

NADAC Summary Report

07:54 Wednesday, June 11, 2025 1

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00023916360	RESTASIS 0.05% EYE EMULSION	12	180.00	8.910	10.33394	10%-25% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.030	2.22350	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	0.739	2.36448	51%-75% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.619	0.44945	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.619	0.46041	26%-50% Above	Yes	No
00054981729	PREDNISONE 10 MG TABLET	2	10.00	0.142	0.05399	101%-200% Above	No	No
00069034405	ABRYSVO INJ	1	1.00	265.500	.		No	No
00074455290	SYNTHROID 50 MCG TABLET	1	90.00	0.029	1.58771	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	3	90.00	0.029	1.58771	76%-100% Below	Yes	No
00093078710	ATENOLOL 25 MG TABLET	3	30.00	0.068	0.02404	101%-200% Above	No	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	4	180.00	0.102	0.11392	10%-25% Below	No	No
00093102406	NEFAZODONE HCL 100 MG TABLET	1	120.00	1.066	1.21719	10%-25% Below	Yes	No
00093102406	NEFAZODONE HCL 100 MG TABLET	3	120.00	1.066	1.25107	10%-25% Below	Yes	No
00093102406	NEFAZODONE HCL 100 MG TABLET	4	120.00	1.066	1.26144	10%-25% Below	Yes	No
00093102406	NEFAZODONE HCL 100 MG TABLET	12	120.00	1.066	1.18900	10%-25% Below	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	20.00	0.255	0.13074	76%-100% Above	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.389	0.34183	10%-25% Above	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.171	0.08158	101%-200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.013	0.01624	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.013	0.01757	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.013	0.01774	10%-25% Below	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	3.00	0.220	0.04287	200% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	3	14.00	0.062	0.04949	10%-25% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	90.00	0.010	0.03419	51%-75% Below	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.067	0.03964	51%-75% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 2

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00093506110	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.022	0.04398	26%-50% Below	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.067	0.04398	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.025	0.03948	26%-50% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.186	0.06602	101%-200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.042	0.08403	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.046	0.08818	26%-50% Below	No	No
00115164301	NITROFURANTOIN MCR 50 MG CAP	3	90.00	0.222	0.19391	10%-25% Above	No	No
00115164301	NITROFURANTOIN MCR 50 MG CAP	12	90.00	0.222	0.18767	10%-25% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	3	4.00	86.453	117.38902	26%-50% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	2	120.00	0.049	0.03337	26%-50% Above	Yes	No
00143900501	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	1.441	3.57832	51%-75% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	2.320	1.84641	10%-25% Above	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	10.00	6.136	13.01273	51%-75% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.345	0.10693	200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.050	0.03139	51%-75% Above	No	No
00168020437	LIDOCAINE 5% OINTMENT	2	35.44	0.084	0.17437	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.022	0.01281	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.356	0.28445	10%-25% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.018	0.02002	10%-25% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.018	0.02206	10%-25% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.018	0.02389	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	1.00	0.610	0.02157	200% Above	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.015	0.02157	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.015	0.02583	26%-50% Below	Yes	No
00228284803	FLUVOXAMINE ER 100 MG CAPSULE	3	30.00	0.333	5.56508	76%-100% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 3

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00228284803	FLUVOXAMINE ER 100 MG CAPSULE	3	90.00	1.077	5.56508	76%-100% Below	No	No
00228284903	FLUVOXAMINE ER 150 MG CAPSULE	3	180.00	1.156	5.50769	76%-100% Below	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.967	0.59149	51%-75% Above	Yes	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	1	30.00	0.333	0.23976	26%-50% Above	No	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	2	30.00	0.333	0.27961	10%-25% Above	No	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	12	30.00	0.483	0.25284	76%-100% Above	No	No
00299593545	AKLIEF CRE 0.005%	1	45.00	15.005	.		No	No
00299593545	AKLIEF CRE 0.005%	3	45.00	15.005	.		No	No
00299593545	AKLIEF CRE 0.005%	3	45.00	15.577	.		No	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	45.00	0.041	0.05398	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	45.00	0.044	0.05432	10%-25% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.062	0.08267	10%-25% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.062	0.07092	10%-25% Below	Yes	No
00378306577	FENOFIBRATE 48 MG TABLET	2	30.00	0.230	0.09590	101%-200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	12	90.00	0.068	0.12293	26%-50% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.120	0.02562	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.120	0.02726	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	30.00	0.120	0.02830	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	90.00	0.147	0.03178	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	90.00	0.585	0.03166	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	3	90.00	0.137	0.03496	200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	3	90.00	0.077	0.04768	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	90.00	0.147	0.04653	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	12	90.00	0.585	0.04678	200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	3	90.00	0.170	0.08492	76%-100% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 4

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00378427577	VALACYCLOVIR HCL 500 MG TABLET	2	60.00	0.167	0.24930	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.237	0.44748	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	4	12.00	0.833	0.43151	76%-100% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.043	0.03013	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.043	0.03196	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.043	0.03173	26%-50% Above	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	3	6.00	5.933	5.15755	10%-25% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.115	0.03549	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.115	0.03674	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.078	0.03797	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.077	0.03797	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	12	180.00	0.076	0.01304	200% Above	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	1.942	23.17608	76%-100% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	4	30.00	0.233	1.88584	76%-100% Below	No	No
00378932032	WIXELA 100-50 INHUB	12	60.00	2.096	1.05611	76%-100% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.00	0.085	0.14998	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.074	0.12752	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	12	30.00	0.897	1.26911	26%-50% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	1	30.00	0.333	1.40692	76%-100% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	2	30.00	0.333	1.59125	76%-100% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	3	30.00	0.333	1.77206	76%-100% Below	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.333	4.68536	76%-100% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.333	0.63695	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.341	0.66278	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	0.341	0.64928	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 5

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00409656201	TESTOSTERONE CYP 200 MG/ML	2	2.00	4.930	13.03302	51%-75% Below	No	No
00480204456	VILAZODONE HCL 20 MG TABLET	1	90.00	1.217	0.84646	26%-50% Above	Yes	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	270.00	0.043	0.09930	51%-75% Below	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.422	0.60837	26%-50% Below	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.333	0.69411	51%-75% Below	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	3.020	5.59938	26%-50% Below	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	3.157	5.18947	26%-50% Below	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	3.157	4.91264	26%-50% Below	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	2	90.00	0.111	0.39625	51%-75% Below	No	No
00555060702	MEGESTROL 40 MG TABLET	1	60.00	0.115	0.19276	26%-50% Below	No	No
00555060702	MEGESTROL 40 MG TABLET	3	60.00	0.115	0.20248	26%-50% Below	No	No
00555060702	MEGESTROL 40 MG TABLET	12	60.00	0.095	0.18950	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.167	0.24470	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.167	0.28574	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	90.00	0.205	0.23161	10%-25% Below	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.229	0.26988	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.234	0.27075	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.234	0.28393	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.199	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.210	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.199	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.199	0.33907	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.238	0.11180	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.238	0.12524	76%-100% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.238	0.14775	51%-75% Above	Yes	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 6

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00555904358	APRI 28 DAY TABLET	1	84.00	0.238	0.12072	76%-100% Above	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	240.00	0.029	0.08815	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.045	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.045	0.09145	51%-75% Below	No	No
00574402235	BACITRACIN 500 UNIT/GM OPHTHALMIC OINTMENT	1	3.50	2.857	30.24128	76%-100% Below	No	No
00591034305	VERAPAMIL 80 MG TABLET	2	30.00	0.048	0.05554	10%-25% Below	No	No
00591034305	VERAPAMIL 80 MG TABLET	3	30.00	0.048	0.05734	10%-25% Below	No	No
00591034305	VERAPAMIL 80 MG TABLET	4	30.00	0.048	0.05830	10%-25% Below	No	No
00591544305	PREDNISONE 20 MG TABLET	2	10.00	0.178	0.07911	101%-200% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	1	30.00	0.141	0.07317	76%-100% Above	No	No
00713053612	PROMETHEGAN 12.5 MG SUPPOS	1	30.00	0.333	1.86539	76%-100% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.493	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.045	2.24431	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.045	2.31039	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.430	2.36448	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.475	0.37667	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	0.568	0.36926	51%-75% Above	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	1	90.00	0.078	0.04734	51%-75% Above	No	No
00832125030	RAMELTEON 8 MG TABLET	1	10.00	1.000	0.63257	51%-75% Above	No	No
10135077805	PREDNISONE TAB 20MG	2	14.00	0.104	.		No	No
10135077805	PREDNISONE TAB 20MG	3	5.00	0.168	.		No	No
10135077805	PREDNISONE TAB 20MG	3	20.00	0.093	.		No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	20.00	0.054	0.04839	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	12	30.00	0.060	0.08810	26%-50% Below	Yes	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	30.00	0.071	0.12407	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 7

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11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.035	0.02077	51%-75% Above	No	No
13107001401	GLYCOPYRROLATE 1 MG TABLET	12	30.00	0.230	0.09586	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	1	90.00	0.062	0.03179	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.086	0.03346	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	180.00	0.062	0.03346	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	30.00	0.086	0.03524	101%-200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.045	0.02987	51%-75% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	90.00	0.068	0.02440	101%-200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.051	0.03013	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.051	0.02718	76%-100% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.037	0.04433	10%-25% Below	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	3	25.00	0.088	0.04446	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	4	25.00	0.088	0.04475	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.129	0.04434	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.129	0.04749	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	135.00	0.109	0.04749	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	135.00	0.109	0.04069	101%-200% Above	Yes	No
13668021690	ARIPIRAZOLE 2 MG TABLET	2	90.00	0.222	0.11996	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	30.00	0.086	0.03179	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	90.00	0.068	0.03571	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	12	90.00	0.085	0.03177	101%-200% Above	No	No
13668048750	MINOCYCLINE HCL 100 MG TABLET	2	60.00	0.709	0.41288	51%-75% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.233	0.16175	26%-50% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.333	0.09008	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.222	0.09008	101%-200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 8

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.333	0.09464	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.333	0.09086	200% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.004	0.00700	26%-50% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	30.00	0.001	0.03178	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	30.00	0.001	0.03400	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.001	0.03400	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	30.00	0.001	0.03496	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	12	30.00	0.333	0.03166	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.147	0.04591	200% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	180.00	0.073	0.08234	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	40.00	0.248	0.08864	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.115	0.08864	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	40.00	0.248	0.09276	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	180.00	0.073	0.09235	10%-25% Below	Yes	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.117	0.08864	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	55.00	0.189	0.08353	101%-200% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	4	10.00	0.109	0.08635	26%-50% Above	Yes	No
16571066110	MECLIZINE 25 MG TABLET	1	90.00	0.048	0.07774	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	2	90.00	0.048	0.08105	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	3	90.00	0.048	0.08658	26%-50% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.109	0.04749	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.135	0.07802	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	12	30.00	0.174	0.06471	101%-200% Above	No	No
16571078301	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.033	0.01774	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.222	0.13338	51%-75% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 9

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.077	0.05309	26%-50% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	2	90.00	0.077	0.03400	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	3	90.00	0.077	0.04768	51%-75% Above	No	No
16714024601	CLINDAMYCIN PHOSP 1% LOTION	2	60.00	0.161	0.31096	26%-50% Below	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.153	0.20237	10%-25% Below	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	1	15.00	0.660	0.99676	26%-50% Below	No	No
16714057604	ALLOPURINOL 100 MG TABLET	2	30.00	0.212	0.04114	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	90.00	0.077	0.06305	10%-25% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	90.00	0.077	0.06676	10%-25% Above	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	2	30.00	0.041	0.03674	10%-25% Above	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	3	90.00	0.023	0.04947	51%-75% Below	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.035	0.42457	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	1.035	0.44069	101%-200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.040	0.03263	10%-25% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.029	0.03391	10%-25% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.037	0.02978	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.037	0.03107	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.037	0.03216	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.037	0.03134	10%-25% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	1	30.00	0.230	0.09097	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	2	30.00	0.230	0.07466	200% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.115	0.33707	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.115	0.32905	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.115	0.33601	51%-75% Below	No	No
16714098604	TRIAMCINOLONE 0.1% CREAM	3	454.00	0.016	0.03279	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 10

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729023201	ROPINIROLE TAB 0.25MG	1	90.00	0.025	.		No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.034	0.05079	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.034	0.05432	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.034	0.05769	26%-50% Below	No	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	3	30.00	0.066	0.08487	10%-25% Below	No	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	4	30.00	0.066	0.08472	10%-25% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.046	0.07130	26%-50% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.069	0.08036	10%-25% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.071	0.08637	10%-25% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	2	30.00	0.071	0.09185	10%-25% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.071	0.09462	10%-25% Below	No	No
17270074000	ALBUTEROL AER HFA (PA)	2	8.50	0.961	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	3	8.50	0.993	.		No	No
21922001607	CLOBETASOL 0.05% CREAM	1	60.00	0.167	0.10876	51%-75% Above	No	No
21922002107	PERMETHRIN 5% CREAM	3	60.00	0.120	0.25545	51%-75% Below	No	No
21922005250	ADAPALENE-BNZYL PEROX 0.1-2.5%	2	45.00	0.222	0.49741	51%-75% Below	No	No
21922005250	ADAPALENE-BNZYL PEROX 0.1-2.5%	4	45.00	0.306	0.42833	26%-50% Below	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.017	0.01100	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.017	0.01277	26%-50% Above	Yes	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	2	30.00	0.230	0.35630	26%-50% Below	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	3	30.00	0.230	0.35509	26%-50% Below	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	4	30.00	0.230	0.34232	26%-50% Below	No	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	2	90.00	0.072	0.02999	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	3	90.00	0.072	0.03191	101%-200% Above	Yes	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.022	0.03964	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 11

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155085703	ANASTROZOLE 1 MG TABLET	1	90.00	0.187	0.13670	26%-50% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	4	90.00	0.187	0.15139	10%-25% Above	No	No
23155087509	LETROZOLE 2.5 MG TABLET	4	10.00	0.173	0.14277	10%-25% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	2	30.00	0.333	0.55062	26%-50% Below	No	No
24208039830	IPRATROPIUM 0.03% SPRAY	12	30.00	0.429	0.50909	10%-25% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	1.380	1.96296	26%-50% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	1	90.00	0.078	0.09380	10%-25% Below	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.230	0.07189	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.230	0.07796	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.230	0.08381	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.083	0.07084	10%-25% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.222	0.10676	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.333	0.11627	101%-200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	12	90.00	0.222	0.11105	76%-100% Above	Yes	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.117	0.20046	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.071	0.20046	51%-75% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	0.051	0.04345	10%-25% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.345	0.11870	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	0.714	0.12629	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	90.00	0.024	0.01812	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.068	0.01913	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	90.00	0.068	0.02022	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.00	0.520	0.01840	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.019	0.01100	51%-75% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.068	0.04558	26%-50% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 12

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022010	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.078	0.05317	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.213	0.04855	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.077	0.05223	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.237	0.05461	200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.016	0.02862	26%-50% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.018	0.01082	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.068	0.01082	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.068	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.176	0.01040	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.027	0.01694	51%-75% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.128	0.01568	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.128	0.01694	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.128	0.01745	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.135	0.03370	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	12	30.00	0.135	0.03287	200% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.034	0.02305	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.034	0.02500	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.034	0.02583	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.034	0.02563	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.034	0.02290	26%-50% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.139	0.08482	51%-75% Above	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.139	0.09563	26%-50% Above	Yes	No
31722001810	FAMOTIDINE 40 MG TABLET	4	90.00	0.077	0.05508	26%-50% Above	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	1	60.00	0.139	0.11803	10%-25% Above	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	1	30.00	0.150	0.17017	10%-25% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 13

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722002405	OXCARBAZEPINE 300 MG TABLET	2	30.00	0.150	0.18222	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	3	30.00	0.150	0.18730	10%-25% Below	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	1	90.00	0.047	0.03355	26%-50% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	60.00	0.040	0.03533	10%-25% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	90.00	0.068	0.03674	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	90.00	0.068	0.03509	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	12	60.00	0.039	0.03474	10%-25% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	360.00	0.068	0.03991	51%-75% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	120.00	0.078	0.03852	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	30.00	0.046	0.03745	10%-25% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	4	15.00	0.168	0.12103	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.077	0.06095	10%-25% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.230	0.06228	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.230	0.05920	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	1	30.00	0.230	0.10355	101%-200% Above	No	No
31722058790	NEBIVOLOL 10 MG TABLET	1	30.00	0.230	0.13237	51%-75% Above	No	No
31722058790	NEBIVOLOL 10 MG TABLET	2	30.00	0.230	0.14323	51%-75% Above	No	No
31722058790	NEBIVOLOL 10 MG TABLET	3	30.00	0.230	0.15233	26%-50% Above	No	No
31722058790	NEBIVOLOL 10 MG TABLET	12	30.00	0.063	0.13394	51%-75% Below	No	No
31722061390	PREGABALIN 100 MG CAPSULE	2	90.00	0.030	0.06095	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.661	0.91545	76%-100% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.075	0.02706	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.075	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.075	0.03000	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.075	0.03031	101%-200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 14

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.015	0.02707	26%-50% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.082	0.02707	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	60.00	0.081	0.03818	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.081	0.03867	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.145	0.04831	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.396	0.44748	10%-25% Below	Yes	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.138	0.04855	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.138	0.05461	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.160	0.04984	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	3	90.00	0.222	0.10287	101%-200% Above	Yes	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.222	0.03875	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.222	0.04242	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.230	0.05528	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.230	0.05663	200% Above	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	2	84.00	0.068	0.17027	51%-75% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	3	84.00	0.238	0.19107	10%-25% Above	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	22.00	0.108	0.15673	26%-50% Below	No	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TAB	12	90.00	0.222	0.19627	10%-25% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.222	0.11950	76%-100% Above	Yes	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	2	7.00	1.706	1.15416	26%-50% Above	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	2	170.30	0.059	0.16057	51%-75% Below	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	4	170.30	0.059	0.15716	51%-75% Below	No	No
42192033001	NP THYROID 60 MG TABLET	1	30.00	0.964	0.63083	51%-75% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	30.00	0.964	0.66113	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	3	30.00	0.765	0.68858	10%-25% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 15

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192033001	NP THYROID 60 MG TABLET	4	30.00	0.765	0.68687	10%-25% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	12	30.00	0.333	0.17465	76%-100% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.051	0.08343	26%-50% Below	No	No
42192063004	BROM/PSE/DM SYP	3	240.00	0.042	.		No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	60.00	0.022	0.01391	51%-75% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.033	0.02980	10%-25% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.345	0.27322	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.345	0.29656	10%-25% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	1	33.00	0.213	0.08290	101%-200% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	28.00	0.246	0.17920	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.230	0.18817	10%-25% Above	Yes	No
42571036281	CLOBETASOL 0.05% SOLUTION	1	25.00	0.400	0.30269	26%-50% Above	No	No
42571037530	RAMELTEON 8 MG TABLET	2	30.00	0.333	0.71331	51%-75% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.086	0.11147	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	90.00	0.111	0.21968	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.234	0.27075	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.111	0.27075	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	90.00	0.719	0.22490	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.233	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.233	0.34027	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.329	0.11419	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.476	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.329	0.13230	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.471	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.333	0.15780	101%-200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 16

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.077	0.11746	26%-50% Below	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.233	0.08988	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.222	0.08988	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.233	0.09969	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.233	0.10590	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.233	0.08952	101%-200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.230	0.13338	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.230	0.14431	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.230	0.15614	26%-50% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.230	0.15179	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.178	0.12229	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.068	0.12229	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.375	0.10563	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	20.00	0.200	0.06210	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	21.00	0.230	0.06951	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	20.00	0.200	0.06210	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	30.00	0.216	0.06210	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	21.00	0.199	0.07447	101%-200% Above	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.071	0.22892	51%-75% Below	Yes	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	0.333	4.84722	76%-100% Below	No	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.333	0.63922	26%-50% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	2	180.00	0.025	0.05250	51%-75% Below	Yes	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	30.00	0.111	0.04058	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.077	0.04058	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.111	0.04434	101%-200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 17

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028111	ESCITALOPRAM 10 MG TABLET	3	30.00	0.111	0.04749	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	90.00	0.077	0.04625	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.00	0.027	0.04069	26%-50% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	90.00	0.078	0.06480	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	90.00	0.135	0.06480	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	90.00	0.135	0.07802	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	1	30.00	0.230	0.14909	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	30.00	0.230	0.15445	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	90.00	0.081	0.15445	26%-50% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	3	30.00	0.230	0.16739	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	12	30.00	0.102	0.14734	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.021	0.01770	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.029	0.02538	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.061	0.04653	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.068	0.04653	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	90.00	0.165	0.04222	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.193	0.02706	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.193	0.02921	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.193	0.03000	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	45.00	0.023	0.02920	10%-25% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	3	45.00	0.023	0.03013	10%-25% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	1	45.00	0.023	0.02768	10%-25% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.097	0.07816	10%-25% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.222	0.08665	101%-200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.333	0.08282	200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 18

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.333	0.08622	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.333	0.08792	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.333	0.08665	200% Above	No	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.015	0.02583	26%-50% Below	Yes	No
43598037201	COLCHICINE 0.6 MG TABLET	4	20.00	0.500	0.19567	101%-200% Above	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	1	10.00	0.700	1.60806	51%-75% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	2	8.00	0.875	1.78982	51%-75% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	3	30.00	0.233	1.87527	76%-100% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	4	30.00	0.057	0.12247	51%-75% Below	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.066	0.05815	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	44.00	0.227	0.16627	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.044	0.03674	10%-25% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	30.00	0.068	0.03671	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	12	30.00	0.142	0.03474	200% Above	No	No
47335053981	NIACIN ER 500 MG TABLET	1	90.00	0.222	0.14118	51%-75% Above	Yes	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.029	0.05962	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.233	4.68536	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	0.233	4.76157	76%-100% Below	No	No
47781060730	DISULFIRAM 250 MG TABLET	1	30.00	0.333	1.35224	51%-75% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.037	0.05519	26%-50% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	2	30.00	0.043	0.04873	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	100.00	0.035	0.05620	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	100.00	0.035	0.06335	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	180.00	0.012	0.02330	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	2	180.00	0.016	0.01368	10%-25% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 19

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483062281	METFORMIN HCL 500 MG TABLET	3	180.00	0.016	0.01391	10%-25% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	12	180.00	0.016	0.01304	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	270.00	0.033	0.02993	10%-25% Above	No	No
49884017101	COLCHICINE 0.6 MG TABLET	12	30.00	0.330	0.19012	51%-75% Above	Yes	No
50102022423	TARINA 24 FE 1 MG-20 MCG TAB	2	28.00	0.106	0.20260	26%-50% Below	No	No
50111032803	HYDRALAZINE 50 MG TABLET	2	180.00	0.038	0.04625	10%-25% Below	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	20.00	0.402	0.09121	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.086	0.03179	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.062	0.03346	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.086	0.03571	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.086	0.03524	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.085	0.03177	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.133	0.02978	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.133	0.03107	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.133	0.03134	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.287	0.02969	200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	3	6.00	0.492	0.37667	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.492	0.32126	51%-75% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.077	0.05857	26%-50% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	1	30.00	0.209	0.08089	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	2	30.00	0.209	0.07985	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	3	30.00	0.209	0.08298	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	4	30.00	0.209	0.08267	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	12	30.00	0.208	0.08046	101%-200% Above	No	No
50228035290	PREGABALIN 75 MG CAPSULE	2	270.00	0.033	0.06045	26%-50% Below	Yes	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 20

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228035290	PREGABALIN 75 MG CAPSULE	3	30.00	0.043	0.06446	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	30.00	0.043	0.06435	26%-50% Below	Yes	No
50228045290	ATORVASTATIN 20 MG TABLET	1	90.00	0.009	0.03178	51%-75% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	2	30.00	0.230	0.11390	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.230	0.11855	76%-100% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.222	0.11855	76%-100% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	12	30.00	0.230	0.10410	101%-200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.230	0.05304	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.230	0.05453	200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.366	0.13335	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	2	84.00	0.238	0.69664	51%-75% Below	No	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	12	30.00	1.149	2.23953	26%-50% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	3	22.00	0.321	0.16880	76%-100% Above	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	4	60.00	0.428	0.34788	10%-25% Above	Yes	No
51672403201	WARFARIN SODIUM 5 MG TABLET	3	30.00	0.193	0.09585	101%-200% Above	No	No
51672403801	ENALAPRIL MALEATE 5 MG TABLET	2	30.00	0.330	0.07223	200% Above	No	No
51672403801	ENALAPRIL MALEATE 5 MG TABLET	12	30.00	0.330	0.07139	200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	4	30.00	0.333	0.24943	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	1	90.00	0.064	0.04060	51%-75% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.333	0.09476	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.333	0.10676	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.222	0.11627	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.222	0.09160	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	3	90.00	0.222	0.18385	10%-25% Above	Yes	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.013	0.01624	10%-25% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 21

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.013	0.01757	26%-50% Below	No	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	2	90.00	0.060	0.06815	10%-25% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	4	90.00	0.071	0.08413	10%-25% Below	Yes	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	1.333	12.08724	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	1.690	0.53979	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.027	0.04417	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.038	0.04664	10%-25% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	4	90.00	0.087	0.06092	26%-50% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	12	90.00	0.707	0.05708	200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.826	0.40836	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.826	0.46031	76%-100% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	1	90.00	0.065	0.03124	101%-200% Above	Yes	No
55111032001	GLIMEPIRIDE 1 MG TABLET	4	90.00	0.065	0.02906	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	180.00	0.111	0.03060	200% Above	Yes	No
55111032105	GLIMEPIRIDE 2 MG TABLET	3	180.00	0.039	0.03135	10%-25% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	90.00	0.206	0.03233	200% Above	Yes	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.222	0.05304	200% Above	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	1.441	3.57832	51%-75% Below	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.222	0.04665	200% Above	Yes	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.086	0.16872	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	10.00	0.304	0.15465	76%-100% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.050	0.03366	26%-50% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.087	0.03375	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.050	0.03375	26%-50% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.067	0.03875	51%-75% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 22

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.067	0.03866	51%-75% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	12.00	0.080	0.09296	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	12.00	0.052	0.08240	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.125	0.17264	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.136	0.16848	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.136	0.18699	26%-50% Below	No	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	2	30.00	0.084	0.09959	10%-25% Below	No	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	3	90.00	0.061	0.10516	26%-50% Below	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.064	0.03315	76%-100% Above	Yes	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.024	0.04805	26%-50% Below	No	No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.022	0.04089	26%-50% Below	No	No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.023	0.04246	26%-50% Below	No	No
57664050083	MIRTAZAPINE 30 MG TABLET	3	90.00	0.113	0.08897	26%-50% Above	Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	204.430	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	178.100	.		No	No
59651005290	EZETIMIBE 10 MG TABLET	2	90.00	0.222	0.07466	101%-200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	2	5.00	0.912	0.24029	200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.333	0.43330	10%-25% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.333	0.28432	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.333	0.29366	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	60.00	0.345	0.29366	10%-25% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	3	90.00	0.056	0.04951	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.050	0.06029	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.044	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	0.033	0.05567	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 23

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651042701	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.333	0.09621	200% Above	No	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.075	0.02756	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	90.00	0.222	0.11759	76%-100% Above	Yes	No
59651065804	NITROGLYCERIN 0.4 MG TABLET SL	4	25.00	0.310	0.17201	76%-100% Above	Yes	No
59651072299	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.034	0.01935	51%-75% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.046	0.02094	101%-200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.068	0.02094	200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.026	0.02178	10%-25% Above	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	1	6.00	0.475	0.32126	26%-50% Above	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	2	2.00	0.990	0.65021	51%-75% Above	Yes	No
60219167501	THIOTHIXENE 5 MG CAPSULE	1	70.00	0.286	1.43632	76%-100% Below	No	No
60219167501	THIOTHIXENE 5 MG CAPSULE	2	60.00	0.167	1.44421	76%-100% Below	No	No
60219167501	THIOTHIXENE 5 MG CAPSULE	3	60.00	0.167	1.45486	76%-100% Below	No	No
60219170701	PREDNISONE 10 MG TABLET	1	10.00	0.142	0.04773	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	18.00	0.146	0.05827	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.248	0.07317	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.188	0.08187	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	5.00	0.090	0.07170	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	10.00	0.178	0.07317	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	2	10.00	0.178	0.07911	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	5.00	0.228	0.07170	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	90.00	0.077	0.12820	26%-50% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	12	90.00	0.077	0.11584	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.027	0.04664	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.625	0.44945	26%-50% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 24

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	16.00	0.625	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	0.224	0.46261	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.201	0.42692	51%-75% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.333	0.28432	10%-25% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	3	30.00	0.120	0.02830	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	1	90.00	0.009	0.03178	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	30.00	0.009	0.03166	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.009	0.03178	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	0.008	0.03419	76%-100% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	0.009	0.03419	51%-75% Below	No	No
60505464303	PRASUGREL 10 MG TABLET	1	30.00	0.230	0.26224	10%-25% Below	No	No
60505464303	PRASUGREL 10 MG TABLET	2	30.00	0.230	0.28505	10%-25% Below	No	No
60505464303	PRASUGREL 10 MG TABLET	3	30.00	0.230	0.29526	10%-25% Below	No	No
61314064610	NEO/POLY/HC SOL 1% OTIC	12	10.00	2.231	.		No	No
61442012110	FAMOTIDINE 20 MG TABLET	1	60.00	0.038	0.02934	26%-50% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	3	30.00	0.129	0.05597	101%-200% Above	No	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.084	0.03867	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.198	0.03867	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.084	0.03803	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.084	0.03610	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.198	0.03610	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.077	0.05123	26%-50% Above	Yes	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	1	30.00	0.036	0.04026	10%-25% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	2	30.00	0.036	0.04522	10%-25% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	12	30.00	0.019	0.04082	51%-75% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 25

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332003231	ROPINIROLE HCL 1 MG TABLET	1	90.00	0.027	0.04708	26%-50% Below	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	1	30.00	0.333	0.12268	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	2	30.00	0.333	0.13829	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.333	0.14685	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	4	30.00	0.333	0.14373	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	3.00	0.253	0.02243	200% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	1	60.00	0.033	0.02548	26%-50% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	2	60.00	0.033	0.02759	10%-25% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	3	60.00	0.033	0.02885	10%-25% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	12	60.00	0.036	0.02531	26%-50% Above	No	No
62332013230	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.222	0.08469	101%-200% Above	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	3	18.00	1.111	1.00593	10%-25% Above	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.044	0.03440	26%-50% Above	No	No
62756052388	DESLORATADIN TAB 5MG	1	30.00	0.230	.		No	No
62756052388	DESLORATADIN TAB 5MG	2	30.00	0.230	.		No	No
62756052388	DESLORATADIN TAB 5MG	3	30.00	0.230	.		No	No
62756052388	DESLORATADIN TAB 5MG	12	30.00	0.230	.		No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.138	0.25045	26%-50% Below	Yes	No
64380044701	ACETAMINOPHEN-COD #4 TABLET	12	26.00	0.246	0.40305	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.216	0.06951	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	30.00	0.216	0.07447	101%-200% Above	Yes	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	5.00	0.152	0.10587	26%-50% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	5.00	0.152	0.11721	26%-50% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	5.00	0.152	0.12229	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	5.00	0.352	0.10563	200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 26

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	10.00	0.152	0.04773	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	5.00	0.246	0.05827	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.142	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.152	0.05827	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	5.00	0.248	0.07317	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	5.00	0.288	0.07911	200% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.870	0.99337	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	90.00	0.031	0.05620	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	2	90.00	0.031	0.06029	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	90.00	0.031	0.06324	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	12	90.00	0.035	0.05567	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.111	0.27075	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.275	0.23161	10%-25% Above	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	180.00	0.283	0.33707	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.283	0.34027	10%-25% Below	Yes	No
64850051001	DEXTROAMP-AMPHET ER 5 MG CAP	3	30.00	0.344	0.55521	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	0.333	0.70399	51%-75% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.923	0.67969	26%-50% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.923	0.69996	26%-50% Above	Yes	No
64850055301	LISDEXAMFETA CAP 40MG	4	30.00	2.063	.		No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.570	0.24394	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.570	0.26024	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	12	4.00	0.120	0.24598	51%-75% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	1	30.00	0.043	0.05403	10%-25% Below	Yes	No
64980041209	PREGABALIN 75 MG CAPSULE	2	30.00	0.043	0.06045	26%-50% Below	Yes	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 27

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980043710	ATENOLOL 25 MG TABLET	12	90.00	0.086	0.02053	200% Above	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	2.429	4.52660	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	180.00	0.028	0.03121	10%-25% Below	Yes	No
64980056603	DAPSONE 100 MG TABLET	1	45.00	0.409	0.88773	51%-75% Below	No	No
64980056603	DAPSONE 100 MG TABLET	2	45.00	0.458	0.95590	51%-75% Below	No	No
64980056603	DAPSONE 100 MG TABLET	3	45.00	0.422	1.07499	51%-75% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	12	15.00	0.052	0.01184	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	30.00	0.027	0.02079	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	60.00	0.021	0.03474	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	20.00	0.053	0.06272	10%-25% Below	No	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	120.00	0.071	0.20534	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.071	0.22062	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.071	0.22992	51%-75% Below	Yes	No
65162024709	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.222	0.07447	101%-200% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	90.00	0.031	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	90.00	0.031	0.06324	51%-75% Below	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	1	30.00	0.193	0.09383	101%-200% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	4	30.00	0.193	0.09600	101%-200% Above	No	No
65702040810	ACCU-CHEK TES AVIVA PL	3	100.00	1.405	.		No	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.016	0.01368	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	270.00	0.016	0.01368	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	30.00	0.039	0.01391	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	15.00	0.271	0.11713	101%-200% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.080	0.12868	26%-50% Below	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	4	45.00	0.097	0.01776	200% Above	Yes	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 28

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.067	0.03779	76%-100% Above	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	1	90.00	0.055	0.06243	10%-25% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	4	90.00	0.055	0.07053	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.028	0.03890	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	20.00	0.271	0.17920	51%-75% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.071	0.06298	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.078	0.06872	10%-25% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.131	0.05123	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.155	0.05123	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.132	0.05123	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.131	0.05310	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.145	0.04831	101%-200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	120.00	0.083	0.13686	26%-50% Below	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.167	0.13268	10%-25% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	12	12.00	2.079	0.24598	200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.145	0.17951	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.153	0.17951	10%-25% Below	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	28.00	0.040	0.05697	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.350	0.29656	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.467	0.32240	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.437	0.32240	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.396	0.32907	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.442	0.32907	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.167	0.03797	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.112	0.03549	200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 29

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.112	0.03674	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.112	0.03797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.077	0.03797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.112	0.03766	101%-200% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	1	10.00	0.700	0.46416	26%-50% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	2	10.00	0.700	0.51205	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.552	0.32126	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.492	0.37667	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	3	5.00	0.898	0.67281	26%-50% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	10.00	0.069	0.02206	200% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.516	0.11715	200% Above	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.078	0.16567	51%-75% Below	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	1	30.00	0.333	0.14790	101%-200% Above	No	No
65862087830	SOLIFENACIN 5 MG TABLET	2	90.00	0.222	0.17676	10%-25% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	12	90.00	0.222	0.09870	101%-200% Above	Yes	No
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	12	12.00	2.796	13.15758	76%-100% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.018	0.01037	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.038	0.01694	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.038	0.01745	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.038	0.01716	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.040	0.01544	101%-200% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	60.00	0.180	0.08828	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	14.00	0.707	0.46987	26%-50% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	14.00	0.714	0.46987	51%-75% Above	No	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.583	0.32376	76%-100% Above	Yes	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 30

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.329	0.11746	101%-200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	90.00	0.018	0.01386	26%-50% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	4	90.00	0.018	0.01544	10%-25% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	0.061	0.04453	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	30.00	0.061	0.04653	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	30.00	0.061	0.04696	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	30.00	0.067	0.04222	51%-75% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	2	30.00	0.111	0.04434	101%-200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	3	30.00	0.111	0.04749	101%-200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	12	30.00	0.122	0.04069	200% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.079	0.10819	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	30.00	0.087	0.10778	10%-25% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.230	0.08988	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.230	0.09969	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.077	0.10590	26%-50% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.222	0.13338	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	90.00	0.047	0.03621	26%-50% Above	No	No
68180037709	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.077	0.03558	101%-200% Above	No	No
68180042101	MOXIFLOXACIN SOL 0.5%(M)	4	3.00	3.333	.		No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.033	0.05713	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	90.00	0.151	0.05128	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.030	0.01541	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.149	0.03656	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	45.00	0.031	0.03656	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.149	0.04003	200% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 31

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	15.00	0.077	0.04116	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.149	0.04121	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.031	0.04121	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.148	0.03740	200% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.390	0.44426	10%-25% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	60.00	0.390	0.46463	10%-25% Below	Yes	No
68180065906	RIFAMPIN 300 MG CAPSULE	1	20.00	0.328	0.62085	26%-50% Below	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.706	0.99337	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.000	1.20618	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	20.00	0.350	0.41249	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	4	20.00	0.350	0.46987	10%-25% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	1	28.00	0.357	0.12524	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	2	28.00	0.357	0.12925	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	28.00	0.357	0.14667	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	4	28.00	0.357	0.14775	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	12	28.00	0.357	0.12469	101%-200% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.043	0.07878	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.010	0.08614	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.010	0.09016	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.010	0.07728	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	2	28.00	0.043	0.08614	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	28.00	0.043	0.09016	51%-75% Below	No	No
68180089513	TURQOZ-28 TABLET	1	28.00	0.175	0.35006	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	2	28.00	0.191	0.37102	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	3	28.00	0.204	0.37794	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 32

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180089513	TURQOZ-28 TABLET	4	28.00	0.184	0.37970	51%-75% Below	No	No
68180089513	TURQOZ-28 TABLET	12	28.00	0.175	0.34661	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	0.961	2.35969	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.660	2.35969	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.052	0.04653	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.052	0.04222	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.021	0.01770	10%-25% Above	Yes	No
68180098101	LISINOPRIL 20 MG TABLET	12	90.00	0.012	0.02387	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.027	0.02401	10%-25% Above	Yes	No
68382000610	LAMOTRIGINE 25 MG TABLET	3	180.00	0.061	0.03163	76%-100% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	2	135.00	0.064	0.04292	26%-50% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	4	90.00	0.102	0.04102	101%-200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	12	90.00	0.102	0.03581	101%-200% Above	Yes	No
68382005005	MELOXICAM 7.5 MG TABLET	1	90.00	0.027	0.01541	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	90.00	0.027	0.01729	51%-75% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	3	90.00	0.023	0.02018	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.034	0.01812	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.034	0.02018	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.012	0.01840	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	0.333	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	30.00	0.333	0.09845	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	1	30.00	0.040	0.01544	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	60.00	0.032	0.01675	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	60.00	0.032	0.01726	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.105	0.06719	51%-75% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 33

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.105	0.07237	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	90.00	0.081	0.07135	10%-25% Above	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	1	30.00	0.130	0.08737	26%-50% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.077	0.04928	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	180.00	0.058	0.03608	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	180.00	0.058	0.03987	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.317	0.24704	26%-50% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	2	45.00	0.093	0.05685	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	45.00	0.093	0.05982	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	4	45.00	0.093	0.05961	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.476	0.11746	200% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	12	84.00	0.117	0.18042	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.126	0.15819	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.126	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.126	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	5.00	0.226	0.17506	26%-50% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.136	0.18699	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	1	20.00	0.061	0.05472	10%-25% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	1	90.00	0.023	0.04708	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	3	90.00	0.068	0.05435	10%-25% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	1	90.00	0.028	0.05707	51%-75% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	1	90.00	0.107	0.17074	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	4	90.00	0.107	0.18485	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	12	28.00	0.038	0.07728	51%-75% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	84.00	0.238	0.07878	200% Above	Yes	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 34

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.230	0.06069	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.077	0.06069	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.077	0.05920	26%-50% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	0.230	0.14027	51%-75% Above	No	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	0.230	0.13123	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.077	0.04764	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.077	0.05073	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.155	0.05275	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.751	0.04805	200% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.024	0.03086	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.028	0.02408	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.033	0.02863	10%-25% Above	No	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.222	0.15179	26%-50% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.222	0.13055	51%-75% Above	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.431	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.431	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.769	2.30126	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.431	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.045	2.31039	51%-75% Below	No	No
69097042207	CELECOXIB 100 MG CAPSULE	1	60.00	0.167	0.06795	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.057	0.03355	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.047	0.03355	26%-50% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.057	0.03621	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.057	0.03731	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.00	0.062	0.03381	76%-100% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 35

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.077	0.05114	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.077	0.05282	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	40.00	0.044	0.02055	101%-200% Above	Yes	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.049	0.07712	26%-50% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.222	0.12476	76%-100% Above	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.047	0.08036	26%-50% Below	No	No
69238245103	ESTRADIOL 0.1% (0.5 MG) GEL PKT	2	90.00	0.333	1.83293	76%-100% Below	No	No
69292053010	PROPRANOLOL 10 MG TABLET	2	180.00	0.111	0.05492	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	3	90.00	0.111	0.05499	101%-200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	1	45.00	0.222	0.05829	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	2	45.00	0.222	0.06001	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	3	45.00	0.222	0.06153	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	4	45.00	0.222	0.06229	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	12	45.00	0.222	0.05935	200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	30.00	0.034	0.02252	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	30.00	0.034	0.02649	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	12	30.00	0.011	0.02280	51%-75% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	30.00	0.040	0.03299	10%-25% Above	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	2	60.00	0.048	0.07818	26%-50% Below	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	3	60.00	0.048	0.08182	26%-50% Below	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	4	60.00	0.048	0.08215	26%-50% Below	No	No
69315030660	NYSTATIN 100,000 UNIT/GM POWD	3	60.00	0.141	0.27910	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	1	60.00	0.026	0.03737	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	3	60.00	0.026	0.04287	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	12	60.00	0.017	0.03769	51%-75% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 36

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367021901	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.058	0.02806	101%-200% Above	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	3	420.00	0.032	0.06236	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	180.00	0.026	0.03274	10%-25% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	4	30.00	0.043	0.07592	26%-50% Below	No	No
69452014330	BENZONATATE 100 MG CAPSULE	12	20.00	0.216	0.06223	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.178	0.10587	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.210	0.11721	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.178	0.12229	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.135	0.12229	10%-25% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.103	0.12229	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.025	0.10563	76%-100% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.210	0.10563	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.375	0.10563	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	6.00	0.335	0.10563	200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	2	9.00	1.111	0.51205	101%-200% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	3	5.00	0.878	0.67281	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	12	3.00	0.417	0.28001	26%-50% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.814	0.41351	76%-100% Above	Yes	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	2	90.00	0.025	0.04522	26%-50% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	3	90.00	0.025	0.04815	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.115	0.04612	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.115	0.04940	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.115	0.05175	101%-200% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.150	1.84641	26%-50% Below	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.149	0.09399	51%-75% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 37

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010022705	GABAPENTIN 600 MG TABLET	2	90.00	0.049	0.07091	26%-50% Below	Yes	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.033	0.02667	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.033	0.02863	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.033	0.02863	10%-25% Above	No	No
70069000801	EPINASTINE HCL 0.05% EYE DROPS	3	5.00	6.388	14.42696	51%-75% Below	Yes	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	3	5.00	0.726	1.07444	26%-50% Below	No	No
70377000315	SIMVASTATIN 20 MG TABLET	4	90.00	0.022	0.03072	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	90.00	0.022	0.02917	10%-25% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.222	0.04246	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.077	0.05528	26%-50% Above	No	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.077	0.05528	26%-50% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.222	0.05528	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.077	0.05897	26%-50% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.222	0.05897	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	1.323	0.09207	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.556	0.09086	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.222	0.14621	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.222	0.13123	51%-75% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.038	0.03400	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	0.076	0.03496	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	0.147	0.03496	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.147	0.04677	200% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	180.00	0.048	0.03869	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	0.051	0.04345	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.027	0.04345	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 38

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	180.00	0.039	0.04345	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.052	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.051	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.050	0.03452	26%-50% Above	Yes	No
70436016104	TOLTERODINE TART ER 4 MG CAP	3	90.00	0.222	0.31948	26%-50% Below	No	No
70436016104	TOLTERODINE TART ER 4 MG CAP	12	90.00	0.222	0.33277	26%-50% Below	No	No
70461002403	FLUAD INJ 2024-25	12	0.50	131.820	.		No	No
70461065403	FLUCELVAX INJ 2024-25	1	0.50	61.320	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	3	0.50	61.320	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	12	0.50	58.180	.		No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.320	1.60351	26%-50% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	1.607	1.84641	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	1.930	1.65534	10%-25% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	1	84.00	0.238	0.11180	101%-200% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	112.00	0.179	0.12836	26%-50% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.064	0.03315	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.333	0.21680	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	10.00	0.700	0.24029	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.333	0.24029	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	65.00	0.108	0.24029	51%-75% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.333	0.25476	26%-50% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	90.00	0.222	0.43261	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	90.00	0.169	0.43330	51%-75% Below	No	No
70700028822	TESTOSTERONE CYP 1,000 MG/10 ML	4	10.00	2.000	5.35581	51%-75% Below	Yes	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.700	0.99337	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 39

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710113803	FLUCONAZOLE 100 MG TABLET	3	1.00	0.730	0.30981	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	1.00	1.860	0.51642	200% Above	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	29.010	37.71940	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	3.00	29.010	37.43887	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	29.010	37.00410	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	29.010	37.17852	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	3.00	29.010	38.03566	10%-25% Below	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	0.112	0.03750	101%-200% Above	No	No
70710159207	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	360.00	0.386	0.66378	26%-50% Below	Yes	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.203	0.11690	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.203	0.13321	51%-75% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.486	0.25936	76%-100% Above	Yes	No
70710198706	SITAG/METFOR TAB 50-1000	3	180.00	7.349	.		No	No
70748033202	PREDNISOLONE SUS 1% OP	2	5.00	2.380	.		No	No
70756021551	FENOFIBRATE 160 MG TABLET	2	90.00	0.101	0.11759	10%-25% Below	Yes	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.329	0.36834	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.161	0.30794	26%-50% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.248	0.07317	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.288	0.07317	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	9.00	0.194	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.188	0.08187	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.288	0.08127	200% Above	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	1	90.00	0.016	0.02332	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	2	90.00	0.016	0.02473	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	3	90.00	0.016	0.02594	26%-50% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 40

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.320	1.60351	26%-50% Above	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	2.310	1.65534	26%-50% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.022	0.03875	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.022	0.04089	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.022	0.04089	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.023	0.04246	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.020	0.03956	26%-50% Below	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.222	0.05528	200% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.690	0.91545	76%-100% Above	Yes	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.193	0.02706	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.193	0.02921	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.193	0.03000	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.084	0.03818	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.084	0.03867	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	180.00	0.084	0.03867	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.230	0.03610	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	4	5.00	1.400	0.93698	26%-50% Above	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	2.000	2.76708	26%-50% Below	No	No
72578008601	DESONIDE 0.05% CREAM	3	15.00	0.660	0.43459	51%-75% Above	Yes	No
72578008601	DESONIDE 0.05% CREAM	12	15.00	0.660	0.33787	76%-100% Above	Yes	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	120.00	0.023	0.04558	26%-50% Below	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.038	0.04664	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.038	0.04664	10%-25% Below	Yes	No
72578009918	LEVOFLOXACIN 500 MG TABLET	3	10.00	0.122	0.15685	10%-25% Below	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.077	0.05304	26%-50% Above	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 41

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.077	0.05936	26%-50% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	1	30.00	0.111	0.04058	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	2	30.00	0.111	0.04434	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	3	30.00	0.111	0.04749	101%-200% Above	No	No
72603028601	TESTOST CYP INJ 200MG/ML	3	2.00	5.010	.		No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	4	2.00	5.010	12.99474	51%-75% Below	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	180.00	0.029	0.02159	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	12	88.00	0.034	0.02040	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	180.00	0.034	0.03061	10%-25% Above	Yes	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	15.00	0.058	0.02332	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.167	0.08234	101%-200% Above	No	No
72888012105	LABETALOL HCL 200 MG TABLET	1	120.00	0.058	0.13714	51%-75% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	2	120.00	0.058	0.14637	51%-75% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	3	360.00	0.053	0.14658	51%-75% Below	No	No
72888015201	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.026	0.01935	26%-50% Above	No	No
72888015201	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.026	0.02094	10%-25% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.018	0.02178	10%-25% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.024	0.01677	26%-50% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.024	0.01791	26%-50% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	225.00	0.048	0.06054	10%-25% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	270.00	0.046	0.09841	51%-75% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	180.00	0.043	0.08335	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	180.00	0.041	0.08032	26%-50% Below	No	No
76204090025	LEVALBUTEROL 1.25 MG/3 ML SOL	3	75.00	0.149	0.26590	26%-50% Below	No	No
76282021360	SERTRALINE HCL 50 MG TABLET	12	90.00	0.012	0.03381	51%-75% Below	No	No

NADAC Summary Report

07:54 Wednesday, June 11, 2025 42

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76282067942	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.881	2.24431	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.350	0.29656	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.835	0.27322	200% Above	No	No