02	26%-50% Below	No	No
51991083716	CETIRIZINE HCL 1 MG/ML SYRUP	12	300.00	4.11	0.02	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	3	1.00	11.80	14.15	10%-25% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	4	5.00	38.51	11.89	26%-50% Below	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	3	270.00	5.70	0.04	26%-50% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	2	30.00	0.79	0.04	26%-50% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	3	30.00	0.79	0.04	26%-50% Below	No	No
52817027110	BISOPROLOL FUMARATE 10 MG TAB	5	30.00	5.44	0.35	26%-50% Below	No	No
52817027110	BISOPROLOL FUMARATE 10 MG TAB	6	30.00	5.87	0.36	26%-50% Below	No	No
52817027110	BISOPROLOL FUMARATE 10 MG TAB	7	30.00	5.87	0.33	26%-50% Below	No	No
52817027110	BISOPROLOL FUMARATE 10 MG TAB	8	30.00	5.87	0.40	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	2	90.00	1.25	0.02	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.42	0.02	10%-25% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	1.25	0.02	10%-25% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.14	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.28	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	1.16	0.02	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	45.00	0.42	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	60.00	0.56	0.02	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.85	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.28	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	1.16	0.02	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.56	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.85	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	6.00	0.06	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	3	180.00	6.21	0.02	76%-100% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	4	15.00	0.36	0.02	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	2	30.00	0.89	0.02	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	2	60.00	1.78	0.02	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	2	180.00	5.35	0.02	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	3	30.00	0.89	0.02	10%-25% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	2	120.00	5.66	0.03	51%-75% Above	No	No
52817039010	CARBIDOPA-LEVODOPA 10-100 TAB	3	540.00	50.54	0.11	10%-25% Below	Yes	No
52937000120	VASCEPA 1 GM CAPSULE	3	180.00	325.48	2.84	26%-50% Below	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	2	30.00	34.48	0.17	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	3	30.00	21.51	0.18	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	3	30.00	34.48	0.18	200% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	24.71	0.15	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	29.90	0.15	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	28.00	34.59	0.15	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	74.12	0.15	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	17.30	0.11	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	24.71	0.11	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	74.12	0.11	200% Above	Yes	No
53489014305	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.90	0.05	26%-50% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.90	0.05	26%-50% Below	No	No
53489014605	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.68	0.06	26%-50% Below	No	No
53489015605	ALLOPURINOL 100 MG TABLET	4	30.00	7.40	0.04	200% Above	No	No
53489051001	TRAZODONE 50 MG TABLET	2	30.00	0.86	0.03	10%-25% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	2	30.00	2.18	0.11	26%-50% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	3	60.00	4.36	0.14	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	8.00	0.58	0.15	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.87	0.15	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	2.90	0.15	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	18.00	1.30	0.15	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	2.16	0.15	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.87	0.15	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	18.00	1.30	0.15	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	1.44	0.15	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	2.16	0.15	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	6.00	0.43	0.13	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.72	0.13	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	1.44	0.13	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	2.16	0.13	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	12.00	0.83	0.15	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	30.00	1.80	0.13	51%-75% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	30.00	1.80	0.14	51%-75% Below	No	No
53746020405	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	7.73	0.21	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746036110	FOLIC ACID 1 MG TABLET	4	90.00	0.57	0.02	51%-75% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	60.00	1.81	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	1	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	12	30.00	8.23	0.05	200% Above	No	No
53746052101	PROMETHAZINE 25 MG TABLET	2	10.00	0.27	0.05	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	12.00	0.32	0.05	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	20.00	0.54	0.05	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	15.00	0.40	0.05	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	2.00	0.05	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	30.00	0.81	0.04	26%-50% Below	Yes	No
53746052110	PROMETHAZINE 25 MG TABLET	2	30.00	0.81	0.05	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	3	20.00	0.54	0.05	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	4	20.00	0.54	0.04	26%-50% Below	No	No
53746054401	PRIMIDONE 50 MG TABLET	4	360.00	54.58	0.12	10%-25% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	2	40.00	3.77	0.13	10%-25% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	3	40.00	3.77	0.12	10%-25% Below	No	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	3	24.00	2.26	0.12	10%-25% Below	Yes	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	2	60.00	10.64	0.11	51%-75% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	3	60.00	10.64	0.13	26%-50% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	3	60.00	13.12	0.13	51%-75% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	3	180.00	60.05	0.20	51%-75% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	2	30.00	0.76	0.05	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746074501	PROMETHAZINE 12.5 MG TABLET	2	120.00	3.05	0.05	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	3	10.00	0.25	0.05	51%-75% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	3	30.00	0.76	0.05	51%-75% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	4	30.00	0.76	0.04	26%-50% Below	No	No
53746075305	BENAZEPRIL HCL 20 MG TABLET	2	90.00	8.55	0.07	26%-50% Above	No	No
54436020004	XYOSTED 100 MG/0.5 ML AUTO-INJ	3	6.00	1146.40	299.14	26%-50% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	4	120.00	4.30	0.24	76%-100% Below	No	No
54838055550	ONDANSETRON 4 MG/5 ML SOLUTION	1	50.00	16.35	0.25	26%-50% Above	No	No
54838055550	ONDANSETRON 4 MG/5 ML SOLUTION	2	30.00	4.22	0.29	51%-75% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	2	90.00	7.07	0.03	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	0.87	0.74	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.75	0.74	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	1.00	0.87	0.74	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	1.75	0.74	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	3.00	2.62	0.74	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	3.00	2.62	0.58	26%-50% Above	No	No
55111015001	FLUOXETINE HCL 10 MG TABLET	2	30.00	7.37	0.18	26%-50% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	3	30.00	7.37	0.14	51%-75% Above	Yes	No
55111015010	FLUOXETINE HCL 10 MG TABLET	3	30.00	7.37	0.14	51%-75% Above	No	No
55111015030	FLUOXETINE HCL 10 MG TABLET	2	30.00	4.00	0.18	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.56	0.07	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.68	0.07	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	10.00	0.38	0.07	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	2	18.00	1.05	0.10	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	3	18.00	1.05	0.10	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111015430	ONDANSETRON HCL 8 MG TABLET	4	8.00	36.79	0.08	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	4	18.00	1.05	0.08	10%-25% Below	No	No
55111016730	OLANZAPINE 15 MG TABLET	2	30.00	2.46	0.14	26%-50% Below	No	No
55111016730	OLANZAPINE 15 MG TABLET	3	30.00	2.46	0.15	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	2	30.00	2.81	0.19	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	3	30.00	2.81	0.20	51%-75% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	3	30.00	0.78	0.04	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	3	120.00	3.12	0.04	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	4	30.00	0.78	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.75	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	60.00	1.49	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	90.00	2.24	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.75	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	90.00	2.24	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	270.00	6.72	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.75	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	60.00	1.49	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	90.00	2.24	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	1	90.00	11.73	0.06	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	10.00	0.25	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.75	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	60.00	1.49	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	90.00	2.24	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	450.00	11.21	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.75	0.04	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111018015	TIZANIDINE HCL 4 MG TABLET	3	60.00	1.49	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	90.00	2.24	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.75	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	90.00	2.24	0.03	10%-25% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	3	90.00	5.17	0.06	10%-25% Below	No	No
55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	1	30.00	60.73	0.30	200% Above	No	No
55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	2	30.00	60.73	0.30	200% Above	No	No
55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	3	30.00	60.73	0.30	200% Above	No	No
55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	4	30.00	60.73	0.30	200% Above	No	No
55111025760	ZIPRASIDONE HCL 40 MG CAPSULE	5	30.00	10.83	0.30	10%-25% Above	No	No
55111025860	ZIPRASIDONE HCL 60 MG CAPSULE	1	30.00	70.06	0.42	200% Above	No	No
55111025860	ZIPRASIDONE HCL 60 MG CAPSULE	2	30.00	70.06	0.37	200% Above	No	No
55111025860	ZIPRASIDONE HCL 60 MG CAPSULE	3	30.00	70.06	0.38	200% Above	No	No
55111025860	ZIPRASIDONE HCL 60 MG CAPSULE	4	30.00	70.06	0.35	200% Above	No	No
55111025860	ZIPRASIDONE HCL 60 MG CAPSULE	5	30.00	13.34	0.36	10%-25% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	3	7.00	0.74	0.18	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	2	10.00	5.16	0.38	26%-50% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	3	9.00	4.26	0.39	10%-25% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	3.27	0.42	10%-25% Below	No	No
55111029290	SUMATRIPTAN SUCC 50 MG TABLET	4	18.00	6.54	0.31	10%-25% Above	Yes	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	3.81	0.49	10%-25% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	12.00	5.07	0.49	10%-25% Below	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	3	90.00	4.08	0.04	10%-25% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	3	30.00	2.53	0.04	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	90.00	7.58	0.03	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111032105	GLIMEPIRIDE 2 MG TABLET	2	30.00	2.53	0.03	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	2	90.00	7.58	0.03	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	4	30.00	2.53	0.03	101%-200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	180.00	24.52	0.05	101%-200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	90.00	19.13	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	30.00	4.09	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	60.00	8.00	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	30.00	4.00	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	30.00	4.09	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	60.00	8.00	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	60.00	8.17	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	90.00	10.00	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	30.00	4.09	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	60.00	8.00	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	90.00	10.00	0.04	101%-200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	2	30.00	7.73	0.11	101%-200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	3	30.00	7.73	0.12	101%-200% Above	No	No
55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	2	30.00	9.51	0.15	101%-200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	3	30.00	15.42	0.12	200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	15.42	0.10	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	2	90.00	11.57	0.08	51%-75% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	2	90.00	29.99	0.08	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	2	30.00	3.86	0.08	51%-75% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	2	90.00	11.57	0.08	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111046605	METOPROLOL SUCC ER 25 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	12	90.00	10.12	0.08	26%-50% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	2	30.00	3.86	0.07	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	2	90.00	11.57	0.07	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	2	90.00	11.57	0.07	76%-100% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	2	30.00	6.62	0.11	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	3	90.00	19.87	0.16	26%-50% Above	No	No
55111046905	METOPROLOL SUCC ER 200 MG TAB	3	30.00	19.39	0.19	200% Above	No	No
55111046905	METOPROLOL SUCC ER 200 MG TAB	4	30.00	19.39	0.20	200% Above	No	No
55111051930	ATOMOXETINE HCL 10 MG CAPSULE	2	7.00	15.32	0.60	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	2	15.00	35.67	0.72	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	71.33	0.72	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	71.33	0.65	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	71.33	0.49	200% Above	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	3	30.00	71.33	0.66	200% Above	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	2	7.00	15.32	0.56	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	2	30.00	76.96	0.65	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	4	30.00	76.96	0.53	200% Above	No	No
55111057543	IBANDRONATE SODIUM 150 MG TAB	2	3.00	65.69	4.27	200% Above	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	3	90.00	29.72	0.14	101%-200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	3	30.00	11.84	0.12	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	2	30.00	11.84	0.11	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	1.97	0.05	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	5.92	0.05	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	1.97	0.05	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	5.92	0.05	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
55111065001	METAXALONE 800 MG TABLET	4	60.00	80.70	0.60	101%-200% Above	No	No
55111068305	IBU 600 MG TABLET	2	20.00	0.37	0.05	51%-75% Below	No	No
55111068405	IBU 800 MG TABLET	3	90.00	3.36	0.07	26%-50% Below	No	No
55111068405	IBU 800 MG TABLET	4	90.00	3.36	0.06	26%-50% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	2	30.00	2.32	0.06	10%-25% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	2	90.00	15.59	0.15	10%-25% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	4	30.00	5.80	0.15	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	4	90.00	17.41	0.15	26%-50% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	4	90.00	25.69	0.20	26%-50% Above	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	30.00	4.21	0.26	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	30.00	4.21	0.26	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	90.00	7.11	0.26	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	90.00	11.29	0.26	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	90.00	12.62	0.26	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	10.00	1.40	0.28	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	4.21	0.28	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	4.21	0.28	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	30.00	4.21	0.23	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	90.00	12.62	0.23	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111078430	FEXOFENADINE HCL 180 MG TABLET	2	30.00	4.56	0.26	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	3	30.00	4.56	0.28	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	3	90.00	13.68	0.28	26%-50% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	0.87	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.75	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	4.90	0.74	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	3.00	2.62	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	5.00	4.37	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	6.00	5.24	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	10.00	8.74	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.75	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	6.00	5.24	0.74	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	1.75	0.58	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	3.00	2.62	0.58	26%-50% Above	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	10.97	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	6.00	0.73	0.06	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	180.00	21.94	0.06	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	10.97	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	180.00	21.94	0.05	101%-200% Above	Yes	No
57237001930	DULOXETINE HCL DR 60 MG CAP	2	30.00	5.57	0.11	51%-75% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	3	30.00	5.57	0.11	51%-75% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	2	30.00	4.89	0.14	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	3	30.00	4.89	0.13	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	20.00	1.99	0.15	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	11	20.00	0.82	0.08	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	11.18	0.04	26%-50% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	8.32	0.03	76%-100% Above	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	2	100.00	13.02	0.22	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	3	100.00	13.02	0.23	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	6	100.00	28.06	0.22	26%-50% Above	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	7	100.00	14.11	0.23	26%-50% Below	No	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	4	75.00	8.92	0.22	26%-50% Below	Yes	No
57237004101	PENICILLIN VK 500 MG TABLET	4	28.00	4.63	0.09	76%-100% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	2	28.00	2.48	0.11	10%-25% Below	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	2	60.00	13.00	0.28	10%-25% Below	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	4	60.00	13.00	0.26	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.68	0.07	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.68	0.06	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	18.00	1.05	0.10	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	18.00	1.05	0.10	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	4	18.00	1.05	0.08	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	5.00	0.58	0.19	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	12.00	1.38	0.19	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	10.00	1.15	0.19	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	2.07	0.19	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	10.00	1.15	0.16	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	2	18.00	1.76	0.19	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	12.00	1.17	0.19	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	15.00	1.73	0.19	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007730	ONDANSETRON ODT 4 MG TABLET	3	18.00	1.76	0.19	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	18.00	2.07	0.19	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	10.00	15.18	0.19	200% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	4.00	0.52	0.21	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	18.00	2.32	0.21	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	18.00	1.97	0.17	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	6.95	0.50	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	2	20.00	6.95	0.49	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	14.00	4.87	0.50	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	20.00	6.95	0.50	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	12	20.00	7.62	0.51	10%-25% Below	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	2	30.00	0.89	0.02	10%-25% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	7	28.00	0.83	0.02	26%-50% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	2	90.00	29.80	0.12	101%-200% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	3	90.00	29.80	0.14	101%-200% Above	Yes	No
57237014935	FLUCONAZOLE 10 MG/ML SUSP	1	35.00	10.76	0.28	10%-25% Above	No	No
57237015035	FLUCONAZOLE 40 MG/ML SUSP	5	35.00	28.26	0.68	10%-25% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	3.35	0.03	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	19.13	0.03	200% Above	Yes	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	No	No
57237018590	PRAMIPEXOLE 1.5 MG TABLET	3	180.00	67.19	0.07	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	4.50	0.08	76%-100% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	2	30.00	3.91	0.11	10%-25% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	11.74	0.11	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237022090	PIOGLITAZONE HCL 30 MG TABLET	11	90.00	8.17	0.12	10%-25% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.68	0.06	26%-50% Below	No	No
57237023901	ZALEPLON 5 MG CAPSULE	3	30.00	8.39	0.17	51%-75% Above	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	112.77	4.85	10%-25% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	2	14.00	0.23	0.03	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	3	14.00	0.23	0.04	51%-75% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	3	30.00	0.49	0.04	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	2	30.00	3.44	0.24	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	3.44	0.21	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	9	20.00	7.23	0.19	76%-100% Above	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	3	30.00	4.70	0.40	51%-75% Below	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	9	21.00	0.68	0.02	51%-75% Above	No	No
57664049983	MIRTAZAPINE 15 MG TABLET	3	30.00	4.46	0.07	101%-200% Above	Yes	No
57664050652	METOPROLOL TARTRATE 25 MG TAB	2	90.00	3.11	0.02	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	2	56.00	1.93	0.02	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	2	60.00	2.07	0.02	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	2	90.00	3.11	0.02	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	3	30.00	1.04	0.02	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	3	56.00	1.93	0.02	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	3	180.00	6.21	0.02	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	10	60.00	1.81	0.02	51%-75% Above	No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	3	30.00	28.92	0.53	76%-100% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	4	90.00	86.76	0.44	101%-200% Above	Yes	No
57664065688	PINDOLOL 10 MG TABLET	2	90.00	58.51	1.00	26%-50% Below	No	No
57664065688	PINDOLOL 10 MG TABLET	3	90.00	58.51	1.08	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58657064750	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.65	0.03	51%-75% Below	No	No
58657064750	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.65	0.03	51%-75% Below	No	No
58657064750	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.65	0.03	51%-75% Below	No	No
59417010210	VYVANSE 20 MG CAPSULE	3	30.00	237.32	12.39	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	3	30.00	237.32	12.39	26%-50% Below	No	No
59417010510	VYVANSE 50 MG CAPSULE	3	30.00	237.32	12.38	26%-50% Below	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	5.92	0.05	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	5.00	0.33	0.05	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	1.97	0.05	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	5.92	0.05	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	1.97	0.05	10%-25% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	5.92	0.05	10%-25% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	1.97	0.05	10%-25% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	5.92	0.05	10%-25% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	No	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	9.90	0.44	26%-50% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	2	22.50	11.99	0.29	76%-100% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	2	23.00	12.19	0.35	26%-50% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	2	45.00	23.98	0.29	76%-100% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	3	23.00	12.19	0.36	26%-50% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	5	23.00	11.01	0.35	26%-50% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	8	22.50	11.53	0.32	51%-75% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	10	23.00	10.42	0.33	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	11	23.00	10.42	0.34	26%-50% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	9	30.00	19.40	0.27	101%-200% Above	Yes	No
59651002655	AMOX-CLAV 250-62.5 MG/5 ML SUS	3	150.00	52.65	0.48	26%-50% Below	Yes	No
59651002675	AMOX-CLAV 250-62.5 MG/5 ML SUS	3	75.00	26.84	0.52	26%-50% Below	Yes	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	28.00	25.86	0.23	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	28.00	25.86	0.23	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	4	28.00	25.86	0.21	200% Above	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	3	240.00	7.39	0.03	10%-25% Above	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	6	260.00	5.17	0.02	10%-25% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	39.18	0.08	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	90.00	117.53	0.08	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	30.00	39.18	0.10	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	30.00	39.18	0.08	200% Above	No	No
59651005230	EZETIMIBE 10 MG TABLET	2	90.00	117.53	0.08	200% Above	No	No
59651005230	EZETIMIBE 10 MG TABLET	3	90.00	117.53	0.10	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	3	85.00	111.00	0.10	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	3	90.00	29.99	0.10	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	3	90.00	117.53	0.10	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	4	30.00	39.18	0.08	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	4	30.00	108.44	0.38	200% Above	No	No
59651013990	NEBIVOLOL 10 MG TABLET	3	90.00	65.67	0.20	200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	2	30.00	18.14	0.20	101%-200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	3	30.00	18.14	0.20	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	2	90.00	81.75	0.40	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	3	90.00	81.75	0.34	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651017501	DOXEPIN 50 MG CAPSULE	3	60.00	5.38	0.27	51%-75% Below	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	4	26.00	18.70	0.15	200% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	4	96.00	69.04	0.15	200% Above	Yes	No
59651018201	METHOTREXATE 2.5 MG TABLET	4	104.00	74.80	0.15	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	12.77	0.30	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	12.77	0.29	26%-50% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	12.77	0.29	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	90.00	38.30	0.29	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	12.77	0.24	76%-100% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	12.77	0.24	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	5.01	0.30	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	5.01	0.31	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	5.01	0.29	26%-50% Below	Yes	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	3	90.00	93.28	0.42	101%-200% Above	No	No
59651030801	FLUOXETINE HCL 10 MG TABLET	4	30.00	7.37	0.13	76%-100% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	18.00	0.67	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	1.12	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	40.00	1.49	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	2.85	0.07	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	3.36	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	12.00	0.45	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	1.12	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	2.85	0.07	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	3.36	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	28.00	1.04	0.06	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	3.36	0.06	26%-50% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	30.00	15.97	0.14	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	31.94	0.14	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	3	180.00	95.81	0.14	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	4	30.00	15.97	0.10	200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	3	90.00	2.71	0.05	26%-50% Below	No	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	1.54	0.04	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	180.00	9.25	0.04	26%-50% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	2	180.00	50.27	0.07	200% Above	Yes	No
59651050530	RAMELTEON 8 MG TABLET	3	30.00	56.11	0.93	101%-200% Above	Yes	No
59651050530	RAMELTEON 8 MG TABLET	4	90.00	168.33	0.67	101%-200% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	1	12.00	45.29	0.93	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	90.00	40.68	0.11	200% Above	Yes	No
59651072201	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.42	0.02	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	2	45.00	0.81	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	2	30.00	0.54	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	3	180.00	3.26	0.03	26%-50% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	2	30.00	6.54	0.17	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	3	180.00	39.26	0.17	26%-50% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	6.26	0.14	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	6.26	0.14	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	6.26	0.14	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	15.41	0.14	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	15.91	0.14	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	6.26	0.14	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	6.26	0.14	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	9.99	0.14	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	15.41	0.14	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	15.91	0.14	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	3.50	0.19	10%-25% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	9.90	0.13	200% Above	Yes	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	2	21.00	11.59	0.17	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	3	10.00	5.52	0.20	101%-200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	3	21.00	11.59	0.20	101%-200% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	2	90.00	5.11	0.09	26%-50% Below	No	No
59746017210	PREDNISONE 5 MG TABLET	2	10.00	1.01	0.04	101%-200% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	2	30.00	3.04	0.04	101%-200% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	3	10.00	1.01	0.05	76%-100% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	3	21.00	2.13	0.05	76%-100% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	4	60.00	6.08	0.04	101%-200% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	4	10.00	1.09	0.05	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	2	10.00	1.09	0.06	76%-100% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	2	18.00	1.96	0.06	76%-100% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	2	21.00	2.28	0.06	76%-100% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	2	30.00	3.26	0.06	76%-100% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	3	8.00	1.47	0.07	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	3	10.00	1.09	0.07	51%-75% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	3	18.00	1.96	0.07	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746017310	PREDNISONE 10 MG TABLET	3	20.00	2.17	0.07	51%-75% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	3	28.00	3.04	0.07	51%-75% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	8	10.00	1.19	0.06	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	9	7.00	0.83	0.06	101%-200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	2	5.00	0.58	0.09	10%-25% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	2	10.00	1.16	0.09	10%-25% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	4	1.00	0.12	0.07	51%-75% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	2	5.00	0.58	0.09	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	2	6.00	0.70	0.09	26%-50% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	2	9.00	1.04	0.09	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	2	10.00	1.16	0.09	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	2	40.00	4.64	0.09	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	3	3.00	1.05	0.10	200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	3	5.00	0.58	0.10	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	3	8.00	0.93	0.10	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	3	10.00	1.16	0.10	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	3	30.00	3.48	0.10	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	4	3.00	1.05	0.07	200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	4	4.00	0.46	0.07	51%-75% Above	Yes	No
59746017509	PREDNISONE 20 MG TABLET	4	5.00	0.58	0.07	51%-75% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	4	6.00	1.41	0.07	200% Above	Yes	No
59746017509	PREDNISONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	11	10.00	1.27	0.11	10%-25% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.85	0.02	51%-75% Below	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	7.74	0.03	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	14.73	0.12	200% Above	No	No
59746033910	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	14.73	0.13	200% Above	No	No
59746033910	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	14.73	0.13	200% Above	No	No
59746038406	TERAZOSIN 2 MG CAPSULE	3	90.00	7.29	0.14	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	3	30.00	2.50	0.15	26%-50% Below	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	9.99	0.55	26%-50% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	9.01	0.52	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	12.87	0.52	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	60.00	38.60	0.52	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	9.01	0.54	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	4	30.00	3.19	0.09	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	4	90.00	9.56	0.09	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	4	10.00	1.71	0.11	51%-75% Above	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	3	60.00	11.71	0.24	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	4	360.00	70.28	0.18	10%-25% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	2	5.00	6.90	1.91	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	4	40.00	4.73	0.19	26%-50% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	3	120.00	49.82	0.83	26%-50% Below	No	No
59762100501	CABERGOLINE 0.5 MG TABLET	2	32.00	162.19	1.68	200% Above	Yes	No
59762106101	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	4	9.00	1.78	0.18	10%-25% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
59762314001	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	15.98	0.28	76%-100% Above	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	12	25.00	3.52	0.22	26%-50% Below	No	No
59762371901	ALPRAZOLAM 0.25 MG TABLET	3	45.00	0.63	0.02	26%-50% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762372003	ALPRAZOLAM 0.5 MG TABLET	3	2.00	0.53	0.03	200% Above	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.88	0.03	26%-50% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.88	0.02	26%-50% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.44	0.03	26%-50% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	3	90.00	1.37	0.03	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	3	60.00	0.91	0.03	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	4	60.00	0.91	0.02	26%-50% Below	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	6.26	0.14	101%-200% Above	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	4	2.00	1.37	0.55	10%-25% Above	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	3	40.00	38.06	1.66	26%-50% Below	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	2	90.00	29.21	0.17	76%-100% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	2	180.00	58.43	0.17	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	12.07	1.41	10%-25% Below	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	18.95	1.25	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	29.90	1.25	101%-200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	18.95	1.38	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	18.95	1.11	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	10.00	1.09	0.06	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	31.00	3.37	0.06	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	5.00	0.54	0.07	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	8.00	0.87	0.07	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	10.00	1.09	0.07	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	21.00	2.28	0.07	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	10.00	1.09	0.05	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	15.00	1.43	0.06	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170801	PREDNISONE 20 MG TABLET	1	7.00	2.26	0.11	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	2.92	0.11	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	10.00	1.16	0.09	10%-25% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	1.16	0.10	10%-25% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	10.00	2.83	0.11	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	5.00	0.58	0.10	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	7.00	0.81	0.10	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	15.00	1.74	0.07	51%-75% Above	No	No
60219174903	ATROPINE 1% EYE DROPS	2	5.00	22.54	7.79	26%-50% Below	Yes	No
60219174903	ATROPINE 1% EYE DROPS	3	5.00	22.54	7.78	26%-50% Below	No	No
60219174903	ATROPINE 1% EYE DROPS	3	5.00	22.54	7.78	26%-50% Below	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	2	6.00	48.29	0.20	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	2	12.00	96.57	0.20	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	2	18.00	144.86	0.20	200% Above	No	No
60219175303	SILDENAFIL 100 MG TABLET	3	6.00	48.29	0.19	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	3	18.00	144.86	0.19	200% Above	No	No
60219203901	PROCHLORPERAZINE 10 MG TAB	9	7.00	1.67	0.43	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	2	4.00	0.87	0.30	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	3	5.00	1.20	0.36	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	4	15.00	3.27	0.29	10%-25% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	4	40.00	8.73	0.29	10%-25% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	14.00	0.23	0.03	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	20.00	0.33	0.03	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	16.00	0.26	0.04	51%-75% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	28.00	0.46	0.04	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234805	TRAMADOL HCL 50 MG TABLET	3	30.00	0.49	0.04	51%-75% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	90.00	1.47	0.04	51%-75% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	21.00	0.34	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	6.00	0.10	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	70.00	1.14	0.03	51%-75% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	90.00	1.47	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	90.00	1.47	0.04	51%-75% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	90.00	1.47	0.03	26%-50% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	2	10.00	4.52	0.11	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	2	90.00	40.68	0.11	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	30.00	13.56	0.15	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	90.00	40.68	0.15	200% Above	No	No
60432006575	AMOX-CLAV 250-62.5 MG/5 ML SUS	2	150.00	53.67	0.47	10%-25% Below	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	100.00	6.94	0.05	26%-50% Above	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	2	60.00	10.27	0.27	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	3	60.00	10.27	0.23	26%-50% Below	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	2	90.00	37.49	0.07	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	24.00	0.10	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	39.34	0.10	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	39.34	0.10	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	3	30.00	13.11	0.10	200% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	2	30.00	0.72	0.03	26%-50% Below	No	No
60505014100	GLIPIZIDE 5 MG TABLET	3	30.00	0.72	0.03	26%-50% Below	No	No
60505014100	GLIPIZIDE 5 MG TABLET	3	180.00	4.32	0.03	26%-50% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	4	30.00	0.72	0.03	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505014101	GLIPIZIDE 5 MG TABLET	2	30.00	0.72	0.03	26%-50% Below	No	No
60505014101	GLIPIZIDE 5 MG TABLET	3	30.00	0.72	0.03	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	2	180.00	4.32	0.03	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	11	180.00	4.16	0.04	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	2	60.00	2.38	0.05	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	2	180.00	7.13	0.05	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	3	60.00	2.38	0.05	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	3	30.00	1.19	0.05	10%-25% Below	No	No
60505015801	BUPROPION HCL 75 MG TABLET	2	90.00	22.50	0.12	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	3	90.00	36.42	0.12	200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	9.58	0.05	101%-200% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	9.58	0.06	76%-100% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	38.72	0.05	200% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	55.77	0.09	200% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	3	30.00	4.46	0.07	101%-200% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	12	14.00	2.28	0.06	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	2	90.00	2.15	0.04	26%-50% Below	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	3	90.00	8.86	0.06	51%-75% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	2	5.00	52.51	1.53	200% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	3	10.00	105.03	1.63	200% Above	No	No
60505036302	OFLOXACIN 0.3% EAR DROPS	2	10.00	96.06	1.69	200% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	10.00	9.99	2.33	51%-75% Below	No	No
60505058301	BIMATOPROST 0.03% EYE DROPS	4	5.00	89.95	15.68	10%-25% Above	Yes	No
60505058901	BRIMONIDINE-TIMOLOL 0.2%-0.5%	2	5.00	56.87	15.19	10%-25% Below	No	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	3	2.50	29.90	14.62	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	9.99	0.38	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	3.35	0.38	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	11.64	0.38	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	3.35	0.42	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	9.99	0.42	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	11.64	0.42	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	10.05	0.42	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	3.35	0.38	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	10.05	0.38	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	14.06	0.32	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	3.29	0.30	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	14.06	0.30	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	16.00	3.29	0.30	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	16.00	2.76	0.32	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	3.29	0.27	10%-25% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	2	17.00	69.74	1.94	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	69.74	2.08	76%-100% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	12.77	0.30	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	12.77	0.29	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	29.90	0.29	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	11	30.00	6.92	0.28	10%-25% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	2	14.00	1.10	0.03	101%-200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	2	30.00	2.36	0.03	101%-200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	3	30.00	2.36	0.03	101%-200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	90.00	7.07	0.03	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505257908	ATORVASTATIN 20 MG TABLET	2	28.00	2.71	0.04	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	2	30.00	2.91	0.04	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	17.00	1.65	0.04	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	30.00	2.91	0.04	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	90.00	0.78	0.04	76%-100% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	3	30.00	2.91	0.04	101%-200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	28.00	2.72	0.07	26%-50% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	30.00	2.92	0.07	26%-50% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	30.00	2.92	0.06	51%-75% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	90.00	8.75	0.06	51%-75% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	28.00	2.72	0.05	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	4.16	0.10	26%-50% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	45.00	6.24	0.10	26%-50% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	90.00	12.47	0.10	26%-50% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	12.47	0.10	26%-50% Above	Yes	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	4.00	0.10	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	90.00	10.00	0.10	10%-25% Above	No	No
60505265901	TRAZODONE 300 MG TABLET	3	90.00	249.48	1.26	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505267108	ATORVASTATIN 80 MG TABLET	2	30.00	3.36	0.08	26%-50% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	3	30.00	3.36	0.09	10%-25% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	7	14.00	1.56	0.09	26%-50% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	3	30.00	3.36	0.09	10%-25% Above	No	No
60505267303	ARIPIRAZOLE 5 MG TABLET	2	30.00	115.28	0.12	200% Above	No	No
60505267303	ARIPIRAZOLE 5 MG TABLET	3	30.00	115.28	0.13	200% Above	No	No
60505280507	CARBAMAZEPINE ER 100 MG CAP	2	60.00	42.64	1.10	26%-50% Below	Yes	No
60505314008	OLANZAPINE 20 MG TABLET	2	30.00	2.81	0.19	26%-50% Below	No	No
60505324703	FAMCICLOVIR 500 MG TABLET	2	14.00	19.50	0.87	51%-75% Above	No	No
60505324703	FAMCICLOVIR 500 MG TABLET	3	14.00	19.50	0.87	51%-75% Above	No	No
60505324703	FAMCICLOVIR 500 MG TABLET	3	21.00	29.25	0.87	51%-75% Above	No	No
60505324703	FAMCICLOVIR 500 MG TABLET	4	21.00	29.25	0.77	76%-100% Above	No	No
60505361405	VARENICLINE 1 MG TABLET	1	60.00	178.85	2.33	26%-50% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	2	60.00	178.85	2.23	26%-50% Above	Yes	No
60505379709	PREGABALIN 150 MG CAPSULE	2	30.00	1.30	0.07	26%-50% Below	No	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	2	90.00	32.07	0.22	51%-75% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	4	90.00	32.07	0.17	101%-200% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	3	30.00	97.44	1.30	101%-200% Above	Yes	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	315.77	5.98	51%-75% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	239.98	5.69	26%-50% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	239.98	6.51	10%-25% Above	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	5.00	23.47	5.33	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	5.00	23.47	5.33	10%-25% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	5.00	23.47	5.51	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	5.00	23.47	5.51	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60758018805	GENTAMICIN 0.3% EYE DROP	1	5.00	5.30	0.65	51%-75% Above	No	No
60758018805	GENTAMICIN 0.3% EYE DROP	1	5.00	7.73	0.60	101%-200% Above	No	No
60758088005	FLUOROMETHOLONE 0.1% EYE DROP	3	5.00	52.97	15.43	26%-50% Below	No	No
60793085601	LEVOXYL 125 MCG TABLET	2	90.00	4.88	1.07	76%-100% Below	No	No
60793085701	LEVOXYL 137 MCG TABLET	2	30.00	16.09	1.09	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	4	300.00	12.16	0.06	26%-50% Below	No	No
61314012605	KETOROLAC 0.5% OPHTH SOLUTION	2	5.00	10.37	1.42	26%-50% Above	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	3	15.00	18.68	1.12	10%-25% Above	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	3	18.00	53.89	1.13	101%-200% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	2	2.50	3.45	1.91	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	3	2.50	3.45	1.76	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	3	7.50	21.79	1.76	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	2	10.00	6.28	0.44	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	2	10.00	8.88	0.44	101%-200% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	3	10.00	6.28	0.46	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	6.28	0.40	51%-75% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	10.19	2.34	10%-25% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	3	5.00	23.47	5.51	10%-25% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	4	10.00	45.16	5.40	10%-25% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	33.04	4.32	51%-75% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2	5.00	9.75	1.66	10%-25% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2	5.00	11.47	1.67	26%-50% Above	No	No
61314065625	CIPROFLOXACIN 0.3% EYE DROP	11	2.50	4.01	2.57	26%-50% Below	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	3	60.00	5.41	0.10	10%-25% Below	No	No
61442012210	FAMOTIDINE 40 MG TABLET	3	60.00	5.39	0.06	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61442012210	FAMOTIDINE 40 MG TABLET	8	30.00	5.26	0.09	76%-100% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	9	30.00	5.26	0.09	76%-100% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	10	30.00	5.26	0.08	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	11	30.00	5.26	0.08	101%-200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	2	30.00	2.13	0.04	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	3	30.00	2.13	0.04	51%-75% Above	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	2	4.00	9.94	3.07	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	3	4.00	9.94	3.32	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	4	4.00	9.94	2.90	10%-25% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	3	30.00	885.29	46.22	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	3	90.00	2655.87	46.22	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	4	90.00	2655.87	46.22	26%-50% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	3	30.00	166.39	0.73	200% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	3	30.00	191.43	0.80	200% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	4	30.00	191.43	0.63	200% Above	No	No
62135013277	FLUCONAZOLE 150 MG TABLET	4	3.00	6.96	0.58	200% Above	No	No
62135021010	FOLIC ACID 1 MG TABLET	2	30.00	0.36	0.03	51%-75% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	3	30.00	0.36	0.03	51%-75% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	1.97	0.05	10%-25% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	1.97	0.05	10%-25% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	7	14.00	0.92	0.05	10%-25% Above	No	No
62175027141	OXYBUTYNIN CL ER 10 MG TABLET	2	30.00	15.64	0.12	200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	1	30.00	5.12	0.07	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	2.66	0.07	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002431	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	7.99	0.06	26%-50% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	45.00	3.87	0.03	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	7.74	0.03	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	7.74	0.03	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	7.74	0.03	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	1.74	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	5.23	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	1.74	0.04	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	5.23	0.04	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	1.74	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	2.75	0.06	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	8.24	0.06	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	45.00	4.12	0.06	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	8.24	0.06	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	8.24	0.05	76%-100% Above	Yes	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	2	30.00	0.84	0.05	26%-50% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	2	180.00	3.26	0.06	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	4	90.00	1.63	0.05	51%-75% Below	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	2	60.00	2.15	0.07	26%-50% Below	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	3	60.00	2.15	0.07	26%-50% Below	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	4	60.00	2.15	0.06	26%-50% Below	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	2	90.00	3.91	0.09	26%-50% Below	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	4	90.00	3.91	0.08	26%-50% Below	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	3	60.00	2.89	0.03	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332004590	VALSARTAN 80 MG TABLET	2	90.00	15.59	0.15	10%-25% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.63	0.04	26%-50% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.63	0.04	26%-50% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.63	0.03	26%-50% Below	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	2	30.00	30.99	0.16	200% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	3	30.00	30.99	0.23	200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	2	30.00	14.09	0.13	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	2	30.00	115.28	0.12	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	3	30.00	115.28	0.13	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	2	30.00	109.79	0.13	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	2	90.00	329.36	0.13	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	3	30.00	109.79	0.15	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	3	30.00	154.40	0.23	200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	60.00	2.07	0.02	76%-100% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	60.00	1.78	0.02	10%-25% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	4	60.00	1.78	0.02	51%-75% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	2	60.00	17.20	0.09	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	30.00	8.60	0.09	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	60.00	17.20	0.09	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	180.00	51.59	0.09	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	4	30.00	8.60	0.08	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	2	30.00	8.60	0.09	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	12.66	0.10	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	12.66	0.10	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	25.31	0.10	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014231	CELECOXIB 200 MG CAPSULE	3	28.00	11.81	0.11	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	12.66	0.11	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	12.66	0.11	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	25.31	0.11	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	90.00	37.97	0.11	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	30.00	12.66	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	60.00	9.90	0.09	76%-100% Above	Yes	No
62332014271	CELECOXIB 200 MG CAPSULE	2	30.00	12.66	0.10	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	30.00	12.66	0.11	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	60.00	25.31	0.11	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	60.00	25.31	0.09	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	38.45	0.25	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	38.45	0.29	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	3	30.00	108.44	0.51	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	4	30.00	108.44	0.36	200% Above	No	No
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	2	90.00	34.61	0.70	26%-50% Below	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	3	90.00	385.74	1.29	200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.00	1.18	0.33	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.00	6.06	0.37	101%-200% Above	No	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	2	30.00	23.76	1.38	26%-50% Below	No	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	3	30.00	23.76	1.55	26%-50% Below	No	No
62332038231	TEMAZEPAM 30 MG CAPSULE	2	30.00	1.58	0.09	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	3	30.00	1.58	0.10	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332038690	MODAFINIL 200 MG TABLET	3	60.00	601.24	0.42	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	4	60.00	601.24	0.38	200% Above	No	No
62332040331	NADOLOL 40 MG TABLET	2	30.00	48.19	0.40	200% Above	Yes	No
62332040331	NADOLOL 40 MG TABLET	3	30.00	48.19	0.38	200% Above	Yes	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	18.95	1.25	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	18.95	1.38	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	9.99	1.32	10%-25% Below	No	No
62332046431	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.29	0.13	26%-50% Below	No	No
62332046431	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.29	0.13	26%-50% Below	No	No
62332046431	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	No	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	2	90.00	91.74	0.16	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	2	60.00	79.89	0.21	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	2	120.00	159.78	0.21	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	3	60.00	79.89	0.23	200% Above	Yes	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	9.99	2.55	26%-50% Above	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	2	6.00	17.96	1.03	101%-200% Above	Yes	No
62332060330	BISOPROLOL FUMARATE 5 MG TAB	2	90.00	33.65	0.28	26%-50% Above	No	No
62559015901	FLUVOXAMINE MALEATE 50 MG TAB	3	30.00	8.51	0.25	10%-25% Above	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	2	30.00	59.61	1.51	26%-50% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	3	12.00	23.84	1.57	26%-50% Above	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	3	30.00	59.61	1.57	26%-50% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	4	30.00	59.61	1.15	51%-75% Above	Yes	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	1	60.00	38.61	0.24	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	1	60.00	41.18	0.32	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	2	60.00	38.61	0.30	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	3	60.00	38.61	0.28	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	3	60.00	41.18	0.30	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	4	60.00	38.61	0.26	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	4	60.00	41.18	0.29	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	5	60.00	41.18	0.31	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	7	60.00	50.77	0.29	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	8	60.00	38.61	0.28	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	8	60.00	50.77	0.29	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	9	60.00	38.61	0.26	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	9	60.00	41.42	0.28	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	10	60.00	38.61	0.30	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	11	60.00	38.61	0.29	101%-200% Above	No	No
62559029101	POTASSIUM CITRATE ER 10 MEQ TB	12	60.00	41.18	0.29	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	2	60.00	20.02	0.18	76%-100% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	3	60.00	20.02	0.20	51%-75% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	4	180.00	60.05	0.16	101%-200% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	2	60.00	28.76	0.32	26%-50% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	3	60.00	28.76	0.32	26%-50% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	4	60.00	28.76	0.27	76%-100% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	25.02	0.36	101%-200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	25.02	0.37	101%-200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	75.05	0.37	101%-200% Above	Yes	No
62559046190	FENOFIBRATE 150 MG CAPSULE	2	30.00	122.37	5.49	10%-25% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	3	30.00	122.37	5.55	26%-50% Below	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	2	90.00	17.80	0.14	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62756001640	TESTOSTERONE CYP 2,000 MG/10 ML	3	1.00	3.48	3.94	10%-25% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	93.67	17.12	26%-50% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	93.67	16.87	10%-25% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	45.00	27.30	1.01	26%-50% Below	No	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	2	14.00	3.11	0.27	10%-25% Below	No	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	4	14.00	5.84	0.22	76%-100% Above	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	3	63.00	4.04	0.11	26%-50% Below	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	4	40.00	2.57	0.09	26%-50% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	3	21.00	3.54	0.23	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	3	22.00	3.70	0.23	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	3	28.00	4.72	0.23	10%-25% Below	No	No
63304082790	ATORVASTATIN 10 MG TABLET	3	90.00	7.07	0.03	101%-200% Above	No	No
63304083090	ATORVASTATIN 80 MG TABLET	3	90.00	10.09	0.09	10%-25% Above	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	5.53	2.47	10%-25% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	5.53	2.36	10%-25% Below	No	No
64380018001	DOXYCYCLINE MONO 100 MG CAP	3	20.00	4.45	0.29	10%-25% Below	No	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	4	90.00	707.12	9.31	10%-25% Below	Yes	No
64380021201	METHIMAZOLE 5 MG TABLET	3	60.00	9.01	0.09	51%-75% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	4	60.00	9.01	0.08	76%-100% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	2	14.00	2.03	0.08	51%-75% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	20.00	2.90	0.08	51%-75% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	30.00	4.36	0.07	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	60.00	8.71	0.07	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	90.00	13.07	0.07	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	14.00	0.93	0.12	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380071307	BENZONATATE 200 MG CAPSULE	2	15.00	1.00	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	20.00	1.33	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	21.00	1.40	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	2.00	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	60.00	4.00	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	21.00	1.40	0.13	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	2.00	0.13	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	9.90	0.12	101%-200% Above	Yes	No
64380072506	MYCOPHENOLATE 500 MG TABLET	4	360.00	64.87	0.23	10%-25% Below	No	No
64380072606	MYCOPHENOLATE 250 MG CAPSULE	4	540.00	52.81	0.19	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.86	0.13	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	15.00	1.08	0.13	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	1.07	0.11	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.86	0.11	26%-50% Below	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	4	180.00	11.25	0.02	200% Above	No	No
64380074605	PRAMIPEXOLE 0.125 MG TABLET	2	90.00	5.31	0.05	10%-25% Above	Yes	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	3	180.00	17.91	0.05	76%-100% Above	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	2	90.00	22.62	0.06	200% Above	Yes	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	4	4000.00	11.20	0.00	26%-50% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	1	4000.00	11.60	0.01	51%-75% Below	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	4	4000.00	15.20	0.01	26%-50% Below	No	No
64380078308	PREDNISONE 5 MG TABLET	2	30.00	3.04	0.04	101%-200% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	4	60.00	6.52	0.05	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	45.00	4.89	0.06	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078408	PREDNISONE 10 MG TABLET	3	8.00	0.87	0.07	51%-75% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	10.00	1.09	0.05	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	31.94	0.14	200% Above	Yes	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	7.00	18.20	1.39	76%-100% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	21.00	0.78	0.07	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	60.00	2.24	0.07	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	90.00	3.36	0.07	26%-50% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	11	28.00	1.01	0.06	26%-50% Below	No	No
64380083506	PREDNISONE 2.5 MG TABLET	3	90.00	2.12	0.09	51%-75% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	2	5.00	0.67	0.22	26%-50% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	3	3.00	0.40	0.24	26%-50% Below	Yes	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	90.00	2.82	0.04	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	3.76	0.04	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	3.13	0.04	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	3	30.00	299.68	15.64	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	4	30.00	299.68	15.64	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	40.00	9.31	0.27	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	13.13	0.26	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	19.70	0.26	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	12.81	0.27	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	14.28	0.32	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	58.62	0.32	200% Above	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	58.62	0.32	200% Above	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	19.66	0.32	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	13.10	0.32	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	13.10	0.32	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	14.28	0.32	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	6.55	0.25	10%-25% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	13.96	0.32	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	52.45	0.32	101%-200% Above	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	58.62	0.32	200% Above	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	12.82	0.31	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	13.96	0.31	10%-25% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	93.81	0.56	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	93.81	0.57	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	104.85	0.57	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	104.85	0.63	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	104.85	0.56	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	104.85	0.56	200% Above	No	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	3	118.00	8.53	0.09	10%-25% Below	No	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	3	90.00	44.24	0.10	200% Above	No	No
64980026401	METHIMAZOLE 5 MG TABLET	2	30.00	4.51	0.09	51%-75% Above	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	3	18.00	2.70	0.09	51%-75% Above	Yes	No
64980028105	GLIPIZIDE ER 10 MG TABLET	2	60.00	13.09	0.17	26%-50% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	3	60.00	13.09	0.17	26%-50% Above	No	No
64980032005	TRIAMCINOLONE 0.1% PASTE	3	5.00	9.37	3.70	26%-50% Below	No	No
64980037403	ATOMOXETINE HCL 18 MG CAPSULE	2	7.00	15.32	0.66	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	71.33	0.72	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	71.33	0.65	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	2	30.00	76.96	0.65	200% Above	No	No
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	3	30.00	76.96	0.79	200% Above	No	No
64980041109	PREGABALIN 50 MG CAPSULE	3	60.00	1.28	0.06	51%-75% Below	No	No
64980041110	PREGABALIN 50 MG CAPSULE	3	90.00	1.93	0.06	51%-75% Below	No	No
64980041210	PREGABALIN 75 MG CAPSULE	3	60.00	2.32	0.07	26%-50% Below	No	No
64980043710	ATENOLOL 25 MG TABLET	2	90.00	2.73	0.02	26%-50% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	3	30.00	0.91	0.02	10%-25% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	2	90.00	2.71	0.03	10%-25% Above	Yes	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	29.10	5.36	26%-50% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	3	600.00	54.96	0.11	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	2	5.00	3.11	1.13	26%-50% Below	No	No
64980052810	SODIUM BICARB 650 MG TABLET	3	180.00	5.09	0.01	101%-200% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.55	0.03	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.55	0.03	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	60.00	1.10	0.03	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.55	0.03	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	1.65	0.03	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	15.00	0.27	0.03	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	90.00	2.16	0.03	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	90.00	2.16	0.03	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	2.16	0.03	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	2.16	0.03	10%-25% Below	Yes	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	12.00	1.42	0.27	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	20.00	2.36	0.27	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	90.00	0.77	0.03	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162010150	GABAPENTIN 100 MG CAPSULE	3	90.00	0.77	0.03	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	90.00	0.77	0.02	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	90.00	1.57	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	180.00	3.13	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	30.00	0.52	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	60.00	1.04	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	1.57	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	3.34	0.04	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	60.00	1.04	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	90.00	1.57	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	180.00	3.13	0.04	51%-75% Below	No	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	30.00	2.02	0.15	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	40.00	2.69	0.15	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.81	0.15	51%-75% Below	Yes	No
65162014908	LYLLANA 0.05 MG PATCH	3	8.00	40.64	6.68	10%-25% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	60.00	3.06	0.08	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	2	60.00	1.40	0.06	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	60.00	1.40	0.07	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	1	14.00	0.33	0.07	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	60.00	1.40	0.06	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	30.00	0.70	0.07	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	1.19	0.07	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	1.40	0.07	51%-75% Below	Yes	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.48	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.68	0.05	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.48	0.06	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.68	0.06	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.68	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	30.00	1.02	0.05	26%-50% Below	No	No
65162044211	MECLIZINE 25 MG TABLET	3	20.00	1.14	0.10	26%-50% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	3	20.00	0.37	0.06	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	3	30.00	0.55	0.06	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	4	30.00	0.55	0.05	51%-75% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	2	30.00	1.12	0.07	26%-50% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	3	21.00	0.78	0.07	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	20.00	0.63	0.07	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	60.00	2.24	0.07	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	15.00	0.56	0.07	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	21.00	0.78	0.07	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	30.00	1.12	0.07	26%-50% Below	No	No
65162063003	ITRACONAZOLE 100 MG CAPSULE	2	180.00	51.52	0.81	51%-75% Below	Yes	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	No	No
65162064978	OXCARBAZEPINE 300 MG/5 ML SUSP	7	150.00	32.19	0.35	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	180.00	5.63	0.04	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	200.00	6.26	0.04	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	3.76	0.04	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	200.00	6.26	0.04	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	120.00	3.76	0.04	10%-25% Below	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	1	15.00	16.25	0.35	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	6.00	9.23	0.18	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	15.00	16.25	0.35	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	4	6.00	8.49	0.12	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	13.68	0.22	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	9.00	18.36	0.22	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	9.00	18.36	0.23	200% Above	No	No
65162070294	FLUOCINOLONE OIL 0.01% EAR DRP	4	20.00	29.90	0.92	51%-75% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	2	4.00	0.69	0.08	101%-200% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	3	4.00	0.69	0.08	101%-200% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	2	30.00	4.00	0.11	10%-25% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	3	30.00	4.00	0.11	10%-25% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	2	30.50	102.47	1.10	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	3	30.50	102.47	0.91	200% Above	No	No
65162099708	DOTTI 0.1 MG PATCH	3	24.00	137.76	6.74	10%-25% Below	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	2	90.00	1.90	0.03	26%-50% Below	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	2	90.00	4.96	0.05	10%-25% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	2	90.00	4.96	0.05	10%-25% Above	Yes	No
65862000805	METFORMIN HCL 500 MG TABLET	4	60.00	0.95	0.01	10%-25% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	4	180.00	2.86	0.01	10%-25% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	2	180.00	3.46	0.02	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	3	180.00	3.46	0.03	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	12	180.00	3.02	0.03	26%-50% Below	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	30.00	1.77	0.03	76%-100% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	90.00	5.30	0.03	76%-100% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	3	90.00	5.30	0.04	51%-75% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	4	30.00	1.77	0.03	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001130	SERTRALINE HCL 25 MG TABLET	5	30.00	1.76	0.04	26%-50% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	3	30.00	0.92	0.04	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.92	0.04	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	90.00	2.77	0.04	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.92	0.04	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	2.88	0.06	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	4.00	0.65	0.14	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	3.43	0.14	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	8.17	0.10	200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	23.00	3.75	0.10	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	30.00	7.40	0.14	51%-75% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	2.09	0.13	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	1.99	0.17	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	1.99	0.17	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	1.39	0.19	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	1.99	0.19	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	1.99	0.19	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	21.00	2.09	0.19	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	1.39	0.15	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	1.99	0.15	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	1.99	0.15	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	9.90	0.15	200% Above	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	2	20.00	1.29	0.10	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001701	AMOXICILLIN 500 MG CAPSULE	4	20.00	1.29	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	21.00	1.00	0.10	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	30.00	1.43	0.10	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	56.00	2.67	0.10	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	4.00	0.19	0.11	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	15.00	0.71	0.11	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.95	0.11	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	21.00	1.00	0.11	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	14.00	1.49	0.09	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	28.00	1.33	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	30.00	1.43	0.09	26%-50% Below	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.97	0.12	26%-50% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	2	30.00	1.86	0.04	51%-75% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	3	30.00	1.86	0.04	26%-50% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	4	30.00	1.86	0.03	76%-100% Above	No	No
65862005199	SIMVASTATIN 10 MG TABLET	4	90.00	5.85	0.03	101%-200% Above	No	No
65862005299	SIMVASTATIN 20 MG TABLET	3	90.00	1.80	0.04	26%-50% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	4	30.00	0.60	0.03	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	60.00	2.07	0.02	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	3	60.00	2.07	0.02	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	5.59	0.04	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	8.39	0.04	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	11.18	0.04	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	11.38	0.04	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	10.01	0.03	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	11.18	0.03	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	11.18	0.03	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	11.38	0.03	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	200.00	11.38	0.03	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	8.98	0.04	101%-200% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	8.29	0.04	10%-25% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	8.32	0.04	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	8.32	0.04	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	8.32	0.04	26%-50% Above	Yes	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	75.00	6.87	0.04	101%-200% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	1	14.00	4.18	0.16	76%-100% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	3.04	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	3.32	0.13	10%-25% Above	No	No
65862009620	CEFPODOXIME 200 MG TABLET	3	8.00	24.30	2.38	26%-50% Above	No	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	3	60.00	5.70	0.07	26%-50% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	2	9.00	10.13	0.38	101%-200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	4	9.00	10.13	0.29	200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	5.40	0.50	10%-25% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	3.27	0.42	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	4.00	1.69	0.49	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	3.81	0.49	10%-25% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.80	0.03	10%-25% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	3	10.00	0.27	0.04	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.80	0.04	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	2	30.00	0.91	0.02	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	3	30.00	0.91	0.02	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	2	30.00	0.90	0.03	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	3	30.00	0.90	0.03	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	3	30.00	3.98	0.03	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	4	30.00	0.90	0.02	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	4	30.00	3.98	0.02	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	3	30.00	0.90	0.03	10%-25% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	3	90.00	2.71	0.03	10%-25% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	6	30.00	0.90	0.03	10%-25% Above	No	No
65862017001	ATENOLOL 100 MG TABLET	4	90.00	4.42	0.04	10%-25% Above	No	No
65862017099	ATENOLOL 100 MG TABLET	3	90.00	9.05	0.04	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	2	20.00	6.95	0.49	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	20.00	6.95	0.50	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	3	30.00	5.05	0.23	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	12.00	0.45	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.56	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.68	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	8.00	0.30	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	14.00	0.53	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.68	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	10.00	0.38	0.06	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	1.05	0.10	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	120.00	7.01	0.10	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	1.05	0.08	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	120.00	7.01	0.08	10%-25% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.28	0.02	51%-75% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.85	0.02	51%-75% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	4	10.00	0.09	0.02	26%-50% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	1.54	0.03	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	1.54	0.04	26%-50% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	1.08	0.03	51%-75% Below	Yes	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	1.14	0.03	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.38	0.03	51%-75% Below	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	2.66	0.07	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	6.25	0.07	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	6.25	0.07	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	7.99	0.06	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	4.01	0.07	76%-100% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	2.58	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	60.00	5.16	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	7.74	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	2.58	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	60.00	5.16	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	7.74	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	2.58	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	60.00	5.16	0.03	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020230	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	1.74	0.04	51%-75% Above	Yes	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	5.23	0.04	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	1.74	0.04	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	5.23	0.04	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	5.23	0.04	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	12.23	0.05	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	2.75	0.06	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	8.24	0.06	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	2.75	0.06	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	8.24	0.06	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	2.75	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	8.24	0.05	76%-100% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	3	60.00	11.99	0.37	26%-50% Below	No	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	3	60.00	6.67	0.14	10%-25% Below	No	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	3	120.00	40.58	0.15	101%-200% Above	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	4	60.00	6.67	0.15	26%-50% Below	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	2	100.00	62.67	0.16	200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	3	100.00	62.67	0.16	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	39.58	0.20	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	60.00	39.58	0.18	200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	60.00	39.58	0.18	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	60.00	29.90	0.18	101%-200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	60.00	39.58	0.18	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	60.00	54.01	0.18	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862022701	LAMOTRIGINE 25 MG TABLET	2	30.00	1.44	0.03	51%-75% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	3	90.00	4.33	0.03	26%-50% Above	No	No
65862022960	LAMOTRIGINE 150 MG TABLET	2	30.00	1.80	0.07	10%-25% Below	No	No
65862023703	IBANDRONATE SODIUM 150 MG TAB	3	3.00	65.69	4.20	200% Above	Yes	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	2	150.00	5.52	0.03	10%-25% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	2	630.00	23.18	0.03	10%-25% Above	Yes	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	151.89	0.05	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	151.46	0.05	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	4	14.00	23.56	0.04	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	151.46	0.04	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	70.11	0.11	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	210.34	0.11	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	70.11	0.09	200% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	4	12.00	9.24	0.25	200% Above	Yes	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	1.72	0.06	10%-25% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	30.00	1.72	0.06	10%-25% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	90.00	5.17	0.06	10%-25% Below	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	30.00	1.72	0.06	10%-25% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	30.00	3.45	0.06	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	90.00	5.17	0.06	10%-25% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	30.00	3.45	0.06	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	90.00	5.17	0.06	10%-25% Below	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	90.00	5.17	0.06	10%-25% Below	Yes	No
65862037401	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	2	90.00	6.47	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862037401	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	2	30.00	4.67	0.09	76%-100% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	15.00	4.05	0.22	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	2.07	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	10.00	1.15	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	1.38	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	15.00	1.73	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	2.07	0.19	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	2.07	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	10.00	1.15	0.19	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	1.38	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	1.73	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	2.07	0.19	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	2.07	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	8.00	0.92	0.16	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	2.32	0.21	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	2.32	0.17	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	2.47	0.17	10%-25% Below	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	3	24.00	0.37	0.06	51%-75% Below	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.34	0.05	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	1.24	0.05	51%-75% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	2.27	0.05	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	3	6.00	0.84	0.06	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.48	0.06	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	1.24	0.05	51%-75% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.00	0.99	0.06	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	1.39	0.05	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.48	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.48	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.68	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.48	0.06	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.48	0.06	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	42.00	1.43	0.06	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	60.00	2.05	0.06	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.34	0.05	26%-50% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	6.20	0.28	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	6.20	0.28	26%-50% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	6.20	0.26	10%-25% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	14.00	2.89	0.28	10%-25% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	18.59	0.28	26%-50% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	14.00	2.89	0.26	10%-25% Below	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	32.44	0.10	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	45.00	16.22	0.09	200% Above	Yes	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	32.44	0.09	200% Above	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	10.81	0.09	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	14.73	0.12	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	44.18	0.12	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	44.18	0.12	200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	44.19	0.13	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	44.19	0.11	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	57.46	0.11	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	14.73	0.13	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	14.73	0.13	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	14.73	0.11	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	10.64	0.19	76%-100% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	10.64	0.17	101%-200% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	85.00	2.81	0.07	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	90.00	3.49	0.07	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	120.00	4.66	0.07	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	180.00	6.98	0.07	26%-50% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	4	400.00	13.20	0.05	26%-50% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	6.00	1.47	0.30	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	20.00	4.89	0.30	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	20.00	9.90	0.30	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	10.00	2.45	0.33	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	14.00	3.43	0.33	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	20.00	4.89	0.33	10%-25% Below	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	9.72	0.34	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	8.00	1.82	0.34	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	4.00	0.91	0.34	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	2	6.00	1.36	0.34	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	9.22	0.34	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	28.00	6.35	0.34	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	60.00	13.61	0.34	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	10.00	2.27	0.34	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	3.18	0.34	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	9.22	0.34	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	9.22	0.28	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	5.89	0.34	10%-25% Below	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	2	30.00	3.91	0.11	10%-25% Above	No	No
65862052201	NAPROXEN 500 MG TABLET	2	30.00	0.70	0.06	51%-75% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	2	30.00	0.70	0.06	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	2	90.00	3.17	0.10	51%-75% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	90.00	7.95	0.10	10%-25% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	2.65	0.10	10%-25% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	2.65	0.10	10%-25% Below	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	3	15.00	2.30	0.10	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	7.80	0.10	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	2.60	0.10	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	7.80	0.10	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	2.60	0.10	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	7.80	0.10	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	2.60	0.10	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	30.00	6.05	0.13	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	6.05	0.12	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	9	30.00	5.79	0.12	51%-75% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	1	100.00	9.99	0.06	51%-75% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	1	200.00	9.99	0.06	10%-25% Below	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	4	200.00	37.46	0.05	200% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	3	225.00	29.99	0.08	51%-75% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	4	225.00	42.14	0.06	101%-200% Above	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	200.00	10.48	0.06	10%-25% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	6.55	0.07	10%-25% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	75.00	3.93	0.08	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	150.00	7.86	0.08	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	75.00	3.93	0.08	26%-50% Below	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	2	10.00	1.05	0.17	26%-50% Below	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	3	21.00	2.21	0.18	26%-50% Below	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	2	10.00	1.74	0.32	26%-50% Below	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	6.34	0.05	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	30.00	6.34	0.05	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	6.53	0.05	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	2.18	0.05	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	4.36	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	7.00	0.51	0.05	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	2.18	0.05	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	6.53	0.05	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	2.18	0.05	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	3.27	0.06	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	4.36	0.05	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	6.53	0.05	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	3.27	0.06	76%-100% Above	No	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	1	30.00	9.90	0.09	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	6.16	0.09	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	2	90.00	12.30	0.08	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	4.10	0.08	51%-75% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.00	3.59	0.09	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	7.00	0.54	0.06	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	14.00	1.08	0.06	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	30.00	2.32	0.06	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	6.96	0.06	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	6.59	0.06	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	19.77	0.06	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	Yes	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	3	30.00	19.83	0.17	200% Above	Yes	No
65862059505	DIVALPROEX SOD ER 500 MG TAB	7	28.00	13.59	0.19	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862059602	CLINDAMYCIN (PEDI) 75 MG/5 ML	3	400.00	59.44	0.20	10%-25% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	10.97	0.05	101%-200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	3.66	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	7.31	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	10.97	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	3.66	0.06	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	10.97	0.06	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	3.66	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	60.00	7.31	0.05	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	9.00	7.07	0.37	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	10.00	7.85	0.37	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	3	10.00	7.85	0.44	76%-100% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	4	12.00	9.42	0.32	101%-200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	2	180.00	265.32	0.31	200% Above	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	2	90.00	6.19	0.11	26%-50% Below	Yes	No
65862062405	GEMFIBROZIL 600 MG TABLET	3	180.00	12.38	0.11	26%-50% Below	Yes	No
65862062590	RIZATRIPTAN 5 MG ODT	2	9.00	14.73	0.56	101%-200% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	2	10.00	8.74	0.78	10%-25% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	3	10.00	8.74	0.72	10%-25% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	7.00	1.43	0.35	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	1.42	0.36	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	3.07	0.36	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	3.17	0.35	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	10	6.00	1.18	0.37	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	6.06	0.35	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	5.00	2.60	0.58	10%-25% Below	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	2	30.00	115.28	0.17	200% Above	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	3	30.00	115.28	0.15	200% Above	No	No
65862066330	ARIPIRAZOLE 10 MG TABLET	3	90.00	329.36	0.13	200% Above	Yes	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.42	0.02	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.83	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.42	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.42	0.02	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.44	0.02	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.44	0.02	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	30.00	0.46	0.03	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	30.00	0.46	0.03	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	45.00	0.68	0.03	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	3	60.00	0.91	0.03	26%-50% Below	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	7	60.00	0.88	0.02	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	8	60.00	0.88	0.03	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	2.48	0.14	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	7.45	0.14	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	7.45	0.12	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	2.48	0.14	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	7.45	0.14	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	2.48	0.14	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	2.48	0.12	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	7.45	0.12	26%-50% Below	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	2	100.00	3.49	0.03	10%-25% Above	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	2	30.00	10.17	0.28	10%-25% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	2	90.00	15.22	0.11	51%-75% Above	Yes	No
65862073260	AMIODARONE HCL 200 MG TABLET	3	30.00	5.07	0.13	26%-50% Above	No	No
65862075705	OLOPATADINE HCL 0.1% EYE DROPS	3	5.00	9.84	4.04	51%-75% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	2	60.00	2.60	0.07	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	3	60.00	2.60	0.07	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	3	90.00	3.90	0.07	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	4	60.00	2.60	0.06	10%-25% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	2	30.00	1.24	0.09	51%-75% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	4	30.00	1.24	0.06	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	2	84.00	17.02	0.13	26%-50% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	4	84.00	17.02	0.12	51%-75% Above	No	No
65862077885	TRI-LO-MILI TABLET	2	84.00	45.34	0.13	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	3	84.00	45.34	0.14	200% Above	No	No
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	27.66	0.21	200% Above	No	No
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	27.66	0.21	200% Above	No	No
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	27.66	0.22	200% Above	No	No
65862078190	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	115.35	0.28	200% Above	Yes	No
65862078201	METHENAMINE HIPPI 1 GM TABLET	3	60.00	47.46	0.47	51%-75% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	126.39	0.15	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862080630	ARMODAFINIL 150 MG TABLET	3	30.00	83.39	0.93	101%-200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	3	30.00	83.39	0.93	101%-200% Above	Yes	No
65862080630	ARMODAFINIL 150 MG TABLET	4	30.00	83.39	0.83	200% Above	Yes	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	22.59	2.83	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	90.00	2.08	0.03	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	4.16	0.03	26%-50% Below	No	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	4.16	0.03	26%-50% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	60.00	8.50	0.06	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	8.08	0.06	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	180.00	16.16	0.06	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	15.00	1.35	0.06	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	60.00	5.39	0.06	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	8.08	0.06	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	180.00	16.16	0.06	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	2.69	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	60.00	5.39	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	90.00	8.08	0.05	76%-100% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	4	90.00	8.08	0.05	76%-100% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	3	90.00	8.08	0.06	26%-50% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	2	91.00	136.96	0.19	200% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	4	91.00	136.96	0.13	200% Above	No	No
65862090801	CELECOXIB 100 MG CAPSULE	4	60.00	17.20	0.08	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	2	90.00	37.97	0.10	200% Above	No	No
65862090905	CELECOXIB 200 MG CAPSULE	2	90.00	37.97	0.10	200% Above	Yes	No
65862090905	CELECOXIB 200 MG CAPSULE	3	90.00	37.97	0.11	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862092585	INCASSIA 0.35 MG TABLET	3	84.00	6.32	0.12	26%-50% Below	Yes	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	2	28.00	33.18	0.32	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	2	84.00	99.54	0.32	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	4	28.00	33.18	0.22	200% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	2	30.00	11.84	0.11	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	3	30.00	11.84	0.11	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	2	30.00	11.84	0.12	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	3	30.00	11.84	0.12	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	3	30.00	24.78	0.12	200% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	2	90.00	15.89	0.14	10%-25% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	5.61	0.11	26%-50% Below	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	5.61	0.11	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	2.11	0.12	26%-50% Below	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	2.92	0.10	51%-75% Below	Yes	No
66685100100	AMOX-CLAV 875-125 MG TABLET	2	10.00	2.27	0.34	26%-50% Below	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	2	20.00	10.86	0.34	51%-75% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	3	20.00	9.99	0.34	26%-50% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	4	8.00	1.82	0.28	10%-25% Below	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	113.41	0.51	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	158.21	0.51	200% Above	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	18.00	20.00	1.83	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	18.00	29.14	1.89	10%-25% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	7	18.00	20.00	1.83	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	8	18.00	12.28	1.89	51%-75% Below	Yes	No
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	4	12.00	36.09	13.20	76%-100% Below	Yes	No
66993013697	FLUTICASONE-VILANTEROL 200-25	2	60.00	9.99	3.78	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	15.15	26.01	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	25.62	38.62	26%-50% Below	No	No
66993060604	MIRTAZAPINE 7.5 MG TABLET	3	30.00	28.92	0.53	76%-100% Above	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	2	50.00	3.87	0.14	26%-50% Below	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	9	50.00	9.90	0.13	51%-75% Above	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	3	30.00	1.24	0.08	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	2	30.00	1.24	0.07	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	3	30.00	1.24	0.08	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	4	30.00	1.58	0.08	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	2	30.00	1.58	0.09	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	3	30.00	1.58	0.10	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	4	30.00	1.58	0.08	26%-50% Below	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	1.34	0.02	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	1.34	0.02	101%-200% Above	No	No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	2	180.00	8.01	0.02	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.36	0.01	10%-25% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	1.09	0.01	10%-25% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.36	0.01	10%-25% Above	No	No
67877019990	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.97	0.15	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877021905	CEPHALEXIN 500 MG CAPSULE	2	20.00	1.39	0.15	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	21.00	1.46	0.15	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	28.00	1.95	0.15	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	40.00	2.78	0.15	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	24.00	1.67	0.15	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	30.00	2.09	0.15	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	40.00	2.78	0.12	26%-50% Below	No	No
67877022001	CEPHALEXIN 250 MG CAPSULE	3	112.00	6.68	0.09	26%-50% Below	No	No
67877022001	CEPHALEXIN 250 MG CAPSULE	4	14.00	0.83	0.08	10%-25% Below	No	No
67877022005	CEPHALEXIN 250 MG CAPSULE	3	10.00	1.22	0.09	26%-50% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	4	30.00	0.26	0.02	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	90.00	1.57	0.04	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	42.00	0.73	0.04	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	90.00	1.57	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	2	90.00	1.57	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	3	90.00	1.57	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	270.00	4.70	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	12	28.00	0.72	0.04	26%-50% Below	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	2	90.00	6.49	0.05	26%-50% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2	60.00	3.87	0.04	76%-100% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	3	60.00	3.87	0.03	76%-100% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	4	60.00	3.87	0.03	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	7	14.00	0.99	0.04	76%-100% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	3	45.00	3.50	0.06	26%-50% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	2	15.00	1.77	0.16	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877025130	TRIAMCINOLONE 0.1% CREAM	4	30.00	3.34	0.09	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	60.00	6.68	0.09	10%-25% Above	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	2	454.00	9.90	0.03	26%-50% Below	Yes	No
67877025180	TRIAMCINOLONE 0.1% CREAM	2	80.00	8.29	0.05	76%-100% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	2	6.00	4.71	0.37	101%-200% Above	No	No
67877027430	LANSOPRAZOLE DR 15 MG CAPSULE	4	90.00	15.30	0.15	10%-25% Above	No	No
67877031901	IBUPROFEN 400 MG TABLET	2	30.00	0.42	0.05	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	2	20.00	0.37	0.05	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	2	30.00	0.55	0.05	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	2	30.00	1.12	0.07	26%-50% Below	Yes	No
67877032101	IBUPROFEN 800 MG TABLET	2	40.00	1.49	0.07	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	3	20.00	0.75	0.07	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	3	90.00	3.36	0.07	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	5	30.00	1.43	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	20.00	0.75	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	21.00	0.78	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	30.00	1.12	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	60.00	2.24	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	90.00	3.36	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	28.00	1.04	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	30.00	1.12	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	60.00	2.24	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	90.00	3.36	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	30.00	1.51	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	40.00	1.49	0.06	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877032105	IBUPROFEN 800 MG TABLET	4	90.00	3.36	0.06	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	40.00	1.91	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.00	4.30	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	42.00	0.85	0.06	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	42.00	0.85	0.07	51%-75% Below	No	No
67877041920	LINEZOLID 600 MG TABLET	4	28.00	28.49	1.33	10%-25% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	2	120.00	6.30	0.12	51%-75% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	3	120.00	6.30	0.12	51%-75% Below	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	115.28	0.13	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	115.28	0.14	200% Above	No	No
67877046305	PREGABALIN 50 MG CAPSULE	3	90.00	1.93	0.06	51%-75% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	2	14.00	3.44	0.21	10%-25% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	4	14.00	3.44	0.15	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	4	90.00	22.10	0.15	51%-75% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	2	30.00	39.18	0.08	200% Above	No	No
67877051110	ATORVASTATIN 10 MG TABLET	2	90.00	7.07	0.03	101%-200% Above	No	No
67877051110	ATORVASTATIN 10 MG TABLET	3	90.00	7.07	0.03	101%-200% Above	No	No
67877051205	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	2	30.00	2.91	0.04	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	3	180.00	249.39	0.35	200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	6.95	0.50	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	14.00	4.87	0.49	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	6.95	0.49	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	24.25	0.49	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877054360	CEFDINIR 300 MG CAPSULE	2	28.00	9.73	0.49	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	4.87	0.50	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	4.87	0.50	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	6.95	0.50	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	6.95	0.50	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	14.00	4.87	0.42	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	20.00	6.95	0.42	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	11	20.00	6.69	0.44	10%-25% Below	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	9.99	0.08	26%-50% Below	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	3	100.00	62.67	0.16	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	2	60.00	9.90	0.20	10%-25% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	2	60.00	39.58	0.18	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	2	60.00	45.30	0.17	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	4	60.00	39.58	0.14	200% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	2	60.00	0.63	0.02	26%-50% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	2	180.00	1.89	0.02	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	3	30.00	0.32	0.02	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	3	60.00	0.63	0.02	26%-50% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	3	180.00	1.89	0.02	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	3	225.00	2.36	0.02	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	4	30.00	0.32	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	4	60.00	0.63	0.01	10%-25% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	4	60.00	0.63	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	4	180.00	1.89	0.01	10%-25% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	2	60.00	1.20	0.02	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877056205	METFORMIN HCL 850 MG TABLET	3	60.00	1.20	0.02	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	2	90.00	1.73	0.02	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	2	180.00	3.46	0.02	10%-25% Below	Yes	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	2	30.00	3.86	0.07	76%-100% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
67877059205	METOPROLOL SUCC ER 100 MG TAB	3	90.00	19.87	0.16	26%-50% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	15.00	6.12	0.09	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	45.00	13.50	0.09	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	15.00	6.12	0.10	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	30.00	8.99	0.10	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	30.00	12.23	0.10	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	30.00	9.00	0.08	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	90.00	36.70	0.08	200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	2	90.00	45.18	0.15	200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	4	90.00	24.00	0.12	101%-200% Above	No	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	16.92	0.62	26%-50% Below	No	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	3	50.00	16.92	0.58	26%-50% Below	No	No
67877084305	FAMOTIDINE 40 MG TABLET	3	90.00	8.08	0.06	26%-50% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	2	30.00	2.69	0.06	51%-75% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	2	90.00	8.08	0.06	51%-75% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	3	30.00	2.69	0.06	26%-50% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	3	90.00	8.08	0.06	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877088901	FAMOTIDINE 40 MG TABLET	3	180.00	16.16	0.06	26%-50% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	4	30.00	2.69	0.05	76%-100% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	6.26	0.14	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	6.26	0.14	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	14.49	0.14	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	6.57	0.17	76%-100% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	2	30.00	7.73	0.11	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	3	30.00	7.73	0.12	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	2	60.00	2.14	0.02	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	3	60.00	2.14	0.02	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	2	60.00	1.83	0.02	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	3	60.00	1.83	0.02	26%-50% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	2	20.00	0.54	0.05	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	24.00	0.65	0.05	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	2.00	0.05	0.05	51%-75% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	30.00	0.81	0.05	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	56.00	1.51	0.05	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	2.00	0.05	0.04	26%-50% Below	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	3	37.00	2.63	0.06	10%-25% Above	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	2	30.00	2.54	0.12	26%-50% Below	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	4	90.00	7.61	0.10	10%-25% Below	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	2	60.00	9.90	0.19	10%-25% Below	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	2	60.00	4.66	0.06	10%-25% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	3	60.00	4.66	0.06	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001018408	QUETIAPINE FUMARATE 100 MG TAB	4	60.00	4.66	0.04	51%-75% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	1.94	0.04	76%-100% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	1.94	0.03	76%-100% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.32	0.03	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	2	56.00	0.60	0.03	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.32	0.03	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	56.00	0.60	0.03	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	4	56.00	0.60	0.02	51%-75% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	60.00	1.27	0.04	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.76	0.04	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	7	30.00	2.17	0.04	51%-75% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	8	30.00	0.59	0.04	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	8	30.00	2.17	0.04	51%-75% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	9	30.00	2.17	0.04	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	10	30.00	2.17	0.04	51%-75% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	2	90.00	11.18	0.10	10%-25% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	3	90.00	11.18	0.10	26%-50% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	10	6.00	0.94	0.21	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	4.00	0.46	0.19	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	18.00	2.07	0.19	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	3	18.00	2.07	0.19	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	2	18.00	2.32	0.19	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	18.00	2.32	0.21	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	1.00	0.87	0.74	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	2.00	1.75	0.74	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001025317	FLUCONAZOLE 150 MG TABLET	2	3.00	2.62	0.74	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	1.00	0.87	0.74	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	1.00	2.33	0.74	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	2.00	1.75	0.74	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	4.00	3.50	0.74	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	5.00	4.37	0.74	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	11	1.00	1.68	0.74	101%-200% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	2	60.00	3.41	0.10	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	28.00	1.59	0.10	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	60.00	3.41	0.10	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	4	60.00	3.41	0.08	26%-50% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	2	60.00	19.90	0.14	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	3	60.00	19.90	0.14	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	4	60.00	19.90	0.14	101%-200% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	2	30.00	2.92	0.05	76%-100% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	4	30.00	2.92	0.04	101%-200% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	3	30.00	2.25	0.06	10%-25% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	4	30.00	2.25	0.05	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	4.16	0.10	26%-50% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	4.16	0.08	51%-75% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	4	30.00	0.29	0.01	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	2	90.00	0.91	0.01	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	2	30.00	0.38	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	2	90.00	1.14	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	30.00	0.38	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033408	LISINOPRIL 10 MG TABLET	3	30.00	1.07	0.02	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	90.00	1.14	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	30.00	1.07	0.02	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	90.00	1.14	0.02	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	30.00	0.55	0.03	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	90.00	1.66	0.03	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	30.00	0.55	0.03	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	30.00	1.32	0.03	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	90.00	1.66	0.03	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	0.55	0.02	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	1.32	0.02	76%-100% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	No	No
68001033600	LISINOPRIL 30 MG TABLET	3	30.00	1.29	0.06	10%-25% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	45.00	5.79	0.08	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	60.00	7.72	0.08	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	4	60.00	7.72	0.06	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	2	30.00	2.32	0.06	10%-25% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	2	90.00	6.96	0.06	10%-25% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	90.00	6.96	0.06	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	90.00	18.49	0.06	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	3	30.00	2.32	0.06	26%-50% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	14.00	4.87	0.49	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001036206	CEFDINIR 300 MG CAPSULE	3	20.00	6.95	0.50	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	4	20.00	6.95	0.42	10%-25% Below	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	3	14.00	2.58	0.13	26%-50% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	3	4.00	0.74	0.13	26%-50% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	3	14.00	2.58	0.13	26%-50% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	10	14.00	2.83	0.13	51%-75% Above	No	No
68001037700	URSODIOL 250 MG TABLET	6	14.00	15.55	0.46	101%-200% Above	No	No
68001039603	POTASSIUM CL ER 10 MEQ CAPSULE	9	7.00	2.69	0.13	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	28.00	0.65	0.03	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	60.00	1.39	0.03	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	180.00	4.16	0.03	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	28.00	0.65	0.03	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	60.00	1.39	0.03	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	28.00	0.65	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	60.00	1.39	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.00	1.38	0.03	10%-25% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	2.69	0.06	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	2.82	0.06	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	90.00	8.08	0.06	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	30.00	2.69	0.06	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	60.00	5.39	0.06	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	90.00	8.08	0.06	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.00	2.68	0.06	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.00	2.95	0.06	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	9	30.00	2.95	0.06	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001039900	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	1.54	0.03	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	4.63	0.03	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	4.63	0.04	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	1.69	0.03	51%-75% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.38	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.38	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	1.14	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.57	0.03	26%-50% Below	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	2.66	0.07	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	2.80	0.07	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	2.66	0.07	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	2	180.00	15.98	0.07	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	7.99	0.07	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	16.17	0.07	101%-200% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	2	90.00	3.17	0.10	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	2	120.00	4.22	0.10	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	3	90.00	3.17	0.10	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	3	120.00	4.22	0.10	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	120.00	8.83	0.10	26%-50% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	8	120.00	8.83	0.11	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	2	120.00	6.30	0.12	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	3	120.00	6.30	0.12	51%-75% Below	No	No
68001041306	DULOXETINE HCL DR 20 MG CAP	2	30.00	29.90	0.12	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	4	30.00	5.62	0.07	101%-200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	9.01	0.54	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001042300	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	7.05	0.43	51%-75% Above	No	No
68001043604	CETIRIZINE HCL 10 MG TABLET	2	60.00	2.31	0.06	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	30.00	1.16	0.06	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	30.00	1.16	0.07	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	60.00	2.31	0.06	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	4.00	0.33	0.07	10%-25% Above	No	No
68001043897	LORATADINE 10 MG TABLET	3	30.00	0.75	0.06	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	3	90.00	2.26	0.06	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	9	30.00	0.77	0.06	51%-75% Below	No	No
68001043900	FEXOFENADINE HCL 60 MG TABLET	3	20.00	1.84	0.20	51%-75% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	3	17.00	2.58	0.28	26%-50% Below	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	2	30.00	3.86	0.07	76%-100% Above	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	2	90.00	11.57	0.07	76%-100% Above	No	No
68001048600	LISINOPRIL 40 MG TABLET	2	30.00	1.02	0.05	10%-25% Below	No	No
68001048600	LISINOPRIL 40 MG TABLET	3	30.00	1.02	0.05	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	1.02	0.05	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	90.00	3.06	0.05	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	30.00	1.02	0.05	26%-50% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	2	30.00	6.62	0.11	101%-200% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	2	60.00	3.74	0.11	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	5.61	0.11	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	3	14.00	0.87	0.12	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	1.87	0.12	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	1.87	0.10	26%-50% Below	No	No
68001051903	BUPROPION HCL XL 150 MG TABLET	2	30.00	23.91	0.12	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001052003	BUPROPION HCL XL 300 MG TABLET	1	30.00	8.93	0.15	76%-100% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	2	30.00	8.93	0.17	51%-75% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	3	30.00	8.93	0.16	76%-100% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.93	0.14	101%-200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	5	30.00	8.48	0.17	51%-75% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	6	30.00	8.48	0.17	51%-75% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	9	30.00	9.33	0.16	76%-100% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	11	30.00	7.44	0.16	51%-75% Above	No	No
68001057500	DESMOPRESSIN ACETATE 0.2 MG TB	3	180.00	76.63	0.48	10%-25% Below	No	No
68001058503	GLIMEPIRIDE 2 MG TABLET	4	180.00	15.16	0.03	101%-200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	3	28.00	3.81	0.05	101%-200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	3	30.00	4.09	0.05	101%-200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	3	180.00	24.52	0.05	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	2	90.00	14.82	0.05	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	90.00	6.47	0.05	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	9.01	0.52	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	6.43	0.54	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	3	20.00	12.87	0.54	10%-25% Above	No	No
68180012201	CEPHALEXIN 500 MG CAPSULE	2	20.00	1.39	0.15	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180012201	CEPHALEXIN 500 MG CAPSULE	2	28.00	1.95	0.15	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	15.00	1.04	0.14	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	9.00	0.63	0.15	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.97	0.15	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.97	0.15	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	20.00	1.39	0.15	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	21.00	1.46	0.15	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	40.00	3.47	0.15	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	21.00	1.46	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	28.00	1.95	0.12	26%-50% Below	Yes	No
68180015301	DES Loratadine 5 MG TABLET	3	30.00	9.26	0.34	10%-25% Below	No	No
68180016006	Azithromycin 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	No	No
68180016613	VANCOMYCIN HCL 125 MG CAPSULE	4	52.00	41.92	1.02	10%-25% Below	No	No
68180018001	CEFADROXIL 500 MG CAPSULE	2	4.00	0.50	0.28	51%-75% Below	Yes	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	14.73	0.13	200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	14.73	0.13	200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	44.19	0.13	200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	57.46	0.13	200% Above	No	No
68180022907	MEMANTINE HCL 5 MG TABLET	3	30.00	28.13	0.09	200% Above	No	No
68180022907	MEMANTINE HCL 5 MG TABLET	4	30.00	28.13	0.07	200% Above	No	No
68180026101	DIVALPROEX SOD ER 500 MG TAB	2	60.00	26.57	0.18	101%-200% Above	Yes	No
68180029503	DULOXETINE HCL DR 30 MG CAP	3	60.00	11.24	0.09	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	30.00	6.81	0.12	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	90.00	20.43	0.12	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	3	30.00	6.81	0.12	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180031902	BUPROPION HCL XL 150 MG TABLET	3	30.00	14.99	0.12	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	3	90.00	20.43	0.12	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	3	270.00	61.29	0.12	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	30.00	6.81	0.10	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	90.00	20.43	0.10	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	90.00	20.43	0.10	101%-200% Above	Yes	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	6.81	0.12	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	90.00	20.43	0.12	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	6.81	0.12	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	6.81	0.10	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	8.51	0.18	51%-75% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	4	35.00	9.93	0.15	76%-100% Above	Yes	No
68180032002	BUPROPION HCL XL 300 MG TABLET	4	90.00	25.52	0.15	76%-100% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	3	30.00	8.51	0.18	51%-75% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.51	0.15	76%-100% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	2	30.00	8.51	0.14	76%-100% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	2	90.00	25.52	0.14	76%-100% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	2	90.00	71.25	0.14	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.92	0.04	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	1.94	0.04	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	90.00	2.77	0.04	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	30.00	0.92	0.04	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	30.00	1.94	0.04	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	60.00	1.85	0.04	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	90.00	2.77	0.04	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180035202	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	135.00	4.16	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	30.00	0.81	0.04	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	9	30.00	0.81	0.04	26%-50% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	Yes	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	7.74	0.03	101%-200% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	2.58	0.03	101%-200% Above	No	No
68180038809	FENOFIBRATE 48 MG TABLET	3	90.00	16.61	0.11	51%-75% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	2	30.00	9.12	0.14	101%-200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	3	30.00	9.12	0.16	76%-100% Above	No	No
68180039601	CELECOXIB 100 MG CAPSULE	3	60.00	17.20	0.09	200% Above	No	No
68180040201	CEFPROZIL 250 MG/5 ML SUSP	1	100.00	30.99	0.26	10%-25% Above	No	No
68180040202	CEFPROZIL 250 MG/5 ML SUSP	2	75.00	23.24	0.24	26%-50% Above	Yes	No
68180040203	CEFPROZIL 250 MG/5 ML SUSP	3	100.00	43.29	0.21	101%-200% Above	No	No
68180040203	CEFPROZIL 250 MG/5 ML SUSP	12	200.00	51.66	0.17	26%-50% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	22.59	2.68	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	22.59	2.83	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	22.59	2.37	200% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	3	100.00	15.16	0.10	26%-50% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	29.33	0.10	26%-50% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	3	300.00	26.64	0.10	10%-25% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	9.90	0.10	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	19.96	0.07	26%-50% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	26.64	0.07	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	19.96	0.06	51%-75% Above	Yes	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	3	90.00	6.99	0.06	26%-50% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	30.00	0.95	0.07	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	30.00	0.95	0.07	51%-75% Below	No	No
68180046903	LOVASTATIN 40 MG TABLET	3	180.00	13.52	0.06	10%-25% Above	No	No
68180046907	LOVASTATIN 40 MG TABLET	4	90.00	6.76	0.05	51%-75% Above	Yes	No
68180047803	SIMVASTATIN 10 MG TABLET	3	90.00	5.85	0.04	76%-100% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	4	90.00	2.06	0.03	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	2	30.00	0.60	0.04	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	30.00	0.60	0.04	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	90.00	1.80	0.04	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	30.00	0.60	0.03	26%-50% Below	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	2	90.00	0.87	0.01	26%-50% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	3	90.00	0.87	0.02	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	2	30.00	0.30	0.01	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.30	0.02	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.91	0.02	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	0.30	0.01	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	1.42	0.03	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	1.90	0.03	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	1.06	0.03	51%-75% Below	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.47	0.03	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.47	0.03	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	1.42	0.03	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.47	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.64	0.05	51%-75% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	1.92	0.05	51%-75% Below	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.64	0.04	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.64	0.05	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	1.92	0.05	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	1.92	0.04	26%-50% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.68	0.04	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	180.00	4.05	0.04	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	1.93	0.05	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	2.03	0.04	26%-50% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.68	0.04	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.68	0.05	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.68	0.04	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	2.03	0.04	26%-50% Below	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	3	90.00	151.95	0.52	200% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	1	20.00	7.35	0.25	26%-50% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	20.00	4.45	0.27	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	60.00	13.34	0.27	10%-25% Below	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	18.95	1.25	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	9	10.00	45.23	1.50	200% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	9	120.00	86.19	0.49	26%-50% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	9	120.00	106.55	0.49	76%-100% Above	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	2	30.00	28.26	2.01	51%-75% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	3	30.00	28.26	1.79	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	20.00	24.25	0.50	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	4.01	0.01	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	4.01	0.02	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	2	28.00	0.34	0.01	10%-25% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.36	0.01	10%-25% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.36	0.01	10%-25% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	1.05	0.01	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	1.09	0.01	10%-25% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	1.09	0.01	10%-25% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	1.05	0.01	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	28.00	0.34	0.01	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.36	0.01	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.09	0.01	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.09	0.01	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.50	0.02	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.50	0.02	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	4.21	0.02	200% Above	No	No
68180072204	CEFDINIR 125 MG/5 ML SUSP	2	60.00	19.87	0.16	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	1	60.00	46.02	0.17	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	21.00	0.18	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	10	60.00	14.96	0.17	26%-50% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	3	100.00	62.67	0.16	200% Above	No	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	2	30.00	36.08	0.18	200% Above	No	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	3	30.00	36.08	0.15	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	23.84	0.14	200% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	2	84.00	45.34	0.13	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	3	84.00	45.34	0.14	200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	1.23	0.36	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	1.23	0.36	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	5.97	0.36	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	1.23	0.35	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	3.57	0.35	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	3.57	0.39	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	10	6.00	1.35	0.33	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	5.97	0.37	101%-200% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	2.60	0.68	10%-25% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	3.00	1.56	0.64	10%-25% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	4	5.00	2.60	0.58	10%-25% Below	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	2	3.00	1.56	0.68	10%-25% Below	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	2	6.00	3.12	0.68	10%-25% Below	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	4	2.00	1.04	0.58	10%-25% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	3	56.00	91.33	0.31	200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	2	84.00	31.87	0.15	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	84.00	31.87	0.16	101%-200% Above	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	2	56.00	51.12	0.20	200% Above	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	3	56.00	51.12	0.19	200% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	28.00	2.11	0.11	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	2.11	0.12	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180087673	NORETHINDRONE 0.35 MG TABLET	4	28.00	2.11	0.10	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	6.36	0.27	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	3.33	0.23	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	3.90	0.23	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	84.00	77.57	0.23	200% Above	No	No
68180089173	ENSKYCE 28 TABLET	2	28.00	0.28	0.16	76%-100% Below	No	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	3	75.00	97.97	0.52	101%-200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	3	150.00	195.95	0.52	101%-200% Above	No	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	4	75.00	97.97	0.39	200% Above	Yes	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	9.70	2.91	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	15.90	2.61	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	17.00	31.81	2.61	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	15.90	2.62	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	15.90	2.86	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	17.00	31.81	2.62	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	25.50	47.71	2.62	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	15.90	2.27	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.50	15.90	2.85	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	9	8.50	15.90	2.85	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	11	9.00	15.90	2.71	26%-50% Below	No	No
68180096412	TIOTROPIUM 18 MCG CAP-INHALER	3	30.00	315.20	13.66	10%-25% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.92	0.05	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	2	90.00	2.77	0.05	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.92	0.05	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	2	30.00	1.23	0.06	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096603	LEVOTHYROXINE 50 MCG TABLET	3	30.00	1.23	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	2	30.00	1.23	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	2	90.00	3.15	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	2	90.00	3.70	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	3	30.00	1.23	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	3	90.00	3.15	0.06	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	3	30.00	1.28	0.06	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	2	90.00	3.91	0.06	26%-50% Below	No	No
68180096809	LEVOTHYROXINE 88 MCG TABLET	2	90.00	4.53	0.06	10%-25% Below	No	No
68180096809	LEVOTHYROXINE 88 MCG TABLET	3	90.00	3.91	0.07	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	2	90.00	4.03	0.07	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	4	90.00	4.88	0.06	10%-25% Below	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	2	30.00	1.63	0.08	26%-50% Below	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	3	30.00	1.63	0.09	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	2	90.00	4.21	0.08	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	2	30.00	2.06	0.10	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	3	30.00	2.06	0.12	26%-50% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	3	30.00	1.02	0.05	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	3.06	0.05	26%-50% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	4	90.00	1.14	0.02	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.38	0.02	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	1.07	0.02	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	60.00	0.76	0.02	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	1.14	0.02	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.38	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.38	0.02	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	1.07	0.02	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	1.14	0.02	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	1.14	0.02	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	6.12	0.02	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	120.00	1.52	0.02	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.38	0.02	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.38	0.02	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	1.14	0.02	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	8.73	0.02	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	3	90.00	1.66	0.03	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	60.00	2.14	0.03	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	1.66	0.03	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	1.66	0.03	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	60.00	2.14	0.03	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	1.66	0.03	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	1.66	0.03	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	30.00	1.32	0.02	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	135.00	2.48	0.02	10%-25% Below	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	2	30.00	1.29	0.06	10%-25% Below	No	No
68180098202	LISINOPRIL 30 MG TABLET	4	30.00	1.29	0.05	10%-25% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	2	30.00	2.50	0.13	26%-50% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	3	30.00	2.50	0.12	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382000106	PAROXETINE HCL 40 MG TABLET	2	30.00	2.50	0.13	26%-50% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	2	90.00	7.51	0.13	26%-50% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	4	30.00	2.50	0.10	10%-25% Below	No	No
68382002210	ATENOLOL 25 MG TABLET	2	90.00	2.73	0.02	26%-50% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	3	30.00	0.91	0.02	10%-25% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	3	90.00	2.73	0.02	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	2	90.00	2.71	0.03	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	4	90.00	2.71	0.02	10%-25% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	7.95	0.10	10%-25% Below	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	7.95	0.10	10%-25% Below	Yes	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	2.60	0.10	10%-25% Below	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	2.60	0.10	10%-25% Below	No	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	2.60	0.10	10%-25% Below	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	2.48	0.14	26%-50% Below	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	7.24	0.12	26%-50% Below	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	7.45	0.12	26%-50% Below	Yes	No
68382004001	PROMETHAZINE 12.5 MG TABLET	2	30.00	0.76	0.05	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	2	30.00	4.19	0.05	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	3	60.00	1.52	0.05	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	10.00	0.27	0.05	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	30.00	0.81	0.05	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	30.00	3.03	0.05	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	4	60.00	1.61	0.04	26%-50% Below	No	No
68382005001	MELOXICAM 7.5 MG TABLET	3	20.00	0.52	0.02	26%-50% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	90.00	5.04	0.02	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005005	MELOXICAM 7.5 MG TABLET	3	90.00	5.04	0.02	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	20.00	1.12	0.02	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	180.00	10.08	0.02	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	2	30.00	0.76	0.02	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	3	30.00	0.76	0.02	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	3	90.00	2.28	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.76	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	90.00	2.28	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.76	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	90.00	2.28	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	2.28	0.02	26%-50% Above	No	No
68382007901	HALOPERIDOL 5 MG TABLET	2	30.00	6.14	0.35	26%-50% Below	No	No
68382007901	HALOPERIDOL 5 MG TABLET	3	30.00	6.14	0.33	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	20.00	1.33	0.12	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	9.99	0.12	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	2	180.00	5.00	0.02	51%-75% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	3	60.00	2.14	0.02	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	60.00	2.14	0.02	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	60.00	2.14	0.02	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	4	60.00	2.14	0.02	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	4	180.00	6.43	0.02	101%-200% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	9	60.00	0.92	0.02	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	60.00	1.83	0.02	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	180.00	5.49	0.02	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009305	CARVEDILOL 6.25 MG TABLET	3	60.00	1.83	0.02	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	2	60.00	2.14	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	2	180.00	6.43	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	3	60.00	2.14	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	3	180.00	6.43	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	4	60.00	2.14	0.02	76%-100% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	2	60.00	2.07	0.03	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	4	60.00	2.07	0.03	10%-25% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	44.20	0.16	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	132.61	0.18	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	44.20	0.19	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	44.20	0.16	200% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	3	90.00	9.92	0.07	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	4	30.00	3.31	0.06	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	4.00	0.08	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	4.03	0.08	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	90.00	10.00	0.08	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	90.00	12.10	0.08	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	30.00	4.00	0.07	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	30.00	4.03	0.07	76%-100% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	3	30.00	0.74	0.05	26%-50% Below	No	No
68382012305	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	2.28	0.02	26%-50% Above	No	No
68382012305	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	2.28	0.02	51%-75% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	3.66	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	10.97	0.05	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	7.31	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	10.97	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	180.00	21.94	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	28.00	3.41	0.06	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	3.66	0.06	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	7.31	0.06	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	10.97	0.06	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	180.00	21.94	0.06	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	60.00	7.31	0.05	101%-200% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	7.74	0.03	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	1	90.00	5.00	0.03	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	60.00	3.33	0.03	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	90.00	5.00	0.03	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	180.00	9.99	0.03	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	3	60.00	3.33	0.03	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	4	60.00	3.33	0.03	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	30.00	1.76	0.04	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	30.00	1.76	0.04	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	60.00	3.51	0.04	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	180.00	10.53	0.04	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	30.00	1.76	0.04	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	90.00	5.27	0.04	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382014014	TOPIRAMATE 100 MG TABLET	2	60.00	4.46	0.07	10%-25% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	2	60.00	4.73	0.03	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	3	60.00	4.73	0.03	101%-200% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	2	60.00	6.85	0.10	10%-25% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	3	90.00	10.27	0.10	10%-25% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	4	60.00	6.85	0.09	26%-50% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	2	90.00	6.75	0.17	51%-75% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	2.00	0.15	0.17	51%-75% Below	Yes	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	3	30.00	14.75	0.10	200% Above	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	2	15.00	2.42	0.37	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	2	30.00	4.85	0.37	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	3	30.00	4.85	0.39	51%-75% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	4	60.00	9.47	0.29	26%-50% Below	No	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	16.92	0.62	26%-50% Below	No	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	3	50.00	16.92	0.58	26%-50% Below	No	No
68382048006	FESOTERODINE ER 8 MG TABLET	2	90.00	414.32	0.99	200% Above	No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	5.92	0.05	10%-25% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	5.92	0.05	10%-25% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	Yes	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	1.97	0.05	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	5.92	0.05	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	29.99	0.05	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	1.97	0.05	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	60.00	3.95	0.05	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	5.92	0.05	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	No	No
68382052842	CHOLESTYRAMINE POWDER	2	378.00	48.16	0.11	10%-25% Above	No	No
68382055901	NITROFURANTOIN MCR 50 MG CAP	2	12.00	1.62	0.31	51%-75% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	45.00	5.79	0.06	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	30.00	3.86	0.08	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	90.00	11.57	0.08	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	60.00	16.69	0.08	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	2	90.00	11.57	0.07	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	3	30.00	6.62	0.16	26%-50% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	31.67	0.32	10%-25% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	3	180.00	63.34	0.32	10%-25% Above	No	No
68382059605	DILTIAZEM 24H ER(CD) 180 MG CP	2	90.00	14.72	0.20	10%-25% Below	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	31.94	0.14	200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	45.00	1.35	0.05	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	90.00	2.71	0.05	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	14.00	3.11	0.27	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	20.00	4.45	0.27	10%-25% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	2	180.00	626.45	1.71	101%-200% Above	No	No
68382073201	NADOLOL 20 MG TABLET	2	3.00	3.86	0.15	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382073201	NADOLOL 20 MG TABLET	2	90.00	115.92	0.15	200% Above	No	No
68382074916	TIADYL ER 360 MG CAPSULE	2	90.00	69.63	0.61	26%-50% Above	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	2	40.00	5.81	0.20	10%-25% Below	Yes	No
68382079801	LABETALOL HCL 100 MG TABLET	3	180.00	38.03	0.12	51%-75% Above	Yes	No
68382080510	TRAZODONE 50 MG TABLET	1	60.00	1.72	0.04	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	2	30.00	0.86	0.03	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	2	60.00	1.72	0.03	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	3	60.00	1.72	0.04	10%-25% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	2	90.00	8.75	0.06	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	2	180.00	17.50	0.06	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	4	180.00	17.50	0.05	76%-100% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	2	30.00	5.21	0.13	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	3	30.00	5.21	0.13	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	7	60.00	14.90	0.15	51%-75% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	8	60.00	14.90	0.14	51%-75% Above	No	No
68382085601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	90.00	12.47	0.10	26%-50% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	4.16	0.10	26%-50% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	4.16	0.10	26%-50% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	4	90.00	14.09	0.10	51%-75% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	2	10.00	5.52	0.17	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	3	21.00	11.59	0.20	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	16.00	0.14	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	6.26	0.14	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	9.99	0.14	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	15.91	0.12	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382092386	ELETRIPTAN HBR 40 MG TABLET	3	9.00	20.86	3.10	10%-25% Below	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	30.00	8.29	0.17	51%-75% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	30.00	12.23	0.09	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	15.00	6.12	0.10	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	30.00	12.23	0.10	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	4	30.00	11.43	0.10	200% Above	Yes	No
68382098106	LAMOTRIGINE ER 100 MG TABLET	2	30.00	110.54	0.90	200% Above	No	No
68382098106	LAMOTRIGINE ER 100 MG TABLET	4	90.00	331.62	0.65	200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	2	4.00	0.71	0.29	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	8.00	0.30	0.07	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.45	0.07	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.68	0.07	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.68	0.07	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.68	0.06	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	18.00	1.14	0.06	10%-25% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	2	18.00	1.05	0.10	26%-50% Below	Yes	No
68462010805	TOPIRAMATE 25 MG TABLET	3	360.00	19.98	0.03	76%-100% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	2	3.00	6.96	0.74	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	3	1.00	2.33	0.74	200% Above	No	No
68462012601	GABAPENTIN 600 MG TABLET	2	180.00	3.29	0.10	76%-100% Below	Yes	No
68462012605	GABAPENTIN 600 MG TABLET	12	270.00	77.71	0.11	101%-200% Above	No	No
68462012705	GABAPENTIN 800 MG TABLET	2	45.00	2.36	0.12	51%-75% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	3	45.00	2.36	0.12	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	1.89	0.24	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	2	63.00	34.06	0.22	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	3	21.00	4.30	0.25	10%-25% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	1	60.00	14.50	0.39	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	3	60.00	11.15	0.41	51%-75% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	10	60.00	15.64	0.40	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	11	60.00	15.64	0.38	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	12	60.00	15.64	0.38	26%-50% Below	No	No
68462015305	TOPIRAMATE 50 MG TABLET	3	90.00	5.27	0.04	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	2.72	0.19	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.69	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	2.07	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	10.00	1.15	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	1.38	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	15.00	1.73	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	2.07	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	10.00	1.15	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	15.00	2.35	0.20	10%-25% Below	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	4	18.00	2.32	0.17	10%-25% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	3	12.00	1.55	0.21	26%-50% Below	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	2	180.00	6.43	0.02	101%-200% Above	No	No
68462016301	CARVEDILOL 6.25 MG TABLET	1	180.00	5.49	0.02	51%-75% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	3	180.00	5.49	0.02	26%-50% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	4	180.00	5.49	0.02	51%-75% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	1	60.00	1.92	0.02	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	2	180.00	5.49	0.02	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462016305	CARVEDILOL 6.25 MG TABLET	3	60.00	1.75	0.02	26%-50% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	3	180.00	5.24	0.02	26%-50% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	6	60.00	0.70	0.02	26%-50% Below	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	3	180.00	6.43	0.02	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	4.28	0.17	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	2	22.00	2.85	0.17	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	2.85	0.19	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	2.99	0.16	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	2.84	0.19	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.00	8.22	0.19	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.00	2.97	0.18	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	9	22.00	2.97	0.17	10%-25% Below	No	No
68462018117	CLOTRIMAZOLE 1% TOPICAL CREAM	1	15.00	9.90	0.22	200% Above	Yes	No
68462018901	NAPROXEN 375 MG TABLET	3	60.00	0.93	0.07	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	3	20.00	0.47	0.07	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	4	12.00	0.28	0.05	51%-75% Below	No	No
68462019705	PRAVASTATIN SODIUM 40 MG TAB	2	180.00	27.20	0.08	76%-100% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	2	15.00	4.92	0.24	26%-50% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	2	30.00	9.84	0.24	26%-50% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	3	15.00	4.92	0.26	26%-50% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	3	90.00	29.53	0.26	26%-50% Above	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	3	30.00	1.10	0.09	51%-75% Below	No	No
68462022401	LITHIUM CARBONATE ER 450 MG TB	4	30.00	4.50	0.17	10%-25% Below	No	No
68462022401	LITHIUM CARBONATE ER 450 MG TB	4	180.00	35.78	0.17	10%-25% Above	No	No
68462022690	EZETIMIBE 10 MG TABLET	3	90.00	117.53	0.10	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462022690	EZETIMIBE 10 MG TABLET	4	30.00	39.18	0.08	200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	2	10.00	0.28	0.05	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	3	30.00	0.84	0.05	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	3	50.00	1.40	0.05	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	2	45.00	1.13	0.05	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	3	180.00	4.50	0.05	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	12	42.00	1.16	0.05	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	2	30.00	0.54	0.06	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	4	30.00	0.54	0.05	51%-75% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	151.89	0.04	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	50.49	0.05	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	151.46	0.05	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
68462029855	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	31.77	0.17	200% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	4	28.00	2.11	0.10	10%-25% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	1	28.00	2.11	0.12	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	1	28.00	2.31	0.12	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	2	28.00	2.11	0.11	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	7	28.00	2.31	0.13	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	8	28.00	2.31	0.12	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	9	28.00	2.31	0.12	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	10	28.00	2.31	0.12	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	12	28.00	2.31	0.12	26%-50% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	2	60.00	57.08	0.31	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030450	NORETHINDRONE 5 MG TABLET	4	90.00	85.63	0.28	200% Above	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	2	28.00	2.11	0.11	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	28.00	2.11	0.12	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	84.00	6.32	0.12	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	28.00	5.69	0.15	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	28.00	5.67	0.13	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	84.00	17.02	0.13	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	28.00	5.67	0.13	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	4	28.00	5.67	0.12	51%-75% Above	Yes	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	2	30.00	58.20	0.48	200% Above	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	4	30.00	58.20	0.36	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	2	30.00	11.84	0.11	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	4	30.00	11.84	0.10	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	2.17	0.04	76%-100% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	1.12	0.03	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	28.00	1.84	0.05	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	1.97	0.05	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	5.92	0.05	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	28.00	1.84	0.05	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	1.97	0.05	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	5.92	0.05	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	29.99	0.05	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	28.00	1.84	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	5.11	0.06	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	6.16	0.06	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	7.00	0.51	0.06	26%-50% Above	No	No
68462040201	ATOVAQUONE-PROGUANIL 62.5-25	2	75.00	51.15	0.89	10%-25% Below	Yes	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	4	90.00	67.19	0.06	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	38.43	0.13	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	38.43	0.14	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	38.43	0.12	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	38.43	0.13	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	38.43	0.14	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	38.43	0.12	200% Above	No	No
68462047205	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	3.36	0.15	10%-25% Below	No	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	2	50.00	23.80	0.67	26%-50% Below	Yes	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	3	50.00	23.80	0.85	26%-50% Below	Yes	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	3	21.00	9.44	0.54	10%-25% Below	No	No
68462053465	TACROLIMUS 0.1% OINTMENT	3	60.00	48.60	1.24	26%-50% Below	No	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	2	28.00	5.51	0.14	26%-50% Above	No	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	3	28.00	5.51	0.13	26%-50% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	3	30.00	10.39	0.09	200% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.00	8.95	0.23	51%-75% Above	No	No
68462068160	LACOSAMIDE 200 MG TABLET	3	60.00	110.90	0.42	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	84.00	99.54	0.32	200% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	84.00	99.54	0.32	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	84.00	99.54	0.31	200% Above	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	25.56	0.20	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	25.56	0.19	200% Above	No	No
68462074635	ACYCLOVIR 5% OINTMENT	2	30.00	74.88	0.70	200% Above	Yes	No
68462079917	NYSTATIN-TRIAMCINOLONE OINTM	3	30.00	87.31	0.35	200% Above	No	No
68462089001	PROCHLORPERAZINE 10 MG TAB	3	30.00	7.40	0.29	10%-25% Below	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	4	180.00	8.50	0.02	76%-100% Above	No	No
68645047754	METOPROLOL SUCC ER 25 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.78	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	2.35	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.78	0.01	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	2.35	0.01	76%-100% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	30.00	2.16	0.05	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	90.00	6.47	0.05	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	2	30.00	1.77	0.03	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	90.00	2.77	0.04	26%-50% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	135.00	4.16	0.04	26%-50% Below	No	No
68645053254	LISINOPRIL 20 MG TABLET	4	30.00	0.55	0.02	10%-25% Below	No	No
68645053254	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	3.83	0.04	51%-75% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	2.03	0.04	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.68	0.05	26%-50% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	2	30.00	0.55	0.05	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	90.00	3.36	0.07	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	21.00	0.78	0.07	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645056354	IBUPROFEN 800 MG TABLET	3	30.00	1.12	0.07	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	60.00	3.02	0.07	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	90.00	3.36	0.07	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	16.00	0.60	0.06	26%-50% Below	No	No
68645057454	GLIPIZIDE 5 MG TABLET	2	60.00	1.44	0.03	26%-50% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	3	90.00	3.56	0.05	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.50	0.02	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	60.00	0.63	0.02	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	180.00	1.89	0.02	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	90.00	0.95	0.02	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	180.00	1.89	0.01	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	60.00	1.15	0.02	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	60.00	1.15	0.03	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	90.00	1.73	0.03	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	3.46	0.03	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	30.00	1.72	0.06	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	30.00	1.72	0.06	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	90.00	5.17	0.06	10%-25% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	2	60.00	1.39	0.03	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.72	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	120.00	2.88	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	180.00	4.32	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.72	0.03	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	90.00	2.16	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645059559	METFORMIN HCL ER 500 MG TABLET	3	120.00	2.88	0.03	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	180.00	4.32	0.03	26%-50% Below	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	2	90.00	24.00	0.12	101%-200% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	3	90.00	0.87	0.02	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	2	90.00	0.91	0.01	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	90.00	0.91	0.02	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	30.00	0.38	0.02	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	30.00	0.38	0.02	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	90.00	1.66	0.03	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	30.00	0.55	0.03	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	90.00	1.66	0.03	26%-50% Below	No	No
68645061290	LISINOPRIL 30 MG TABLET	2	90.00	3.87	0.06	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	30.00	1.02	0.05	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	30.00	1.02	0.05	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	90.00	3.06	0.05	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	4	30.00	1.02	0.04	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	4	90.00	3.06	0.04	10%-25% Below	No	No
68682000610	DILTIAZEM 30 MG TABLET	2	180.00	11.63	0.08	10%-25% Below	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	2	60.00	12.10	0.10	76%-100% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	2	30.00	8.88	0.13	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	3	30.00	8.88	0.14	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	4	30.00	8.88	0.12	101%-200% Above	No	No
68682011102	PIMECROLIMUS 1% CREAM	3	60.00	97.39	3.64	51%-75% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	2	5.00	82.73	23.10	26%-50% Below	Yes	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	3	10.00	165.46	25.48	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	4	5.00	82.73	20.28	10%-25% Below	No	No
68682036890	DILTIAZEM 24HR ER 180 MG CAP	3	30.00	6.58	0.27	10%-25% Below	No	No
68682036990	DILTIAZEM 24HR ER 240 MG CAP	2	30.00	14.72	0.34	26%-50% Above	No	No
68682045570	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	51.27	0.41	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	90.00	20.43	0.12	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	6.81	0.12	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	90.00	20.43	0.12	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	30.00	6.81	0.10	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	90.00	20.43	0.10	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	30.00	8.51	0.14	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	60.00	17.02	0.14	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	25.52	0.14	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	90.00	25.52	0.18	51%-75% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	30.00	1.67	0.03	76%-100% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	3	30.00	1.67	0.03	76%-100% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	2	30.00	1.67	0.03	76%-100% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	3	30.00	1.67	0.03	76%-100% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	4	30.00	1.67	0.03	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	2	60.00	3.33	0.03	76%-100% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	3	60.00	3.33	0.03	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	4	60.00	3.51	0.04	51%-75% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	4	180.00	10.53	0.04	51%-75% Above	Yes	No
69097012312	TOPIRAMATE 50 MG TABLET	11	60.00	3.85	0.04	51%-75% Above	No	No
69097012403	TOPIRAMATE 100 MG TABLET	2	60.00	5.38	0.07	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	3	60.00	5.38	0.07	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	1.34	0.02	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	1.09	0.01	10%-25% Below	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.09	0.01	10%-25% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	Yes	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.50	0.02	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	1.50	0.02	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	11.85	2.98	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	7.00	21.05	3.34	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	11.85	2.97	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	11.85	2.97	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	9.99	3.01	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	10.08	3.01	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	11.85	3.01	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	11.85	3.01	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	11.85	2.76	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	1.29	0.02	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	60.00	3.36	0.02	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	60.00	3.36	0.02	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.76	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	45.00	1.14	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	52.00	1.32	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	73.00	1.85	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	90.00	2.28	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.76	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	90.00	2.28	0.02	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	90.00	2.28	0.02	26%-50% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	3	30.00	0.76	0.02	10%-25% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	2	30.00	1.06	0.02	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	30.00	0.76	0.02	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	90.00	2.28	0.02	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	2	60.00	23.51	0.73	26%-50% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	2	120.00	47.02	0.73	26%-50% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	3	60.00	23.51	0.77	26%-50% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	3	120.00	47.02	0.77	26%-50% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	12	120.00	116.37	0.50	76%-100% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	60.00	25.31	0.10	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	180.00	75.94	0.10	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	60.00	25.31	0.11	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	2	60.00	17.20	0.09	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	3	60.00	17.20	0.09	200% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	2	100.00	2.11	0.11	76%-100% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	3	300.00	6.33	0.11	76%-100% Below	Yes	No
69097068105	PREGABALIN 100 MG CAPSULE	2	120.00	3.22	0.06	51%-75% Below	No	No
69097068105	PREGABALIN 100 MG CAPSULE	3	120.00	3.22	0.06	51%-75% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	2	90.00	3.90	0.07	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	2	3.00	23.11	14.18	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	3	12.00	92.42	14.15	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097081307	GABAPENTIN 100 MG CAPSULE	3	30.00	0.26	0.03	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	2	90.00	0.77	0.03	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	3	30.00	0.26	0.03	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	3	60.00	0.51	0.03	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	3	90.00	0.77	0.03	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	3	90.00	0.77	0.03	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	3	180.00	1.53	0.03	51%-75% Below	No	No
69097081507	GABAPENTIN 400 MG CAPSULE	4	90.00	1.41	0.05	51%-75% Below	Yes	No
69097082103	GEMFIBROZIL 600 MG TABLET	2	60.00	4.13	0.11	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	3	60.00	4.13	0.11	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	4	60.00	4.13	0.09	10%-25% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	2	60.00	4.13	0.11	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	3	60.00	4.13	0.11	26%-50% Below	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	4	30.00	3.46	0.03	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	7	30.00	2.01	0.03	101%-200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	8	30.00	2.01	0.03	101%-200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	10	30.00	2.01	0.03	101%-200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.63	0.03	26%-50% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	2	30.00	1.65	0.05	10%-25% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	15.00	0.88	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	30.00	1.77	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	135.00	7.95	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	15.00	0.88	0.04	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	90.00	5.30	0.04	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	1.94	0.04	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	2.77	0.04	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.92	0.04	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	1.94	0.04	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	90.00	2.77	0.04	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	1.94	0.04	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	35.00	1.08	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.42	0.02	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	42.00	0.58	0.02	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.42	0.03	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.42	0.02	10%-25% Below	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.85	0.02	51%-75% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	2	90.00	10.09	0.05	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	4	30.00	3.36	0.04	101%-200% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	1	60.00	2.88	0.04	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	2	30.00	0.52	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	2	42.00	0.73	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	2	60.00	2.88	0.04	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	2	90.00	1.57	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	2	270.00	4.70	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	3	30.00	0.52	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	3	42.00	0.73	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	3	60.00	1.04	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	3	60.00	2.88	0.04	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097094312	GABAPENTIN 300 MG CAPSULE	3	90.00	1.20	0.04	51%-75% Below	Yes	No
69097097112	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.68	0.05	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	4	90.00	13.68	0.23	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	3	60.00	9.12	0.28	26%-50% Below	No	No
69230032133	LEVOCETIRIZINE 5 MG TABLET	3	90.00	16.20	0.20	10%-25% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	2	30.00	60.35	3.23	26%-50% Below	Yes	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	3	30.00	60.35	3.56	26%-50% Below	Yes	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	4	60.00	120.71	2.47	10%-25% Below	Yes	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	24.43	0.16	51%-75% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	24.71	0.14	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	2	60.00	74.12	0.14	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	14.90	0.15	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	30.00	39.18	0.08	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	90.00	117.53	0.08	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	5.00	6.53	0.10	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	30.00	39.18	0.10	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	90.00	117.53	0.10	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	30.00	39.18	0.08	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	90.00	117.53	0.08	200% Above	No	No
69238115409	EZETIMIBE 10 MG TABLET	2	30.00	29.90	0.08	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	2	90.00	117.53	0.08	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	3	30.00	29.90	0.10	200% Above	Yes	No
69238131109	PREGABALIN 50 MG CAPSULE	3	60.00	1.28	0.06	51%-75% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	3	60.00	1.61	0.06	51%-75% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	3	90.00	2.41	0.06	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238134201	ETODOLAC 400 MG TABLET	4	15.00	10.74	0.27	101%-200% Above	No	No
69238142301	METHOTREXATE 2.5 MG TABLET	4	65.00	46.75	0.15	200% Above	No	No
69238153203	CLOBETASOL 0.05% CREAM	3	60.00	166.25	0.20	200% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	3	5.00	52.51	1.63	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	30.00	2.19	0.05	26%-50% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	90.00	2.77	0.05	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	3	90.00	3.70	0.06	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	4	135.00	5.55	0.05	10%-25% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	3.84	0.06	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	4	90.00	3.84	0.05	10%-25% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	3	90.00	3.91	0.07	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	4	30.00	1.34	0.05	10%-25% Below	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	2	90.00	4.88	0.08	26%-50% Below	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	4	90.00	4.21	0.06	10%-25% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	2	30.00	2.06	0.10	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	2	90.00	6.19	0.10	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	3	30.00	2.06	0.12	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	60.00	8.72	0.06	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	60.00	8.72	0.06	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	4	40.00	5.81	0.08	51%-75% Above	Yes	No
69238207801	PROPRANOLOL 20 MG TABLET	2	60.00	10.90	0.06	101%-200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	3	30.00	5.45	0.06	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	4	60.00	10.90	0.09	76%-100% Above	Yes	No
69238208105	PROPRANOLOL 80 MG TABLET	2	180.00	62.15	0.21	51%-75% Above	Yes	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	3	17.50	1.58	0.14	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	3	50.00	4.50	0.14	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	4	38.00	3.42	0.11	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	2.65	0.13	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	10	25.00	2.43	0.13	10%-25% Below	No	No
69292053410	PROPRANOLOL 40 MG TABLET	2	60.00	15.31	0.10	101%-200% Above	No	No
69292053410	PROPRANOLOL 40 MG TABLET	3	60.00	15.31	0.09	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	30.00	0.55	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	56.00	1.02	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	90.00	1.65	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	30.00	0.55	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	56.00	1.02	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	90.00	1.65	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	30.00	0.55	0.03	26%-50% Below	No	No
69315011701	FUROSEMIDE 40 MG TABLET	2	30.00	0.72	0.03	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	2	60.00	1.44	0.03	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	2	90.00	2.16	0.03	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	90.00	2.16	0.03	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	9	7.00	0.18	0.03	10%-25% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	2	30.00	0.36	0.03	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	30.00	0.36	0.03	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	1.09	0.03	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	150.00	1.82	0.03	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	150.00	1.82	0.02	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	9	7.00	0.08	0.03	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	2.87	0.05	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	60.00	5.75	0.05	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	8.62	0.05	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	2.87	0.05	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	60.00	5.75	0.05	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	8.62	0.05	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	8.62	0.04	101%-200% Above	Yes	No
69315021201	NIFEDIPINE 20 MG CAPSULE	2	60.00	28.80	0.56	10%-25% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	3	60.00	28.80	0.56	10%-25% Below	No	No
69315030802	CIPROFLOXACIN 0.3% EYE DROP	2	2.50	3.66	2.90	26%-50% Below	Yes	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2	150.00	4.43	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	5.00	0.12	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	20.00	0.46	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	60.00	1.38	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	3	30.00	0.69	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	3	60.00	1.38	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	4	60.00	1.38	0.04	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	2	30.00	0.38	0.05	76%-100% Below	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	3	90.00	2.19	0.06	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	4	48.00	1.23	0.05	26%-50% Below	No	No
69315090605	LORAZEPAM 2 MG TABLET	2	90.00	3.71	0.07	26%-50% Below	No	No
69339017402	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	2.93	0.22	26%-50% Below	No	No
69367019201	PHENAZOPYRIDINE 200 MG TAB	2	10.00	22.80	0.22	200% Above	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	10.00	0.86	0.16	26%-50% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	12.00	1.04	0.16	26%-50% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	2.59	0.16	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	15.00	1.29	0.16	26%-50% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	20.00	1.73	0.13	26%-50% Below	No	No
69367023510	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	1.54	0.04	26%-50% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	2	30.00	3.68	0.07	76%-100% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	3	30.00	3.68	0.08	51%-75% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	3	90.00	11.03	0.08	51%-75% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	14.00	9.99	0.51	26%-50% Above	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	2	200.00	7.02	0.05	26%-50% Below	No	No
69367030101	CELECOXIB 100 MG CAPSULE	3	60.00	17.20	0.09	200% Above	No	No
69367030105	CELECOXIB 100 MG CAPSULE	4	60.00	17.20	0.08	200% Above	No	No
69367030830	EPLERENONE 50 MG TABLET	2	30.00	39.41	0.73	76%-100% Above	No	No
69452014320	BENZONATATE 100 MG CAPSULE	2	30.00	4.36	0.08	51%-75% Above	No	No
69452014320	BENZONATATE 100 MG CAPSULE	9	30.00	4.77	0.08	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	2	30.00	4.36	0.08	51%-75% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	3	30.00	4.36	0.08	51%-75% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	4	30.00	4.36	0.07	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	2	30.00	2.00	0.12	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	3	15.00	1.00	0.13	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	3	30.00	2.00	0.13	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	45.00	3.06	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	1.00	0.07	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.29	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.29	0.13	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.50	0.13	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.86	0.13	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.86	0.13	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	1.00	0.07	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.14	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.29	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.29	0.13	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.58	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.50	0.13	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.86	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.86	0.13	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.94	0.13	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	1.00	0.07	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	3.00	0.22	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.50	0.11	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.86	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.86	0.11	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.32	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.00	0.32	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.42	0.13	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	3	18.00	26.99	0.72	101%-200% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	6	3.00	0.67	0.34	26%-50% Below	No	No
69452020713	CALCITRIOL 0.25 MCG CAPSULE	2	30.00	12.45	0.18	101%-200% Above	No	No
69452020713	CALCITRIOL 0.25 MCG CAPSULE	3	30.00	12.45	0.18	101%-200% Above	No	No
69452020713	CALCITRIOL 0.25 MCG CAPSULE	4	28.00	11.62	0.15	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452020720	CALCITRIOL 0.25 MCG CAPSULE	2	90.00	37.34	0.18	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	3	45.00	18.67	0.18	101%-200% Above	Yes	No
69452023320	PROGESTERONE 100 MG CAPSULE	3	30.00	18.14	0.20	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	3	30.00	27.25	0.34	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	8.00	2.37	0.51	26%-50% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	10	20.00	7.05	0.53	26%-50% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	2	30.00	2.20	0.10	26%-50% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	7	60.00	3.85	0.10	26%-50% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	11	60.00	3.85	0.11	26%-50% Below	No	No
69452029030	ACYCLOVIR 400 MG TABLET	3	21.00	1.54	0.11	26%-50% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	2	90.00	172.63	0.42	200% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	2	6.00	2.84	0.38	10%-25% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	3	6.00	2.84	0.39	10%-25% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	3.27	0.42	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	12.00	5.07	0.50	10%-25% Below	No	No
69452034820	ESZOPICLONE 2 MG TABLET	2	90.00	35.53	0.11	200% Above	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	4	270.00	7.53	0.04	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	2	29.00	0.81	0.05	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	3	29.00	0.81	0.05	26%-50% Below	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	3	270.00	9.67	0.07	26%-50% Below	No	No
69543010710	DESLOMATADINE 5 MG TABLET	2	30.00	9.26	0.34	10%-25% Below	No	No
69543010710	DESLOMATADINE 5 MG TABLET	3	30.00	9.26	0.34	10%-25% Below	No	No
69584009150	BUSPIRONE HCL 5 MG TABLET	2	30.00	2.22	0.03	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	2	180.00	11.25	0.03	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	3	30.00	2.22	0.02	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584009150	BUSPIRONE HCL 5 MG TABLET	3	90.00	5.63	0.02	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	2	15.00	1.45	0.03	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	2	180.00	14.20	0.03	101%-200% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	3	60.00	3.54	0.05	10%-25% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	3	90.00	5.31	0.05	10%-25% Above	Yes	No
69584011190	CARISOPRODOL 350 MG TABLET	2	30.00	1.24	0.07	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	2	180.00	7.43	0.07	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	3	180.00	7.43	0.07	26%-50% Below	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	2	60.00	5.63	0.05	76%-100% Above	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	4	60.00	5.63	0.05	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	90.00	2.71	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	90.00	2.71	0.05	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	4	90.00	2.71	0.05	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	90.00	29.99	0.21	51%-75% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.49	2.47	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.49	2.47	26%-50% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	4.46	2.47	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	5.95	2.47	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.49	2.36	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	2.98	2.36	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	4.46	1.78	10%-25% Below	No	No
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	3	2.00	1.02	0.92	26%-50% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	2	30.00	97.21	1.09	101%-200% Above	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	4	30.00	75.02	1.60	51%-75% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	2	20.00	51.37	1.88	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	2	30.00	77.06	1.88	26%-50% Above	Yes	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	2	60.00	154.12	1.88	26%-50% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	77.06	1.98	26%-50% Above	Yes	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	77.06	1.51	51%-75% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	77.06	1.51	51%-75% Above	Yes	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	2	30.00	66.91	3.05	26%-50% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	3	30.00	66.91	3.29	26%-50% Below	No	No
70010001401	METHYLPHENIDATE LA 30 MG CAP	2	30.00	83.57	3.16	10%-25% Below	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	3	30.00	193.76	7.28	10%-25% Below	No	No
70010002201	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	4.83	0.12	51%-75% Below	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	32.99	0.60	76%-100% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	32.99	0.57	76%-100% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	123.12	0.59	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	32.99	0.56	76%-100% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	32.99	0.36	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	123.12	0.36	200% Above	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	3	30.00	81.48	0.51	200% Above	Yes	No
70010006305	METFORMIN HCL 500 MG TABLET	2	30.00	0.32	0.02	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	180.00	1.89	0.02	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	30.00	0.32	0.02	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	60.00	0.63	0.02	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	180.00	1.89	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	1	60.00	0.63	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	30.00	0.32	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	60.00	0.63	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006310	METFORMIN HCL 500 MG TABLET	2	90.00	0.95	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	360.00	3.78	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	30.00	0.32	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	60.00	0.63	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	90.00	0.95	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	60.00	0.63	0.01	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	60.00	1.15	0.02	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	3.46	0.02	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	5.22	0.02	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	60.00	1.15	0.03	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	3.46	0.03	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	5.22	0.03	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	180.00	5.22	0.02	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	2	60.00	1.15	0.02	10%-25% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	2	180.00	3.46	0.02	10%-25% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	3	60.00	1.15	0.03	10%-25% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	3	180.00	3.46	0.03	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	3.36	0.16	26%-50% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	2	28.00	3.14	0.15	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	3	28.00	3.14	0.16	26%-50% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	3	60.00	6.73	0.16	26%-50% Below	No	No
70010013610	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	13.28	0.10	51%-75% Above	No	No
70010013901	NAPROXEN 500 MG TABLET	4	180.00	1.82	0.05	76%-100% Below	Yes	No
70010013905	NAPROXEN 500 MG TABLET	2	14.00	0.33	0.06	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	2	60.00	2.14	0.07	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010013905	NAPROXEN 500 MG TABLET	3	60.00	1.40	0.07	51%-75% Below	No	No
70010014701	POTASSIUM CL ER 8 MEQ CAPSULE	3	90.00	29.30	0.13	101%-200% Above	No	No
70010014801	POTASSIUM CL ER 10 MEQ CAPSULE	4	90.00	31.59	0.11	200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	1	180.00	63.18	0.13	101%-200% Above	Yes	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	2.59	0.16	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	2.70	0.15	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	2.59	0.16	26%-50% Below	No	No
70010016201	LORATADINE 10 MG TABLET	3	30.00	1.34	0.06	10%-25% Below	No	No
70010016201	LORATADINE 10 MG TABLET	4	90.00	4.01	0.06	10%-25% Below	No	No
70010016234	LORATADINE 10 MG TABLET	3	90.00	2.78	0.06	26%-50% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	3	90.00	1.80	0.07	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	3	30.00	1.06	0.10	51%-75% Below	Yes	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.72	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	90.00	2.16	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	120.00	2.88	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	270.00	6.48	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	360.00	8.64	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	60.00	1.44	0.03	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	90.00	2.16	0.03	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	120.00	2.88	0.03	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	360.00	8.64	0.03	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.72	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	90.00	2.16	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	180.00	4.32	0.03	10%-25% Below	No	No
70010049109	METFORMIN HCL ER 500 MG TABLET	3	180.00	4.32	0.03	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010049110	METFORMIN HCL ER 500 MG TABLET	2	90.00	2.16	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	146.00	3.50	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	180.00	4.32	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	360.00	8.64	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.72	0.03	26%-50% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.72	0.03	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	90.00	2.16	0.03	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	60.00	1.44	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	180.00	4.32	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	240.00	5.76	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	270.00	6.48	0.03	10%-25% Below	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	2	30.00	3.49	0.07	51%-75% Above	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	90.00	5.96	0.06	10%-25% Above	Yes	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	15.00	1.09	0.04	51%-75% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	40.00	2.91	0.04	51%-75% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	56.00	4.07	0.04	51%-75% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	60.00	4.36	0.04	51%-75% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	2	21.00	1.53	0.04	51%-75% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	90.00	2.27	0.05	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	90.00	2.60	0.05	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	60.00	1.73	0.05	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	90.00	2.27	0.05	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	12.00	0.35	0.05	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	42.00	1.21	0.05	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	180.00	5.20	0.05	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010077005	METHOCARBAMOL 750 MG TABLET	4	30.00	0.87	0.04	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	42.00	1.19	0.05	26%-50% Below	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	2	6.00	17.96	1.03	101%-200% Above	No	No
70069023101	BRIMONIDINE 0.2% EYE DROP	2	15.00	7.30	0.80	26%-50% Below	No	No
70069023301	BRIMONIDINE 0.2% EYE DROP	4	15.00	6.40	0.48	10%-25% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	3	2.50	3.45	1.76	10%-25% Below	No	No
70121146702	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	15.15	26.01	26%-50% Below	No	No
70121148001	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	25.62	39.54	26%-50% Below	No	No
70377000114	SIMVASTATIN 5 MG TABLET	3	90.00	5.59	0.04	26%-50% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	30.00	0.60	0.04	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	1.80	0.04	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	3	30.00	0.60	0.04	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	3	90.00	2.85	0.07	51%-75% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	151.89	0.04	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	151.89	0.04	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	50.63	0.05	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	151.89	0.05	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	151.89	0.04	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	29.00	48.94	0.05	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	50.63	0.05	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	29.90	0.05	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	151.89	0.05	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	50.63	0.04	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	151.46	0.05	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	50.49	0.05	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	151.46	0.05	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	151.46	0.05	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	151.46	0.05	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	50.49	0.05	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	151.46	0.05	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	151.46	0.04	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	151.46	0.04	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	36.26	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	38.99	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	108.78	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	151.09	0.06	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	36.26	0.07	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	38.99	0.07	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	36.26	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	38.99	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	151.09	0.06	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	151.09	0.06	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	50.36	0.07	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	151.09	0.07	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	151.09	0.06	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	120.66	0.11	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	126.69	0.11	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	42.23	0.11	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	120.66	0.11	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	151.03	0.09	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	29.90	0.11	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	151.03	0.11	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	29.90	0.11	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	151.03	0.09	200% Above	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	11	90.00	6.18	0.03	101%-200% Above	No	No
70377002813	ATORVASTATIN 20 MG TABLET	2	45.00	4.36	0.04	101%-200% Above	No	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	3	90.00	8.80	0.06	51%-75% Above	Yes	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	126.39	0.17	200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	2	30.00	2.36	0.03	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	2	90.00	7.07	0.03	101%-200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	2	90.00	7.07	0.03	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	3	90.00	7.07	0.03	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	4	90.00	7.07	0.03	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	8.72	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	30.00	2.91	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	59.00	5.72	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	8.72	0.04	101%-200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	3	30.00	2.91	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007913	ATORVASTATIN 40 MG TABLET	3	30.00	2.92	0.06	51%-75% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	8.75	0.06	51%-75% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	8.75	0.06	51%-75% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	29.90	0.06	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	2	30.00	3.36	0.08	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	10.09	0.08	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	10.09	0.09	10%-25% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	10.09	0.09	10%-25% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	4	90.00	10.09	0.08	26%-50% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	30.00	9.33	0.17	76%-100% Above	No	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	29.90	0.48	101%-200% Above	No	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	3	90.00	150.90	0.50	200% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	7.83	0.04	51%-75% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	3.76	0.04	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	6.26	0.04	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	80.00	2.50	0.04	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	100.00	3.13	0.04	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	100.00	3.13	0.04	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	3.69	0.04	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	3.76	0.04	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	150.00	4.70	0.04	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	3.13	0.04	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	3.13	0.04	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	3.69	0.04	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	3.76	0.04	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	3.76	0.04	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	120.00	3.76	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	140.00	4.38	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	150.00	7.57	0.04	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	240.00	7.51	0.04	10%-25% Below	Yes	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	2	60.00	226.46	2.13	76%-100% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	3	60.00	226.46	2.38	51%-75% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	12.00	13.51	2.47	51%-75% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	12.00	13.51	2.36	51%-75% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	4	60.00	148.76	0.13	200% Above	Yes	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	3	75.00	97.97	0.52	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	2	28.00	8.98	0.16	76%-100% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	3	28.00	8.98	0.16	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	4	28.00	8.98	0.12	101%-200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	28.00	22.44	0.34	101%-200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	84.00	77.57	0.23	200% Above	No	No
70700011585	SYEDA 28 TABLET	1	28.00	9.90	0.20	51%-75% Above	No	No
70700011685	ALTAVERA-28 TABLET	3	84.00	36.31	0.15	101%-200% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	28.00	5.67	0.13	26%-50% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	28.00	5.67	0.13	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	84.00	17.02	0.13	51%-75% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	2	28.00	15.11	0.13	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	3	28.00	15.11	0.14	200% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	2	84.00	29.90	0.14	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700012185	TRI-ESTARYLLA TABLET	3	28.00	5.51	0.13	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	3	84.00	16.54	0.13	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	4	28.00	5.51	0.11	51%-75% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	4	28.00	5.51	0.11	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	4	84.00	30.00	0.11	200% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	9	28.00	4.82	0.14	10%-25% Above	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	4	84.00	44.35	0.13	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	6.90	0.04	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	36.00	21.77	0.20	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	30.00	18.14	0.20	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	75.00	45.35	0.20	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	90.00	54.41	0.20	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	27.25	0.40	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	27.25	0.34	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	90.00	81.75	0.34	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	6.00	5.45	0.35	101%-200% Above	Yes	No
70700028922	TESTOSTERONE CYP 200 MG/ML	3	6.00	46.21	14.15	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	9.99	1.41	26%-50% Below	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	2	60.00	267.81	3.15	26%-50% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	3	60.00	267.81	3.22	26%-50% Above	No	No
70710107003	VARDENAFIL HCL 10 MG TABLET	4	8.00	153.14	4.59	200% Above	No	No
70710111108	TIZANIDINE HCL 2 MG CAPSULE	3	60.00	49.00	0.10	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	2	30.00	30.58	0.16	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	3	30.00	30.58	0.17	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	4	30.00	30.58	0.11	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	20.00	8.31	0.32	26%-50% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	2.00	2.87	0.36	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	0.87	0.74	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	4.00	3.50	0.74	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.75	0.74	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	3.00	2.62	0.74	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	4.00	3.50	0.74	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	1.75	0.58	26%-50% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	1.75	0.58	26%-50% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	2	7.00	2.17	0.49	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	3.00	0.93	0.52	26%-50% Below	Yes	No
70710116201	MECLIZINE 25 MG TABLET	2	30.00	1.70	0.09	26%-50% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	3	30.00	1.70	0.10	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	20.22	0.25	26%-50% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	40.44	0.25	26%-50% Above	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	3	90.00	27.35	0.34	10%-25% Below	No	No
70710122500	AMITRIPTYLINE HCL 10 MG TAB	2	30.00	2.56	0.04	101%-200% Above	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	1	180.00	15.35	0.04	76%-100% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	3	180.00	15.35	0.05	76%-100% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	4	90.00	7.68	0.03	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	14.61	0.06	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	3	90.00	14.61	0.07	101%-200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	4	180.00	29.21	0.06	101%-200% Above	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	3	90.00	57.24	0.20	200% Above	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	1	30.00	29.06	0.25	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710123001	AMITRIPTYLINE HCL 150 MG TAB	2	30.00	29.06	0.37	101%-200% Above	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	4	90.00	87.17	0.23	200% Above	Yes	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	2	60.00	42.40	0.20	200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	7	90.00	14.13	0.08	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	8	90.00	2.57	0.08	51%-75% Below	No	No
70710128505	BACLOFEN 10 MG TABLET	9	90.00	2.40	0.07	51%-75% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	2	60.00	1.94	0.08	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	2	120.00	3.89	0.08	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	3	120.00	3.89	0.07	51%-75% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	2	1.00	0.36	0.54	26%-50% Below	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	2	45.00	23.98	0.29	76%-100% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	15.98	0.28	76%-100% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	16.30	0.30	76%-100% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	4	30.00	9.99	0.21	51%-75% Above	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	2	60.00	24.91	0.79	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	3	120.00	49.82	0.83	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	3	180.00	74.74	0.83	26%-50% Below	No	No
70710166801	PROCHLORPERAZINE 10 MG TAB	3	30.00	7.40	0.29	10%-25% Below	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	60.00	5.39	0.06	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	90.00	8.08	0.06	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	180.00	16.16	0.06	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	60.00	5.39	0.06	26%-50% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	4	30.00	8.87	0.35	10%-25% Below	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	3	100.00	3.69	0.03	10%-25% Above	Yes	No
70752015304	CLOBETASOL 0.05% SOLUTION	2	50.00	52.53	0.20	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70752015304	CLOBETASOL 0.05% SOLUTION	4	50.00	52.53	0.20	200% Above	No	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	2	20.00	82.72	1.32	200% Above	Yes	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	2.18	0.05	26%-50% Above	No	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	2.18	0.05	26%-50% Above	No	No
70756008511	BACLOFEN 5 MG TABLET	3	90.00	7.56	0.18	51%-75% Below	Yes	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	6.92	0.07	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	3	90.00	20.75	0.07	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	4.87	0.07	101%-200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	3	180.00	29.21	0.07	101%-200% Above	Yes	No
70756021451	FENOFIBRATE 54 MG TABLET	2	30.00	7.93	0.10	101%-200% Above	No	No
70756021451	FENOFIBRATE 54 MG TABLET	3	30.00	7.93	0.09	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	2	30.00	13.56	0.11	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	2	90.00	40.68	0.11	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	3	30.00	13.56	0.15	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	2	90.00	40.68	0.11	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	9.99	0.52	76%-100% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	9.01	0.52	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	20.00	12.87	0.40	51%-75% Above	No	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	3	14.00	12.72	0.38	101%-200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	3	30.00	27.25	0.38	101%-200% Above	No	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	4	30.00	27.25	0.34	101%-200% Above	No	No
70756042911	PRAZOSIN 1 MG CAPSULE	3	60.00	16.63	0.14	76%-100% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	2	5.00	52.51	1.53	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	2	5.00	52.51	1.53	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	3	5.00	52.51	1.63	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756060915	OFLOXACIN 0.3% EAR DROPS	3	5.00	52.51	1.63	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	3	10.00	96.06	1.77	200% Above	Yes	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	4.14	0.11	26%-50% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	15.42	0.11	200% Above	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	2	42.00	9.60	0.05	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	2	15.00	3.71	0.05	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	3	30.00	7.43	0.07	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	3	270.00	66.83	0.07	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	4	30.00	7.43	0.05	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	4	180.00	44.55	0.05	200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	2	90.00	25.83	0.16	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	10.00	1.05	0.05	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	2	90.00	9.13	0.04	101%-200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	1.09	0.07	51%-75% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	9.85	0.63	10%-25% Below	No	No
70954005940	PREDNISONE 10 MG TAB DOSE PACK	4	48.00	16.81	0.56	26%-50% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.58	0.09	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	9.00	1.04	0.09	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	1.16	0.09	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.58	0.10	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	1.16	0.10	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	15.00	1.74	0.07	51%-75% Above	No	No
70954013610	DAPSONE 100 MG TABLET	1	30.00	25.18	0.99	10%-25% Below	No	No
70954020110	DIGOXIN 125 MCG TABLET	2	90.00	60.35	0.18	200% Above	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	2	90.00	21.71	0.44	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954025810	SULFAMETHOXAZOLE-TMP SUSP	3	50.00	1.94	0.07	26%-50% Below	No	No
70954026110	DICYCLOMINE 10 MG/5 ML SOLN	2	450.00	50.76	0.19	26%-50% Below	Yes	No
70954026110	DICYCLOMINE 10 MG/5 ML SOLN	3	60.00	7.27	0.21	26%-50% Below	Yes	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	16.92	0.62	26%-50% Below	Yes	No
70954040210	DEXAMETHASONE 2 MG TABLET	4	14.00	3.03	0.27	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	5.00	1.09	0.30	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	3.00	0.65	0.36	26%-50% Below	Yes	No
70954040410	DEXAMETHASONE 6 MG TABLET	3	10.00	6.63	0.81	10%-25% Below	No	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	90.00	16.42	0.24	10%-25% Below	Yes	No
70954044420	MISOPROSTOL 200 MCG TABLET	3	2.00	1.63	0.71	10%-25% Above	No	No
70954053020	ESTRADIOL 0.1% (0.5 MG) GEL PKT	2	30.00	59.04	3.37	26%-50% Below	No	No
70954053320	ESTRADIOL 0.1% (1 MG) GEL PKT	4	30.00	64.62	1.60	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	30.00	3.22	0.08	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	3	30.00	3.22	0.08	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	3	90.00	9.67	0.08	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	30.00	3.22	0.08	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	3	30.00	3.22	0.08	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	2	30.00	4.36	0.10	26%-50% Above	No	No
70954068910	PROCHLORPERAZINE 10 MG TAB	2	30.00	7.40	0.31	10%-25% Below	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	3	30.00	7.40	0.29	10%-25% Below	No	No
71093011105	GABAPENTIN 600 MG TABLET	2	30.00	1.06	0.10	51%-75% Below	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	2	90.00	3.17	0.10	51%-75% Below	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	3	90.00	3.17	0.10	51%-75% Below	Yes	No
71093011906	TRAMADOL HCL 50 MG TABLET	2	15.00	0.24	0.03	51%-75% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	3	30.00	0.49	0.04	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71093011906	TRAMADOL HCL 50 MG TABLET	4	21.00	0.34	0.03	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	3	60.00	1.04	0.04	51%-75% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	3	90.00	1.57	0.04	51%-75% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	4	90.00	2.27	0.04	26%-50% Below	No	No
71093015606	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.84	0.04	26%-50% Below	No	No
71093015606	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.84	0.04	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	9.00	10.96	2.36	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	9.00	10.96	1.78	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	13.51	1.78	26%-50% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.81	0.15	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	9.92	0.05	51%-75% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	100.00	8.27	0.07	26%-50% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	14.89	0.07	26%-50% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	150.00	11.21	0.05	26%-50% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	120.00	10.10	0.05	51%-75% Above	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	6	100.00	3.91	0.06	26%-50% Below	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	7	160.00	6.59	0.07	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	50.49	0.05	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	50.49	0.05	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	50.36	0.06	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	151.09	0.07	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	50.36	0.06	200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	50.34	0.11	200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	50.34	0.11	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	50.34	0.09	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	2	30.00	1.16	0.06	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	2	60.00	2.32	0.06	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	30.00	1.16	0.07	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	60.00	2.32	0.07	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	4	30.00	1.16	0.05	10%-25% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	4	60.00	2.32	0.05	10%-25% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	2	90.00	4.20	0.07	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	3	90.00	4.20	0.07	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	4	90.00	4.20	0.06	10%-25% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	30.00	2.91	0.04	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	90.00	8.72	0.04	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	30.00	2.92	0.07	26%-50% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	28.00	2.72	0.06	51%-75% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	30.00	2.92	0.06	51%-75% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	90.00	8.75	0.06	51%-75% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	2	30.00	3.36	0.08	26%-50% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	3	30.00	3.36	0.09	10%-25% Above	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	50.63	0.04	200% Above	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	151.89	0.04	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	50.63	0.05	200% Above	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	2	30.00	108.44	0.48	200% Above	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	3	30.00	108.44	0.51	200% Above	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	4	30.00	108.44	0.36	200% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	18.95	1.38	26%-50% Above	No	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	37.49	0.24	26%-50% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	40.44	0.27	10%-25% Above	Yes	No
72205026030	VILAZODONE HCL 10 MG TABLET	3	60.00	194.88	1.37	101%-200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	3	90.00	472.56	1.30	200% Above	No	No
72511076002	REPATHA 140 MG/ML SURECLICK	4	2.00	343.63	272.05	26%-50% Below	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	2	30.00	3.86	0.08	51%-75% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	2	30.00	3.86	0.07	76%-100% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	2	15.00	3.31	0.11	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	3	15.00	3.31	0.16	26%-50% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	2	30.00	6.62	0.11	101%-200% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	3	30.00	6.62	0.16	26%-50% Above	No	No
72578000201	ACYCLOVIR 200 MG CAPSULE	3	30.00	2.43	0.11	10%-25% Below	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	3	14.00	2.58	0.13	26%-50% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	24.71	0.11	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	16.31	0.15	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	16.32	0.11	200% Above	No	No
72578008601	DESONIDE 0.05% CREAM	2	15.00	34.07	0.55	200% Above	Yes	No
72578008601	DESONIDE 0.05% CREAM	3	30.00	68.14	0.51	200% Above	Yes	No
72578008602	DESONIDE 0.05% CREAM	2	60.00	136.27	0.28	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578008602	DESONIDE 0.05% CREAM	3	60.00	136.27	0.27	200% Above	Yes	No
72578008602	DESONIDE 0.05% CREAM	6	120.00	167.88	0.54	101%-200% Above	No	No
72578008901	NYSTATIN 100,000 UNIT/GM OINT	3	15.00	7.43	0.27	76%-100% Above	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	15.00	0.37	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.75	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	42.00	1.05	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	90.00	2.24	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	180.00	4.48	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.75	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	90.00	2.24	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	270.00	6.72	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	40.00	1.00	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	270.00	6.72	0.03	10%-25% Below	Yes	No
72578009918	LEVOFLOXACIN 500 MG TABLET	2	7.00	0.74	0.17	26%-50% Below	No	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	2	90.00	33.65	0.28	26%-50% Above	Yes	No
72578011206	BISOPROLOL FUMARATE 10 MG TAB	3	30.00	10.72	0.29	10%-25% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	3	30.00	108.44	0.51	200% Above	No	No
72578013706	FEBUXOSTAT 80 MG TABLET	3	30.00	108.44	0.52	200% Above	No	No
72578013801	LOPERAMIDE 2 MG CAPSULE	2	12.00	2.17	0.24	10%-25% Below	Yes	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	12.56	0.05	200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	3.66	0.06	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	2	30.00	3.86	0.08	51%-75% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	3	90.00	11.57	0.08	51%-75% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	2	30.00	3.86	0.08	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603014203	METOPROLOL SUCC ER 25 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
72603014403	METOPROLOL SUCC ER 100 MG TAB	3	90.00	19.87	0.16	26%-50% Above	No	No
72603014403	METOPROLOL SUCC ER 100 MG TAB	4	90.00	19.87	0.10	101%-200% Above	No	No
72618300002	NURTEC ODT 75 MG TABLET	2	10.00	764.25	119.63	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	2	15.00	1146.37	119.63	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	3	15.00	1146.37	119.63	26%-50% Below	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	2	30.00	1.04	0.02	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	2	60.00	2.07	0.02	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	3	60.00	2.07	0.02	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	3	90.00	3.11	0.02	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	3	180.00	6.21	0.02	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	3	180.00	6.21	0.02	76%-100% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	2	90.00	2.67	0.02	10%-25% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	3	30.00	0.89	0.02	10%-25% Above	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	3	60.00	1.78	0.02	10%-25% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	3	90.00	1.67	0.04	51%-75% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	4	90.00	1.67	0.04	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	No	No
72888003405	CARVEDILOL 3.125 MG TABLET	3	60.00	2.14	0.02	76%-100% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	2	180.00	5.49	0.02	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	3	180.00	5.49	0.02	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	60.00	2.14	0.02	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	180.00	6.43	0.02	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	60.00	2.14	0.02	51%-75% Above	Yes	No
72888003700	CARVEDILOL 25 MG TABLET	2	60.00	2.07	0.03	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888003705	CARVEDILOL 25 MG TABLET	4	60.00	2.07	0.03	10%-25% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	4	180.00	6.21	0.03	10%-25% Above	Yes	No
72888005990	RABEPRAZOLE SOD DR 20 MG TAB	2	30.00	10.17	0.28	10%-25% Above	No	No
72888005990	RABEPRAZOLE SOD DR 20 MG TAB	3	30.00	10.17	0.28	10%-25% Above	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	2	60.00	23.88	0.27	26%-50% Above	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	3	60.00	23.88	0.29	26%-50% Above	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	4	60.00	23.88	0.25	51%-75% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TAB	3	30.00	4.16	0.10	26%-50% Above	No	No
72888009501	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	2	30.00	4.70	0.13	10%-25% Above	No	No
72888009501	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	4	30.00	4.70	0.10	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	60.00	9.99	0.10	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	60.00	3.41	0.10	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	60.00	9.99	0.10	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	4	60.00	3.41	0.08	26%-50% Below	No	No
72888011105	DICLOFENAC SOD DR 75 MG TAB	2	60.00	3.41	0.10	26%-50% Below	No	No
72888011105	DICLOFENAC SOD DR 75 MG TAB	3	60.00	3.41	0.10	26%-50% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	2	30.00	0.54	0.03	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	120.00	2.17	0.03	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	120.00	2.17	0.03	26%-50% Below	No	No
75826010700	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	3	30.00	2.28	0.24	51%-75% Below	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	1	6.00	3.74	0.35	51%-75% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	2	6.00	1.52	0.22	10%-25% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	2	9.00	2.54	0.22	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	20.00	5.77	0.26	10%-25% Above	Yes	No
75834015801	VERAPAMIL ER 180 MG TABLET	3	90.00	9.26	0.19	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75834015901	VERAPAMIL ER 240 MG TABLET	3	30.00	8.27	0.17	51%-75% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	2	30.00	12.66	0.10	200% Above	No	No
75834025501	ATORVASTATIN 10 MG TABLET	3	30.00	2.36	0.03	101%-200% Above	Yes	No
75834025501	ATORVASTATIN 10 MG TABLET	3	90.00	7.07	0.03	101%-200% Above	Yes	No
75834025601	ATORVASTATIN 20 MG TABLET	2	90.00	8.72	0.04	101%-200% Above	No	No
75834025601	ATORVASTATIN 20 MG TABLET	3	28.00	2.71	0.04	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	2	30.00	2.92	0.07	26%-50% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	2	90.00	8.75	0.07	26%-50% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	3	30.00	3.36	0.09	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	30.00	0.96	0.07	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	2.39	0.07	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	2.39	0.07	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	375.00	11.96	0.07	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	2.39	0.05	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.00	2.15	0.04	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	5.74	0.07	51%-75% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	2.87	0.07	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	360.00	11.48	0.06	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	5.74	0.07	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.00	5.76	0.06	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	270.00	14.47	0.09	26%-50% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	3	30.00	0.48	0.04	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	3	90.00	1.45	0.04	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	4	30.00	0.48	0.04	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76282021390	SERTRALINE HCL 50 MG TABLET	2	30.00	0.64	0.04	26%-50% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	3	90.00	1.61	0.05	51%-75% Below	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.55	0.01	26%-50% Above	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.55	0.01	51%-75% Above	No	No
76282025010	ESCITALOPRAM 10 MG TABLET	3	30.00	3.04	0.05	101%-200% Above	No	No
76282057390	PREGABALIN 200 MG CAPSULE	2	60.00	2.64	0.07	26%-50% Below	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	2	180.00	6.43	0.02	51%-75% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	4	60.00	2.14	0.02	76%-100% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	4	180.00	6.43	0.02	76%-100% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	2	180.00	6.21	0.03	10%-25% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	4	60.00	2.07	0.03	10%-25% Above	No	No
76385012350	METHOCARBAMOL 500 MG TABLET	2	30.00	2.18	0.04	51%-75% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	2	60.00	4.36	0.04	51%-75% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	3	12.00	0.87	0.04	51%-75% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	2	30.00	0.87	0.05	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	2	40.00	1.16	0.05	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	2	90.00	2.60	0.05	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	3	30.00	0.87	0.05	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	4	30.00	0.87	0.04	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	4	60.00	1.73	0.04	26%-50% Below	Yes	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	9.99	0.37	76%-100% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	8.00	1.82	0.34	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	14.00	3.18	0.34	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	20.00	4.54	0.34	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	20.00	4.54	0.34	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
81964022114	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	9.99	0.28	76%-100% Above	No	No
82182045510	BRIMONIDINE-TIMOLOL 0.2%-0.5%	3	10.00	113.21	16.72	26%-50% Below	No	No